VERIFIED TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into budget estimates 2008–09

Melbourne — 22 May 2008

Members

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Witnesses

Ms L. Neville, Minister for Mental Health,

Ms F. Thorn, Secretary,

Mr A. Hall, Executive Director, Financial and Corporate Services, and

Ms G. Callister, Executive Director, Mental Health and Drugs, Department of Human Services.

The CHAIR — I again welcome the minister and welcome to the committee Ms Callister, executive director, mental health and drugs division of DHS. I call on the minister to give a brief presentation of not more than 5 minutes on the mental health portfolio.

Overheads shown.

Ms NEVILLE — Thank you, Chair. I will be taking people through mental health and drugs, as it is a combined division within my area of responsibilities. I will start with mental health. Over the last few budgets we have been investing in improving triage systems, building bed capacity as well as enhancing the capacity within our emergency departments to respond to mental health clients. This has started to see improvements in outcomes. For example, 74 per cent of mental health patients waited less than 8 hours in an emergency department, which is an improvement from 62 per cent in 04–05. Growth in presentations to emergency departments with mental health or related drug and alcohol problems in this financial year is also on track to be our lowest since 2000. The investments in things like short-stay beds in EDs for mental health patients, specialist mental health staff in our emergency departments and the capital program both in acute and community beds are all contributing to these performance improvements, as well as contributing to improving care for people who have a mental illness.

We move on to the challenges. What this slide indicates is some of the challenges that we have in relation to mental health. Firstly, it indicates clearly that there is a mismatch between the prevalence and the burden of disability and the way in which our resources are distributed in mental health. Currently spending by public mental health services is heavily directed towards adults, yet we know that 75 per cent of mental illness and substance abuse issues occur before the age of 25. It is mainly the result of a historical problem; as we deinstitutionalised that is the way that resource allocations were made.

Another problem is that our system remains very focused on acute and crisis responses and not enough effort in prevention and early intervention. Although we have commenced investment in those areas — things like the youth early psychosis program, conduct disorder et cetera — the process of investment in services that are focused on intervening earlier is required. It is also difficult for people to understand how to actually access the system and what the appropriate services are that might meet their individual mental health needs. Also the capacity of other parts of our service system to respond to people with a mental illness is still limited, whether that is child protection, housing, corrections, drug and alcohol. That is despite the fact that people with a mental illness are overrepresented in that service system. We need better linkages between our primary care system, especially GPs, and the specialist system to ensure the continuum of care for people experiencing a mental illness.

In order to meet these challenges and ensure that we are able to reduce the burden of mental illness on the community and on the individual it is essential that we reconfigure, or refocus, our mental health system. We know from the work that the government has done that just investing in more of the same, or more money in doing exactly what we are currently doing, will not create greater access or improve outcomes. I have recently released a green paper, *Because Mental Health Matters*, which sets out a direction for change and seeks input from community professionals in the field, consumers and carers. It is focused around seven strategic areas, which I will not go through, that are listed there — prevention, children, youth and families, for example. The final strategy will be released later in the year. It will have a strong focus on a system that can intervene early in life, early in illness and early in an episode.

This budget provides $128 million to both enhance the capacity of the current system as well as seeding reform. The budget has a strong focus on improving access and referral pathways, redesigning and expanding our children, youth and family service system, new approaches to supporting housing needs for people with a mental illness, and it also continues our capital program. This slide indicates some of the initiatives, such as the new 24 hours, seven day a week community information and referral service, our new supportive housing model and the statewide provision of a perinatal depression screening program.

If I can move onto drugs, we have made a significant investment in drugs and alcohol issues. In fact, since 1999 over $490 million has been invested, and this budget continues our commitment but also provides additional money to address the issue of alcohol misuse. Our investment since 1999–2000 has seen us almost double the number of drug treatment beds as well as reduce waiting times for counselling and drug treatment. We have also improved access to services with a 33 per cent increase in the number of clients. It has also enabled an enhanced focus on prevention activities to reduce the uptake of illicit drugs and reduce the misuse of legal drugs like alcohol. During this financial year, for example, a successful Ice — It's a dirty drug campaign was undertaken, targeted at

15 to 25-year-olds. We, of course, need to be constantly vigilant and able to respond to ongoing and emerging problems. Some of the particular challenges relate to binge drinking, especially amongst young people, and increasing levels of poly drug use. We know that about 64 per cent of 18 to 24-year-olds binge drink and 32 per cent of 14 to 17-year-olds are binge drinking, and we have also seen increases in alcohol-related hospital admissions, ED presentations, assaults and unfortunately also alcohol-related deaths.

