

8 Expenditure by Tasmanian health authorities

8.1 Introduction

Tasmania, with an estimated population of 482,128 at June 2004, is Australia's smallest state, in both its geographic area and its total population. Some 14.3% of Tasmania's population are aged 65 years and over, which is higher than the national average of 13.0%.

The Department of Health and Human Services (DHHS) is involved in a wide range of population-based activities that support the promotion and protection of the health and wellbeing of Tasmanians. Its public health role incorporates monitoring quality and performance in key areas of health protection, and chronic and communicable disease prevention; developing public health policy; providing advice on public health issues; as well as undertaking ongoing surveillance of social, economic, public and environmental health indicators.

Within the department, the Division of Community, Population and Rural Health has the primary responsibility for public health, through the key areas of:

- public and environmental health
- population health priorities
- health and wellbeing outcomes
- alcohol and drug services
- cancer screening and control services.

8.2 Overview of results

Total expenditure by the State Government on public health activities in Tasmania during 2003–04 was estimated at \$27.0 million, compared with \$27.9 million in 2002–03 and \$23.8 million in 2001–02 (Table 8.1).

In 2003–04, nearly 90% of the expenditure was directed towards the following public health activities:

- *Selected health promotion* (22.6%)
- *Prevention of hazardous and harmful drug use* (20.4%)
- *Organised immunisation* (16.1%)
- *Environmental health* (14.7%)
- *Breast cancer screening* (13.8%).

Table 8.1: State government expenditure on public health activities, current prices, Tasmania, 1999–00 to 2003–04

Activity	1999–00	2000–01	2001–02	2002–03	2003–04
	Expenditure (\$'000)				
Communicable disease control	2,345.0	2,506.8	2,538.6	3,217.0	2,366.8
Selected health promotion	3,953.1	4,455.9	6,726.0	6,354.8	6,094.4
Organised immunisation	3,045.2	3,590.7	2,559.6	4,732.3	4,334.9
Environmental health	2,537.1	2,555.1	2,877.6	3,061.5	3,963.4
Food standards and hygiene	70.0	143.8	267.1	284.5	151.0
Breast cancer screening	2,562.4	3,119.7	2,711.7	3,781.9	3,716.8
Cervical screening	694.2	706.7	511.4	483.3	516.4
Prevention of hazardous and harmful drug use	4,376.8	4,403.3	5,352.8	5,736.8	5,516.2
Public health research	300.0	375.7	214.9	239.0	325.6
Total public health	19,883.8	21,857.7	23,759.7	27,891.1	26,985.5
	Proportion of public health expenditure^(a) (%)				
Communicable disease control	11.8	11.5	10.7	11.5	8.8
Selected health promotion	19.9	20.4	28.3	22.8	22.6
Organised immunisation	15.3	16.4	10.8	17.0	16.1
Environmental health	12.8	11.7	12.1	11.0	14.7
Food standards and hygiene	0.4	0.7	1.1	1.0	0.6
Breast cancer screening	12.9	14.3	11.4	13.6	13.8
Cervical screening	3.5	3.2	2.2	1.7	1.9
Prevention of hazardous and harmful drug use	22.0	20.1	22.5	20.6	20.4
Public health research	1.5	1.7	0.9	0.9	1.2
Total public health	100.0	100.0	100.0	100.0	100.0

(a) Estimates are based on expenditure data expressed in \$'000 and rounded to one decimal place.

Note: Components may not add to totals due to rounding.

8.3 Expenditure on public health activities

This section of the report looks at Tasmania's level of expenditure on each of the public health activities. It discusses in more detail particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2003–04 was \$2.4 million, compared with \$3.2 million in 2002–03 and \$2.5 million the previous financial year (Table 8.1).

The 2003–04 expenditure accounted for 8.8% of the total expenditure on public health activities by DHHS during that year. It comprised \$1.6 million on HIV/AIDS, hepatitis B and

sexually transmitted infections control programs, \$0.6 million on needle and syringe programs and \$0.2 million on other communicable disease control (Table 8.2).

The majority of the expenditure associated with this activity is coordinated through the Public and Environmental Health Service. Spending on this activity was mainly aimed at preventing and reducing the transmission of communicable diseases through education, along with the surveillance and investigation of notifiable diseases.

Table 8.2: State government expenditure on *Communicable disease control*, current prices, Tasmania, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
HIV/AIDS, hepatitis C and sexually transmitted infections	1.5	1.4	1.6
Needle and syringe programs ^(a)	0.7	1.1	0.6
Other communicable disease control	0.3	0.7	0.2
Total	2.5	3.2	2.4

(a) Expenditure on needle and syringe programs can fluctuate through timing of invoices and payments as well as variations in demand and ordering of supplies.

