

6 Expenditure by Western Australian Health

6.1 Introduction

Western Australia, with over 32% of the land area of Australia and a total population of 1.9 million, is the largest and most sparsely populated of the Australian states. About 73% of its total population is located within the Perth metropolitan area (1.4 million). The next largest urban areas, Mandurah and Kalgoorlie–Boulder, each have populations of less than 50,000. Approximately, 10% of Western Australians live in regions that are classified as remote.

The agencies with primary responsibility for the purchase and delivery of public health services for Western Australians are the Western Australian Department of Health (DOH) and the Western Australian Health Promotion Foundation (Healthway). Public health expenditure for both these organisations is reported in this chapter.

DOH is the state's principal health authority, with overall responsibility for public health policy development and implementation throughout the state. Within the department the main areas with responsibility for public health activities in 2000–01 were the Public Health Division (now Population Health Division), the regional public health units and the Office of Aboriginal Health.

Healthway is a statutory organisation that provides grants to health and research organisations, as well as sponsorships to sport, arts, racing and community groups that encourage healthy lifestyles and advance health promotion programs. The sponsorship program operates in partnership with government and non-government agencies to promote health in new and diverse ways.

Public health services in rural Western Australia in 2000–01 were delivered through regional public health units based in the Kimberley, Pilbara, Gascoyne, Mid-West, Goldfields, Wheatbelt-Coastal and Great Southern regions of the state. A further two units are based in the metropolitan area. Regional units deliver services across all of the public health categories, but often with a focus on issues of particular concern in their region. Government health services also undertake some public health activity outside the regional public health units, primarily through community health services.

6.2 Overview of results

Estimated expenditure on core public health activities by DOH and Healthway during 2000–01 was \$77.8 million (Table 6.1). Over 80% of the expenditure was directed towards the following core public health activities:

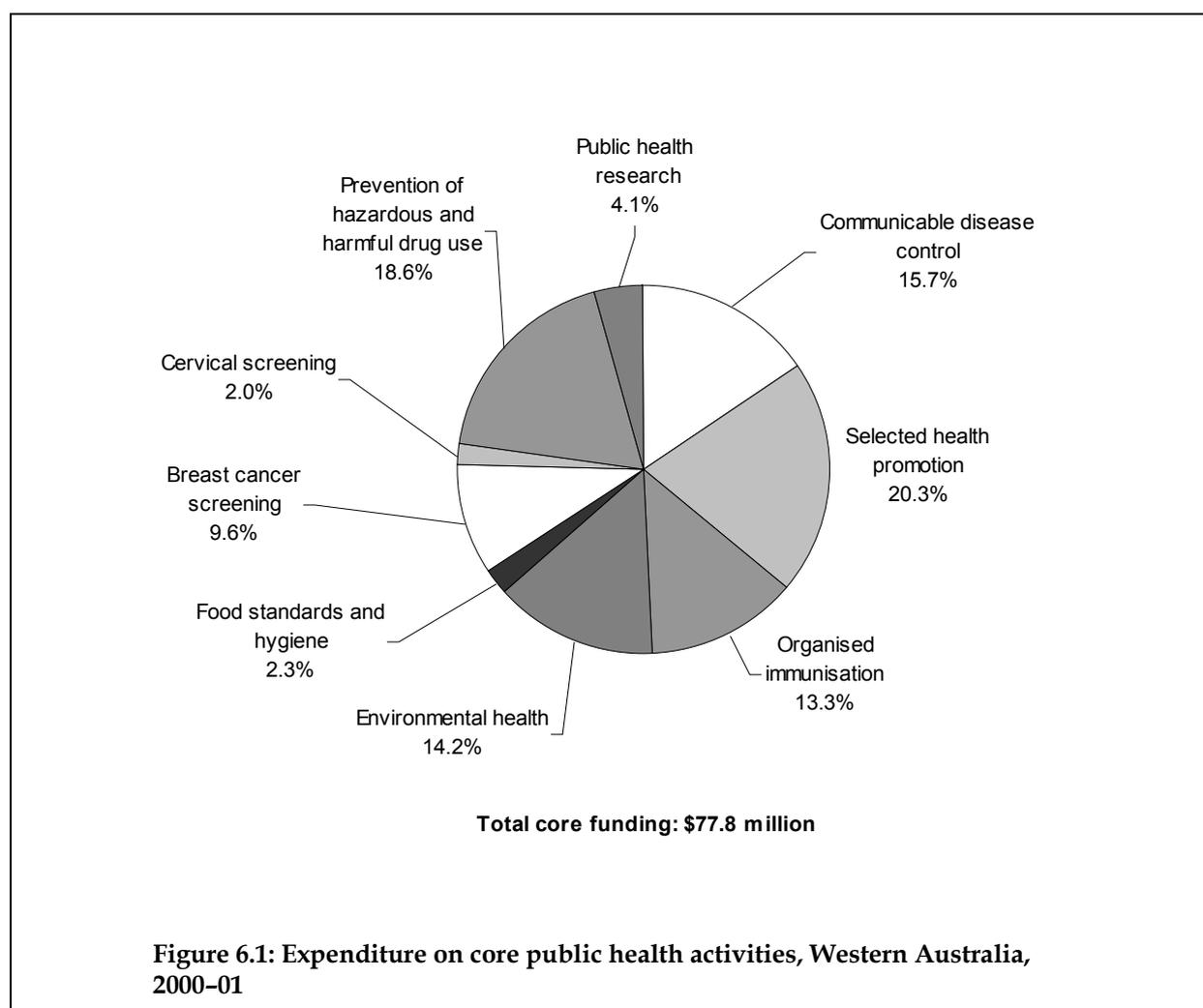
- *Selected health promotion* (20.3%)
- *Prevention of hazardous and harmful drug use* (18.6%)
- *Communicable disease control* (15.7%)

- *Environmental health* (14.2%)
- *Organised immunisation* (13.3%).

