

Western Victoria PHN

Needs

Assessment

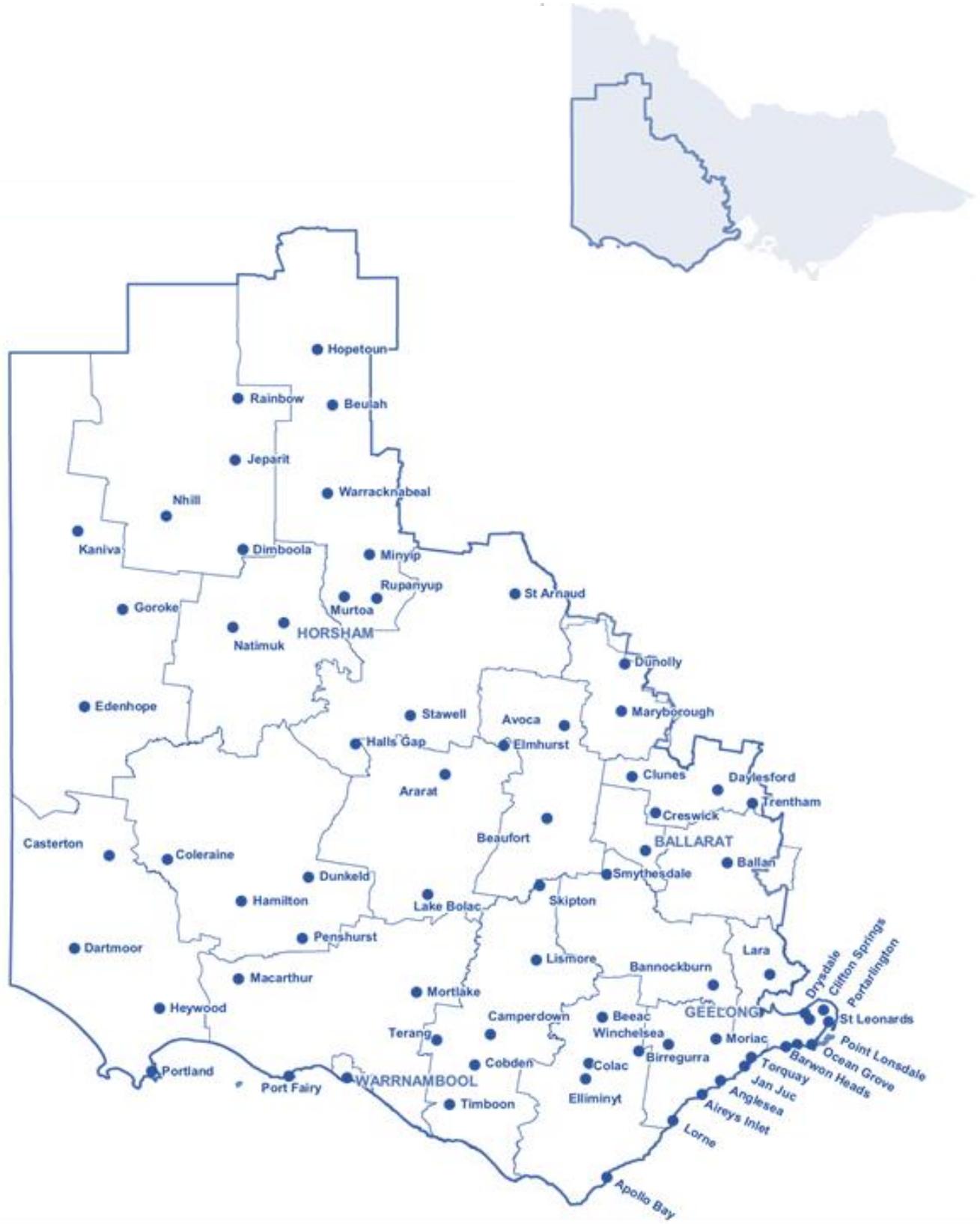
Alcohol and Other Drugs

November 2016

phn
WESTERN VICTORIA

An Australian Government Initiative

Western Victoria PHN Regional Map



Contents

Section 1 Narrative.....	4
Needs Assessment Process and Issues	4
Additional Data Needs and Gaps	5
Additional Comments or Feedback	5
Section 2 Outcomes of the Health Needs Analysis	6
Identified Needs.....	6
Prevalence of Alcohol and Other Drug (AOD) use	6
Social impacts of AOD use	7
Health impacts of high AOD use	8
At risk population groups	9
Aboriginal and Torres Strait Islander persons and AOD use	10
Section 3 Outcomes of the Service Needs Analysis.....	11
Identified Needs.....	11
Treatment for specific drugs.....	11
Treatment for people with AOD issues.....	12
Impacts AOD intoxication has on emergency services	12
Insufficient access to local support services including withdrawal management	13
Treatment pathways.....	13
System integration and coordination	13
Workforce.....	14
Aboriginal and Torres Strait Islander access to AOD treatment	14
Support for family and carers	15

Alcohol & Other Drugs Needs Assessment

Section 1 Narrative

Needs Assessment Process and Issues

Within the AOD sector there are a diverse range of organisations providing services to clients with AOD issues and/or issues associated with AOD use. This includes state-based AOD treatment services (including residential rehabilitation and detox services), Commonwealth funded AOD services (NGOTP), private AOD and comorbid services, primary care providers such as general practice, hospitals, and psychosocial services such as housing support services, family services, justice services, police and correctional services, and mental health services.

This broad range of services results in multiple referral pathways into the AOD treatment system which can create additional complexity for consumers and has resulted in a lack of care coordination and integration between AOD treatment services and community based psychosocial services. Further complexity in Western Victoria PHN region is that many organisations are funded by both state and Commonwealth systems, with multiple pathways into their own service system, and complexity in moving clients across programs. These complexities make reporting and collecting in-depth information on all parts of the system difficult, therefore Western Victoria PHN will continue to build on this knowledge over time.

In 2014, the state-based adult Alcohol and Other Drugs (AOD) treatment services underwent a reform. One major change of the reform was the establishment of a central intake point in each local catchment area aimed at making it easier for people to understand the options and access the most appropriate AOD support. It is important to note that only the clients assessed at a certain level of complexity through the Intake and Assessment process are referred onto state-based AOD treatment services. Services not included in this reform include Aboriginal and Torres Strait Islander specific services, youth AOD services, residential rehabilitation services, Commonwealth funded AOD services, general practice, psycho-social services, needle and syringe programs, Community Offender Advice Treatment Service (COATS), and private AOD service providers. (Department of Health 2013).

