

10 Expenditure by Northern Territory Health Services

10.1 Introduction

The Northern Territory constitutes approximately 17% of the land mass of Australia but its small, widely dispersed population of 0.2 million represents only 1% of the national population. Of the Territory population, 28% identify as Aboriginal with 70% living in remote communities. Average life expectancy for Aboriginal Territorians is approximately 20 years less than for other Territory citizens. Furthermore, the burden of disease experienced by Aboriginal Territorians is significantly higher than that experienced by other Territory citizens. The Northern Territory population is younger than the total Australian population, with only 3% being aged over 65 years. The Aboriginal population is particularly young, with 38% being aged under 15 years. This presents Territory Health Services (THS) with a unique challenge in the delivery of effective health services.

During 1999–00 THS implemented a new corporate plan covering the period from 1999 to 2003. One of the features of that plan was to retitle ‘public health’ as ‘health development’. The health development program focuses the health system towards public health strategies that increase people’s own capacities to live healthily and lead to lasting improvement in physical, mental and social health outcomes.

Health development is undertaken by the following programs and services:

- Alcohol and Other Drugs
- Disease Control
- Women’s Cancer Prevention
- Medical Entomology
- Environmental Health
- Health Promotion.

In March 1999 THS implemented its Collaborative Planning and Purchasing Framework involving funders, purchasers and providers of health and community services in the Territory.

Health services in the Territory are delivered through two networks.

Top End Service Network provides health services to a population of over 143,000 across an area of 614,000 square kilometres. Public health programs are delivered by the Health Development team, along with health teams that operate through 52 service outlets. These service outlets comprise community health centres and hospitals located in and around Darwin, East Arnhem and Katherine.

Central Australian Service Network provides health services to about 42,500 residents, including an Aboriginal population of 15,000, across an area of over 1.1 million square kilometres. Health services are also extended to people who live in adjoining areas of Western Australia and South Australia. Public health programs are delivered by the Health Development team, along with health teams that operate through 43 service outlets. These

service outlets comprise community health centres and hospitals located in the Alice Springs Urban, Alice Springs Rural and Barkly districts.

Due to the unique circumstances of the Northern Territory, including a relative lack of GPs in rural and remote areas, public health programs are often delivered by health centre workers. These include district medical officers, community health nurses and Aboriginal health workers, as well as specialised public health workers whose role is then to support these generalist community health teams.

10.2 Overview of results

Expenditure for core public health by THS for 1999–00 was estimated at \$39.6 million (Table 10.1), or approximately 9.1% of total health expenditure by THS. Of this, program expenditure was estimated at \$36.7 million, and \$2.8 million was program-wide and agency-wide expenditure.

The three highest expenditure categories were:

- *Selected health promotion* (25%)
- *Communicable disease control* (21.7%)
- *Prevention of hazardous and harmful drug use* (16.4%).

The Northern Territory faces the unique challenge of delivering effective public health programs to populations as small as 150 people located in remote and very remote communities. The high costs of providing public health programs in the Northern Territory are largely attributable to remoteness. Some communities are only accessible by air; others rely on the existing infrastructure and resources provided by community health to provide community members with public health programs.

Another contributing factor to the high cost of public health programs is that the widely dispersed population in the Northern Territory includes 28% who identify as Aboriginal – of whom approximately 70% live in remote areas – and who experience a significantly increased burden of disease and decreased life expectancy rates. Overall, the Northern Territory population is younger than the total Australian population, with only 3% being aged over 65 years. The Aboriginal population is particularly young, with 38% being aged under 15 years.

The Northern Territory considers the inclusion of a component of community health and agency-wide expenditure as essential in identifying the real costs associated with the provision of public health services in the Territory. The expenditure component for public health programs delivered by community health centres within the Territory was estimated at \$12.9 million.