Table 6.1: Expenditure^(a) on core public health activities, Western Australia, 2000–01

Activity	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	12.2	15.7
Selected health promotion	15.8	20.3
Organised immunisation	10.3	13.3
Environmental health	11.0	14.2
Food standards and hygiene	1.8	2.3
Breast cancer screening	7.5	9.6
Cervical screening	1.5	2.0
Prevention of hazardous and harmful drug use	14.5	18.6
Public health research	3.2	4.1
Total core public health	77.8	100.0

(a) Corporate/central office overheads not included. Other overhead and program-wide costs allocated to public health activities.



6.3 Revision of 1999–00 data

DOH has revised its 1999–00 public health current expenditure figures since the publication of *National Public Health Expenditure Report 1999–00*. The updated data are presented in the table below.

Improved definitions of expenditure for 2000–01 have enabled a review of the 1999–00 data to ensure that data categorisation is consistent across both financial years.

Table 6.2: Expenditure on core public health activities, Western Australia, 1999–00

Activity	1999–00^(a) (\$ million)
Communicable disease control	11.5
Selected health promotion	15.0
Organised immunisation	8.8
Environmental health	10.4
Food standards and hygiene	1.6
Breast cancer screening	7.2
Cervical screening	1.3
Prevention of hazardous and harmful drug use	13.9
Public health research	1.7
Total core public health	71.5
Public health-related activities	1.0

(a) 1999–00 expenditure figures have been revised since the publication of *National Public Health Expenditure Report 1999–00*.

6.4 Comparison with 1999–00 results

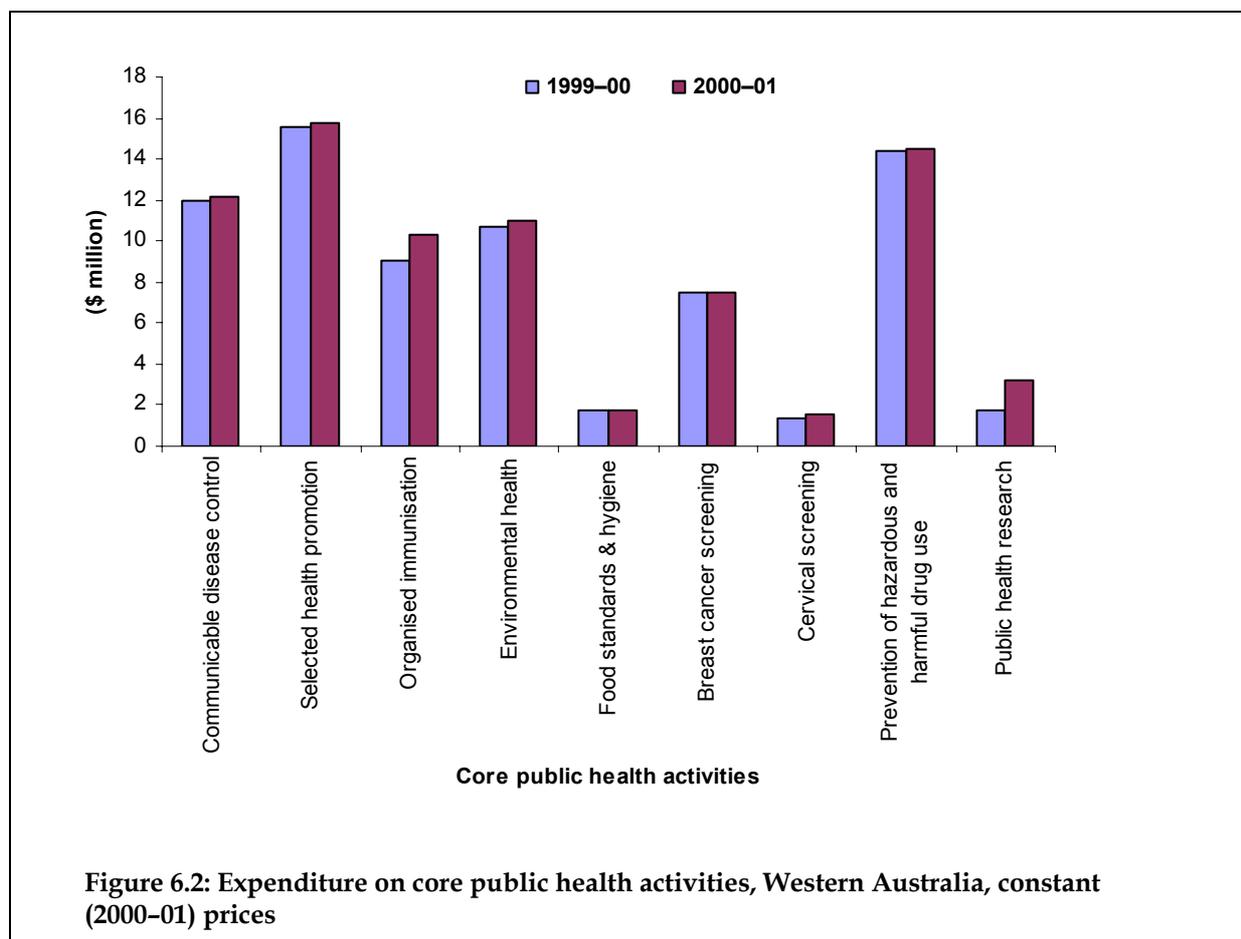
In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 6.3 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price index for final consumption expenditure by Western Australian state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure for 2000–01 increased in real terms by 5.1% over 1999–00. All public health activities showed recorded increases in real growth, except *Food standards & hygiene* and *Breast cancer screening* which showed little or no change in expenditure between the two financial years.

Table 6.3: Expenditure on core public health activities, Western Australia, constant (2000–01) prices^(a)

Activity	1999–00 (\$ million)	2000–01 (\$ million)	Growth rate (%)
Communicable disease control	11.9	12.2	2.5
Selected health promotion	15.6	15.8	1.3
Organised immunisation	9.1	10.3	13.2
Environmental health	10.7	11.0	2.8
Food standards and hygiene	1.7	1.7	—
Breast cancer screening	7.5	7.5	—
Cervical screening	1.4	1.5	7.1
Prevention of hazardous and harmful drug use	14.4	14.5	0.7
Public health research	1.8	3.2	77.8
Total core public health	74.0	77.8	5.1

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain price index for final domestic expenditure by Western Australian state and local governments on 'Hospital and nursing homes services' (see Section 11.2).



