Western Victoria Primary Health Network

Needs Assessment

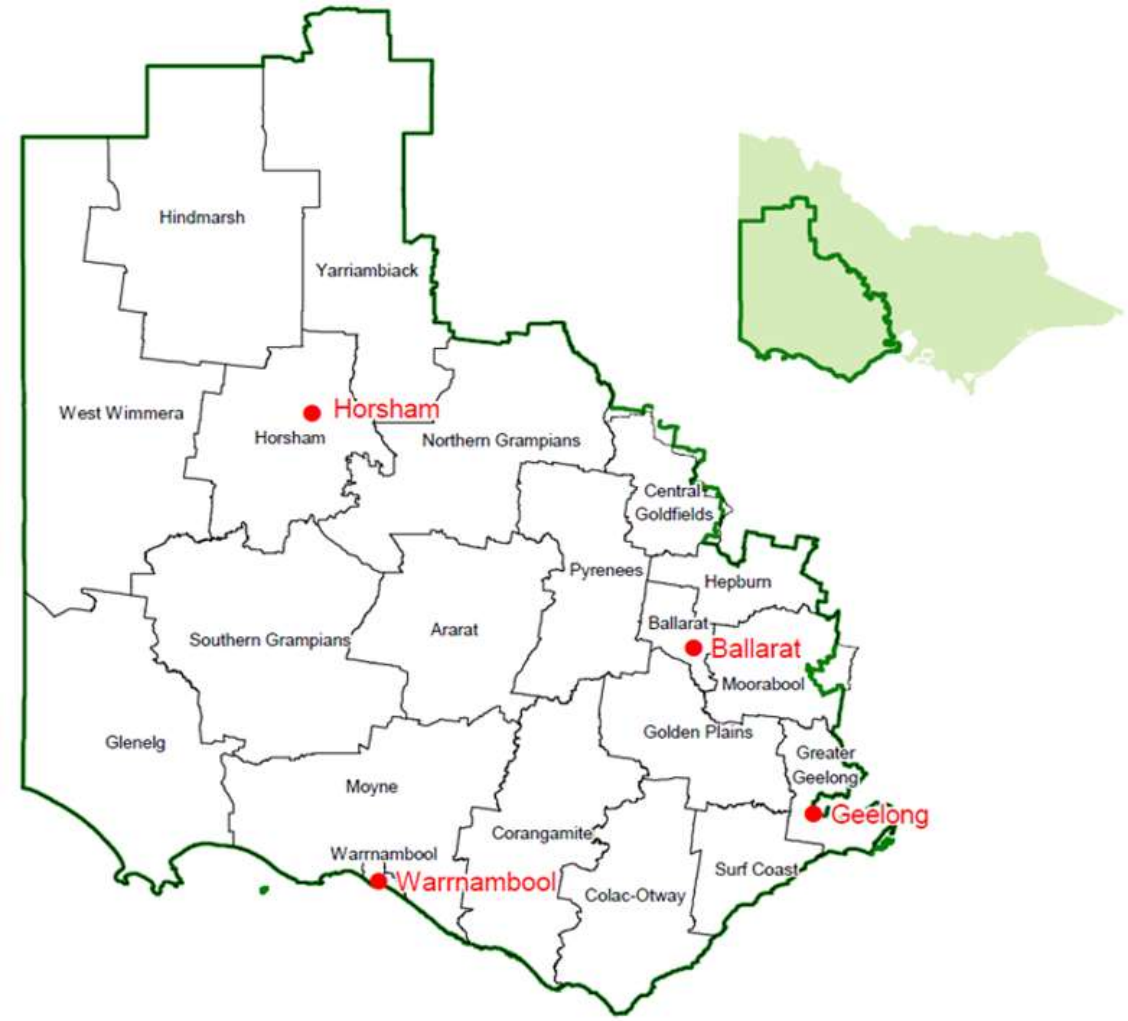
Alcohol and Other Drugs 2017

phn WESTERN VICTORIA

An Australian Government Initiative

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

Western Victoria PHN Regional Map



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Section 1 – Narrative

Needs Assessment process and issues

Western Victoria PHN is made up of 21 local government areas (LGAs) and at times data before 2016 is broken down into 9 Statistical Area 3s (SA3s) within the region. NB: data from 2016 onwards is divided into 10 SA3s.