It is acknowledged that jurisdictions provide public health programs and services that do not fit within the definitions of core public health activities developed for this collection. To enable jurisdictions to report all the expenditure necessary to explain total public health expenditure, it was agreed that some additional non-core expenditure could be reported against 'Public health related activities'. The Northern Territory allocated \$14.3 million to 'Public health related activities' (Table 10.1). Included in this amount is approximately \$8.1 million for Alcohol and Other Drugs treatment services and \$1.3 million for public health programs provided to the East Timorese Refugee project.

Table 10.1: Expenditure on core public health activities, Northern Territory, current prices, 1999-00

Category	Total expenditure (\$ million)	Proportion of total core public health expenditure (%)
Communicable disease	8.6	21.7
Selected health promotion	9.9	25.0
Organised immunisation	6.2	15.8
Environmental health	3.6	9.2
Food standards and hygiene	1.0	2.6
Breast cancer screening	1.1	2.7
Cervical screening	2.2	5.5
Prevention of hazardous and harmful drug use	6.5	16.4
Public health research	0.4	1.1
Total core public health	39.6	100.0
Public health related activities	14.3	..

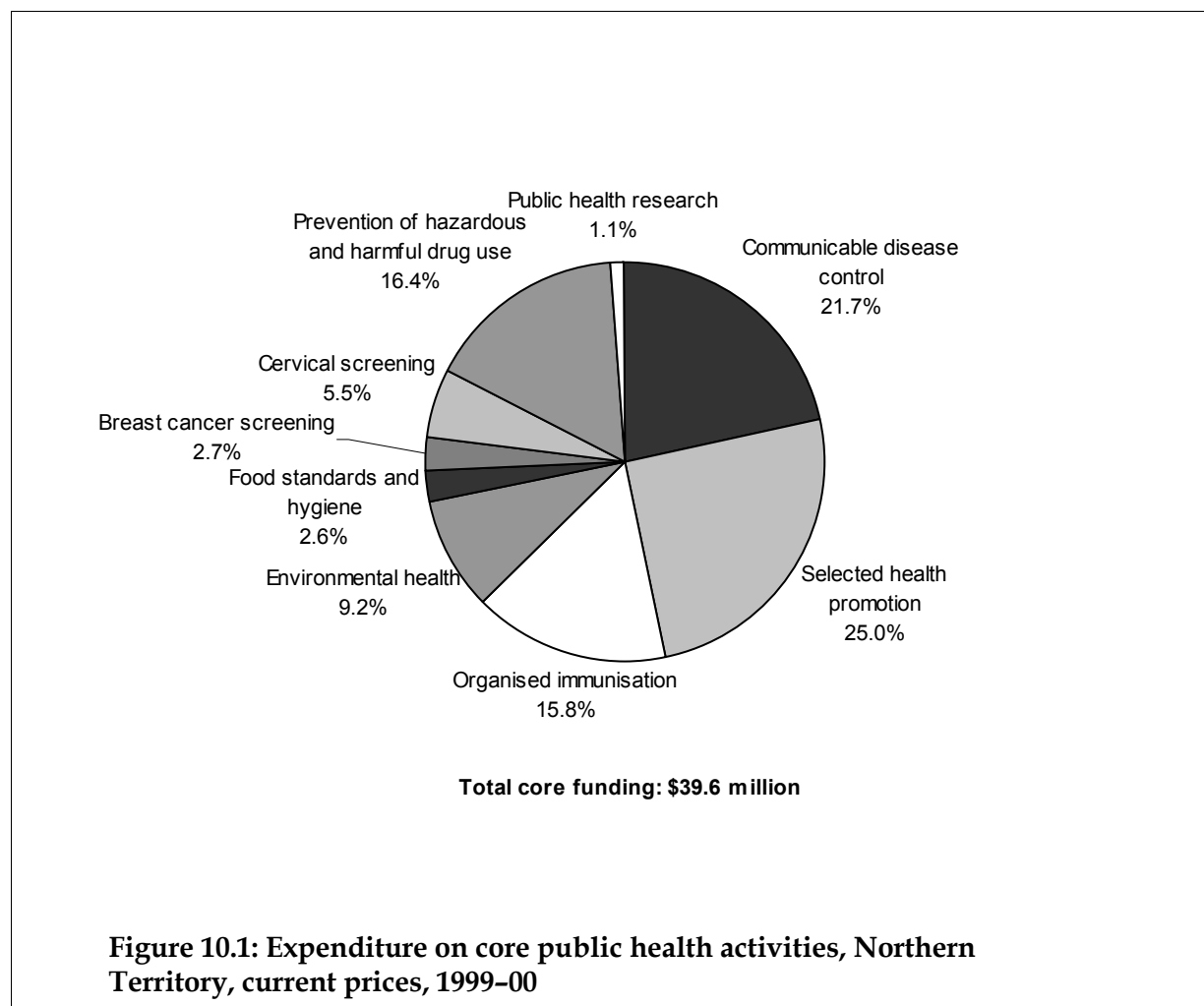


Figure 10.1: Expenditure on core public health activities, Northern Territory, current prices, 1999-00

10.2.1 Public health expenditure by categories

Communicable disease control

Total expenditure for *Communicable disease control* by THS in 1999–00 was \$8.6 million (Table 10.2). This was 21.7% of total core public health expenditure.

The Centre for Disease Control provides services to prevent, monitor and control communicable and non-communicable diseases in the Northern Territory. Program activities are coordinated through disease control units in each health district.

Screening and clinical services are provided for tuberculosis (TB), leprosy and sexually transmitted infections, including HIV and hepatitis C.

Regional disease control units work with urban and remote primary health care providers to provide clinical services, contact tracing, community screening and professional education.

Surveillance activities involve collection, collation, analysis, interpretation and dissemination of data. Trends in disease incidence are identified and the impact of prevention strategies evaluated. Special surveillance programs monitor invasive Hib disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine use.