A catchment-based planning function was established as part of this reform to predominantly assist state-based AOD providers operating in a given catchment to develop a regular common plan that identifies critical service gaps and pressures, and strategies to improve responsiveness to people with AOD issues (particularly people facing disadvantage), population diversity and broader community need (Department of Health 2013). Western Victoria Primary Health Network (PHN) is contracted to undertake the state-based AOD catchment planning function in the Barwon, and Great South Coast regions. Western Victoria PHN's role as AOD catchment planners has enabled direct connections with state-based Adult AOD service providers within these two regions. The catchment planning role also enables Western Victoria PHN to take a regional approach to planning by bringing service providers together to identify service gaps and enablers within their local communities. It is important to acknowledge the AOD catchment planning function is a separate role from Western Victoria PHN's role in commissioning of Commonwealth AOD services. However, as a PHN the system knowledge and contextual information obtained allows better alignment of AOD service needs across both state and Commonwealth funding for a more streamlined approach to service planning, which has informed and guided this AOD needs assessment. Going forward, Western Victoria PHN has planned a joint approach of data collection for both aspects of Western Victoria PHN's role (state-based AOD catchment planning and Commonwealth AOD needs assessment).

After completing the initial AOD needs assessment, local and contextual information on AOD issues were obtained in Western Victoria PHN through consultations with AOD service providers in three regions; Barwon, Great South Coast and Grampians. As an initial approach to engaging the AOD service providers, Western Victoria PHN utilised the existing AOD catchment planning committees in which Western Victoria PHN is directly involved (Barwon and Great South Coast), to come together to discuss AOD issues within their region. The invitation was also sent out to other contacts and networks of Western Victoria PHN.

An additional consultation was also completed within the Grampians region, which was facilitated through relationships with the AOD catchment planner in that region (this relationship was formed from attendance at networking meetings for AOD catchment planners facilitated by Victorian Alcohol and Drug Association (VAADA) the Victorian peak body for AOD services). Within Western Victoria PHN there is one local government area (LGA) that sits outside these three regions, therefore an invitation was also sent to the AOD catchment planner and the service provider within that region.