The budget provides $37.2 million to support the initiatives that are outlined in the alcohol action plan, which is focused on preventing and reducing the harms of alcohol through changing community attitudes and behaviours, clear rules for responsible use and sale of alcohol, and measures to improve enforcement and safety. Some of the specific measures include online and telephone screening, which has shown — in fact, you might have seen recently some research on this — to be extremely effective in reducing harms, short intervention treatments, community-based alcohol education programs, access to family-based counselling services for young people, capacity-building for GPs, new rehabilitation treatment options and a community awareness campaign. There are initiatives that sit within the Department of Justice around the liquor licensing compliance unit and also some non-budget items like the late-night entry restrictions and the 12 month freeze on liquor licensing.

The CHAIR — Thank you very much, Minister. Certainly I appreciate today's announcement that the police are going to look at extending the 24-hour restrictions to Glenferrie Rd in Hawthorn, which is not too far from my area.

Mr SCOTT — Minister, in your handout you outline the mental health reform strategy briefly, and I understand on pages 309 to 312 of budget paper 3 there are a number of mental health initiatives related to this matter. Can I ask what progress is being made on the development of a new Victorian mental health reform strategy, particularly relating to this budget?

Ms NEVILLE — As you have indicated, the budget does talk about — and as I just spoke about briefly in the presentation — the need to reform, and we have commenced that process in this budget. We provide the funding to do that reform. The green paper that I released, *Because Mental Health Matters*, does set out a clear direction for service development and improvement across the spectrum from prevention and early intervention through to recovery and support. It also proposes a range of specific reforms to the way we plan, coordinate and deliver support for Victorians with mental health problems. The paper is a reflection of intensive consultation over the last few months with key stakeholders and an extensive internal whole-of-government process. Following a further period of consultation over the next three months I hope that we will be able to release the final strategy at the end of 2008. It will take a whole-of-government approach to mental health and guide reform and investment over the next 5 to 10 years.

Key changes that are being pursued through the strategy are a broader whole of population response to the spectrum of mental health and illness; a less acute-oriented system that relies on people being in crisis and being acutely unwell before providing intervention; a greater emphasis on earlier support, as I said before, in life, particularly in childhood and adolescence and in the development of a disorder and also in illness and episode; also a more networked capacity across sectors, as I spoke about before, in primary care and acute sectors, to provide support and foster social participation; and an organised targeted effort to prevent mental health problems and reduce the prevalence of disorders. The budget announcement provides a concrete response to this policy context, allocating, of the 128 million, around 76 million as part of our total investment to particularly focus on initiatives that seed reform that are talked about in *Because Mental Health Matters*. There is also money to provide essential infrastructure to support that reform.

The reform is about rebalancing the mental health system towards earlier intervention and supporting recovery within an integrated community-based system. Recovery, stronger support for children, stronger support for young people and families and improved responses for people with complex health and social needs are very much major themes of this reform package. Initiatives in the budget that have been selected for early commencement because they address the most significant risks and gaps in current service delivery models and/or trial new service delivery models where there is considerable lead time required to get them up and running are what is the focus of this budget — for example, and I touched briefly on this, in order to improve and streamline access and ensure appropriate referral pathways to mental health care and support, we are establishing a 24-hour, seven days, mental health telephone line. That will be statewide.

In conjunction with this we will also be enhancing specialist mental health triage services in metropolitan and regional areas. We are also redesigning and expanding services to children, young people and families: $16.8 million over the next four years through a redesign of the child and youth platform. This is about testing ways of delivering age-appropriate programs and we will also be enhancing our support to families where a parent has a mental illness, substance abuse problem and particularly those families that are engaged with our Child FIRST services.