The TB/Leprosy Control Unit aims to maximise efficiency through joint education and training of mycobacterial staff in the control of TB and leprosy.

The AIDS/STD Program works toward the prevention and treatment of sexually transmitted infections and blood-borne viruses such as HIV and hepatitis C. In urban areas, Clinic 34 provides specialised clinical services in these areas.

The Needle and Syringe Program provides sterile injecting equipment to minimise the risk of the transmission of blood-borne viruses through injecting drug use. Information and referrals are provided through most centres. Equipment is distributed through community-based organisations which are funded by THS, Clinic 34, district disease control units and some public hospitals. The amount recorded for *Needle and syringe program* does not fully reflect expenditure for this program and therefore is an underestimate. Where possible, expenditure was identified and allocated. However, the majority of expenditure for the Needle and Syringe Program is recorded as *Other communicable disease control*.

Community Paediatric develops and evaluates policies for paediatric communicable and non-communicable diseases focusing on prevention and early detection. It provides specialist paediatric input into disease control policies as well as paediatric expertise in education, training and research for the Centre for Disease Control.

The Centre for Disease Control organised the formal health screening of and disease control measures for 1,863 East Timorese evacuees brought to Australia for safe haven, including the provision of TB diagnosis and management. Staff also participated in an assessment of the TB situation in East Timor in October, and subsequently in provision of intensive technical support for the National TB Program in East Timor (funded by AusAID).

Table 10.2: Expenditure on *Communicable disease control*, Northern Territory, current prices, 1999–00 (\$'000)

Sub-category	Expenditure
HIV/AIDS, hepatitis C and sexually transmitted infections	2,424.7
Needle and syringe programs	16.7
Other communicable disease control	6,155.5
Total	8,596.9

Selected health promotion

Total expenditure for *Selected health promotion* by THS in 1999–00 was \$9.9 million or 25.0% of total core public health expenditure (Table 10.1).

Health promotion approaches and initiatives aim to increase individual and community capacity to make choices that significantly improve health status and wellbeing. The Health Promotion Program has a specific emphasis on promoting Aboriginal community health, as well as a broad role across health services, including urban settings.