Selected health promotion

Total reported expenditure on *Selected health promotion* during 2003–04 was estimated at \$6.1 million, down marginally on that incurred in 2002–03 (\$6.4 million) and 2001–02 (\$6.7 million).

The 2003–04 expenditure accounted for 22.6% of the total expenditure on public health and reflected the most significant area of expenditure incurred by DHHS during that year (Table 8.1).

The Division of Community, Population and Rural Health employs dedicated regional health promotion officers who undertake a wide range of health promotional activities. The expenditures were mainly aimed at oral health, nutrition, physical activity, injury prevention, healthy ageing and mental health. In addition, grants were provided to a number of NGOs for nutrition and sexual health promotion.

Organised immunisation

Expenditure by DHHS on *Organised immunisation* in 2003–04 was estimated at \$4.3 million, compared with \$4.7 million in 2002–03 and \$2.6 million in 2001–02 (Table 8.1).

The 2003–04 expenditure constituted 16.1% of total expenditure on public health activities and was one of the more significant areas of expenditure incurred by DHHS during that year. It comprised \$2.8 million on organised childhood immunisation, \$0.9 million on organised pneumococcal and influenza immunisation and \$0.6 million on all other organised immunisation (Table 8.3).

Overall, expenditure in 2002–03 and 2003–04 was significantly up on that incurred in 2001–02. This higher expenditure reflected the increased spending on organised childhood immunisation with the introduction of firstly a state-based polysaccharide meningococcal vaccine program for teenagers and young adults, and then the National Meningococcal C Vaccination Program.

Funding for this activity comes from a combination of state appropriations and the Australian Government through the PHOFAs.

Table 8.3: State government expenditure on *Organised immunisation*, current prices, Tasmania, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	1.4	3.3	2.8
Organised pneumococcal and influenza immunisation	0.8	0.8	0.9
All other organised immunisation	0.4	0.6	0.6
Total	2.6	4.7	4.3

Environmental health

Total expenditure on *Environmental health* during 2003–04 was \$4.0 million, compared with \$3.1 million in 2002–03 and \$2.9 million in 2001–02. This constituted 14.7% of the total expenditure on public health activities in 2003–04 (Table 8.1).

Expenditures incurred under this activity mainly related to ongoing provision of environmental health advice and support, performance monitoring of water quality (for example fluoridation and contamination), policing of tobacco regulations, shellfish quality assurance, and supervising *Legionella* control measures and radiation safety.

Food standards and hygiene

Tasmania spent approximately \$0.2 million on *Food standards and hygiene* activities during 2003–04, compared with \$0.3 million in 2002–03 and 2001–02. This constituted 0.6% of the total expenditure on public health activities in 2003–04 (Table 8.1).

The Public and Environmental Health Service’s Environmental Health Branch recorded expenditure on *Food standards and hygiene* regulation. In addition, other expenditures included:

- continued support to the Eat Well Tasmania education strategy
- provision of expertise, training and support to non-government and community sector providers to implement a series of projects to improve nutrition for young children in Tasmania under the National Child Nutrition Program.

Breast cancer screening

Total expenditure on *Breast cancer screening* by DHHS was \$3.7 million, compared with \$3.8 million in 2002–03 and \$2.7 million in 2001–02. This constituted 13.8% of total expenditure on public health activities during 2003–04 (Table 8.1).

Breast cancer screening was conducted by the BreastScreen Tasmania program, which included a mobile unit and other offices. It provides a free government breast cancer screening program for women aged 50 to 69 years throughout Tasmania. Funding is provided under a joint arrangement with the Australian Government through the PHOFAs.

In addition to the screening program, costs were incurred on services for screening and assessment, training, data management, and promotional material to coincide with 10-year BreastScreen Tasmania celebrations.

Cervical screening

Total expenditure on *Cervical screening* during 2002–03 was approximately \$0.5 million, which was similar to the level of expenditure incurred in 2002–03 and 2001–02. This constituted 1.9% of the total expenditure on public health activities in 2003–04 (Table 8.1).

Major areas of expenditure for *Cervical screening* were the maintenance of the cytology register, unit coordination, education, promotion and recruitment. Other areas of expenditure reported in this category were quality assurance and special screening services.

Prevention of hazardous and harmful drug use

Total expenditure for *Prevention of hazardous and harmful drug use* in 2003–04 was \$5.5 million, compared with \$5.7 million in 2002–03 and \$5.4 million the previous financial year (Table 8.1).