We also trialling a new approach to supporting people with a mental illness in community housing: $8.7 million over four years through a new model which provides intensive, on-site support to assist people to achieve stability in accommodation and through additional funding to the psychiatric disability rehabilitation and support services sector to support people who require intensive and sustained psychological and clinical outreach to live in various types of independent accommodation.

Funding has also been provided to address increased complexity and demand pressure in public hospital mental health services with further support provided for paediatric eating disorders at the Royal Children's Hospital, Southern Health and Austin Health. The budget also delivers on our commitments to continue to build prevention and recovery care services and bring some of those into operation. The capital will provide 30 new beds in three community-based facilities affiliated with Monash, Maroondah and also Peninsula hospitals, which completes our election commitment of 70 new PARC beds in Victoria. This is a comprehensive package that continues to deliver on our election commitments but also begins the process of what will be significant reform, which I believe will deliver much better outcomes to people with or at risk of developing a mental illness.

The CHAIR — Thank you, Minister. That is a certainly a big improvement.

Dr SYKES — Minister, my question relates to access to mental health services, and the general issue is the relationship between government commitment to increasing delivery of mental health services and increased funding but little apparent change in performance indicators, and I refer particularly to pages 91 and 92 of budget paper 3. While people are getting their minds around that because I am going to come back to the detail of those performance indicators, I just want to touch on a specific example of the need that is out there and the need to have the policy commitment backed up with money and people on the ground, and I am talking about the drought. Unfortunately we are in our 11th year of drought and it is hurting like hell. Even the most financially and emotionally robust people are crumbling; they are very fragile and they just say they cannot go through another year. We have a very good person in our area called Ivan Lister, an outreach worker, and people think he is God because he is their lifeline. He has saved a large number of lives because he can connect with people that are hurting. He goes to their kitchen table, he wins their confidence and connects them with support people.

Last Saturday we actually had an art exhibition opening where Ivan displayed another talent he has of creating art objects out of farm junk. The people that were there were many of his clients and they were there because they love him, and they were there because he is their lifeline. In talking with me their eyes were begging me to say, 'Bill, can you please ensure that Ivan is going to be around full time next year'. The problem is that some of Ivan's funding cuts out 30 June so I am making a plea to you: I am passing on that beg that they begged to me, please ensure that Ivan and other like workers are given an ongoing commitment. Can you perhaps answer me on that now?

Ms NEVILLE — Yes. There is no question that the drought has impacted and is impacting on communities across Victoria, and is having an impact on the mental health and wellbeing of those communities. That is why a number of programs have been put in place one of which supports Ivan. The programs include the Sustaining Community Wellbeing program where I think in fact his funding might come from which sits under the community services portfolio. Last year we announced this as a sort of trial to see how this worked. The mental health intervention teams were also funded and there is also money for supporting communities to tackle rural poverty. These provided a number of things. Some of them provided direct service delivery, some of it was about secondary consultation, some of it was about training to skill up the broader community and service sector as well to actually be able to respond better to the ongoing needs of communities that were affected by drought. Of course in that there has also been funding for things like the Looking Out for Your Neighbour program with the VFF, which is a really good program, which again is trying to build capacity amongst the broader community to provide support for members of the community who might otherwise be isolated and might not actually be able to seek out services. There has also been great programs like the Mental Health First Aid program, building up capacity in

community and other service sector areas to again ensure that the whole community takes some responsibility and has some capacity to respond to each other because often the local community is the best place to do that.

As you know, the government has also recently announced the Future Farming strategy and the document as part of that. It is a new environment that we are working in in terms of the Future Farming strategy which is trying to look long term at the sustainability of farming as well as the sustainability of the communities that develop around farming in many of our rural communities. This strategy includes and also is focused on improving the health and wellbeing of Victorian farmers. Some of the initiatives are about assisting farmers to make long-term decisions, some of it is about supporting the physical, mental health and wellbeing of 500 particular families as well. There will be some case management part components of that as well. In the context of this and these new developments, some of which sit within the Department of Human Services but some also sit within the Department of Primary Industries, I am currently in the process of looking at the initiatives that we have in place to see what has been effective, and through some of our initiatives what have been some of the sustainable changes that we have seen in communities that we could then look at shifting and responding to in different ways.