6.5 Expenditure on public health activities

This section of the report looks at Western Australia's level of activity in relation to each of the core public health categories and the 'Public health-related activity'. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

The total expenditure for *Communicable disease control* by DOH in 2000–01 was \$12.2 million (Table 6.4). This was 15.7% of the total core public health expenditure (Table 6.1).

The majority of expenditure associated with this category is coordinated through the Communicable Disease Control Branch. Expenditure on this activity involved:

- disease surveillance
- case and outbreak investigation and management
- management of communicable disease issues, including information and advice
- management of the state-wide tuberculosis control program
- NGO expenditure associated with provision of sexual health services
- refugee/humanitarian migrant health screening.

Significant progress was made in a number of areas, including a substantial growth in the number of Indigenous sexual health programs funded, and enhancement of the systems for tracking notifiable diseases, ensuring better surveillance.

Table 6.4: Expenditure on *Communicable disease control*, Western Australia, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	5.9
Needle and syringe programs	1.0
Other communicable disease control	5.3
Total	12.2

Selected health promotion

The total expenditure for *Selected health promotion* by DOH and Healthway in 2000–01 was \$15.8 million. This was 20.3% of the total core public health expenditure (Table 6.1).

Features of the 2000–01 Health Promotion Program include support of Mental Health Promotion projects, and projects aimed specifically at children and/or adolescents. Some of the major health promotion programs included:

- Stay On Your Feet
- Start Right – Eat Right
- Eat More Fruit 'n' veg
- Be Active Every Day
- Play it Safe

- Sport Safe
- SunSmart
- Ride Safe.

Organised immunisation

The total expenditure for *Organised immunisation* by DOH in 2000–01 was \$10.3 million (Table 6.5). This was 13.3% of total core public health expenditure (Table 6.1). The majority of expenditure associated with this category relates to programs conducted by the State Immunisation Clinic, including:

- distribution, packaging and reporting of vaccines for the state
- provision of a clinical and advisory immunisation service
- provision of immunisation and travel consultation services
- enhanced measles program
- provision of lectures and training to immunisation providers.

Table 6.5: Expenditure on *Organised immunisation*, Western Australia, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	5.8
Organised pneumococcal and influenza immunisation	1.7
All other organised immunisation	2.8
Total	10.3

Environmental health

Total expenditure on *Environmental health* by DOH during 2000–01 was \$11.0 million. This was 14.2% of total core public health expenditure (Table 6.1).

The majority of expenditure associated with this activity is coordinated through the Environmental Health Branch. It is responsible for monitoring many of the state-wide programs in environmental health.

Expenditures under this activity during the course of the year related to:

- improvement of environmental health in remote communities
- monitoring and assessment of the safety of drinking water, recreational water facilities and natural water bodies
- drugs, poisons and therapeutic goods control
- mosquito-borne disease control, including environmental surveillance and control
- pesticide safety including issue of licences
- radiation health including monitoring, compliance and advice
- assessment and management of contaminated land
- waste-water management, including administering policy and legislation
- establishment of an air quality program.

Food standards and hygiene

The total expenditure for *Food standards and hygiene* by DOH in 2000–01 was \$1.8 million, or 2.3% of the total core public health expenditure (Table 6.1).

Expenditure under this activity related to:

- food monitoring (including meat)
- food-related infectious disease surveillance
- food hygiene legislation review, monitoring and education
- investigations associated with defective labelling
- food safety promotion.

Innovations for this program in 2000–01 included establishing a state position on the labelling and safety assessment of foods derived from gene technology and the development of food safety plans for childcare centres.

Breast cancer screening

The total expenditure for *Breast cancer screening* by DOH in 2000–01 was \$7.5 million. This was 9.6% of total core public health expenditure (Table 6.1).

The majority of expenditure associated with this category is coordinated through BreastScreen WA. BreastScreen WA forms part of the national program, which is funded under a joint arrangement with the Australian Government through the PHOFAs. It performs state-wide screening using fixed and mobile units, as well as dedicated assessment sites at metropolitan teaching hospitals.

Cervical screening

The total expenditure for *Cervical screening* by DOH in 2000–01 was \$1.5 million. This was 2.0% of total core public health expenditure (Table 6.1).

Most of the expenditure associated with this category is coordinated through the Western Australian Cervical Cancer Prevention Program. This program aims to achieve optimal reduction in the incidence of, and morbidity and mortality attributed to, cervical disease, at an acceptable cost to the community. Major aspects of this program include the maintenance of a cervical cytology register and the development of primary recruitment programs, including support of national education campaigns. A key element of the program in 2000–01 was enhancement of the cervical cytology registry to enhance the diagnosis and management of screen-detected abnormalities.

It should be noted that the majority of cervical screening is undertaken by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

Prevention of hazardous and harmful drug use

The total expenditure for *Prevention of hazardous and harmful drug use* by DOH and Healthway in 2000–01 was \$14.5 million (Table 6.6). This was 18.6% of total expenditure on core public health activities and was one of the more significant areas of expenditure during 2000–01 (Table 6.1).

Healthway and the Health Enhancement Branch (now the Health Promotions Branch) were the primary contributors to expenditure on activities relating to alcohol and other drugs. The majority of the expenditure was incurred on:

- state-wide alcohol and other drugs community education programs, such as the Youth Illicit Drug Education Project, the Marijuana Education Campaign, the Psychostimulants Campaign, the Youth Drug Driving Education Project along with the development of a Night Venues Project to implement educational and environmental strategies at entertainment events
- smoking and health campaigns which focused on the benefits of quitting smoking.