The THS model of health promotion supports capacity-building at three levels:

- community and community members
- health personnel
- the health system.

Strategically, health promotion development and training, specialist support and incentive funds are integrally linked to strengthen and sustain these elements of the capacity-building model.

Twenty health promotion program specialists across the Territory work with local communities and with primary health care and public health providers to enhance their health promoting role and to encourage and support community action for local solutions to health problems.

Two significant achievements unique to the Northern Territory took place in March 2000:

- the launch of the 'Public Health Bush Book'
- the graduation of the first 15 participants in the nationally accredited Certificate IV Aboriginal Health Promotion Principles and Practices course.

As well, a database was established to provide current information on public health education and training available in the Territory.

Twenty-six innovative local health promotion projects were supported by incentive funds. Twenty of these were in remote communities and six were urban projects.

Nutrition

Health promotion was carried out through other programs such as Food and Nutrition, which completed an interim review and final report on the implementation of the Northern Territory Food and Nutrition policy. Other achievements were:

- the development and piloting of an awards scheme for food premises to encourage their provision of healthy food choices

- the development and dissemination of a model contract for store managers – this emphasised the responsibility of the manager to stock healthy foods in remote community stores
- the implementation of the Store Book and Store Wise Training in remote communities to encourage the improved availability of healthy food.

Mental health awareness and suicide prevention

Selected health promotion also included expenditure for the implementation of the Territory's Youth Suicide Prevention Strategy. Two officers in the Top End and two in Central Australia were employed to develop programs such as the Life Promotion Program within Mental Health Services.

The Life Promotion Program focuses on support for individuals, families and communities to empower them to reduce self-harm and suicide in their community. The program established and consolidated a comprehensive life-promoting community network using a community development model and collaborative partnerships. It promotes the physical, emotional, spiritual and sociocultural wellbeing of individuals, families and communities through community responsibility. It promotes community responsibility through community-owned and developed initiatives. This builds community capacity to maintain ownership of life-promoting initiatives.

Organised immunisation

Total expenditure for *Organised immunisation* by THS in 1999–00 was \$6.2 million (Table 10.3). This was 15.8% of total core public health expenditure.

The Centre for Disease Control provides immunisation programs that are coordinated through disease control units in each health district.

Regional disease control units work with urban and remote primary health care providers to enhance the provision of clinical services, contact tracing, community screening and professional education. Special surveillance programs monitor invasive Hib disease, enteric disease, measles, malaria, TB, influenza, invasive pneumococcal disease, adverse reactions following immunisation and vaccine use.

The immunisation unit within the Centre for Disease Control seeks to:

- improve immunisation coverage rates for adults and children
- develop sustainable processes for the timely generation of high quality data for transmission to the ACIR
- implement the new NT Childhood and Adult Vaccination Schedules in line with the new Australian Standard Vaccination Schedule.

Achievements throughout the 1999–00 year were the provision of vaccine coverage at the rates recommended by the PHOFA, the development of legislation for the certification of immunisation status on school and childcare entry, and the provision of additional Northern Territory funding for an Indigenous pneumococcal program.

Table 10.3: Expenditure on *Organised immunisation*, Northern Territory, 1999–00 (\$ million)

Sub-category	Expenditure
Organised childhood immunisation	1.0
Organised pneumococcal and influenza immunisation	
Pneumococcal immunisation	0.3
Influenza immunisation	4.9
Total	6.2

Environmental health

Total expenditure for *Environmental health* by THS in 1999–00 was \$3.6 million (Table 10.1). This was 9.2% of total core public health expenditure.

Environmental health aims to prevent physical, chemical, biological and radiological agents in the environment from adversely affecting the health of all Territorians. Environmental health is comprised of several discrete service areas:

- Aboriginal and General Community Environmental Health
- Environmental Health Standards
- Environmental Planning, Sanitation and Waste Management
- Food Safety
- Radiation Health
- Poisons.

