Division 11: WA Health — Service 2, Specialised Mental Health, $209 564 000; Service 11, Community Mental Health, $184 022 000; Service 13, Residential Mental Health Care, $13 037 000; Service 15, Drug and Alcohol, $52 394 000 —

Mr M.W. Sutherland, Chairman.

Dr G.G. Jacobs, Minister for Mental Health.

Dr P. Flett, Director General.

Dr A.L. Hodge, Acting Executive Director.

Ms N.M. Feely, Chief Executive, South Metropolitan Area Health Service.

Mr N. Guard, Executive Director, Drug and Alcohol Office.

Mr J.W. Leaf, Chief Financial Officer.

Dr E. Moore, Executive Director, South Metropolitan Area Health Service.

Ms D. Panelek, Director, Performance and Operations.

Dr D.J. Russell-Weisz, Chief Executive, North Metropolitan Area Health Service.

Mr K. Snowball, Chief Executive, WA Country Health Service.

Ms K.C. Wilkinson, Chief of Staff, Office of the Minister for Health.

Mr K.G. Wyatt, Director, Aboriginal Health.

The CHAIRMAN: This estimates committee will be reported by Hansard. The daily proof *Hansard* will be published by 9.00 am tomorrow.

The estimates committee's consideration of the estimates will be restricted to discussion of those items for which a vote of money is proposed in the consolidated account. This is the prime focus of the committee. Although there is scope for members to examine many matters, questions need to be clearly related to a page number, item, program, or amount within the volumes. For example, members are free to pursue performance indicators that are included in the budget statements while there remains a clear link between the questions and the estimates. It is the intention of the Chairman to ensure that as many questions as possible are asked and answered and that both questions and answers are short and to the point.

The minister may agree to provide supplementary information to the committee, rather than asking that the question be put on notice for the next sitting week. For the purpose of following up the provision of this information, I ask the minister to clearly indicate to the committee which supplementary information he agrees to provide and I will then allocate a reference number. If supplementary information is to be provided, I seek the minister's cooperation in ensuring that it is delivered to the Committee Clerk by Friday, 5 June 2009, so that members may read it before the report and third reading stages. If the supplementary information cannot be provided within that time, written advice is required of the day by which the information will be made available. Details in relation to supplementary information have been provided to both members and advisers and accordingly I ask the minister to cooperate with those requirements.

I caution members that if the minister asks that a matter be put on notice, it is up to the member to lodge the question on notice with the Clerk's office. Only supplementary information that the minister agrees to provide will be sought by Friday, 5 June 2009. It will also greatly assist Hansard if, when referring to the program statements volumes or the consolidated account estimates, members give the page number, item, program and amount in preface to their question.

I now ask the minister to introduce his advisers to the committee.

[Witnesses introduced.]

The CHAIRMAN: Are there any questions? The member for Kwinana.

Mr R.H. COOK: My question relates to budget paper No 2, page 171, "Specialised Mental Health". Could the minister confirm that we are not canvassing capital expenditure issues in the health portfolio area generally? Given the current number of mental health beds available, and the government's announcement that it will delay the redevelopment of Graylands Hospital, Osborne Park Hospital and Fremantle Hospital, all of which contain a mental health bed component, what is the current number of mental health beds available, what extra number of beds were brought on stream at each of the redevelopment sites, when will those beds be available and what is the anticipated shortfall as a result of those projects being delayed?

Dr G.G. JACOBS: I thank the member for Kwinana for his question and his interest in this area. May I say by way of introduction—I hope the opposition will allow me to say this—that the mental health budget is not ring-fenced and is distributed through the health budget. I hope that in future we will have a more discrete mental

health budget. However, due to the time constraints and the fact that it was only in September last year that we created a mental health ministry, I would hope that members understand that there are bits in the health budget that we will have to pick through. I hope that will be improved next time round.

There are 1 734 mental health-related beds in 2008-09 to date. These are located in Armadale, Fremantle, Joondalup and in King Edward Memorial Hospital for Women, Princess Margaret Hospital for Children, Royal Perth Hospital, Sir Charles Gairdner Hospital and Swan District Hospital. I have a table that I can perhaps provide to the member if he wishes, rather than having to go through the table and taking up time, since we are now behind in time.