The 2003–04 expenditure was 20.4% of the total expenditure on public health activities and reflected the second most significant area of expenditure incurred by DHHS during 2003–04. It comprised \$1.7 million on alcohol and tobacco programs, \$2.1 million on the illicit and other drugs of dependence programs and \$1.7 million on mixed programs (that is, those that cannot be classified to the previous categories) (Table 8.4).

Expenditure under this activity mainly related to:

- diversion programs
- tobacco control
- methadone program
- GP advisory service.

Table 8.4: State government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Tasmania, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Alcohol	1.4	1.5	1.4
Tobacco	0.4	0.5	0.3
Illicit and other drugs of dependence	1.8	1.6	2.1
Mixed	1.7	2.1	1.7
Total	5.4	5.7	5.5

Note: Components may not add to totals due to rounding.

Public health research

Total expenditure during 2003–04 was estimated at approximately \$0.3 million, compared with \$0.2 million in 2002–03 and 2001–02. This was 1.2% of total public health expenditure during 2003–04 (Table 8.1).

The expenditure reported under *Public health research* was for grants to the Menzies Centre for selected population health research.

8.4 Growth in expenditure on public health activities

Total public health expenditure by DHHS decreased, in real terms, from \$27.9 million in 2002–03 to \$26.1 million in 2003–04, a decrease of 6.3%. However, over the longer period, 1999–00 to 2003–04, expenditure has grown by 20% at an average rate of 4.7% per annum (Table 8.5). The public health activities which recorded the highest average annual growth rates were:

- *Foods standards and hygiene* (17.5%)
- *Environmental health* (8.4%)
- *Selected health promotion* (8.0%).

Over the period the present public health expenditure series has been compiled, that is, 1990–00 to 2003–04, the public health activities which have recorded the highest average annual expenditure in real terms were *Selected health promotion* (\$5.7 million) and *Prevention of hazardous and harmful drug use* (\$5.2 million) (Table 8.5; Figure 8.1).

Table 8.5: State government expenditure on public health activities, constant (2002–03) prices^(a), Tasmania, 1999–00 to 2003–04

Activity	Expenditure (\$'000)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	2,568.4	2,664.0	2,619.8	3,217.0	2,291.2	2,672.1
Selected health promotion	4,329.8	4,735.3	6,941.2	6,354.8	5,899.7	5,652.2
Organised immunisation	3,335.4	3,815.8	2,641.5	4,732.3	4,196.5	3,744.3
Environmental health	2,778.8	2,715.3	2,969.7	3,061.5	3,836.8	3,072.4
Food standards and hygiene	76.7	152.9	275.6	284.5	146.2	187.2
Breast cancer screening	2,806.5	3,315.3	2,798.4	3,781.9	3,598.1	3,260.0
Cervical screening	760.3	751.0	527.8	483.3	499.9	604.5
Prevention of hazardous and harmful drug use	4,793.8	4,679.3	5,524.1	5,736.8	5,339.9	5,214.8
Public health research	328.6	399.2	221.8	239.0	315.2	300.8
Total public health	21,778.3	23,228.1	24,519.9	27,891.1	26,123.5	24,708.2