This needs assessment has included additional detail regarding local issues and highlighted the LGAs where there are particular high rates of AOD issues or AOD-related incidences. Western Victoria PHN has focused on engaging with the AOD sector and psycho-social support services for this needs assessment and plan to build on this knowledge by engaging with other service providers who may also support people with AOD issues into the future.

Reference: Department of Health 2013, New directions for alcohol and drug treatment services: A framework for reform, Victorian Government, Melbourne.

Additional Data Needs and Gaps

Western Victoria PHN will continue to build upon the information presented within this needs assessment, including information that captures services mentioned above, as well as clients that do not access AOD treatment such as those accessing general practice and psychosocial community agencies. Additional gaps include knowledge of the private system and forensic system.

There is limited data available after the state-based AOD reform in 2014. However, currently being undertaken is the 2016 National Drug Strategy Household Survey and the 2016 Victorian Alcohol and other drug workforce survey. It is anticipated this data should be available for the next AOD needs assessment which will improve knowledge within this space.

As indicated in the Western Victoria PHN Baseline Needs Assessment, there is limited up-to-date, localised, and high quality health data available for Aboriginal and Torres Strait Islander peoples, persons from culturally and linguistically diverse backgrounds, and family and carers. A national report highlighted the difficulties in exploring local issues due to the small numbers of Aboriginal and Torres Strait Islander clients, therefore suggests talking to people would provide more valuable information to understand the local issues (Gray, Stearne, Bonson, Wilkes, Butt, and Wilson, 2014. Review of the Aboriginal and Torres Strait Islander Alcohol, Tobacco and Other Drugs Treatment Service Sector: Harnessing Good Intentions. Revised Version. National Drug Research Institute, Curtin University, Perth, Western Australia). Western Victoria PHN are now actively planning to have a similar approach to address knowledge gaps by engaging directly with Aboriginal and Torres Strait Islander health consumers and service providers into the future.

Additional Comments or Feedback

The format of the AOD needs assessment template (i.e. separating health needs from service needs) fragments the presentation of evidence. With these needs separated within the template, it dilutes the impact of the issues for consumers and service system improvement and redesign.



Section 2 Outcomes of the Health Needs Analysis

Identified Needs

Prevalence of Alcohol and Other Drug (AOD) use.	
<p>Most frequently used drugs are alcohol, cannabis and amphetamines.</p>	<p>Alcohol was reported as the most frequently identified primary drug, followed by cannabinoids and amphetamines by Victoria AOD treatment services. (Alcohol and Other Drug Treatment Services in Australia 2013-14: state and territory summaries). This was consistent with national data around alcohol being the most frequently consumed drug. Alcohol also resulted in the most concern in communities and the most drug related deaths. However, consumption of alcohol by those aged 14 and above on a daily basis decreased from 7.2% (2010) to 6.5% (2013) (NDSHS report, 2013).</p> <p>Cannabis use was lower in Victoria (9.1%) than other states and territories and was also lower than the Australian rate of 10.2%, for people aged 14 years or older, in 2013. Nationally, the illicit drug most used was cannabis and use over a lifetime was 35% (NDSHS report, 2013). Concerns around long term cannabis use and dependence is because of the potential of significant social, psychological, and physical consequences including social and family problems, financial difficulties, poor mental and physical health, and cognitive problems. Cannabis use is also linked with mental health problems, with the risk of developing psychotic symptoms approximately doubling among regular and heavy users (Webb, Bertoni and Copeland, 2015. Very Brief Interventions-Prevalence of cannabis use. National Cannabis Prevention and Information Centre).</p>
<p>Amphetamine use has remained at similar levels but the use of crystal methamphetamines (ICE) compared to other forms of meth/amphetamines, has substantially increased.</p>	<p>Nationally, the proportion of illicit drug use has been fairly stable over the past decade, and the use of meth/amphetamine didn't significantly increase in 2013 from previous years; however the amount and frequency of crystal methamphetamine use substantially increased compared to other forms of meth/amphetamine (NDSHS report, 2013). Methamphetamine use is a concern within the community as it's also associated with increased risk of mental health problems (depression, anxiety, psychosis), violent and aggressive behaviour, and brain damage. Regular and heavy use of methamphetamines is also linked to a number of physical health issues such as dental issues, heart problems, kidney problems, lung problems, stroke, vein problems if injected, weight loss and STIs due to increased chances of engaging in unprotected sex (McKetin and Black, 2014). Methamphetamine: What you need to know about speed, ice, crystal, base and meth. Australian Government of Health).</p>

Prevalence of Alcohol and Other Drug (AOD) use.