I have been advised that the capital works program for 2009-10 in Rockingham-Kwinana, which would be of interest to the member for Kwinana, would give us another 53 beds. The Fiona Stanley Hospital has two sections, including the mental health inpatient unit, and the number of additional beds is 30. Broome regional resource centre will have 14 beds when they are developed—there are some issues that have caused delays there. Sir Charles Gairdner Hospital has 30 beds and Osborne Park Hospital has 50 beds. As I said, I could give the member the total number and perhaps save some time going through centre by centre.

Mr R.H. COOK: A follow-up question if I may, Mr Chairman. What was the number of beds being developed in the Fremantle Hospital redevelopment, the Osborne Park Hospital redevelopment and the Graylands Hospital redevelopment?

[11.10 am]

Dr G.G. JACOBS: If I could, Mr Chairman, I may defer further details to the director general, who may then refer to someone who can actually give that detail specifically.

Dr E. Moore: There were no additional mental health beds in the Fremantle redevelopment for the south.

Dr A.L. Hodge: The configuration of Graylands Hospital is still being determined and planning is going forward to look at what the needs for Graylands campus will be over the next few years. Osborne Park does not currently have a 50-bed unit. The proposed 50-bed unit for adults will be on a greenfield site, so that number of beds will be made available at that site and there will be a reconfiguration of Graylands to accommodate those 50 adult beds being sited more appropriately at Osborne Park.

The CHAIRMAN: Before I give the call to the member for Kwinana, there are a number of advisers present. When they answer a question, could they please say their name so that Hansard can pick up the name.

Mr R.H. COOK: The loss to the system of the Osborne Park delay is approximately 50 beds. Is that correct?

Dr G.G. JACOBS: I refer to Dr Hodge.

Dr A.L. Hodge: The 50 beds at Osborne Park are a direct transfer of 50 adult beds from Graylands; therefore, the system currently has those 50 beds, and we will continue to have those until the Osborne Park unit is opened.

Mr R.H. COOK: Does the redevelopment at Graylands Hospital include a redevelopment or refurbishment of the Smith and Murchison wards?

Dr G.G. JACOBS: The whole issue of the redevelopment of Graylands Hospital has yet to be decided on. There are concerns for me and the government in that whole development and how to do it better for Western Australia. It is a development proposal that still has to be worked on. In the light of that, in our capital works budget for Graylands Hospital redevelopment planning, which the member may have in his mind as indicating some broader plan, there are only moderate funds for the development work on Graylands campus, to the tune of an estimated total cost of $600 000. However, I must tell the member that I do not want to raise any expectations that it is part of a master plan, because the master plan for Graylands Hospital is still in my consideration.

Mr R.H. COOK: Does the minister accept that the state of affairs at the Smith and Murchison wards is deplorable and unacceptable in a mental health environment?

Dr G.G. JACOBS: Yes, I have visited, as has the member for Kwinana. I do not want to reflect badly on the good work, and the amazing work, that people do at Graylands Hospital, but there is a need to bring significant areas of Graylands Hospital into the twenty-first century, without being too harsh.

Mr M.P. WHITELY: The minister can probably guess what my question is about.

Dr G.G. JACOBS: Yes. Mr Chairman, I think it will be concerning attention deficit hyperactivity disorder clinics. I did not introduce my chief of staff, Keetha Wilkinson.

Mr M.P. WHITELY: The minister might indulge me and allow me to ask it. It has been a long process, because the clinics were first recommended in 1996. I am glad to see that the government is following through on a

commitment that was outlined by the previous government. I congratulate the minister on that. I want to get some specific detail. I am not sure what the proposed name is for the clinics. I have heard the name "complex behaviour and attention problems clinic", among a number of other possible names. I would like to know what the operational budget will be for both capital and recurrent expenditure and when the proposed opening dates will be for both the north metropolitan and the south metropolitan services. I would also like to know something about the management structure; in other words, is there a director who sits above both clinics or do the clinics operate independently? I would like to know the staffing levels and the mix of staff; in other words, occupational therapists, speech therapists, paediatricians and the like. Once I have heard that I might make a couple of comments. Perhaps the minister could get someone to detail those.