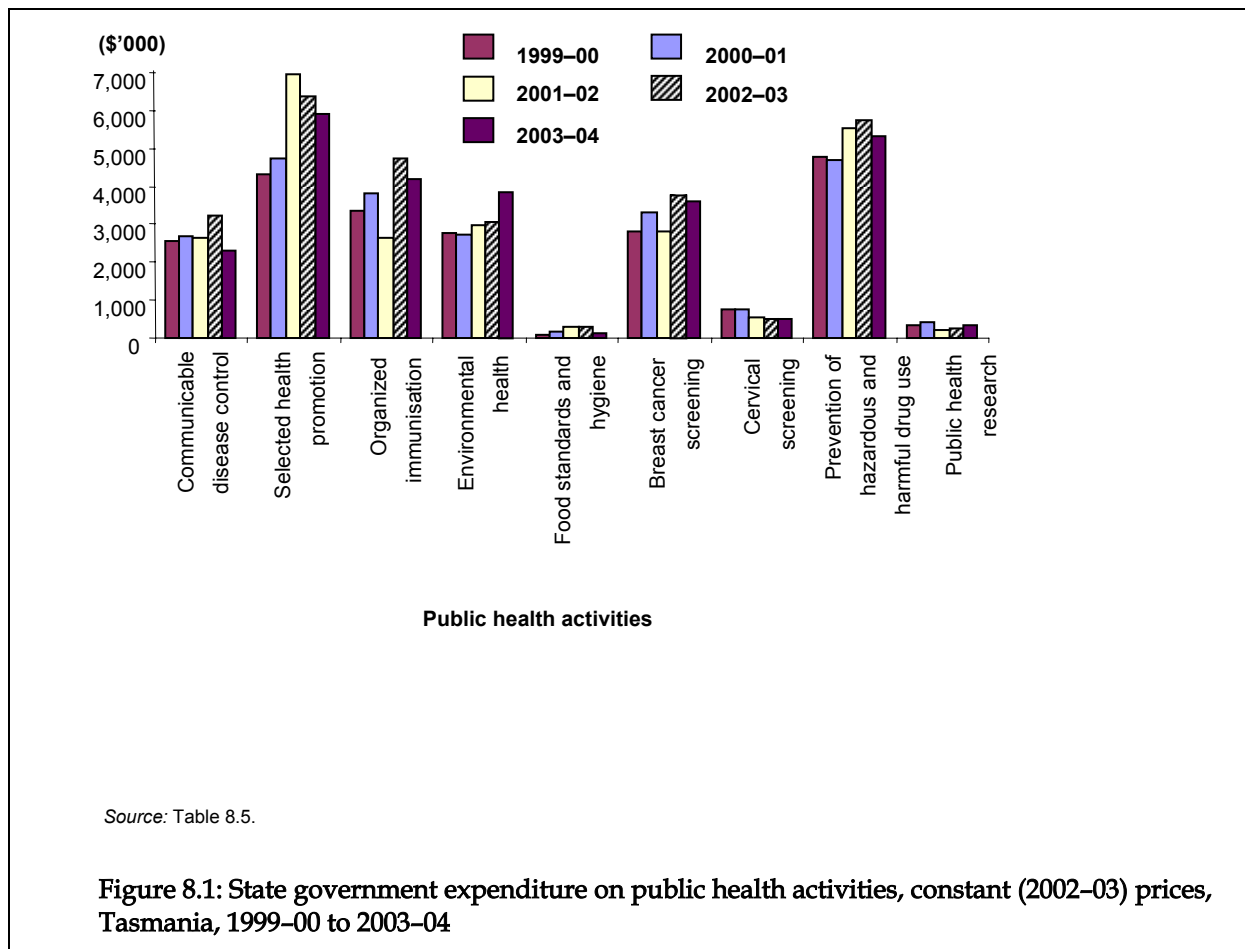
Activity	Growth ^(b) (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	3.7	-1.7	22.8	-28.8	-2.8
Selected health promotion	9.4	46.6	-8.4	-7.2	8.0
Organised immunisation	14.4	-30.8	79.2	-11.3	5.9
Environmental health	-2.3	9.4	3.1	25.3	8.4
Food standards and hygiene	99.3	80.2	3.2	-48.6	17.5
Breast cancer screening	18.1	-15.6	35.1	-4.9	6.4
Cervical screening	-1.2	-29.7	-8.4	3.4	-10.0
Prevention of hazardous and harmful drug use	-2.4	18.1	3.9	-6.9	2.7
Public health research	21.5	-44.4	7.8	31.9	-1.0
Total public health	6.7	5.6	13.7	-6.3	4.7

(a) Constant price expenditure has been expressed in 2002–03 prices (see Chapter 11, Section 11.1).

(b) Estimates are based on expenditure expressed in \$'000 and rounded to one decimal place.

(c) Average annual growth rate.

Note: Components may not add to totals due to rounding.



8.5 Expenditure on ‘Public health-related activities’

Total expenditure on ‘Public health-related activities’ in 2003-04 was \$32.2 million, compared with \$27.5 million in 2002-03 and \$27.0 million in 2001-02.

The types of programs and activities included as public health-related activities were:

- Tasmanian Vision Impairment Project
- diabetes policy development
- family planning
- breastfeeding
- early childhood screening
- child dental screening
- Child Assessment and Protection Service.

9 Expenditure by Australian Capital Territory health authorities

9.1 Introduction

The Australian Capital Territory (ACT) is a small self-governing territory that is located wholly within the boundaries of New South Wales. None of the population of 0.3 million people resides in a remote area.

As well as providing for the needs of its own population, many of the ACT's health services also cater for the needs of the surrounding regions of New South Wales. For example, as well as being the ACT's principal hospital, the Canberra Hospital is the major regional hospital serving the Far South Coast, Southern Tablelands and South-West Slopes of New South Wales. Approximately one-quarter of acute hospital services provided by public hospitals in the ACT were supplied to persons who were not residents of the ACT.

During 2001–02 health services within the ACT were the responsibility of the then Department of Health, Housing and Community Care. From 2002–03, such services came under the control of ACT Health.