High prevalence of smoking in certain local government areas. Smoking rates appear to be increasing in some localities.

Smoking is also an issue within Western Victoria PHN. The proportion of the adult population classified as a current smoker is higher than that reported for all rural regions in Victoria (15.5 %) in ten local government areas (LGAs) (Victorian Population Health Survey (VPHS), 2014). The highest smoking rates were observed in Ararat Rural City Council (22.1%), Central Goldfields Shire (20.8%), and Hepburn Shire (19.8%). Furthermore, compared with results from the VPHS 2011-12, in the VPHS 2014 the smoking rate was higher in seven LGAs located in the Western Victoria PHN.

Service providers in Grampians identified poor health outcomes and financial impacts of smoking as issues in their region. This is supported by national data that identifies a relationship between people who smoke and the likelihood of having high/very high psychological distress; being diagnosed or treated for a mental health condition; and having low socio-economic status (NDSHS report, 2013).

Increase use of prescription medications.

Service provider consultations identified an increase in the misuse of prescription medications. Which is supported by an increasing number of people misusing prescription drugs between 2010 (4.2%) to 2013 (4.7%), at a national level (NDSHS report, 2013).

Social impacts of AOD use

High rates of AOD related incidents within particular local government areas.

The three LGAs found to have the most adults (as a proportion of the adult population) to have consumed alcohol at levels placing them at increased risk of injury at least once a year are Borough of Queenscliffe, 59.9%; Surf Coast Shire, 59.7%, and City of Warrnambool, 57.1% (VPHS 2014. Assessment based on NHMRC, 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC).

Service provider consultations in one region identified alcohol being the biggest issue within community, and contributing to more violence than amphetamines. This is support by specific incidences of alcohol-related violence in the LGAs of Rural City of Ararat, Rural City of Horsham, Shire of Northern Grampians, and City of Ballarat.

Rural City of Ararat had the highest rate of assaults during High Alcohol Hours out of all LGAs within Western Victoria PHN being 49.8 per 10,000 (Victoria rate is 13.1 per 10,000) for 2012/13. This is a large increase from the previous years, with the rates being 18.1 (2009/10), 19.4 (2010/11), 26.5 (2011/12). *Turning Point's definition of high alcohol hours are between 8pm-6am on Friday or Saturday with alcohol being involved in 65% of incidents during this period.* (Analysis by Turning Point - AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2012-2013).

Social impacts of AOD use

Service provider consultations identified family violence as an issue. This was supported by data identifying that the Grampians region had the highest alcohol related family violence rates involving females, in the LGAs of Rural City of Ararat (77.5), Rural City of Horsham (73.1), Shire of Northern Grampians (64.2) and City of Ballarat (63.3) which were higher than the Victoria rate of 32.9 per 10,000 population (Analysis by Turning Point - AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2012-2013).

Health impacts of high AOD use

Prevalence of alcohol consumption at high levels which place individuals at increased health risks.

Over half of all adults in each LGA in the Western Victoria PHN have consumed alcohol at levels which place them at increased lifetime risk of alcohol-related harm (VPHS 2014 Assessment based on NHMRC, 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC). Furthermore, in 17 of the 21 LGAs in the Western Victoria PHN, the proportion of adults in this group is higher than that reported for Victoria as a whole (59.2%). Amongst these 17 LGAs, the proportion of the adult population at increased lifetime risk of alcohol-related harm is highest in Borough of Queenscliffe (80.1%), Surf Coast Shire (79.7%), and the City of Warrnambool (71.1%). The same three LGAs have also had the most adults (as a proportion of the adult population) to have consumed alcohol at levels placing them at increased risk of injury at least once a year (see above for more details). These LGA rates and the Victoria rate is substantially above the Australian rate of 18.2% (aged 14 and above) exceeded the 2009 NHMRC guidelines for lifetime risk of alcohol-related harm in 2013 (NDSHS report, 2013).