Table 6.6: Expenditure on *Prevention of hazardous and harmful drug use, Western Australia*^(a), 2000–01 (\$ million)

Category	Expenditure
Alcohol	2.5
Tobacco	5.1
Illicit and other drugs of dependence	4.4
Mixed	2.4
Total	14.5

(a) Includes expenditure by the Department of Health and Healthway.

Public health research

The total expenditure for *Public health research* by DOH in 2000–01 was \$3.2 million, or 4.1% of total expenditure on core public health activities (Table 6.1).

This expenditure included research on issues related to childhood diseases, and maternal, child and youth health. In addition, it included expenditure on research activities associated with Healthway.

Expenditure on ‘Public health-related activities’

Total expenditure for ‘Public health-related activities’ was \$2.7 million in 2000–01. Aspects included in this category were health information and epidemiological expenditure related to public health.

7 Expenditure by South Australian Department of Human Services

7.1 Introduction

South Australia's population in 2000–01 was 1.5 million, of which 0.2 million or 14.6% were aged 65 years and over. This is higher than the national population average of 12.5% for persons aged 65 years and over.

The state public health system consists of numerous health units, community health centres and other related organisations, all under the administration of the Department of Human Services (DHS).

Expenditures, including funding, by DHS on public health activities have been included in this report. In addition, expenditures by non-health government departments have also been separately collected and reported.

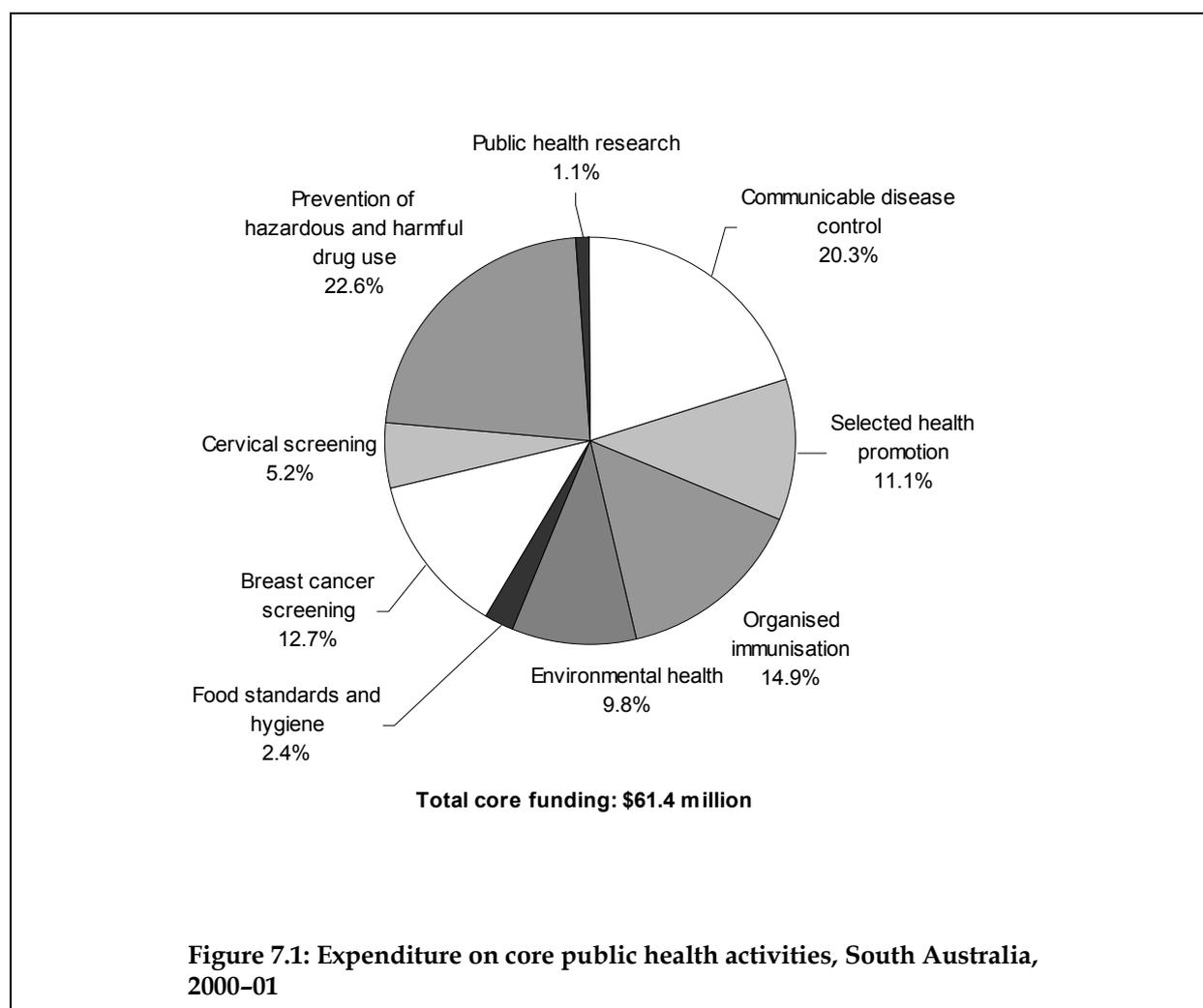
7.2 Overview of results

Total core public health expenditure by DHS in 2000–01 was \$61.4 million (Table 7.1). Nearly 70% of the expenditure was directed towards five health activities:

- *Prevention of hazardous and harmful drug use* (22.6%)
- *Communicable disease control* (20.3%)
- *Organised immunisation* (14.9%)
- *Breast cancer screening* (12.7%)
- *Selected health promotion* (11.1%).

Table 7.1: Expenditure on core public health activities, South Australia, 2000-01

Activity	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease control	12.5	20.3
Selected health promotion	6.8	11.1
Organised immunisation	9.1	14.9
Environmental health	6.0	9.8
Food standards and hygiene	1.5	2.4
Breast cancer screening	7.8	12.7
Cervical screening	3.2	5.2
Prevention of hazardous and harmful drug use	13.9	22.6
Public health research	0.7	1.1
Total core public health	61.4	100.0
Public health-related activities	52.4	..