ACT Health's public health role was predominantly undertaken by the Population Health Division, which was responsible for assessing population-based health outcomes, communicable disease surveillance and health protection. In addition, Healthpact, a statutory authority with responsibility for health promotion activities, has worked with communities to identify and prioritise health promotion and prevention concerns, and facilitate whole-of-government and whole-of-community responses to those needs.

9.2 Overview of results

Total expenditure on public health activities by ACT Health for 2003–04 was \$30.3 million, compared with \$24.6 million in 2002–03 and \$22.7 million in 2001–02 (Table 9.1).

Overall, expenditure on public health in 2003–04 was up \$5.7 million or 23.1% on the previous financial year. Expenditure increased across all public health activities except *Breast cancer screening*, which declined marginally (0.9%). Over 70% of the expenditure was directed towards four health activities. These were:

- *Prevention of hazardous and harmful drug use* (27.6%)
- *Organised immunisation* (17.6%)
- *Communicable disease control* (13.9%)
- *Environmental health* (12.9%).

Table 9.1: Territory government expenditure on public health activities, current prices, Australian Capital Territory, 1999–00 to 2003–04

Activity	1999–00 ^(a)	2000–01	2001–02	2002–03	2003–04
	Expenditure (\$'000)				
Communicable disease control	2,582.3	r3,683.3	3,994.1	4,000.4	4,215.1
Selected health promotion	4,944.9	r3,368.9	2,890.6	3,340.7	3,649.5
Organised immunisation	3,271.3	4,026.6	3,692.9	4,323.0	5,348.3
Environmental health	1,457.4	1,972.7	2,089.8	2,405.8	3,918.3
Food standards and hygiene	1,626.2	1,797.6	1,935.7	2,280.5	2,695.6
Breast cancer screening	2,016.8	r2,073.8	1,784.3	1,668.6	1,653.9
Cervical screening	551.0	580.5	207.9	218.7	306.1
Prevention of hazardous and harmful drug use	6,382.1	r4,555.7	6,005.7	6,264.7	8,364.7
Public health research	25.6	104.2	57.6	138.7	172.3
Total public health	22,857.6	r22,163.3	22,658.4	24,641.0	30,323.8
	Proportion of public health expenditure^(b) (%)				
Communicable disease control	11.3	16.6	17.6	16.2	13.9
Selected health promotion	21.6	15.2	12.8	13.6	12.0
Organised immunisation	14.3	18.2	16.3	17.5	17.6
Environmental health	6.4	8.9	9.2	9.8	12.9
Food standards and hygiene	7.1	8.1	8.5	9.3	8.9
Breast cancer screening	8.8	9.4	7.9	6.8	5.5
Cervical screening	2.4	2.6	0.9	0.9	1.0
Prevention of hazardous and harmful drug use	27.9	20.6	26.5	25.4	27.6
Public health research	0.1	0.5	0.3	0.6	0.6
Total public health	100.0	100.0	100.0	100.0	100.0

(a) The 1999–00 data are compiled using a different methodology from that used for 2000–01 onwards. Therefore, the 1999–00 data are not strictly comparable with those for subsequent years.

(b) Estimates are based on expenditure data expressed in \$'000 and rounded to one decimal place.

Note: Components may not add to totals due to rounding.

9.3 Expenditure on public health activities

This section of the report looks at the level of spending on each of the public health activities. It discusses in more detail the particular programs within each of the health activities and their related expenditure.

Communicable disease control

Total reported expenditure for *Communicable disease control* in 2003–04 was \$4.2 million, compared with \$4.0 million in 2002–03 and 2001–02 (Table 9.1).

The 2003–04 expenditure accounted for 13.9% of total expenditure on public health activities by ACT Health. It comprised payments to government and NGOs for the provision of

education and support services to the community for HIV/AIDS, hepatitis C and sexually transmitted infections programs (\$2.0 million), needle and syringe programs (\$1.0 million) and other communicable disease control (\$1.1 million) (Table 9.2).

Some of the key achievements over the past two to three years included:

- an enhanced surveillance system, which was established to monitor disease in the community in the weeks following the bushfire disaster in January 2003
- refinement of the code of practice on infection control
- launch of the hepatitis C awareness campaign in March 2003
- introduction of a chlamydia awareness campaign.

Table 9.2: Territory government expenditure on *Communicable disease control*, current prices, Australian Capital Territory, 2001-02 to 2003-04 (\$ million)

Category	2001-02	2002-03	2003-04
HIV/AIDS, hepatitis C and sexually transmitted infections	2.4	2.1	2.0
Needle and syringe programs	0.8	0.9	1.0
Other communicable disease control	0.8	1.0	1.1
Total	4.0	4.0	4.2

Note: Components may not add to the totals due to rounding.