These rates are a concern due to long term alcohol consumption being associated with a range of health risks and chronic diseases (NHMRC Australian Guidelines to reduce health risks from drinking alcohol, 2009). *For chronic diseases most prevalent within WVPHN, please see overall needs assessment.*

Characteristics closely linked to lifetime risk of alcohol-related harm.

Additionally, people who are born in Australia, speak English at home and have a total annual income of \$100,000 or more; are more likely to consume alcohol at levels that result in lifetime risk of alcohol-related harm, compared to all Victorian men and women (VPHS, 2014).

Alcohol can mask, trigger or increase the risk of mental health conditions. Alcohol can also be used by individuals to alleviate their mental health condition(s).

Mental illness among individuals in AOD treatment programs range from 51-84% (Comorbidity Guidelines developed by Turning Point, 2014). Nationally almost a third (32%) of those who identified as a current smoker had a 12-month mental disorder. This is twice the prevalence of 12-month mental disorders than people who had never smoked. Of those people that reported drinking alcohol nearly every day, 21% had a 12-month mental disorder. This is slightly more than those who reported they drank less than once a month, of which

Health impacts of high AOD use

18% had a 12-month mental disorder. Almost two thirds, 63%, of those who reported misusing drugs (use of illicit drugs and/or misuse of prescription drugs) had a 12-month mental disorder (National Mental Health and Wellbeing Survey, 2007).

Two thirds, 66.1%, of people with psychotic illness smoke. A large proportion of those with psychosis had a lifetime history of alcohol abuse or dependence, 58.3% of males and 38.9% of females. The proportion with a lifetime history of cannabis or other illicit drug abuse or dependence was also high, 63.2% of males and 41.7% of females (People living with psychotic illness, 2010). alcohol or drugs to help manage their problems compared with 4.6% of those with no mental disorder (2015 Mental Health of Children and Adolescents).

These statistics were supported locally during consultations with community and service providers undertaken in Western Victoria PHN, where the link between mental health and substance abuse was raised.

At risk population groups

Local government identifies AOD as priority within communities.

15 out of 21 LGAs had AOD as a priority area in their Health and Wellbeing Plans 2013-17. This included targeting alcohol (main focus and general mention of this), other drugs, youth, males, cannabis, and lone person households. Within one Statistical Areas 3 within Western Victoria PHN, through completed surveys multiple general practices identified AOD as an issue. Stakeholder consultations completed early 2016, also identified the need to target alcohol and drug use.

Young people's AOD consumption has health and social risks.

The percentage of young people at school who had ever smoked within Barwon 8.1%, Central Highlands 7.3% and Western District 6.1%, DHHS regions within Western Victoria PHN were less than Victoria, 8.3% in 2014. However, the percentage who had ever drunk alcohol (more than a few sips) was greater in Central Highlands 66.6% and Western District 60.4% than Victoria, 59.5% (Department of Education and Training. (2014). Victorian Student Health and Wellbeing Survey (VSHAWS). Published by Victorian Child and Adolescent Monitoring System (VCAMS). Victorian Government). Nationally, young people are more likely to use illicit drugs (aged 20-29) however; young people are commencing drug use or alcohol consumption at a later age (NDSHS report, 2013). Alcohol consumption by young people is a concern, as the age of commencement can influence consumption patterns into the future, along with high levels of consumption causing risks to physical and mental health (Australian Institute of Family Studies, 2004). The health risks are not the only concerns for young people who are AOD clients, other areas of identified needs include housing, family relationships, employment and education (Kutin, Bruun, Mitchell, Daley, & Best (2014) Young people in Victoria youth alcohol and other drug services. Data

At risk population groups	
	<p>and key findings. Results from the Statewide Youth Needs Census (SYNC). Technical Report March 2014. Youth Support and Advocacy Service: Melbourne, Australia).</p> <p>Service provider consultations identified young people with AOD issues requiring support for their additional needs, in which collaboration between a range of services would assist in improving this.</p>
Older People	Nationally, people aged 50 and above, have increased their use of illicit drugs from 8.7% in 2010 to 11.1% in 2013 (50-59 year olds) and 5.1% in 2010 to 6.4% in 2013 for those people 60 years and over (2013 National Drug Strategy Household Survey, AIHW 2014).