A centralised policy unit in Darwin is responsible for legislative and policy development activities for all of the above service areas. A discussion paper, 'Review of the Public Health Act', was released in May 2000 for public comment.

Environmental health operational units

Operational environmental health units provide a range of environmental health services and programs and are located in all major town centres. These units provide services for the enhancement of environmental health standards in urban, rural areas and remote Aboriginal communities. The services include education and expert advice on:

- food safety
- disease control
- effluent disposal
- water surveillance
- inspection of public accommodation
- environmental health assessments of remote communities
- environmental planning
- waste management
- investigating and responding to environmental health complaints.

Radiation Health

Radiation Health services are provided to minimise the health impact of radiation on the population. These services ensure that radioactive materials and devices are used in a responsible manner according to sound scientific practice and appropriate legislative controls.

Medical Entomology

Services provided by Medical Entomology aim to reduce the impact of biting insects on the people of the Northern Territory. Activities include:

- insecticide and engineering programs for mosquito control
- mosquito surveillance programs in the major towns
- guidelines and advice on both large- and small-scale developments
- a public inquiry service
- a public mosquito awareness service
- incidental research on biting insects and mosquito-borne viruses.

Medical Entomology works with:

- Disease Control Branch on mosquito-borne disease surveillance
- the Darwin City Council in a mosquito engineering program
- the Parks and Wildlife Commission in rectifying mosquito breeding sites on their land
- LGAs and environmental health officers in the various towns throughout the Territory on mosquito surveillance and control
- the general public for inquiries
- Department of Lands, Planning and Environment on land development comment
- consultants and developers for development and planning advice to prevent new mosquito problems.

The main community link is through mosquito public awareness programs and the Mosquito Control Advisory Committee, which provides public feedback and information dissemination.

Following the referendum on independence in East Timor and the subsequent humanitarian crisis in September 1999, the WHO requested assistance from THS to undertake an assessment of various diseases, including the mosquito-borne diseases malaria, dengue and Japanese encephalitis.

An assessment mission comprising THS staff with expertise on TB and clinical malaria visited East Timor during October 1999. As a result of this, the WHO asked THS to undertake a survey to determine the potential for dengue, malaria and Japanese encephalitis in Dili. This survey was conducted during December 1999 and a report prepared for the United Nations. The results were also presented at a national conference on arboviruses.

Darwin is the major port for shipping between Australia and East Timor. The humanitarian aid and assistance provided to East Timor through Darwin resulted in a significant increase in the movement of shipping vessels. This posed potential health risks to the Northern Territory, particularly through the possible importation of mosquitoes from Indonesia and East Timor. However, the effective cooperative efforts between Medical Entomology and the Australian Quarantine and Inspection Service resulted in the Territory remaining free of exotic vectors.

Food standards and hygiene

Total expenditure for *Food standards and hygiene* by THS in 1999–00 was \$1.0 million. This was 2.6% of total core public health expenditure (Table 10.1).

Environmental Health has a policy unit that is responsible for legislative and policy development activities related to food safety issues.

Operational environmental health units are located in all major town centres. By means of these units, food safety services are provided for the enhancement of environmental health standards in urban and rural areas and remote Aboriginal communities.

Achievements for the 1999–00 year included:

- The FoodSafe food handler program resulted in businesses achieving and maintaining the FoodSafe award.
- Comments were made for proposals and applications to vary the Australian Food Standards Code. Proposals included the labelling of genetically modified foods and alterations to the maximum residue levels of agricultural and veterinary chemicals used in food.
- The policy unit participated in an inter-governmental taskforce to prepare a report for Health Ministers on options for the labelling of genetically modified foods.
- The policy unit completed a package of food regulatory reforms that comprise a draft Inter-Governmental Agreement, Model Food Bill, food safety standards and a response to the Commonwealth Government Review of Food Regulation.
- The unit also conducted seminars at major urban centres across the Territory as an introduction to proposed national food safety standards.