7.3 Comparison with 1999–00 results

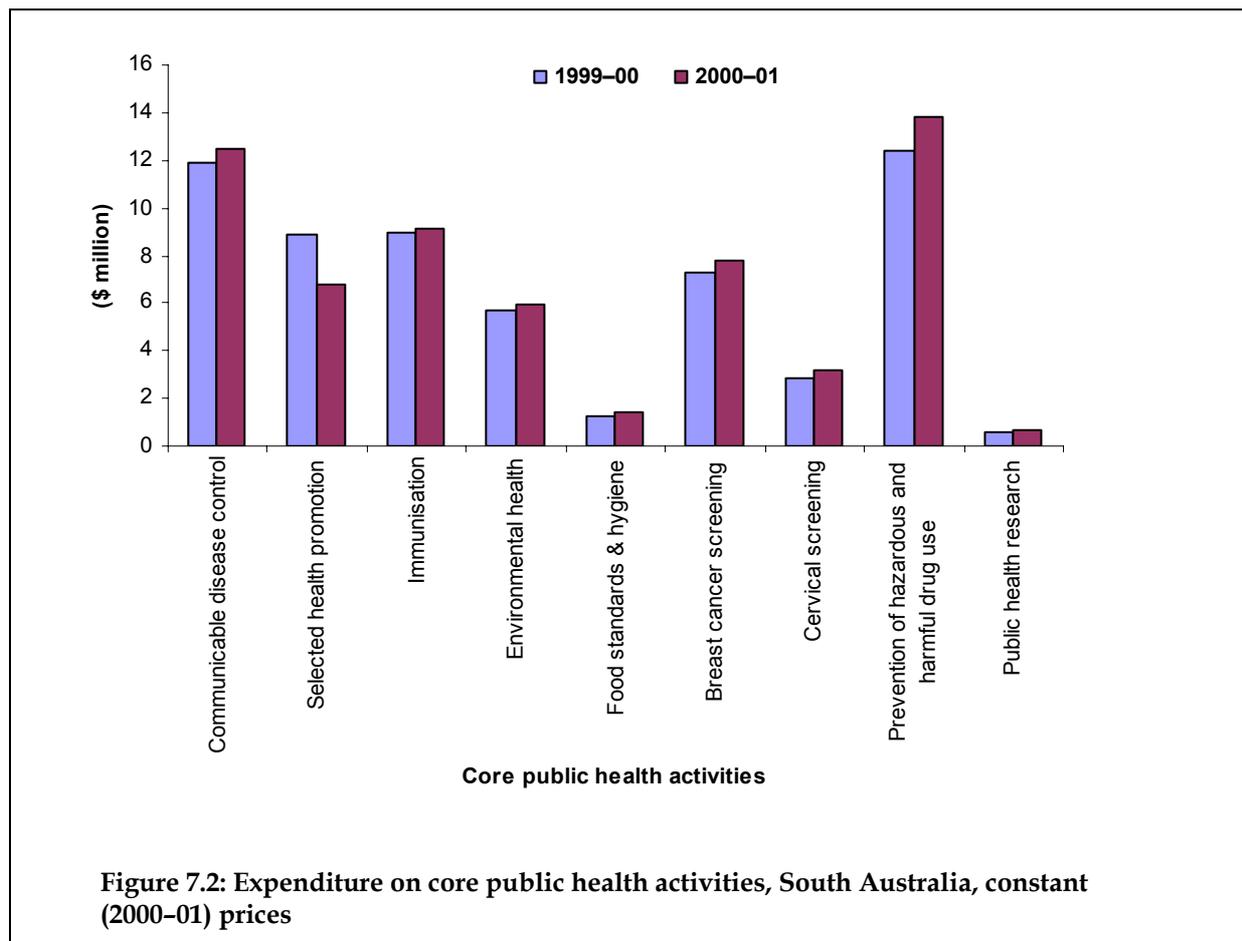
In order to compare the 1999–00 estimates of funding and expenditure with those in this report, it is necessary to express the expenditures in both periods in constant price terms. This has been achieved (Table 7.2 below) by revaluing the 1999–00 estimates in 2000–01 prices using an ABS chain price for final consumption demand by South Australian state and local governments on 'Hospital and nursing home services' (see Section 11.2).

Expenditure by DHS for 2000–01 increased in real terms by 2.7% between 1999–00 and 2000–01. All core public health activities showed small increases in real growth except *Selected health promotion*, which showed a decline of in expenditure of 23.4% between the two financial years. A significant part of this decline was due to a shift in health promotion expenditure to other health activities, which are not included under this category.

Table 7.2: Expenditure on core public health activities, South Australia, constant (2000–01) prices^(a)

Activity	1999–00 (\$ million)	2000–01 (\$ million)	Growth rate (%)
Communicable disease control	11.9	12.5	5.0
Selected health promotion	8.9	6.8	–23.6
Organised immunisation	8.9	9.1	2.2
Environmental health	5.7	6.0	5.3
Food standards and hygiene	1.2	1.5	25.0
Breast cancer screening	7.3	7.8	6.8
Cervical screening	2.9	3.2	10.3
Prevention of hazardous and harmful drug use	12.4	13.9	12.1
Public health research	0.6	0.7	16.7
Total core public health	59.8	61.4	2.7

(a) Expenditure for 1999–00 has been revalued in 2000–01 prices using an ABS chain price index for final domestic expenditure by South Australian state and local governments on 'Hospital and nursing homes services' (see Section 11.2).



7.4 Expenditure on public health activities

This section of the report looks at South Australia’s level of activity in relation to each of the core public health categories and the ‘Public health-related activity’. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total expenditure for *Communicable disease control* by DHS in 2000-01 was \$12.5 million (Table 7.3). This constituted 20.3% of the total core public health expenditure by DHS and was one of the more significant areas of expenditure during 2000-01 (Table 7.1).