Within this needs assessment "Other Drugs" includes both illicit drugs and pharmaceutical drugs, to align terminology to Department of Health (2017) National Drug Strategy 2017-2026.

This strategy (National Drug Strategy 2017-2026) has been used to guide this needs assessment to ensure priorities are aligned, especially in regard to its approach to demand reduction, supply reduction, and harm reduction; particular priority populations to focus on; and harms that are broader than alcohol and other drugs (e.g. health, social and economic harms). This has allowed us to build on the work from the previous needs assessment and explore aspects that have not previously been included.

Within Western Victoria, the Alcohol and Other Drugs (AOD) sector is made up of a diverse range of organisations providing services to clients who use alcohol and/or other drugs. This includes:

- state-based AOD treatment services (including residential rehabilitation and withdrawal services),
- Commonwealth funded AOD services, including State wide support programs including Victorian Aids Council and any residential beds e.g. The Salvation Army extended bed model.
- PHN funded services (including services previously funded under the Non-Government Organisation Treatment Grants Program and the Substance Misuse Service Delivery Grant Fund)
- private AOD and comorbid services,
- primary care providers such as general practice and private counselling,
- hospitals, and
- social and community 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 their families. Although there are many examples of good collaborative practice, variations in funding models, data and referral processes have resulted in a lack of consistent care coordination and integration both within and between AOD treatment services, primary care and community based social services. Many organisations are funded by both state and commonwealth systems, resulting in multiple pathways into their own service system, and complexity in moving clients across programs. These complexities also have an impact on reporting, data and the collection of in-depth information on all parts of the system, which is reflected in this needs assessment. Western Victoria PHN will continue to build on this knowledge over time.

In 2014, the state-based adult AOD treatment services underwent major reform, which included a competitive recommissioning process and the establishment of a central intake and assessment point in each local catchment area aimed at making it easier for people to understand the options and access the most appropriate AOD support (Department of Health and Human Services, State Government of Victoria [DHHS], 2013). Following a comprehensive review of the changes by Aspex (commissioned by DHHS), further changes were introduced in July 2017, with treatment services gaining responsibility for assessment of voluntary clients whilst catchment intake continues to deliver intake, screening, brief interventions and bridging support (DHHS 2017).

The catchment-based planning function established in the state reform is retained, which predominantly assists state-based AOD providers to develop a 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 (DHHS 2013). Western Victoria PHN is contracted to undertake the state-based AOD catchment planning role 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. Western Victoria PHN has planned a joint approach to data collection for both components 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 was obtained in Western Victoria PHN through consultations completed in 2016 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 of Grampians (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 boundaries, Central Goldfields local government area (LGA) sits outside these three catchment planning regions, an invitation was also sent to the AOD catchment planner and the service provider within that region to attend these 2016 consultations.

In 2017, consultations were completed within one region that focused on opioid management, this brought together service providers from a range of sectors to discuss prominent issues in the Barwon region around opioid management.

This needs assessment has included additional detail regarding local issues and highlighted the LGAs where there are particularly 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 and plan to build on this knowledge by engaging with other service providers who may also support people with AOD issues into the future.

A large scale AOD service mapping project was completed in 2015, this has been updated as changes occur in the system including services commissioned by Western Victoria PHN.

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 primary care and psychosocial

community agencies. Additional gaps include knowledge of the private system and forensic system. The forensic system provides specific drug and alcohol assessment and brokerage referral for people in contact with the justice system including courts and corrections.

Changes to state based reporting, via the Victorian Alcohol and Drug Collection (VADC), will be fully implemented over the next 12 months with compliance with the new system to be completed by all agencies by October 2018, it is expected that this will provide additional, and more consistent data, from state funded treatment services to inform planning and development of services.

DHHS funded VAADA to undertake a state based survey of the AOD workforce in late 2016, which will provide valuable information for inclusion in the next AOD needs assessment (as it has not yet been released).

Consultations with Aboriginal Community Controlled Organisations (ACCOs) identified the strong interest they have in co-designing funded initiatives within their community. Western Victoria PHN will build on current engagement and utilise the local knowledge and experience of ACCOs for commissioned projects into the future. A forum was conducted in November 2017 to work with ACCOs in the region to identify the strategies that will enable the strengthening of Western Victoria PHN's awareness of the current issues and potential solutions. There was a focus on how mental health, chronic conditions and AOD services could be integrated to provide seamless service delivery to enhance the social, and emotional wellbeing of Aboriginal and /or Torres Strait Islander persons and their families.