Aboriginal and Torres Strait Islander persons and AOD use	
Alcohol and cannabis were the drugs most used by Aboriginal and Torres Strait Islander persons. These are the same top drugs as the overall population.	Higher proportions of Indigenous persons smoked tobacco, undertook risky alcohol consumption, and used cannabis and meth/amphetamine compared to non-Indigenous Australians. However, between 2010 and 2013 there was a decline in the lifetime risk of alcohol use for Indigenous persons (NDSHS report, 2013). The highest rates of risky substance use by Aboriginal and Torres Strait Islander persons were for alcohol and cannabis (ABS 2013a. Australian Aboriginal and Torres Strait Islander Health Survey: first results, 2012–13. ABS cat. no. 4727.0.55.001. Canberra: ABS).
High rate of smoking amongst Aboriginal and Torres Strait Islander persons in the Western Victoria PHN.	48.2% of Aboriginal and Torres Strait Islander persons aged 15 years and over in the Western Victoria PHN smoke daily, compared to 41.6% across Australia (Australian Bureau of Statistics, 2015. Aboriginal and Torres Strait Islander Health Survey (Core component) 2012-13, Customised report. Canberra: ABS).
Compared to all women, a higher proportion of Aboriginal and Torres Strait Islander women in the Grampians Medicare Local region smoked during pregnancy.	Between 2007 and 2011, 15.5% of all women in the Grampians Medicare Local region smoked during pregnancy, compared to 34.7% of Aboriginal and Torres Strait Islander women (data for Aboriginal and Torres Strait Islander women in Victoria was not available for 2007 and 2008; data for Aboriginal and Torres Strait Islander women in the Barwon and Great South Coast Medicare Local regions was not published) (National Health Performance Authority [NHPA], 2014. Healthy Communities: Child and maternal health in 2009-2012 report). Across Australia, 51.7% of Aboriginal and Torres Strait Islander women, and 13.9% of all women smoked during pregnancy between 2007 and 2011 (National Health Performance Authority [NHPA], 2014. Healthy Communities: Child and maternal health in 2009-2012 report).

Section 3 Outcomes of the Service Needs Analysis

Identified Needs

Treatment for specific drugs	
Highest use of AOD treatment is for alcohol	<p>People with alcohol issues accessed services more than those with other drug issues, within Western Victoria PHN (Analysis by Turning Point – AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2012-2013). State based data supports that alcohol was the most common drug of concern for treatment provided to clients for their own drug use (37% of clients and 37% of episodes), in 2014-15. Additionally, from 2010-11 to 2014-15 alcohol was the most common drug of concern in episodes (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries).</p>
AOD treatment for cannabis	<p>Cannabis made up 22% of episodes in 2014-15 within Victoria and remained the second most common drug of concern from 2010-11 to 2014-15 (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries).</p>
AOD treatment for amphetamines	<p>Amphetamines made up 19% of episodes in 2014-15 within Victoria. Amphetamines replaced heroin as the third most common drug of concern in Victoria from 2012-13 onwards by increasing from 6.9% 2010-11 to 19% 2014-15 within Victoria (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries).</p>
Increase use of prescription medications	<p>Service provider consultations in the Grampians region identified there was a lack of support services for pain management, which can result in prescription misuse.</p> <p>Opioid prescriptions dispensed (aged-standardised) in Grampians (87,775 per 100,000 people) and Maryborough-Pyrenees (90,190 per 100,000 people) SA3s had the highest rates. All SA3s within Western Victoria PHN have higher opioid prescriptions rates than Victoria (55,414 per 100,000) and Australia (55,126 per 100,000). Additionally, Maryborough-Pyrenees SA3 is ranked as the eleventh highest dispensing rate within Australia (National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 11/02/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013. Full data specifications at http://meteor.aihw.gov.au/content/index.phtml/itemId/623427)</p> <p>Additionally, the highest rate of hospital admissions for pharmaceuticals was in Rural City of Horsham for all people (23.4 per 10,000), and 15-24 year olds (59.4 per 10,000). In both cases this was substantially higher than Victoria (Analysis by Turning Point - AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2012-2013).</p>