Communicable disease control aims at reducing the transmission of communicable diseases and minimising the personal and social impact of these diseases. In South Australia, the Communicable Disease Control Branch within DHS conducts the majority of this work. The branch meets its responsibilities through surveillance and investigation of communicable diseases, coordination of immunisation across the state, and programs focusing on HIV/AIDS, hepatitis C and sexually transmitted infection (STI) control.

HIV/AIDS, hepatitis C and sexually transmitted infections

The major contributor of programs and funding in this area is HHARP (HIV, Hepatitis C and Related Programs), a unit of the Communicable Disease Control Branch.

HHARP provides funding to 21 government, non-government and community-based agencies undertaking HIV and hepatitis C programs, and works in partnership across government to support joint programs in mental health, prisons and school-based education. Program planning has been structured to provide responses across each of the priority target groups. The service mix includes:

- primary prevention services, such as those provided by the Drug and Alcohol Services Council's Clean Needle Program (refer to the *Needle and syringe programs* category below) and the AIDS Council of SA Gay Men's Health Unit
- community-based support and care, including those services provided by People Living with HIV/AIDS, the SA Positive Living Centre, and the Hepatitis C Council of South Australia
- primary hepatitis C and HIV care, and specialist HIV and hepatitis C treatment (which is outside the scope of this category)
- workforce training and capacity development, including provision for vocational education training for undergraduate community services students, and in-service training for both HIV- and hepatitis C-funded workers and mainstream workers in health and community services.

The Sexually Transmitted Diseases Service at the Royal Adelaide Hospital is the other major contributor of services in this area. Costs include clinic time, data management, research, education and surveillance.

Sexual Health Information Networking and Education SA (Shine SA) also incurred significant expenditure in this category. This unit, funded by DHS, provides counselling and educational programs on preventing the spread of HIV/AIDS, hepatitis C and STIs.

Needle and syringe programs

The Drug and Alcohol Services Council coordinates the Clean Needle Program in South Australia. This service provides sterile injecting equipment and prevention education resources to health units, community health and housing services, and community pharmacies through the public and pharmacy-based arms of the Clean Needle Program. This program includes strategies to:

- extend the reach of the Clean Needle Program to isolated injecting drug users
- improve the quality of prevention education interventions
- increase the return rate of used needles and syringes
- reduce the number of publicly discarded needles and syringes
- alleviate health issues and concerns relating to injecting drug use.

Other communicable disease control

Expenditure under this category primarily includes:

- the Disease Surveillance Unit of the Communicable Disease Control Branch, which is responsible for the surveillance and investigation of notifiable diseases in South Australia
- laboratory services provided by the Institute of Medical and Veterinary Science, including the cost of providing reference facilities, screening, sub-typing and detection services
- contact investigations in the Tuberculosis Unit at the Royal Adelaide Hospital.

Table 7.3: Expenditure on *Communicable disease control*, South Australia, 2000–01 (\$ million)

Category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	7.7
Needle and syringe programs	1.2
Other communicable disease control	3.6
Total	12.5

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2000–01 was \$6.8 million. This represents 11.1% of total expenditure on core public health activities (Table 7.1).

Within South Australia, health promotion is coordinated by Health Promotion SA (part of DHS). This unit provides leadership and aims to develop a whole-of-government approach to health promotion in South Australia.

The programs undertaken by Health Promotion SA that fall within the *Selected health promotion* category include:

- injury prevention (covering farm safety and programs aimed at older people)
- physical activity
- Sunsmart
- mental health promotion
- public health nutrition
- health-promoting schools programs.

The Epidemiology Branch of DHS also contributed to the expenditure in this area. In addition, the public hospitals and community health services also recorded expenditure on a range of health promotion activities.

Organised immunisation

Total expenditure for *Organised immunisation* by DHS in 2000–01 was \$9.1 million (Table 7.4). This was 14.9% of total core public health expenditure (Table 7.1).

Organised childhood immunisation

The Immunisation Coordination Unit within the Communicable Disease Control Branch coordinates the purchase, distribution, packaging and reporting of vaccines for the state.

Under the public health program the service delivery aspect of immunisation for children is carried out by:

- major public hospitals
- Child and Youth Health
- community health services.

During 2000–01 the level of immunisation for children has increased to 92% for one-year-olds and to 88% for two-year-olds.

Organised pneumococcal and influenza immunisation

The majority of expenditure for this category was incurred by the Immunisation Coordination Unit in providing vaccines to at-risk populations. It is part of the national program for persons aged 65 years and over where flu vaccine coverage increased by 3.4% to 80.5% during 2000–01.

All other organised immunisation

Expenditure in this category is related to:

- the staff influenza vaccination program
- the hepatitis B vaccination program for gay men.

Table 7.4: Expenditure on Organised immunisation, South Australia, 2000–01 (\$ million)

Category	Expenditure
Organised childhood immunisation	5.3
Organised pneumococcal and influenza immunisation	2.8
All other organised immunisation	1.0
Total	9.1

Environmental health

Total expenditure for *Environmental health* by DHS in 2000–01 was \$6.0 million, which represents approximately 10% of public health expenditure during 2000–01 (Table 7.1).

The major provider of environmental health services in South Australia (outside of LGAs) is the Environmental Health Branch of DHS. The branch is responsible for:

- assessment, correction, control and prevention of environmental factors arising from a range of chemical, microbiological and physical agents that can adversely affect health
- enhancement of environmental factors that can improve health
- addressing acute and chronic hazards affecting food, water, soil and air, through processes including the development and implementation of strategies, standards, guidelines and legislation
- environmental surveillance and monitoring
- provision of advice to government agencies and the public.

Expenditure in this category relates to:

- the Port Pirie Environmental Health Centre, which is responsible for lead abatement issues arising from smelters located in the town. Costs involve health promotion, screening for blood lead levels in infants, and lead abatement activities in homes and the community
- environmental testing of shellfish growing areas and management of algal blooms
- monitoring of contaminated sites and water quality testing
- development of policy and legislation pertaining to the access and safe use of pharmaceuticals and other chemicals
- surveillance and management of radiation risks, including responsibility for protecting South Australians from the harmful effects of radiation by controlling activities related to radioactive substances and apparatus, which produce ionising or non-ionising radiation.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by DHS in 2000–01 was \$1.5 million, or 2.4% of total core public health expenditure (Table 7.1).