As indicated in the previous Needs Assessments, there is limited up-to-date, localised, high quality health data available for Aboriginal and Torres Strait Islander peoples, persons from culturally and linguistically diverse backgrounds, and family and carers. These groups will be considered into the future through different engagement opportunities, including the already commenced ACCO consultations.

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.

Based on the needs identified in Western Victoria PHN's November 2016 AOD Needs Assessment, brief interventions were commissioned within the region, as well as coordination, capacity building and the development of health pathways to support access to brief interventions from primary care. The impact of co-designed brief interventions is currently being externally evaluated and outcomes will inform ongoing work and be included in the next needs assessment.

Western Victoria PHN also receive specific funding targeting AOD initiatives for Aboriginal and Torres Strait Islander Peoples, this has been bundled with Mental Health funding to provide a more holistic approach to meet the health needs of this vulnerable population. This funding is currently being reviewed to improve the co-design of these services.

Section 2 – Outcomes of the health needs analysis

Prevalence of AOD use	
Key Issue	**Description of Evidence**
Most frequently used drugs are alcohol, cannabis and amphetamines.	Alcohol was reported within Western Victoria PHN region for estimated total increased lifetime risk within the Barwon-South Western Region 64.8% (which is statistically significant above the Victorian percentage of 58.6%), and Grampians Region is slightly under the Victorian percentage at 56.7% (Victorian Population Health Survey [VPHS], 2015). Alcohol was the most frequently reported primary drug, followed by amphetamines and cannabis by Victorian AOD treatment services (Alcohol and Other Drug Treatment Services in Australia 2015-16: state and territory summaries). Although alcohol is the most frequently consumed substance at risky levels, consumption of alcohol by those aged 14 and above on a daily basis decreased from 7.2% in 2010 to 5.9% in 2016. (NDSHS report, 2016). This was 4.9% in Victoria (NDSHS data tables Chapter 7, 2016). Cannabis use in the last 12 months for people aged 14 years or older, was lower in Victoria (9.1%) than other states and territories in 2013 but in 2016, Victoria was the third lowest state at 9.9%, this was lower than the Australian rate of 10.4% (NDSHS data tables, 2016). Nationally, the illicit drug most used was cannabis and use over a lifetime was 35% with no change between 2013 and 2016 (NDSHS report, 2016). Concerns around long term cannabis use and dependence is due to 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).
Amphetamine use has remained at similar levels but the use of crystal methamphetamines (ice) compared to other forms of meth/amphetamines, has substantially increased.	The use of meth/amphetamine significantly decreased from 2.1% in 2013 to 1.4% in 2016; however the use of the form of crystal methamphetamine has had very little change between 0.85% in 2013 and 0.80% in 2016 (NDSHS report, 2016). Recent meth/amphetamine use for people aged 14 years or older in Victoria, has also decreased from 2.3% (2010) to 1.5% (2016) (NDSHS data tables Chapter 7, 2016). Methamphetamine use remains a concern within the community due to presentations of intoxication and reported risks associated with mental health problems (depression, anxiety and psychosis), violent and aggressive behaviour, and brain damage. Regular and heavy use of methamphetamines also has links to a number of physical health issues such as dental issues, heart problems,