Selected health promotion

Total reported expenditure on *Selected health promotion* was \$3.6 million, compared with \$3.3 million in 2002-03 and \$2.9 million in 2001-02. This represented 12.0% of total expenditure on public health activities in 2003-04 (Table 9.1).

Expenditure over the past three years covered a range of educational activities undertaken by ACT Health. Highlights included:

- development and implementation of ACT Health Promotion website
- development and implementation of the 'Vitality' campaign
- establishment of the ACT Nutrition Advisory Group in partnership with Healthpact
- implementation of the ACT Mental Health Strategy Plan 2003-08, focusing on mental health promotion, illness prevention and early intervention.

Healthpact Secretariat continued supporting innovative, health-promoting outcomes through the ACT Health Promotion Board. For example, the Board distributed \$1.7 million, in 2002-03, and \$2.0 million in 2003-04, to ACT sports, arts and community organisations for health promotion projects under a range of programs covering:

- Smokefree
- SunSmart
- physical activity
- nutrition
- injury prevention
- community wellbeing (including mental health)

- Healthy Lifestyle Program.

Healthpact also provided support funding for research and evaluation in the areas of social capital and injury prevention (prevention of self-harm), and in setting priorities among the broad range of health promotion approaches.

Organised immunisation

Total expenditure for *Organised immunisation* by ACT Health in 2003–04 was \$5.3 million, compared with \$4.3 million in 2002–03 and \$3.7 million in 2001–02 (Table 9.1).

The 2003–04 expenditure represented 17.6% of total expenditure on public health activities by ACT Health and reflected the second most significant area of expenditure in 2003–04). It comprised of \$3.5 million on organised childhood immunisation, \$0.3 million on pneumococcal and influenza immunisation and \$1.6 million on all other organised immunisation programs (Table 9.3).

The increased expenditure in 2002–03 (up \$0.6 million) and 2003–04 (up \$1.0 million) reflects the increased spending on organised childhood immunisation due to the National Meningococcal C Vaccination Program, which commenced in 2003.

Funding for this activity comes from a combination of state appropriations and PHOFA grants from the Australian Government.

Table 9.3: Territory government expenditure on *Organised immunisation*, current prices, Australian Capital Territory, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Organised childhood immunisation	2.9	3.5	3.5
Organised pneumococcal and influenza immunisation	0.4	0.4	0.3
All other organised immunisation	0.4	0.4	1.6
Total	3.7	4.3	5.3

Note: Components may not add to the totals due to rounding.

Environmental health

Total expenditure for *Environmental health* by ACT Health in 2003–04 was \$3.9 million, compared with \$2.4 million in 2002–03 and \$2.0 million in 2001–02.

The expenditure in 2003–04 constituted 12.9% of the total expenditure on public health activities (Table 9.1). It was up \$1.5 million or 62.9% on the previous financial year.

Expenditure included policy and legislation development, auditing and monitoring, and scientific services performed by the ACT Government Analytical Laboratories.

In addition, during the second half of 2002–03, public health officers played an important role in assessing and addressing potential health issues arising from the bushfires in the ACT.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by ACT Health in 2003–04 was \$2.7 million, compared with \$2.3 million in 2002–03 and \$1.9 million in 2001–02 (Table 9.1).

The 2003–04 expenditure was 8.9% of total expenditure on public health activities and was up \$0.4 million or 18.2% on that incurred in 2002–03.

Expenditure under this activity was mainly related to standardisation, and regulatory and safety issues, such as food safety surveillance, food premises fit-out approval, food handler education, food safety enforcement, and policy and legislation development. A range of safety and sampling activities, such as food testing, was also undertaken.

Breast cancer screening

Total expenditure on *Breast cancer screening* was \$1.7 million in 2003–04, which was the same as that incurred in 2002–03 and similar to that incurred in 2001–02 (\$1.8 million) (Table 9.1). The 2003–04 expenditure constituted 5.5% of the total expenditure on public health activities by ACT Health during that year.

As part of a national funded program, BreastScreen ACT provides free screening services to all women aged over 50 years in the ACT. Funding for the program is provided under a joint arrangement with the Australia Government through the PHOFAs.

Cervical screening

Total expenditure on *Cervical screening* during 2003–04 was estimated at \$0.3 million. This constituted 1.0% of total public health expenditure by ACT Health during the year.

It was largely made up of expenditure on promotion and education services and the Cervical Cytology Register, which are important elements in the ongoing strategy to combat the onset of cervical cancer.

For the previous two years, expenditure has been estimated at \$0.2 million for both 2002–03 and 2001–02.