[11.20 am]

Dr G.G. JACOBS: I thank the member for Bassendean for the question and his interest in this area. We work sometimes in quite a bipartisan way on the issue of ADHD. I am advised that the new service for children and young people up to the age of 18 years with attention deficit hyperactivity disorder will be referred to as the "complex attention hyperactivity disorder service". The clinical model for the new service has been developed for diagnosis and treatment. The north metropolitan complex attention hyperactivity disorder service will be located at level one, 162 Grand Boulevard, Joondalup, and will commence operating in late September of this year. Recruitment for the north metropolitan service has commenced. Two positions—an administration officer and a clerical officer—have been advertised. The remaining positions for the north metropolitan service will be advertised in stages commencing in the first week of June, so that will happen very soon. Those positions include a clinical manager, a clinical nurse specialist, a clinical psychologist, a senior occupational therapist, a senior speech pathologist, a senior social worker, and a research psychologist. As the member can see, we are very serious about staffing the centre and providing a multifaceted treatment and counselling approach.

The south metropolitan complex attention hyperactivity disorder service will be based at Murdoch University and is expected to commence operation in February next year. The south metropolitan service is in the process of creating its full-time equivalent positions, and that process will be completed, and those positions filled, by the end of 2009. The Department of Education and Training has committed to fund two full-time senior school psychologists. Those positions will be deployed within both clinics. I am sure the member will agree that this is a serious advance in the government's approach to attention deficit hyperactivity disorder. Each of those metropolitan services will link in with Western Australian Country Health Service districts, with the aim of ensuring statewide service provision.

The capital commitment to these services consists of a range of projects. The Joondalup clinic fit-out will cost $760 000. The south metropolitan clinic fit-out will cost $860 000. The new services will have a recurrent budget of $3.3 million. I think the member would agree that this investment will better meet the demand for clinical services and broaden the range of services available for young people with ADHD, and their families, in Western Australia.

Mr M.P. WHITELY: That is a wonderful decision. I really support it. I know that the minister has taken an active role in protecting these clinics—they were up for the chop—so I support the minister in that. However, I want to sound a word of caution. This word of caution comes out of a 2004 report from the Education and Health Standing Committee of the Legislative Assembly. At that time, I and other members of that committee urged a word of caution that these clinics need to be staffed and controlled by people who have the right mindset and actually approach the diagnosis of ADHD and the use of medication very conservatively and as a last resort. The committee was particularly impressed with the work that has been done by the Bentley ADHD team, which has been dealing with some very complex behaviours in children, and for the vast majority of those children has actually changed the diagnosis and removed completely, or to a large degree, the child's reliance on a range of psychotropic medications.

I also have one piece of advice for the minister. When the original needs analysis was done for these clinics, it was determined that to meet the unmet need in Western Australia, we would actually need four of these clinics. I am not expecting that this government will fund four of these clinics, because, frankly, that was not the demand that I made on our own side when we were in government. However, the federal government provides considerable resourcing for this area, because it spends tens of millions of dollars each year, through the pharmaceutical benefits scheme, on subsidising psychotropic medications. There is an identified need in this area for, from memory, 53 or 54 full-time equivalent positions. These two clinics will employ about 20 FTEs. I therefore urge the minister to take up this case with his federal counterpart and see whether the federal government can be encouraged to divert some of its funding into the rollout of similar services to meet this unmet need. I will not be so unreasonable as to say the state must meet all that need in its own right. I will leave it at that.

Dr G.G. JACOBS: I thank the member for his comments. There is obviously a concern—it is a concern that is shared by the member—that the diagnosis and treatment of ADHD is perhaps too "medicalised", if I can used that term; it is too dependent on the use of medication. I am of the belief that one size does not fit all, and that there is more to the treatment and management of ADHD than medication. Medication can be an important component of treatment, but not without the need to address the other components—the behavioural issues and the behavioural models—in the treatment of ADHD. I cannot guarantee that we will build another two clinics, but we had none of these clinics in the past, and we will now have two, so that is a major advance. I take the member's advice that we seek some cooperation from the commonwealth in this area.

Mr A.P. JACOB: I refer to page 171 and the item "Specialised Mental Health", which is the second item under "Services and Key Efficiency Indicators" starting on page 170. Can the minister outline what services are being progressed in Western Australia for people with eating disorders?