Prevalence of AOD use	
Key Issue	**Description of Evidence**
	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).
All illicit drugs.	Nationally, the proportion of illicit drug use has been fairly stable between 2013 and 2016 (NDSHS report, 2016). Recent illicit drug use for people aged 14 years or older in Victoria, has increased from 13.7% (2010) to 15.0% (2016) (NDSHS data tables Chapter 7, 2016). Within Western Victoria PHN recent illicit drug use is 14.1% (NDSHS, data tables, Chapter 7, 2016).
High prevalence of smoking in certain local government areas. Smoking rates appear to be increasing in some localities but are still below the Victorian rate.	Smoking is also an issue within Western Victoria PHN with 13.5% daily smokers in 2014-15, which is lower than all PHNs at 14.5% (AIHW analysis of Australian Bureau of Statistics [ABS] National Health Survey, 2014–15). The highest estimated smoking rates were observed in Ararat Rural City Council (22.1%), Central Goldfields Shire (20.8%), and Hepburn Shire (19.8%) (VPHS, 2014). However, comparing the Department of Health and Human Services (DHHS) regions within Western Victoria PHN in 2015 Barwon-South Western current smoking status was 12.3% which increased to 17.6% in 2015 (VPHS report, 2014 and 2015). Those within the Grampians DHHS region also increased their current smoking status from 15.7% (2014) to 16.1% (2015). However, both of these DHHS regions were lower than the Victorian current smoking status of 18.5% in 2015, however this rate had also increased over time (VPHS report, 2015).
Relative to Australia, a higher proportion of Aboriginal and/or Torres Strait Islander peoples in the Western Victoria PHN catchment have been found to smoke daily.	In total, 48.2 per cent of Aboriginal and/or Torres Strait Islander persons aged 15 years and over in the Western Victoria PHN catchment have been found to smoke daily, compared to 41.6 per cent across Australia (ABS, 2015. Aboriginal and Torres Strait Islander Health Survey [Core component] 2012-13, Customised report. Canberra: ABS). Service provider consultations in Grampians identified poor health outcomes and financial impacts of smoking 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).
Increased use of prescription medications.	Service provider consultations identified an increase in the misuse of prescription medications. National data indicates that 4.8% have misused a pharmaceutical in the last 12 months in 2016 (NDSHS, 2016). Previous data cannot be compared to the 2016 data release due to the question excluding the pain-killers and opioids misuse, this was asked separately in 2016 indicating 14.6%

Prevalence of AOD use

Key Issue	Description of Evidence
	misused these in 2016 in Australia (NDSHS, 2016). Opioid prescriptions dispensed (age-standardised) in Grampians (87,775 per 100,000 people) and Maryborough-Pyrenees (90,190 per 100,000 people) Statistical Area 3s (SA3s) had the highest rates. All SA3s within Western Victoria PHN have higher opioid prescription 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 meteor.aihw.gov.au/content/index.phtml/itemId/623427).
Synthetic Cannabinoids.	Nationally, people identifying that they have ever used synthetic cannabinoids has significantly increased from 1.3% in 2013 to 2.8% in 2016 (NDSHS, 2016). In a local AOD consumer survey synthetic cannabinoids was a substance listed as an option but very few respondents identified using this. As synthetic cannabis is relatively new, there is limited information available about its short- and long-term effects, including how safe or unsafe it is to use which may impact on regulating intake and managing withdrawal difficult (Alcohol and Drug Foundation 2018, Synthetic Cannabis, para 7,9-13,15 Last updated June 5, 2018, adf.org.au/drug-facts/synthetic-cannabis/).

Social impacts of AOD use

Key Issue	Description of Evidence
High rates of AOD related incidents within particular local government areas.	The three local government areas (LGAs) found to have the most adults (as an estimated 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 feedback was backed up with data indicating that over half of the LGAs (13) in Western Victoria PHN had rates of assaults during 'High Alcohol Hours' above the Victorian rate of 10 per 10,000 people. The LGAs with the highest rates of assaults are Rural City of Ararat (32.2 per 10,000), Horsham Rural City (28.4 per 10,000) and Yarriambiack Shire (20.3 per 10,000). [Turning Point's definition of high alcohol hours are between 8pm-6am on Friday or Saturday with alcohol being

Social impacts of AOD use

Key Issue	Description of Evidence
	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)]. Service provider consultations identified family violence as a significant community problem. Over half of the LGAs (15) in Western Victoria PHN had alcohol family violence rates above the Victorian rate of 10.7 per 10,000. The LGAs of Rural City of Horsham (38.6 per 10,000), Rural City of Ararat (23.3 per 10,000), and Shire of Central Goldfields (22.2 per 10,000) had the highest rates (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

