LEGISLATIVE COUNCIL
Question Without Notice
Tuesday, 22 November 2016

C1468. Hon Stephen Dawson to the Parliamentary Secretary to the Minister for Mental Health

I refer to the Minister’s response to Assembly QWN 907 and 908 regarding the failure of the Barnett Government to allocate a single methamphetamine rehabilitation bed in the Kimberley and I ask:

1. The minister advised that the opportunity to bid for rehabilitation beds ‘was open to absolutely everyone’; if this is the case why was the Kimberley Region omitted from the tender (Community Services Request reference MHC406 and titled “Expansion of alcohol and other drug withdrawal and residential rehabilitation services for methamphetamine users”)?

2. Does the Minister stand by her comments that alcohol is by far the biggest problem when the CEO of Broome’s Milliya Rumarra service advised in media on 2 November 2016 that ice has overtaken alcohol as the most common reason for people seeking rehabilitation?

3. Does the Minister agree with the comments of AMA’s West Australian President when he said “You have no detox beds in Broome and from our perspective that’s an absurd outcome and it needs to be fixed” and if no why not?

4. Which agencies are funding by the state for Meth services in the Kimberley and where is each located?

Answer

1. Whilst a notional allocation of beds was stated within the Open Tender Request, service providers from the Kimberley were not excluded from providing a submission in response to the Tender Request. No responses to the Tender were received from the Kimberley based services.

2. Data reported by the Kimberley Community Alcohol and other Drug Service to the Mental Health Commission continues to indicate that alcohol is the primary drug of concern for people seeking treatment in the Kimberley. Treatment data reported to the Mental Health Commission for the period January to June 2016 form the Kimberley Community Alcohol and other Drug Service indicates that alcohol (67.4%) and cannabis (23.1%) remain the primary drug of concern for the Kimberley. State-wide data also indicates that 9.6% of people seeking treatment in the Kimberley for the same period presented with a primary drug of concern of methamphetamine in comparison to the state average of 29.6% for that period.
3. There is no current dedicated medical withdrawal service in the Kimberley. Residents of the Kimberley can access low-medical withdrawal beds available in Roebourne or those located in other regions or the metropolitan area.

4. The Mental Health Commission (MHC) provides $1.1 million funding to the Kimberley Community Alcohol and other Drug Services (CADS) for 2016-17 to deliver community treatment and counselling services throughout the Kimberley region. Hub services are located in Broome, Derby, Halls Creek, Fitzroy Crossing and Kununurra. In-reach services are provided to other communities throughout the Kimberley.

Through Royalties for Regions funding totalling $21.1 million, for the period 2011-12 to 2016-17, the MHC was able to expand community prevention and counselling services across the Kimberley region.

The MHC also provides a combined total of $2.1 million (2016-17) to both the Ngnowar-Aerwah Aboriginal Corporation and Milliya Rummurra Aboriginal Corporation for community support and treatment services.

There are two residential rehabilitation services in the Kimberley; Ngnowar-Aerwah Aboriginal Corporation in Wyndham and Milliya Rummurra Aboriginal Corporation in Broome. Both centres are Commonwealth funded and provide a number of services for individuals, couples and families.

Minister for Mental Health

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