[11.30 am]

Dr G.G. JACOBS: I thank the member for Ocean Reef for his question. Unfortunately, this is an issue that tends to hit the press quite often, because there are many children and young people who suffer from eating disorders. The eating disorders program at Princess Margaret Hospital for Children has been operating since July 2008 in two refurbished rented properties. Some capital works funding has been provided for a new building to accommodate the expanded eating disorders services that have commenced at that facility, and it is anticipated that this will be completed by December 2009. I have some detail concerning the capital works component of that work at Princess Margaret Hospital; if the member will bear with me, I will see whether I can find that. There will also be an in-home component—not all the treatment is necessarily hospital based—in the expansion of that program as an adjunct to the existing service. There will also be interventions at a community level in the form of school integration, quality-of-life interventions and in-home assessments, because, as the member would know, no patient is an island separate from his or her domestic, residential, school and work environment. The eating disorders program at Princess Margaret Hospital has been in operation for 13 years. There is a need to improve and expand that service, and that is what we are about. The program has also been successful in attracting research grants.

The major current issue is the transition of adolescents to adult services. This is not specific just to eating disorders. I have a diabetic son, and before he reached the age of 17, Princess Margaret Hospital had been doing some fantastic work with him. However, when he became too old to access the Princess Margaret Hospital service, he tended to fall between the cracks in trying to access an adult service. Sometimes it is difficult for adults with eating disorders to access specialist inpatient treatment in Western Australia. That is a challenge for us. Capital expenditure on the expansion of the eating disorder unit is estimated at $4.65 million, of which $2 million was spent in 2008-09, and $2.65 million remains to be spent. I believe there are no impediments or issues there, but I will defer to the director general for further comments on the eating disorder unit.

Dr P. Flett: My understanding is that it is going ahead as planned. The funding is available, and it is a matter of program business.

Mr I.M. BRITZA: I refer to the line item on page 161 of the *Budget Statements*, under the heading "Election Commitments", for the review of mental health services. Can the minister briefly outline the work undertaken to reform the mental health system with this review?

Dr G.G. JACOBS: I can see the stare from the member for Kwinana, who believes I will now begin to filibuster and use up time, but he may be able to ask more questions on this matter. When the government created the ministry for mental health there was no overarching policy framework. The 2004 Reid review on health reform advocated a fundamental reform of the mental health system and a whole-of-government approach. The Barnett government has initiated a comprehensive review, and there are a number of facets to that. There is a mental health policy, and a mental health strategic plan for 2010-20. There is a state mental health policy and a plan to reform the mental health services and investment in mental health in Western Australia.

A very important component of the reform process is not only the creation of a mental health portfolio, but also the appointment of a commissioner for mental health and wellbeing. The government considers that a very important aspect of the reform process was the introduction of a community advocacy component and a program. The commissioner would have powers enshrined in statute. The government is going through the process of drafting policy, and that legislation will be introduced in the spring session of Parliament. Calls for expressions of interest in the position of commissioner are about to be sent out. We are looking for certain functions in a commissioner. There was no template in any other jurisdiction in Australia that we could use as an off-the-shelf position, so I ask the member for Kwinana, the Deputy Leader of the Opposition, for his understanding. We are taking more time than we thought, but we also want to do it properly. The only other jurisdictions in the world that have similar positions are Canada and New Zealand. They have multiple

commissioners, which is quite a different situation from what we wanted. We did not want to create another bureaucracy. We wanted to create the position of the commissioner with a serious community advocacy role, the ability to report to Parliament and work with a parliamentary committee, and the power to call an inquiry. We need to do this properly, and to give the position some grunt in advocating for people with mental illness.

I get an awful lot of mail and email, and it is a difficult situation, particularly for families of people suffering from mental illness and how they are cared for. There is great concern about the readmission rates for mental health in Western Australia, and how we need to care for and support people better in the community, making sure they have a roof over their heads and get three meals a day, meet their doctor's appointments, and are followed up and stay well in the community. It is real challenge, but it is an area in which we need to do better. I often get asked about how the role of the commissioner would fit in with that of the Chief Psychiatrist. The functions of the commissioner are quite different. They do not necessarily have anything to do with the function of the Chief Psychiatrist at the moment, which is to deal case by case with complaints in which the system has let individuals down. The role of the commissioner has to do with looking at multiples of similar incidents that indicate systemic failure, and seeking ways of addressing such failures. With the understanding of the opposition, I will very quickly refer to the other functions of the commissioner: on the commissioner's own initiatives, or at the request of the minister, to advise the minister on any matter; monitor and review written laws; and draft laws, reports, policies and practices.