We need to make sure our interventions are right, but we also need to make sure in this changed environment around Future Farming that we can best respond. I understand that technically that funding is running out for many on 30 June this year. For many of the councils in fact it will not be until about September. At the moment we are doing that evaluation and we are doing that evaluation in the context of Future Farming. I am very aware of the issue that you have raised — and you have also spoken to me about it. At the moment I am very aware of the time pressures around this, but I am also needing to make sure that the programs we have in place to support the health and wellbeing of rural communities are the right programs and targeted in the right way.

Dr SYKES — I close off on that by saying that the guy's performance is outstanding. The desperate need of the people is being met. Just to confirm, it is only about $15 000, for heaven's sake, it is not millions; so please come back to me on that one. Just coming back to this broader issue of increased commitment or increased funding, when you look at the performance indicators on page — —

The CHAIR — You have asked your question on the drought, so I think we might — —

Dr SYKES — That was an example of the relationship between increased commitment, and that performance indicator is not change.

The CHAIR — If there is time, we can come back to your further question.

Mr PAKULA — Minister, during your presentation you touched on alcohol and drugs. Looking at pages 22 and 23, you talk about the alcohol action plan and $37 million over four years. With that in mind, I am just wondering if you could take the committee to some more detail about the plan and what it is proposed to do to reduce the harm associated with the misuse of alcohol?

Ms NEVILLE — As the committee would be aware, late last year the Premier committed the government to a renewed focus and a renewed attention on what is undoubtedly one of the biggest social issues that is facing Victoria and Australia and particularly facing young people. If you would indulge me for a moment so I can take you through just very briefly, I suppose, why we needed to act in this area. What we have seen in Victoria each year are 24 700 inpatient hospital admissions as a result of alcohol; 4700 ambulance attendances in metropolitan Melbourne as a result of alcohol; 759 alcohol-related deaths, which include 57 road deaths that were alcohol related; and 10 000 to 15 000 people apprehended for public drunkenness. Also we have seen in the CDB an increase in assaults by 17.5 per cent in a 12-month period. Those statistics give you an idea of the level of alcohol-related harm that is occurring, and clearly it is unacceptable.

As a result of that the Premier established a task force which I chaired and on which I worked closely with the Minister for Health, the Minister for Corrections and for police, the Minister for Consumer Affairs and the Attorney-General. The work that we undertook was supported by an expert advisory group which had experience across health, policing and licensing. So it was a broad-ranging expert committee that provided advice to us on what some of the key priorities for action should be. They identified good practice strategies for addressing alcohol-related harm and provided comments on the draft alcohol action plan. I would like to thank them for the work that they put into that.

We launched in on 2 May the alcohol action plan. The budget provides the financial commitments behind it to deliver on some of the key priority areas for action. It is a five-year plan with the investment over the next four years. It is called *Restoring the Balance* because the emphasis of the document is on getting the balance right. In recognising that there are benefits that alcohol provides, that it is part of our social and community life, we also want to shift the balance a bit so that we can prevent and reduce the harms, particularly violence, road accidents and some of the chronic illness that is associated with alcohol. The plan contains some long-term measures to address the culture around binge drinking, education, prevention and early intervention treatment as well as some licensing and policing initiatives to address alcohol-related harms in our community. In addition *Restoring the Balance* also focuses on some short-term actions to try to address public safety and alcohol-fuelled violence that we are seeing particularly in the CBD of Melbourne. Those people would be aware, because they have had probably the most publicity, of the three-month trial of a 2.00 a.m. late-night entry declaration, which will cover the four local government areas of Port Phillip, Stonnington, Melbourne and Yarra, as well as a 12-month freeze on late-night liquor licences, after-1.00 a.m. licences, in those four municipalities. There will also be the establishment of a liquor licensing compliance directorate and some Safe Streets project work by Victoria Police.