In South Australia, the Food Standards and Food Legislation Units of the Food Section within the Environmental Health Branch of DHS are the major contributors to *Food standards and hygiene* regulation. Expenditure in this category relates to:

- surveillance of food products
- projects related to food
- planning and legislative review – particularly in regard to development of and consultation on the Food Act 2001
- food poisoning investigations.

Due to the centralised structure of the Environmental Health Branch, costs associated with management and senior committees have been divided equally between the *Food standards and hygiene* and *Environmental health* categories.

Breast cancer screening

Total expenditure for *Breast cancer screening* by DHS in 2000–01 was \$7.8 million. This was 12.7% of total core public health expenditure (Table 7.1).

BreastScreen SA, within DHS, aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service. The service is provided primarily to asymptomatic women in the target group (women aged 50 to 69 years), on a state-wide basis. However, women 40 years and over are eligible to attend. BreastScreen SA provides the free government breast cancer screening program on behalf of the government in South Australia, as part of the national program. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

In addition to the breast cancer screening program, costs were incurred on:

- maintenance of the cancer registry in the Epidemiology Branch of DHS
- breast cancer cytological screens through the Institute of Medical and Veterinary Science.

Cervical screening

Total expenditure for *Cervical screening* by DHS for 2000–01 was \$3.2 million, which was 5.2% of total core public health expenditure for the same period (Table 7.1).

Cervical screening in South Australia is part of the National Cervical Screening Program, funded jointly under the PHOFAs. The SA Cervical Screening Unit manages the program.

The program aims to achieve optimal reduction in the incidence of, and morbidity and mortality attributed to, cervical disease, at an acceptable cost to the community. The program increases the proportion of women who are screened at appropriate intervals and promotes high-quality screening and follow-up services.

The majority of Pap smears in South Australia are carried out in the private sector by GPs and funded through Medicare. This expenditure is recorded by the Australian Government and included in the national and Australian Government estimates of expenditure on *Cervical screening*.

In addition, Public hospitals and community health centres provide some screening, treatment and follow-up services (including colposcopy) and a small number of grants are provided by the state to Aboriginal communities where there are no clinical services. Also, the state government funds public health laboratory services associated with cervical screening.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* by DHS in 2000–01 was \$13.9 million (Table 7.5) This was 22.6% of total core public health expenditure and reflects the most significant area of expenditure on core public health activities.

The Drug and Alcohol Services Council is the major funder of programs aimed at reducing the overuse and abuse of alcohol and drugs of dependence, whereas tobacco control in South Australia is predominantly funded by the Tobacco Control Unit of DHS.

Tobacco

The major contributor to expenditure under this category was the Tobacco Control Unit of DHS. The Anti-Tobacco Ministerial Advisory Taskforce was formed in 1998 to build the foundations for a smoke-free culture in South Australia and to advise on the funding of many initiatives.

The goal of the 1998–2003 SA Tobacco Control State Strategy is to reduce the prevalence of smoking by 20% or more over the five years, particularly among young people, and to reduce involuntary exposure to tobacco smoke.

To further the aim of reducing smoking prevalence, South Australia is working on three strategic directions:

- encouraging people to stop smoking
- reducing the uptake of smoking
- promoting a smoke-free culture and environment.

The Tobacco Control Unit ran a number of anti-smoking campaigns during the course of the year. Major campaigns included:

- the Smoke-free Home and Cars project which featured a strong media campaign

- the BREATHE Easy! campaign, in collaboration with Quit SA and Chemplus, which aimed to increase the number of smoke-free workplaces, particularly those with 50 or fewer employees.

Illicit and other drugs of dependence

The Drug and Alcohol Services Council ran a number of programs aimed at illicit drug control and harm minimisation. Major programs included:

- Maintenance Pharmacotherapies Program – prescribes and administers methadone, and provides assistance to clients to reduce or abstain from the use of illicit opiates and to improve their general health status and social functioning.
- Drug Assessment and Aid Panel – provides assessment and aid for adults diverted from courts on drug-related, simple possession offences.
- General Practitioner Program – aims to create an accessible, supportive and effective link between the Drug and Alcohol Services Council and GPs. It also aims to increase both the knowledge and skills of the GPs and the number of GPs registering as private methadone prescribers. Training focused on:
 - managing adolescent drug use,
 - brief intervention for cannabis dependence,
 - management of opioid-dependent patients, and
 - responding to hepatitis C.

Smaller substance abuse programs were also run by a number of community health centres.

In addition to the programs funded by the Drug and Alcohol Services Council, the Pharmaceutical Services branch within DHS provides an oversight of the use of drugs of dependence within South Australia.

Mixed

Major programs funded by the Drug and Alcohol Services Council that could not be classified into the above categories included:

- Metropolitan Community Services and Country Outreach Services – provides outpatient counselling, assessment and referral for people with alcohol and other drug problems
- Alcohol and Drug Information Service – ‘frontline’ or central contact point for anyone needing assistance and/or information related to alcohol and other drugs
- resource production – development and production of public information, promotional, clinical and corporate materials
- Life Education SA Inc. – provides community-supported drug education programs to primary and secondary schools.

Other major areas of expenditure in this category included:

- biochemical screens for drugs and alcohol, performed by the Institute of Medical and Veterinary Science laboratory
- mobile assistance patrol operations, coordinated by the Aboriginal Services Division of DHS.

Table 7.5: Expenditure on *Prevention of hazardous and harmful drug use, South Australia, 2000–01* (\$ million)

Category	Expenditure
Alcohol	0.3
Tobacco	4.2
Illicit and other drugs of dependence	4.8
Mixed	4.6
Total	13.9

Public health research

Total expenditure for *Public health research* by DHS in 2000–01 was \$0.7 million (Table 7.6). This was 1.1% of total core public health expenditure (Table 7.1).