Breast cancer screening

Total expenditure for *Breast cancer screening* by THS in 1999–00 was \$1.1 million (Table 10.1), or 2.7% of total core public health expenditure.

The NT Cancer Prevention Unit consists of two public health screening services, the NT Cervical Screening Program and BreastScreen NT. Both are part of a national program funded under the Territory–Commonwealth PHOFA.

BreastScreen NT provides breast screening services and assessment of screen-detected abnormalities for women aged 40 and over. The target group is women aged 50 to 69 years. Screening and assessment centres are located in Darwin and Alice Springs, and a relocatable screening unit visits Katherine, Tennant Creek and Nhulunbuy.

During 1999–00 the Northern Territory did not have a resident radiologist with the necessary expertise to read these X-rays. Throughout the year a radiologist was flown in to perform assessments and to read X-rays. The combination of small population numbers and remoteness does not permit economies of scale, resulting in considerably higher screening costs than other States and Territories.

The NT Cancer Prevention Unit achieved accreditation of the BreastScreen services in Alice Springs and Darwin, and developed innovative approaches to reaching women with special needs. These included:

- the training of bilingual educators to ensure information is provided in languages to women from culturally and linguistically diverse backgrounds
- the Grandmothers Program in Central Australia

- the Remote Areas Well Women's Screening for women in rural and remote communities.

Cervical screening

Total expenditure for *Cervical screening* by THS in 1999–00 was \$2.2 million. This was 5.5% of total core public health expenditure (Table 10.1).

The NT Cancer Prevention Unit provides public health cervical screening services through the NT Cervical Screening Program. This program is part of a national program funded under the PHOFAs. The Remote Areas Well Women's Screening provides cervical screening coverage in remote and rural areas within the Territory.

The NT Cervical Screening Program:

- encourages all eligible women in the target age group of 20–69 years to enter and remain in the screening program
- provides information in appropriate languages to women from culturally and linguistically diverse backgrounds
- provides recall and reminder systems to ensure adequate follow up of screen-detected abnormalities
- ensures optimal quality of Pap smears by adequate training of Pap smear takers
- operates the Pap Smear Register.

Prevention of hazardous and harmful drug use

Total expenditure for the *Prevention of hazardous and harmful drug use* by THS in 1999–00 was \$6.5 million (Table 10.4). This was 16.4% of total core public health expenditure.

The Alcohol and Other Drugs Program (AODP) undertakes policy, planning, research, program development and evaluation across the full range of drug abuse problems/issues in the Territory.

AODP develops and coordinates strategies to address the harmful effects of substance use. The substances that predominantly contribute to health and other problems in the Territory are alcohol, tobacco, petrol, kava, cannabis and diverted prescription drugs.

The program builds on inter-sectoral collaboration to achieve its goals. It has strong links with other agencies including:

- Department of the Chief Minister
- NT Police, Fire and Emergency Services
- Road Safety Council
- Department of Education
- Department of Industries and Business
- Correctional Services.

With the majority of services out-sourced, the program also has extensive links with the non-government sector.

Every year over two hundred experts in the drug field assess each jurisdiction on performance. In 1999–00 the Territory scored the highest overall rating in directing resources to policy and program development, commitment to alcohol and drug issues, and provision of support services.

Alcohol

AODP incorporates the Living With Alcohol program, a Territory initiative designed specifically to reduce alcohol-related harm.

Programs provided by AODP during 1999–00 included:

- the second stage of a youth drinking campaign to heighten awareness of the role of parents in minimising harm associated with underage drinking
- Operation Drinksense was supported on licensed premises, promoting information on the dehydrating effects of alcohol to sporting and recreational groups
- the Responsible Drinking Campaign which included television advertising and community meetings focused on the role of parents in reducing the harm of underage drinking, information nights for women, and the development of a kit dealing with the dehydration risks of alcohol for sports participants. The Drink Driving Campaign focused on the concept of a nominated driver, Sober Bob.