Treatment for people with AOD issues

AOD treatment available to support people in the region

AOD service mapping identified treatment services located within half of the LGAs within Western Victoria PHN region (Western Victoria PHN completed AOD service mapping in early 2016). In 2014-15 there were 140 Victorian publicly funded AOD treatment agencies (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries). Alcohol and other drug episodes of care in Victoria were 891 per 100,000 people and the number of alcohol and other drug clients, 495 per 100,000 people, in 2014-15. Clients received an average of 1.8 episodes of care within Victoria and there was a decrease in treatment episodes between 2013-14 and 2014-15, when the state-based AOD sector reform occurred. In 2014-15, 92% of clients within Victoria were receiving treatment for their own drug use and 70% of these clients were male (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries).

Impacts AOD intoxication has on emergency services

AOD related ambulance attendances

Within Western Victoria PHN local government areas, 39.5% of all regional Victoria alcohol-related ambulance attendances occurred. Rural City of Horsham had the second highest rate for alcohol-related ambulance attendances in all of regional Victoria. The highest ambulance attendance rates in LGAs within Western Victoria PHN were in Rural City of Horsham for crystal methamphetamine (35.6 per 100,000); antidepressant (66 per 100,000), and amphetamine (55.9 per 100,000), in 2013/14. City of Greater Geelong had the highest number of ambulance attendances out of all regional LGAs for all amphetamine (60); cannabis (105); antidepressant (58); antipsychotic (78); opioid analgesic (48); and benzodiazepine (140), in 2013/14 (Lloyd, Matthews, Gao, Heilbronn, & Beck, 2015. Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14. Fitzroy, Victoria: Turning Point).

Drug use and possession offences

The number of drug usage and possession offences in Western Victoria PHN was higher in 2015 compared to 2011 in most LGA profiles (Corporate Statistics, Victoria Police; 2012 Estimated Resident Population, ABS, 2012-13). Wimmera-Mallee had the highest drug use and possession offences over 2012-16 period, the following three LGAs had the highest rates: Rural City of Horsham ranging from 361-1,173 per 100,000 people; Shire of Northern Grampians ranging from 340-756 per 100,000 people; and Rural City of Ararat ranging from 238-885 per 100,000 people (The Crime Statistics Agency, 2016. Victoria Police Law Enforcement Assistance Program (LEAP). Victorian Government).

Hospital admissions for people using AOD

Hospital admissions for illicit drugs were highest in Shire of Glenelg (23.8 per 10,000) and Shire of Northern Grampians (23.4 per 10,000) and were higher than Victorian rate of 14.4 per 10,000 people. Shire of Northern Grampians also had the highest rate for those aged 15-24 years (45 per 10,000), higher than Victoria (20 per 10,000) (Analysis by Turning Point - AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2012-2013).

Insufficient access to local support services including withdrawal management

Residential treatment is limited locally and can be challenging to access

Service mapping within Western Victoria PHN completed in early 2016 identified one hospital with detox beds and seven residential rehabilitation/withdrawal facilities. Service provider consultations identified the lack of residential rehabilitation/withdrawal facilities within the region (including the lack of local hospital based withdrawal) as one of the biggest issues for AOD treatment, which resulted in difficulties for clients in travelling away from community and family, and lack of coordination of care before and after residential stay. Additional, stakeholder consultations (completed early 2016), supported these findings, as they identified the need to target alcohol and drug abuse, and rehabilitation for young people after detox.

Treatment pathways

Difficulties for clients to navigate and obtain AOD treatment

Service provider consultations acknowledged most clients are receiving AOD treatment for acute or chronic needs. This is further supported by a recent Victoria review completed by Aspex Consulting indicating the eligibility process for AOD treatment may not enable some people at lower levels of risk or early in their use, to access AOD state-based treatment (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS; and The Adult AOD Screening and Assessment Instrument: Clinician Guide, 2013).

Service provider consultations identified difficulties for community and services providers in understanding the AOD sector and limited integration of care through the system, which included clients and service providers not knowing the AOD pathways.

System integration and coordination

Lack of coordination between services to support people with AOD issues

Service provider consultations, highlighted AOD treatment providers' lack of knowledge about the support provided within general practice to manage AOD issues. This demonstrate a disconnection between general practice and the AOD sector.