The Australian Government funds the majority of research undertaken in South Australia, in the form of National Health and Medical Research Council and other grants. Expenditure reported by the State includes:

Public health research on Alcohol

The Drug and Alcohol Services Council provided funds to Flinders University to support a research project on the causes of liver damage and approaches to its prevention.

Public health research on Illicit and other drugs of dependence

A number of research projects were funded by the Drug and Alcohol Service Council including:

- Methadone Prescribers – Trial of a New Funding Model
- Randomised Controlled Trial of Rapid Heroin Detoxification under Anaesthetic for Induction into Oral Naltrexone Maintenance Therapy (treatment component 50% reported under ‘Public health-related activities’)
- Benzodiazepine Withdrawal Trial: A Comparison of a Standard Taper and a Symptom-triggered Model (treatment component 50% reported under ‘Public health-related activities’).

Public health research not allocated to previous categories

Expenditure that was unable to be allocated mainly includes research undertaken by the Epidemiology Branch in the areas of:

- health outcomes
- health statistics
- the cancer registry.

Table 7.6: Expenditure on *Public health research, South Australia, 2000–01* (\$'000)

Category	Total
Prevention of hazardous and harmful drug use	
Alcohol	20.8
Illicit and other drugs of dependence	167.2
Mixed	..
Research not allocated to previous categories	477.4
Total	665.4

Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2000–01 was \$52.4 million. The following major programs have been reported as ‘Public health-related activities’ by South Australia:

- dental health services including the school dental screening program (\$34.4 million)
- drug and alcohol treatment and welfare-related programs (\$10.1 million). Major programs included:
 - detoxification and rehabilitation services
 - Salvation Army Sobering-up Unit
 - Woolshed residential drug-free programs
 - Education and Development Unit
- young mothers program, well baby clinics and other maternal and child health (\$2.6 million)
- epidemiology programs, or components thereof, that were not considered to be core public health for the purposes of this project (\$1.5 million), including:
 - population health survey
 - smoking and diabetes
 - Centre for Population Studies in Epidemiology
 - pregnancy outcome
 - clinical epidemiology
- anger management and sexual abuse programs (\$1 million)
- mobile bone densitometry unit.

7.5 Public health expenditure by non-health government departments

Total expenditure on core public health activities by non-health government departments in South Australia during 2000–01 was estimated at \$27.6 million (Table 7.7). Similar data were collected in 1999–00 and included in the previous report.

The inclusion of these data provide a broader picture of the extent of the total investment in public health by the South Australian Government.

Table 7.7: Expenditure on core public health activities by other (non-health) government departments and authorities, South Australia, 2000–01 (\$ million)

Category	Total
Communicable disease control	
HIV/AIDS, hepatitis C and sexually transmitted infections	0.1
Needle and syringe program	—
Other communicable disease control	—
Selected health promotion	18.8
Organised immunisation	
Organised childhood immunisation	—
Organised pneumococcal and influenza immunisation	—
All other organised immunisation	—
Environmental health	7.0
Food standards and hygiene	1.1
Breast cancer screening	—
Cervical screening	—
Prevention of hazardous and harmful drug use	
Alcohol	0.1
Tobacco	—
Illicit and other drugs of dependence	—
Mixed	0.4
Public health research	—
Total core public health	27.6

Department of Correctional Services

The department reported public health expenditure of \$0.3 million. This expenditure is an estimate based on staff time, as data are not routinely collected in these categories. Public health programs undertaken by the department included:

- HIV/AIDS, hepatitis C and STI program
- minor expenditure on childhood immunisation
- methadone and alcohol program.

Department of Education, Training and Employment

Total expenditure reported by this Department was \$11.3 million. Of this, \$10.9 million was spent on supporting and enhancing physical education and sport programs in schools. In addition, a drug strategy program funded by the Department was also run in schools dealing with drug issues at the local level within a harm minimisation framework (\$0.4 million).

Department of Industry and Trade

The Department of Industry and Trade incurred minor public health expenditure on *Environmental health* and in providing assistance to the health and food industries.

Department of the Premier and Cabinet

The Department of the Premier and Cabinet reported minor expenditure in *Selected health promotion*, relating to a Skate Healthy for Life competition.

Department of Primary Industries and Resources

This Department plays a key role in the provision of public health in *Food standards and hygiene* and *Environmental health*. Its activities relate to:

- *Food standards and hygiene* (\$1.0 million)
 - Primary Production Processing Standard – includes advice to operators on food handling and safety, and aids in developing industry’s role in maintaining food quality
 - animal health surveillance and control – surveillance and control of specific animal diseases of public health importance where the affected animal products are intended for human consumption
 - management of compliance for the Primary Production Processing Standard through the enforcement of the Meat Hygiene Act and the accreditation of meat-processing facilities, and also by the testing of milk and dairy products.
- *Environmental health* (\$0.3 million)
 - occupational health education, such as the farm chemical users’ course
 - regulatory control of agricultural and veterinary chemicals including monitoring of chemicals in foods and fibres. Although the primary rationale is not human health, health and injury risk to handlers is considerable.
 - monitoring activities, which include environmental testing of shellfish-growing areas, and the management of algal blooms and the potential public health risks associated with their spread.

Total public health expenditure reported by the Department was approximately \$1.3 million.

Environment Protection Authority

The Environment Protection Authority contributes to public health in South Australia in the following areas:

- monitoring of air quality
- noise pollution control
- management and control of waste.

Public health expenditure reported by the Environment Protection Authority totalled \$0.8 million.

Office for Recreation and Sport

Total expenditure on core public health activities by the Office was \$7.9 million in 2000–01. This included the funding of recreation and sport programs promoting health and wellbeing.

SA Water

In providing water and waste water services to South Australia, SA Water spends significantly on *Environmental health*, particularly in the areas of water quality testing, sampling and fluoridation. Public health expenditure incurred was \$5.9 million.

Work Cover Corporation

Work Cover reported minor expenditure for information sheets and guidelines in the areas of HIV/AIDS, hepatitis C and sexually transmitted infections, and alcohol awareness programs.