Mr J.C. KOBELKE: Point of order, Mr Chairman. I know that the minister and his advisers may not have been in place, but at the start of proceedings you gave clear instructions that the minister was to give concise answers and not waste our time. The minister might be saying things that are important to health, but this is not the venue for him to give a policy statement, and to read something at length. He should be answering questions that have some relevance to the money being spent in the budget.

Dr G.G. JACOBS: Mr Chairman, I will be guided by you and the opposition members, if they are not happy, and if they are feeling that I am boring them or using up time. I am trying to describe an important way forward and the vision for mental health in Western Australia. I am quite happy to be quiet, and members opposite can ask another question. All that I would like to say is that this is an open process, and we want to work for the betterment of people in Western Australia with mental illness. There may be other specific issues. I was going to talk about the revision of the Mental Health Act.

Mr R.H. COOK: Perhaps if we can go to some questions, we can tease some of those issues out.

The CHAIRMAN: I thank the minister for being accommodating. The member for Kwinana.

Mr R.H. COOK: I refer to the line item on page 161 mentioning the review of the mental health system. Who is carrying out the review process, and what is the contract basis for it? I ask this question because the tender documents show a maximum cost of $1.2 million, but in the Legislative Assembly recently the minister said that he thought it would be much less than that—perhaps less than half. What is the cost of the consultancy, and who is undertaking it?

Dr G.G. JACOBS: PricewaterhouseCoopers has been appointed to assist the Department of Health to develop the state mental health strategy. I hope the member for Balcatta will not think I am reading another ministerial statement or making a policy statement. It is important that we develop a Western Australian mental health strategic plan 2010-20 by the end of January 2010, and PWC commenced this work in February 2009. To get to the nub of the question, PricewaterhouseCoopers has been contacted to assist. I think we got much better value for money. The previous government had a figure of something like $1.2 million in its plan.

Mr R.H. COOK: That figure was taken from the present government's tender documents.

[11.40 am]

Dr G.G. JACOBS: We got this for $413 768, goods and services tax inclusive. The scope of the PricewaterhouseCoopers contract has been varied to include a review into the adequacy of mental health services from a consumer perspective, which we thought was very important. I have been approached on this issue by carers, previous patients, existing patients and representatives from non-government organisations who deliver care to people with mental illness. There has been an $80 000 adjustment to the initial figure to introduce the consumer carer and family perspective, which brings the figure to $493 768. I am not sure whether the member requires any other details. I am happy to refer that through the director general to the appropriate adviser.

Mr R.H. COOK: When does the minister anticipate this review, in addition to the other reviews, to be completed?

Dr G.G. JACOBS: The Western Australian mental health strategic plan commenced in 2009. I will ask Danuta Pawelek to answer this question, because she is working closely with us on this issue.

Mr R.H. COOK: A date would be fine.

Dr G.G. JACOBS: It is by the end of January.

Mr M.P. WHITELY: I follow up on the comments the minister made about the role of the commissioner for mental health and his interplay with the Chief Psychiatrist. I am aware of a number of cases of parents, who, when their child makes the transition to 18 years of age and they no longer have a legal role in their protection, are concerned about their child's mental health treatment within the public system. The problem that they have is that they do not have any formal right of complaint to the Chief Psychiatrist because their child has become an adult. I am aware of a number of cases in which there are concerns about inappropriate treatment and the young people with mental health problems are disempowered in their own decision making. Will the commissioner for mental health have a broader role and be able to get to the detail of these issues that the Chief Psychiatrist is precluded from?

Dr G.G. JACOBS: When I was giving an overview of mental health in Western Australia and this government's vision for it, a review of the Mental Health Act was part of it. We need a new Mental Health Act. Some work has been done on that act. A recommendation was made in 2002-03 for a review under Professor D'Arcy Holman. Since I have been in this job, I have been confronted with the issues the member raised, and there are quite a few of them. There are issues around patient rights and carers. A lot of carers who come to see me are concerned about the issue of how the Carers Recognition Act will fit in with the new Mental Health Act.