Service provider consultations identified the lack of funding to support partnerships made working in collaboration to deliver AOD treatment difficult. A Victoria review also found a disconnect and lack of coordination between AOD treatments services (this includes pharmacotherapy treatments and involvement of General Practitioners) and the limited ability within current model to assist in coordination with other services e.g. housing, justice and employment (Service provider and consumer consultations completed early 2016; and Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS; and The Adult AOD Screening and Assessment Instrument: Clinician Guide, 2013).

AOD treatment services not engaging with at risk populations.

Service provider consultations identified AOD treatment services lacking engagement with at risk groups especially Culturally and Linguistically Diverse people, Aboriginal and

System integration and coordination

	<p>Torres Strait Islander persons, homelessness, older people, and young people. Victoria wide, it was identified that help-seeking and navigation of the complexities of the AOD system can be difficult for people impacted by AOD, especially those with other vulnerabilities and language barriers (Consumer and stakeholder consultations, early 2016; and Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS).</p> <p>There is insufficient focus on clients with multiple service needs, including dual diagnosis clients and homeless clients and lack of a funding structure for dual diagnosis clients, leads to silos between drug treatment and MHCSS. (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services, Commissioned by DHHS; and service provider and consumer consultations).</p>
Complexities in treating people with comorbidity	<p>The proportion of people with comorbid mental health conditions and substance abuse that sought help for mental health in the previous 12 months was highest for those with affective, anxiety and substance use disorders (65.4%) compared to affective and substance use disorders only (27.8%) and anxiety and substance use disorders only (30.0%) (National survey of mental health and wellbeing, 2007).</p> <p>Despite the high prevalence of substance use disorders in people living with a psychotic illness, a small proportion, 12.9%, had accessed drug and alcohol services and programs in the previous year (People living with psychotic illness, 2010).</p>

Workforce

Workforces development in areas of care coordination and health literacy	<p>The following were identified as areas for future learning and development opportunities for the next three years (from 2013): inter-agency service and care coordination, working effectively with carers/families of clients, and understanding emerging drug trends (Victorian Department of Health and Human Services, 2015. 2013 Victorian Alcohol and Other Drug Workforce Survey. Victorian Government, Melbourne).</p> <p>Service provider consultations identified gaps in non-AOD service providers knowledge regarding supporting people with AOD issues, including AOD service pathways e.g. GPs and schools.</p>
--	--

Aboriginal and Torres Strait Islander access to AOD treatment

Difficulties for Aboriginal and Torres Strait Islander people in accessing the AOD system	<p>Within Victoria AOD treatment services, 6.7% clients were Indigenous Australians, and 15% nationally, in 2014-15. (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries).</p> <p>A national study identified the need for a holistic, person-centred, culturally safe and appropriate AOD treatment for Aboriginal and Torres Strait Islander persons. With these key features in mind, this study suggests treatment should focus on realistic goals for clients that includes any other health and</p>
---	--

Aboriginal and Torres Strait Islander access to AOD treatment

social issues present. (Gray, Stearne, Bonson, Wilkes, Butt, and Wilson, 2014. Review of the Aboriginal and Torres Strait Islander Alcohol, Tobacco and Other Drugs Treatment Service Sector: Harnessing Good Intentions. Revised Version. National Drug Research Institute, Curtin University, Perth, Western Australia).

Stakeholder consultations (completed in early 2016), identified barriers by Aboriginal and Torres Strait Islander people to accessing services which included being impacted by geography (e.g. distance to health services, transport and quality of roads); the cultural competency of services; affordability (e.g. services, pharmaceuticals, and travel); and availability of services and health professionals.

Support for family and carers

Family and carer need support when someone close has AOD issues

8% of clients accessing AOD treatment services were receiving support for someone's else's drug use and 57% were female, in 2014-15 within Victoria (Alcohol and other drug treatment services in Australia 2014-15: state and territory summaries).

Consumer consultation identified the need to include families in care and provide information regarding a family member with AOD issues. Insufficient support for carers/families was also identified in Victoria (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS).

Service provider consultations identified the stigma around AOD issues, impacting on clients and carers. Service provider consultations identified the lack of family models of care and not enough support for vulnerable children and family violence being an issue.

phn
WESTERN VICTORIA

An Australian Government Initiative