In my area of responsibility, the budget areas focus on the community awareness campaign, providing $4.3 million on that, looking particularly at the issues of risky drinking and the harm that can be caused. That will be particularly targeted around not just changing young people's behaviour but also working with parents on the risks associated with alcohol use and binge drinking. There is also money for early intervention and prevention initiatives and, as I mentioned, things like the online and telephone screening and the community-based alcohol education programs. There is also money, $9.4 million, to provide support to GPs from trained alcohol-addiction specialists. There is also money for family-specific interventions and a new medium-intensive, community-based rehabilitation model. *Restoring the Balance* builds on a range of programs and initiatives that we already have in place, such as alcohol and drug education in our schools. There is an increase in the number of alcohol and drug treatment beds which, as I have said, has almost doubled; and there are the reforms we undertook in the Liquor Control Act as well as the Koori Youth Alcohol and Drug Healing Service. This is a whole-of-government strategy that will focus action right across government, reduce violence but in the long term reduce drinking behaviour in our community in Victoria.

Mr RICH-PHILLIPS — Minister, my question is on the same plan. To clarify, you mentioned a doubling of drug and alcohol treatment beds?

Ms NEVILLE — Yes.

Mr RICH-PHILLIPS — How many beds are delivered under this plan?

Ms NEVILLE — We have the new community rehabilitation program, and we want to see how that works. But a lot of our intervention in this area will be on the short interventions, which overseas experience shows are if not more successful than treatment beds, very successful at reducing risky levels of drinking. There is also the work with the GPs to improve their ability to respond to alcohol-related harms, particularly linking into new evidence around pharmacotherapy work in the area of alcohol. There is also the family therapeutic services and programs for young people, which work with young people and their families. Again overseas experience suggests that these are extremely effective at changing alcohol misuse amongst young people. There is also the online telephone screening program Again we have had, in fact just this week, one of the experts in this field talking about the success this has, particularly amongst young people, in reducing risky drinking behaviour. This is a package that has tried to invest in the things that we have had a look at, that we have had experts have a look at and advise us on as being the most effective ways of intervening in terms of somebody's alcohol problem.

Mr RICH-PHILLIPS — So the plan does not actually deliver? Treatment beds are not part of this plan?

Ms NEVILLE — Sorry, no; certainly, as I said, there is the community long-term rehabilitation, which will be for a particular targeted group, and again we will pilot that — whether that achieves more sustainable changes in someone's drinking patterns. But as I said, all the experience suggests that these other mechanisms are much more effective in reducing and treating alcohol problems in our community than just using the alcohol and drug beds.

Mr RICH-PHILLIPS — Do you have a figure for the beds that will be contained in that pilot aspect?

Ms NEVILLE — We can let you know.

Mr RICH-PHILLIPS — As to the funding of the program, this year there is $6.4 million in the budget across presumably your department and Justice for the action plan. Can you tell us how much is funded through the drug and alcohol outputs?

Ms NEVILLE — That is what I was just going through then, the things that fall within my outputs.

Mr RICH-PHILLIPS — You mentioned the 4.3.

Ms NEVILLE — So $4.3 million over the four years for the community awareness campaign, $4.7 million for early intervention and prevention initiatives — that is all the online and telephone screening, the community-based alcohol education programs.

Mr RICH-PHILLIPS — That is also over four years?

Ms NEVILLE — Over four years, yes. There is $9.4 million for support for GPs, the family-specific interventions, and that is over four years.

Mr RICH-PHILLIPS — And that is included in the drug treatment and rehabilitation output group for this year?

Ms NEVILLE — Yes, I think that is where it sits.

The CHAIR — This is on page 104, is it?

Ms NEVILLE — Yes, that is where it sits. The footnotes talk about that.

Mr RICH-PHILLIPS — There is only a $2.6 million increase in that output group for this year. Does that indicate there are cutbacks in other programs in that output group for this year?

Ms NEVILLE — No, I think it sits in there. There will be some under drug prevention and control, which will be the community awareness area as well.

Mr RICH-PHILLIPS — Across the two you have an increase of $3.6 million, but the funding you outline would suggest there is more than $3.6 million for VAAP for this year. Has something else been cut back in order to fund for VAAP for this year?