Another issue is the Mental Health Review Board and whether it should be subsumed into the State Administrative Tribunal or remain a separate entity. A lot of people talk to me about how that can best stand up for the rights of people with mental illness, including children. Another point is the rights of adolescents —

Mr M.P. WHITELY: They are adults. The concerns that the parents have about young adults is that they are getting inappropriate treatment and because of their mental health conditions they do not have the capacity to give properly informed consent. Parents are concerned that they are now excluded from the equation. I understand it is an issue that is fraught with problems. If systemic problems evolved in this direction, as there was evidence of in the 1990s —

Mr R.H. COOK: Mr Chairman, on a point of order, which line item are we dealing with?

Mr M.P. WHITELY: I am referring to the appointment of an independent commissioner for mental health and wellbeing under the heading of "Mental health" on page 166.

Dr G.G. JACOBS: I am happy to accept that that is a very vague reference to this issue in the budget papers.

Mr M.P. WHITELY: I am curious about whether this person will have a broader brief than is the case with the Chief Psychiatrist.

Dr G.G. JACOBS: The other community advocacy organisation is the Council of Official Visitors, which is an advocate for all patients irrespective of whether they are children, adolescents or adults

The CHAIRMAN: Minister, what about the Guardianship and Administration Board? That is what the member for Bassendean is talking about.

Dr G.G. JACOBS: There are many acts that a new Mental Health Act would impact upon. The Mental Health Act 1996 was reviewed in 2002-03, and nothing has happened since then. It has not seen the light of day. Nothing happened to that review when the Labor Party was in government, because of the complex issues of how other acts—the Guardianship and Administration Act is one and the Carers Recognition Act is another—impact on the Mental Health Act. There is also the issue of the Criminal Law (Mentally Impaired Accused) Act 1996 (WA)—the CLMIA act—as it pertains to people who are suffering from mental illness and are in custody or sentenced. Those things make this very complex and I understand the member's point. That is a challenge for us in developing a new Mental Health Act in Western Australia.

The CHAIRMAN: I understand that at the present time, if a person is incapacitated, an application is made to the Guardianship and Administration Board and the appointed guardian has the power to deal with doctors et cetera. It is not something that does not exist, as I understand it from my years in legal practice.

Dr G.G. JACOBS: Thank you, Mr Chairman.

Mr A.P. JACOB: My question relates to page 178, service 15, "Drug and Alcohol", line one, from which I understand recurrent funding for the Fresh Start Recovery Programme is drawn. I ask the minister whether the additional funding on offer to Dr O'Neil will be drawn from the same source?

Dr G.G. JACOBS: I thank the member for Ocean Reef for his interest in this. I also thank those government members who have done some work in trying to best promote the treatment of heroin addicted patients in Western Australia. I would like to thank the member for Southern River for his work on this issue. This has been somewhat of a challenge. The government has for some time forwarded some $1.7 million to Dr George O'Neil's Fresh Start Recovery Programme. There was a request for Dr O'Neil to be given further funding to continue the program. Essentially, member for Ocean Reef, the government has offered Dr O'Neil an additional one-off grant of $500 000 to support the operations of the program throughout 2009. Some conditions have been attached to that. It behoves the government and me as the minister when providing taxpayers' funds to this program to attach some conditions to the one-off grant. In short, that is separate from the figures the member for Ocean Reef talked about. This is a one-off separate grant.

Before I talk about the conditions that are placed on that money, it is important to understand that we have provided, in kind, a research officer and independent assistants to help Dr O'Neil look at not only some of his research work so that it can be put into a format that is compliant and ready for submission to the Therapeutic Goods Administration —

[11.50 am]

Mr R.H. COOK: I could provide the member for Ocean Reef with a copy of the minister's speeches in *Hansard* when he said this on about three different occasions in the Legislative Assembly. Perhaps the minister could be brief, given the lateness in the proceedings and that members want to ask other questions.

The CHAIRMAN: Can the minister bring his answer to a conclusion?

Dr G.G. JACOBS: Since the Deputy Leader of the Opposition was on my case about this for some time, now that we are going forward, it would be courteous of him to concede that. He might not have gotten the answer he wanted about the money but it is important that we are proffering $500 000 of taxpayers' money. The government desires that Dr George O'Neil's naltrexone implant gets full registration and approval under the Therapeutic Goods Administration. As I said in the other chamber, if he does get full registration and approval, the world will be Dr George O'Neil's oyster. The product will then be fully registered and will supply approved naltrexone implants for people who are addicted to heroin.