Tobacco

The Tobacco Action Project operates as part of AODP and addresses smoking issues. Priority areas are young people, Indigenous people, smokers and protection from environmental tobacco smoke.

Programs provided by AODP during 1999–00 included:

- quit campaigns with cessation counselling via the Quitline
- support for smoke-free communities, workplaces and schools
- training of health and education professionals in tobacco issues
- brief interventions delivered in a wide variety of community settings
- information sessions delivered in schools, workplaces and community settings.

Grant schemes supported school projects and community initiatives in prevention, cessation and protection from environmental tobacco smoke. A resource for youth community groups and high schools, the 'Choose Yourself Kit', was released.

Illicit and other drugs of dependence

Programs provided by AODP during 1999–00 included:

- monitoring the impact of the kava ban, continuing the amendment of the Kava Management Act and formulating a regulatory system for kava
- developing the Northern Territory component of the National Illicit Drug Diversion Scheme, enabling first time drug offenders to be directed by police to education or treatment options
- the pilot National Illicit Drug Reporting System that monitors cannabis, opiate, amphetamine and cocaine availability
- a survey of secondary school students' attitudes to substance use
- specialist training sessions for medical practitioners, clinicians and counsellors on pharmacotherapies, brief intervention techniques and cannabis cessation
- trialling a dual diagnosis clinic in Central Australia to provide services to people experiencing both mental health and substance use problems
- establishing a clinic at Royal Darwin Hospital for training GPs in the management of illicit drug users.

Mixed

AODP administers a special allocation that supports local activities aimed at reducing antisocial behaviours resulting from public drinking and substance abuse. The program is responsible for the National Drug Strategy component of the PHOFA with the Commonwealth. This focuses largely on issues related to tobacco, cannabis and petrol sniffing.

During 1999–00 the AODP:

- funded 55 grants to a variety of schools and youth-oriented sporting, recreational and cultural groups to promote messages about alcohol and tobacco use
- conducted regional workshops to develop the capacity of Aboriginal communities to deliver intervention services locally in a sustainable and effective way
- provided over \$1 million to support the NT Domestic and Aboriginal Family Violence Strategies which delivered counselling, training, advocacy, referral and legal services, and community education campaigns
- completed a survey of secondary school students' attitudes to substance use
- developed and implemented a training schedule across the Territory to improve the quality of service delivery by frontline workers
- developed a regional plan for alcohol and other drug treatment services in the Katherine region to optimise service options and service delivery.

Treatment

A number of activities associated with *Prevention of hazardous and harmful drug use* are excluded from the estimates of expenditure. The main exclusions are:

- expenditure for all anti-drug and alcohol programs with the treatment of individuals as the major focus
- activities that are designated as treatment services
- services considered primarily of a welfare services nature (for example night shelters)
- those services considered to be almost entirely providing accommodation and food services (for example halfway houses).

Expenditures associated with these types of activities are recorded as expenditure on 'Public health related activities'.

Table 10.4: Expenditure on *Prevention of hazardous and harmful drug use*, Northern Territory, current prices, 1999–00 (\$ million)

Sub-category	Expenditure
Alcohol	3.3
Tobacco	1.0
Illicit and other drugs of dependence	1.2
Mixed	1.1
Total	6.5

Public health research

Total expenditure for *Public health research* by THS in 1999–00 was estimated at \$0.4 million (Table 10.1). This was 1.1% of total core public health expenditure.

During 1999–00 THS provided funding to the Menzies School of Health and donations in kind to the Cooperative Research Centre for Aboriginal and Tropical Health. However, this expenditure is not specifically allocated to *Public health research* but is used for research across the health care continuum. This expenditure therefore does not fit the definitions for this collection and has not been included.

10.2.2 Expenditure on ‘Public health related activities’

Total expenditure for ‘Public health related activities’ by THS in 1999–00 was estimated at \$14.3 million (Table 10.1).