Prevention of hazardous and harmful drug use

The total expenditure on *Prevention of hazardous and harmful drug use* was \$8.4 million in 2003–04, compared with \$6.3 million in 2002–03 and \$6.0 million in 2001–02 (Table 9.1).

The 2003–04 expenditure represented 27.6% of the total expenditure on public health activities, and reflected the most significant area of expenditure incurred by ACT Health that year. It comprised approximately \$1.1 million on alcohol and tobacco programs, \$0.8 million on the illicit and other drugs of dependence programs and \$6.5 million on mixed programs (that is, those that could not be classified to the previous categories). Overall, expenditure was up across all categories, except alcohol programs, on that incurred in 2002–03 and 2001–02 (Table 9.4).

Over 70% was distributed to NGOs to provide programs aimed at preventing the harmful use of alcohol and other drugs.

The expenditure was directed towards a wide range of activities targeting the prevention of harmful drug use, such as:

- provision of accurate information, support and referral to the community, individuals and groups
- promotion of community awareness through health promotion activities
- training programs provided to health professionals
- regulatory control of illicit and other drugs of dependence such as monitoring of legislated controls in the sale of tobacco products to minors, laboratory services and pharmaceutical regulatory services
- amendments to existing, and development of new, legislation relating to the control of illicit drugs and other drugs of dependence.

Table 9.4: Territory government expenditure on *Prevention of hazardous and harmful drug use*, current prices, Australian Capital Territory, 2001–02 to 2003–04 (\$ million)

Category	2001–02	2002–03	2003–04
Alcohol	0.1	0.1	0.1
Tobacco	0.4	0.4	1.0
Illicit and other drugs of dependence	0.7	0.7	0.8
Mixed	4.8	5.0	6.5
Total	6.0	6.3	8.4

Note: Components may not add to the totals due to rounding.

Public health research

Expenditure on *Public health research* in the Australian Capital Territory in 2003–04 was approximately \$0.2 million (Table 9.1). This constituted 0.6% of the total public health expenditure by ACT Health for that year and was mainly directed towards research into health promotion.

9.4 Revision of 2000–01 data

ACT Health has revised its 2000–01 public health current expenditure figures since the publication of *National Public Health Expenditure Report 2000–01*. The updated data have been included in Table 9.1.

9.5 Growth in expenditure on public health activities

Total public health expenditure by the ACT Government increased, in real terms, from \$24.6 million in 2002–03 to \$29.3 million in 2003–04, an increase of 18.8%. Expenditure on *Environmental health* and *Cervical screening* recorded the highest real annual growth rates (57.2% and 35.1% respectively) (Table 9.5).

Estimates of expenditure on public health activities increased, in real terms, between 1999–00 and 2003–04, at an average annual rate of 3.8% (Table 9.5). Over this period, expenditure on

Public health research (55.8%) and *Environmental health* (23.9%) recorded the highest average annual real growth changes.

Table 9.5: Territory government expenditure on public health activities, constant (2002–03) prices^{(a)(b)}, Australian Capital Territory, 1999–00 to 2003–04

Activity	Expenditure(\$'000)					5-year average
	1999–00	2000–01	2001–02	2002–03	2003–04	
Communicable disease control	2,844.0	3,935.1	4,134.6	4,000.4	4,068.7	3,796.6
Selected health promotion	5,445.9	3,599.3	2,992.4	3,340.7	3,522.7	3,780.2
Organised immunisation	3,602.8	4,301.9	3,822.8	4,323.0	5,162.5	4,242.6
Environmental health	1,605.0	2,107.5	2,163.4	2,405.8	3,782.2	2,412.8
Food standards and hygiene	1,791.0	1,920.5	2,003.8	2,280.5	2,602.0	2,119.6
Breast cancer screening	2,221.2	2,215.6	1,847.1	1,668.6	1,596.5	1,909.8
Cervical screening	606.8	620.2	215.3	218.7	295.5	391.3
Prevention of hazardous and harmful drug use	7,028.7	4,867.2	6,217.1	6,264.7	8,074.0	6,490.3
Public health research	28.2	111.3	59.6	138.7	166.3	100.8
Total public health	25,173.6	23,678.6	23,456.1	24,641.1	29,270.4	25,244.0