The conditions attached to the provision of this funding are, firstly, the appointment of an independent academic to assess and validate the current data held by Dr O'Neil and to provide a report on the suitability and rigour of the data in support of the application to the TGA for the full registration of the implants. The report will include advice on the preparations required for this application. This assistance is separate from and added to the $500 000 one-off grant. The second condition is that an independent financial audit must be conducted into the Australian Medical Procedures Research Foundation, which is the overarching body of Dr O'Neil's program, and into Go Medical Industries, which is the company that produces the implants. The audit will assess the essential income and expenditure associated with the treatment of Western Australians for heroin addiction. The third condition is that a review be conducted by an independent clinical expert to determine the extent to which AMPRF services are necessary and central to achieve the TGA registration. The government will fund the proposed review and, depending on the outcome of the review, will consider whether it is appropriate to continue to provide funding. I thank members on both sides for working towards the betterment of the treatment of heroin addiction. As I said, it may prove to be the gold-standard treatment for heroin addiction but it must go through a process, and we are happy to assist that process.

Mr R.H. COOK: I draw the minister's attention to drug and alcohol services on page 178 of budget paper No 2. Why has there been an almost $5 million underspend on drug and alcohol services in 2008-09? Is the $5 million underspend carried over to the next year, and what is the allocation of that budget for Indigenous drug and alcohol programs?

Dr G.G. JACOBS: I will refer the question to Mr Guard to provide some of the details about the Drug and Alcohol Office and the funding for drug and alcohol programs in Western Australia.

Mr N. Guard: There has not been an underspend in the Drug and Alcohol Office budget allocation for 2008-09. Our budget allocation was $49.998 million and the initial budget estimate at that time was about $54 million. We will come in on budget this year. The Indigenous spend in 2008-09 will be around $10 million.

Mr R.H. COOK: Can the minister explain why the budget for 2008-09 is $54.929 million but the estimated actual is $49.998 million?

Mr N. Guard: The $54 million estimate at this time last year included a number of items but when the eventual budget was allocated to the Drug and Alcohol Office, the allocation was $49.998 million. The $54.929 million included the possibility of Australian Taxation Office transition funding, some projection for cannabis campaigns at the time and some money was associated with strategic intervention packages. As I understand it, we did not receive those elements in the final budget allocation of $49.998 million. That is the allocation we worked with for the year, and we will come in on budget this year.

Mr R.H. COOK: Mr Guard said that $10 million will be spent on Indigenous-specific services, which is a reduction of about $2 million from the 2008-09 budget. Given the number of initiatives in Aboriginal communities regarding alcohol bans and so forth, what on earth is the government doing by spending less in this area rather than more?

Dr G.G. JACOBS: Our intention is certainly to do better and to not spend less. I ask Mr Guard to respond.

Mr N. Guard: The budget allocation for next year is $52.748 million, which is equivalent to a 5.5 per cent increase on the $49.998 million that we would have had this year.

Mr R.H. COOK: I referred specifically to Indigenous programs.

Mr N. Guard: We intend to expand the current Indigenous programs. We are already supporting a number of Indigenous communities, specifically in the Kimberley and other regions. In the Kimberley, Pilbara, mid-west and Murchison we have extended our support to a number of communities. We are working, for example, with alcohol management committees in Halls Creek and Fitzroy Crossing and we intend to boost prevention activities in the Kimberley over the next 12 months. We do not see any reduction in the Indigenous area in the next 12 months.

Mr R.H. COOK: The government will spend only $10 million on Indigenous programs in 2009-10 but has spent $12 379 974 in 2008-09. Admittedly, that will include $1.5 million in capital expenditure. If that does not represent a sit-on-your-hands-and-do-the-same-as-before approach, it represents at least a reduction of the government's commitment. It does not provide hope that more work will be done in that area.

[12 noon]

Dr G.G. JACOBS: We heard about alcohol bans et cetera from the Minister for Sport and Recreation. It is very important that we fill that vacuum with services. The services we provide in the Kimberley are for all people, and there is an overlap. A lot of those services that we provide in centres that are affected by the alcohol bans will predominantly be used by Indigenous people—therefore, whole communities—so we cannot necessarily ring fence services and say that some are for Indigenous people and some are for non-Indigenous people. It is incorrect to suggest that we do not provide services as we have an intention to provide ongoing services for the Kimberley region under the Kimberley management plan.

The appropriation was recommended.