Ms NEVILLE — Unless Alan knows, otherwise I will take it on notice. Can you just — —

The CHAIR — Let us take it on notice and you can give us a picture of the alcohol plan as it relates to the output and deliverables areas. Mr Hall, did you want to add something?

Mr HALL — Yes, the output price has a number of changes that are wrapped up in that, so there is some new money for initiatives, there is some money that is the impact of savings that have come in the efficient government process last year and so forth. There is indexation on the base, so we would need to unpack all of that.

Mr RICH-PHILLIPS — If you could do a reconciliation, that would be helpful.

Ms NEVILLE — If you look at page 84 of the budget papers, it shows that.

The CHAIR — We are looking at pages 22 and 23, which outline the alcohol action plan. If you could give us the details of where that extra funding fits in under the various outputs and deliverables.

Ms NEVILLE — If you look at the drug services output summary in DHS, so $116 million to 123.9 million.

Mr RICH-PHILLIPS — Sorry, what page is that, Minister?

Ms NEVILLE — Page 84.

Mr RICH-PHILLIPS — That is not necessarily aligned with those other two output groups, drug prevention and drug treatment?

Ms NEVILLE — Then you have to look at what is included in the revised, which is indexation and all of that. But if you take against the budget, again 08–09 will have revised as well, but if you are against the 07–08 budget that is where it sits.

Mr RICH-PHILLIPS — Perhaps if we could get a reconciliation so we can separate out the program from the indexation.

Ms NEVILLE — Sure.

The CHAIR — Minister, I want to ask you about child and youth mental health, because we have an interest in that in our local area, particularly about some work in Box Hill and also in Camberwell. I am wondering what you have got on hand to basically improve services for children and young people with mental health disorders.

Ms NEVILLE — As you would have seen in the slides, the impact of mental illness and substance abuse issues is significant, with most of the onset of mental illness occurring before somebody is 25, so it has a serious impact potentially on the lives of children and adolescents.

This is a major focus for the government. This budget increases resources and seeds the development of new innovative services for children, young people and families. It is very central to the budget but it is also very central to our mental health strategy, which as I said before is very much about rebalancing our mental health system towards one that is much more able to intervene earlier, and in this case earlier in life, as well as support recovery. Recovery and stronger support for children and young people and families are very much underpinning themes of our whole reform process, as well as underpinning themes of our current budget. The reforms recognise the need for more widespread responses to mental health problems among children and young people, delivered as part of core services and within our communities, including early years services, schools, GPs; the need for greater capacity for specialist mental health care for those with severe and complex problems; and better supports for families and carers. The budget includes a package of initiatives that are aimed at improving these service responses.

As I indicated before, funding of around $16 million has been announced to redesign and expand services for children, young people and families through the child and youth services redesign initiative and through enhancing the support to families where people have a mental illness. Children who live in a family where a parent has a mental illness are at a higher risk of developing a mental illness later in life, so being able to support the whole family, not just the parent who has a mental illness, is important in the prevention over the long term of the development of a mental illness amongst children and adolescents. Of course this funding of $16 million builds on our budget of last year of just under $60 million for child and adolescent mental health services and for Orygen Youth Health.

The child and youth services redesign initiative will test more effective ways of delivering age-appropriate services and evidence-based programs for children and young people under 25 years of age that remove some of the current barriers to early intervention and to continuity of care across service boundaries. These service developments, which will be trialled in one metropolitan and one regional area, will bring together services involved in the everyday lives of children, young people and families and build upon our CAMHS work.

The child and youth service redesign initiative will also expand the knowledge that we have gained through the CAMHS in schools, the conduct disorder program which we introduced in 2004. This program, which is already operating in 24 schools each term, is a multi-level, early intervention program for primary school children and is proving to be extremely successful in changing behavioural problems in prep to grade 3 children. Enhanced family support will provide vulnerable families and at-risk children where a parent has a mental illness with the expansion of our FaPMI program, but will also have a particular target of families who are in the Child FIRST platform.