Activity	Growth (%)				
	1999–00 to 2000–01	2000–01 to 2001–02	2001–02 to 2002–03	2002–03 to 2003–04	1999–00 to 2003–04 ^(c)
Communicable disease control	38.4	5.1	-3.2	1.7	9.4
Selected health promotion	-33.9	-16.9	11.6	5.4	-10.3
Organised immunisation	19.4	-11.1	13.1	19.4	9.4
Environmental health	31.3	2.7	11.2	57.2	23.9
Food standards and hygiene	7.2	4.3	13.8	14.1	9.8
Breast cancer screening	-0.3	-16.6	-9.7	-4.3	-7.9
Cervical screening	2.2	-65.3	1.6	35.1	-16.5
Prevention of hazardous and harmful drug use	-30.8	27.7	0.8	28.9	3.5
Public health research	294.7	-46.5	132.7	19.9	55.8
Total public health	-5.9	-0.9	5.1	18.8	3.8

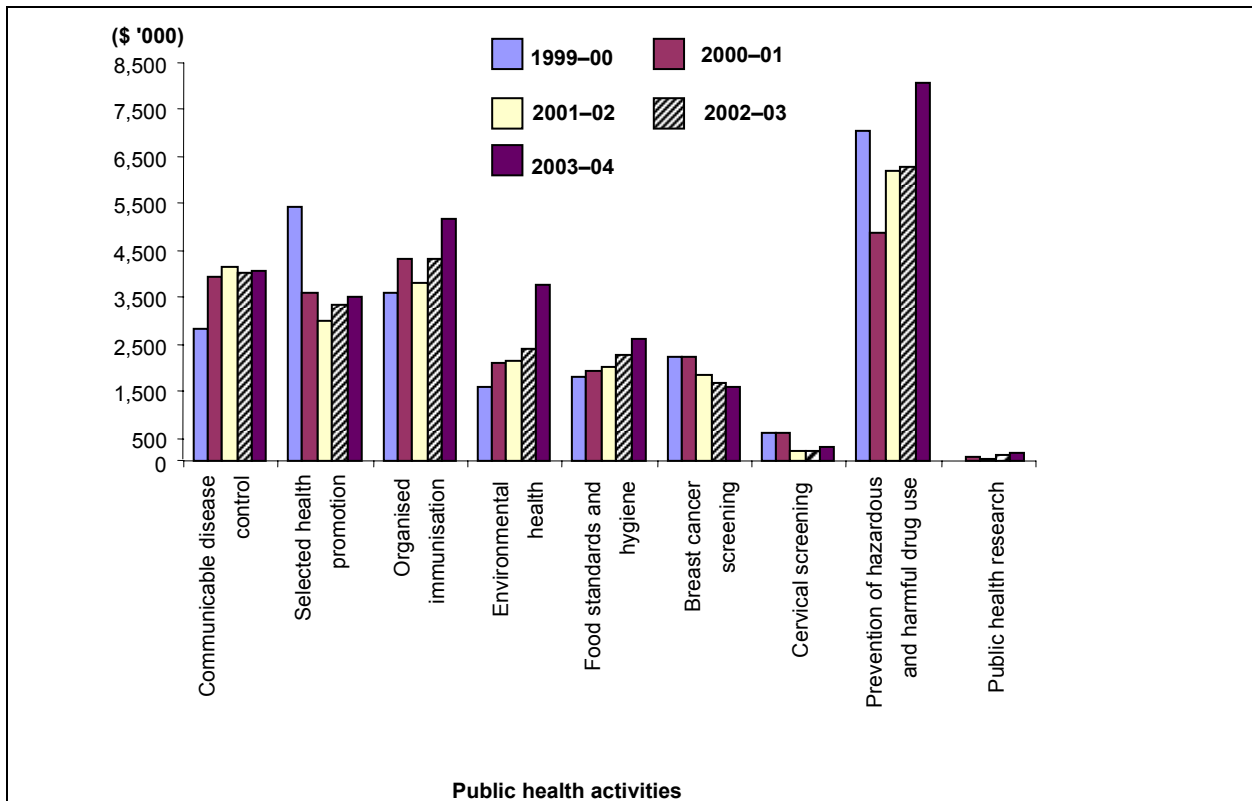
(a) Constant price expenditure has been expressed in 2002–03 prices (see Section 11.1).

(b) Estimates are based on expenditure expressed in \$'000 and rounded to one decimal place.

(c) Average annual growth rate.

Note: Components may not add to totals due to rounding.

Over the period the present public health expenditure series has been compiled, that is, 1990–00 to 2002–03, the public health activities which have recorded the highest average annual expenditure in real terms were *Prevention of hazardous and harmful drug use* (\$6.5 million), *Organised immunisation* (\$4.2 million), *Communicable disease control* (\$3.8 million) and *Selected health promotion* (\$3.8 million) (Table 9.5; Figure 9.1).



Source: Table 9.5.

Figure 9.1: Territory government expenditure on public health activities, constant (2002-03) prices, Australian Capital Territory, 1999-00 to 2003-04