‘Public health related activities’ include:

- drug and alcohol activities that are designated as treatment services
- drug and alcohol supply reduction
- services primarily relating to the welfare services nature of drug and alcohol expenditure (for example night shelters)
- sexual and domestic violence programs
- reproductive health and family planning programs
- other maternal and child health services
- public health activities associated with East Timorese evacuees.

The Women’s Health Strategy Unit seeks to address and promote the delivery of sensitive, relevant and holistic programs to ensure the health and wellbeing of Territory women. The Women’s Health Strategy Unit plays a key role in providing policy and program advice to support the provision of medical, counselling and support services to victims of domestic violence and sexual assaults.

Community development and training programs provide community-based education and localised violence-prevention strategies, including the establishment of safe houses at Bagot community, Lajamanu, Jabiru, Borrooloola and Ali-Curung.

Local action plans that promote violence-free Aboriginal communities, with the aim of reducing the incidence of family violence, are providing information to schools and town councils.

THS continues to implement recommendations under the Sexual Assault Services Strategy to ensure appropriate and coordinated delivery of services. Sexual assault support services are now available in Darwin, Katherine, Tennant Creek and Alice Springs.

A quantitative study in Alice Springs is monitoring the effects of pituri use during pregnancy. Pituri is a native tobacco chewed by Aboriginal people in Central Australia.

THS provide screening programs such as the well women’s check, healthy school aged kids services, Growth Assessment and Action, child health screening, Aboriginal hearing health, men’s health and school dental screenings.

The Male Health Policy Unit provides a central coordinating role across THS programs and with NGOs in prioritising needs in male health, determining strategy directions, providing policy advice, and monitoring and evaluating male health programs. It seeks to foster a better understanding through the identification, analysis and research of key male health issues. The unit is involved in developing data and resources on male health, communicating knowledge and promoting discussion on male health issues through the media, workshops and conferences, as well as training and professional development.

In the Northern Territory, all expenditure for the AODP is recorded as public health. However, for this collection, expenditure on prevention programs are included in the category *Prevention of hazardous and harmful drug use* and expenditure for treatment is included as 'Public health related activities'.

AODP provides funding for community-based agencies to deliver treatment services throughout the Territory, including counselling, outpatient and residential treatments, detoxification services and sobering-up shelters, night patrols, and sexual and domestic violence programs. AODP works with the government sector and community agencies to implement strategies and provide support through training, professional development, community education and research.

Expenditure on any anti-drug and alcohol programs where treatment is the major focus, activities designated as treatment services or services considered primarily of a welfare services nature (for example night shelters) or almost entirely providing accommodation and food services (for example halfway houses) is recorded as 'Public health related activities'.

Extraordinary expenditure—East Timorese evacuees

During 1999–00, as a result of the deteriorating situation in East Timor, Australian Defence Forces assisted with the facilitated transfer of 2,413 people to Darwin.

There were three waves of evacuations from Dili to Darwin:

- early arrivals included 550 international employees and observers from the United Nations Assistance Mission in East Timor (UNAMET) and a small group of Timorese dignitaries
- the second wave of evacuees included 347 UNAMET employees and their families
- the third wave of evacuees included 1,516 civilians and relatives of Timorese UNAMET employees.

THS responded to the counter-disaster plan on two fronts:

- Medical
 - health screening on arrival
 - fever and tuberculosis clinic
 - hospital admissions and emergency triage at the airport
 - health service delivery at the tent city
- Welfare
 - catering, cleaning and laundry
 - accommodation arrangements and environmental health management
 - non-government agency support for clothes, toys and toiletry items
 - counselling and social support
 - environmental health management.

The THS response relied on many of its employees who worked in teams as health professionals, greeters, runners, food handlers and drivers. These teams processed over 1,800 evacuees, which resulted in an extraordinary public health expenditure by THS during 1999–00 of \$1.3 million. This does not include expenditure incurred by Royal Darwin and Darwin Private hospitals nor the expenditure incurred by other (non-health) government departments, NGOs and charities.