As I indicated earlier, the budget also expands our eating disorder responses and enables our paediatric response to be expanded in the Royal Children's, Southern Health and Austin Health. This builds on the trial that we have currently, the day program, at Southern Health which is also at the moment suggestive of being a very important new additional service in our service system. Just out of interest there is also money in the Department of Education and Early Childhood Development area which is about building student wellbeing and support services. Some of our initiatives will be able to work in conjunction with those new initiatives which will see some additional 70 new student support officers being placed in schools to assist students who have particular mental

health and life adjustment difficulties. There is significant investment and work in expanding our response to children and young people and to families. The mental health strategy will have this as a central focus so that as we move forward we are able to get a better match between the level of disability burden and the resources that we provide to children and young people in supporting their mental health and wellbeing.

The CHAIR — We have the Festival for Healthy Living in our area, which is ongoing. It is a one or two-year program, and there has been a marvellous response from schools in terms of creating awareness in a community-based way of the difficulties people are faced with in mental health and accepting that that is a part of normal living. I commend that particular program and the support that has been given to it, particularly through the Royal Children's Hospital.

Mr DALLA-RIVA — You mentioned earlier the issue of alcohol consumption and the amount of drug offences. Do you support the offence of public drunkenness, or do you see that as being a social issue?

The CHAIR — Is this an estimates question?

Ms NEVILLE — It is not really in the estimates. I spoke about some of the figures which said that there were about 10 000 to 15 000 people who were picked up on charges of public drunkenness. I think what our action plan is about and where our focus needs to be is on trying to turn around our culture around drinking. That is a really significant challenge for us here but also a challenge across the country. The figures are pretty extraordinary and astounding, and we need to put our energies into that end of the system. What we also know at the moment is that — which is why some of the initiatives that sit within DOJ are included in the whole-of-government response — alcohol at the moment has social health harms but there has also been an incredible increase in the rate of assaults and therefore a reduction in the sense of safety on our streets in Melbourne's CBD. That is concentrated between Friday night and Sunday morning; so it is Friday night, Saturday morning et cetera.

What contributes to that, or what the police will say to you, is that you have both perpetrators and victims of violence, large numbers of them all together. Something like 47 per cent of perpetrators of violence are alcohol-affected, and I think it is 43 per cent of victims of violence are alcohol-affected. We have got this sort of combination in the street. I think we need to continue a very strong licensing focus, a very strong policing response to ensure our young people who are out on Friday, Saturday nights can do so safely, as well as really focus our attention on changing the way that we see alcohol in our communities and within our families.

Mr DALLA-RIVA — And keep arresting them if they are drunk in a public place, I gather?

Mr PAKULA — We might ask you what you think of alcopops.

Mr DALLA-RIVA — It must be my old police hat!

Mr BARBER — The question was if you are drunk and not violent, should you be arrested for it?

Mr DALLA-RIVA — I thank you for your very long answer; I thought it would be short. I just want to get to the question of the pre-emptive strike on ice, which I think was announced last February — the $14 million funding that was allocated. I asked a question on notice, no. 790, to which you responded. I asked in particular about how much of the $14 million had been spent at present. You indicated 'Spending on drug prevention programs and treatment services will be reported in the budget papers'. I asked how much had been spent on initiatives or programs. You said along the same lines, about spending on drugs. I asked in question 5, 'How much funding is unallocated at present for the government's pre-emptive strike?'. You said, 'All funding has been allocated'. In terms of budget paper 3, drug service delivery, I am trying to work out where the $14 million that has been committed is allocated in the forward estimates. What measure is there in relation to ice, given that there was a significant amount of money for that program? I know you indicated that ice was a dirty drug, which I think many people have heard — it is a good advertisement, I must say. I guess I am trying to get a measure in the forward estimates in terms of the money allocation, where it is going and in terms of the quality outcomes, and how successful it has been.

The CHAIR — It is a very long question and we have basically run out a time. Unless you can answer that very quickly, Minister, we will take it on notice.

Ms NEVILLE — I do not think I can do it quickly. That is the only problem.

The CHAIR — We will take that one on notice.

Mr DALLA-RIVA — Do not refer to the next year's budget, that is all.

The CHAIR — I thank the officers for that. I know Mr Barber is very keen to get on to the senior citizens portfolio.

Witnesses withdrew.