Key Issue	Description of Evidence
Prevalence of alcohol consumption at high levels which place individuals at increased health risks.	The number of overnight hospitalisations per 100,000 people (age standardised) for drug and alcohol use was higher than both the National (180) and Regional (196) rates in the Maryborough-Pyrenees SA3, 240 per 100,000 people; and higher than the National rate in Geelong SA3, 193 per 100,000 people. The number of bed days per 100,000 people for drug and alcohol use was higher than the National (1,369) and Regional (1,334) rate in the following SA3s: Surf Coast-Bellarine Peninsula, 2,141; Geelong 2,021; Maryborough-Pyrenees, 1,754; and Warrnambool-Otway Ranges, 1,421 (AIHW 2017. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15. Cat. No. HSE 177. Canberra: AIHW).
Characteristics closely linked to lifetime risk of alcohol-related harm.	Over half of all adults in each LGA in 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, 17 of the 21 LGAs in Western Victoria PHN have the highest estimated proportion of increased lifetime risk of alcohol-related harm, including Borough of Queenscliffe (80.1%), Surf Coast Shire (79.7%), and the City of Warrnambool (71 8%) These estimated proportions are significantly higher than Victoria being 59.2%. (VPHS, 2014). The same three LGAs have also had the most adults (as an estimated 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 Victorian rate is substantially above the

Health impacts of high AOD use

Key Issue	Description of Evidence
	Australian rate of 18.2% (2013) and 17.1% (2016) (aged 14 and above) exceeding the 2009 NHMRC guidelines for lifetime risk of alcohol-related harm in 2013 (NDSHS report, 2013 and 2016). These high rates of long term alcohol consumption are a concern due to being associated with a range of health risks and chronic conditions (NHMRC Australian Guidelines to reduce health risks from drinking alcohol, 2009). *For chronic conditions most prevalent within Western Victoria PHN, please see the overall needs assessment.* 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). Additionally, the priority populations identified as part of the National Drug Strategy 2017-2026 are; Aboriginal and Torres Strait Islander people, people with mental health conditions, young people, older people, people in contact with the criminal justice system, culturally and linguistically diverse populations, and people identifying as lesbian, gay, bisexual, transgender, and/or intersex (Commonwealth Government, 2017. National Drug Strategy 2017-2026). There is limited data and information available on culturally and linguistically diverse populations, which makes it difficult to identify these people with AOD treatment and support needs.
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 history of mental disorder. This is twice the prevalence of 12-month history of mental disorders compared with people who have never smoked. Of those people that reported drinking alcohol nearly every day, 21% had a 12-month history of mental disorder. This is slightly more than those who reported they drank less than once a month, of which 18% had a 12-month history of 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 tobacco. 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). Among adolescents with major depressive disorder almost a third (31.5%) smoked cigarettes or used alcohol or drugs to help

Health impacts of high AOD use

Key Issue	Description of Evidence
	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 during 2016, where the link between mental health and substance abuse was raised. In an AOD consumer survey completed in two of the three DHHS regions within Western Victoria 69% of respondents stated they had a mental health issue (e.g. depression, anxiety, bipolar).
Deaths due to drug overdoses.	All drug-related accidental deaths increased from 4.9 per 100,000 people in 2001-2005 to 5.3 per 100,000 in 2011-15. However, in 2011-15 this was lower than the Australian rate of 5.9 per 100,000 people (Australia's Annual Overdose Report, 2017). Accidental deaths due to pharmaceutical opioids in Victoria have increased from 2.2 per 100,000 in 2001-2005 to 3.2 per 100,000 in 2011-15, which is the same as the Australian rate of 3.2 per 100,000 in 2011-15 (Australia's Annual Overdose Report, 2017).

Vulnerable populations

Key Issue	Description of Evidence
Young people's AOD consumption has health and social risks.	In 2014, the percentage of young people at school who had ever smoked within Barwon was 8.1%, Central Highlands 7.3% and Western District 6.1%, smoking in DHHS regions within Western Victoria PHN were less than for 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 an older age, since 2010 (NDSHS report, 2016). 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 and key findings.

Vulnerable populations

Key Issue	Description of Evidence
	Results from the Statewide Youth Needs Census [SYNC]. Technical Report March 2014. Youth Support and Advocacy Service: Melbourne, Australia). Service provider consultations in 2016, identified young people with AOD issues require support for their additional needs, collaboration between a range of services could assist in improving this. Through engagement it is evident that the complexity of differing age requirements and dual track entry into services continues to impact on access and integrated service delivery for young people across the region.
Older People.	Nationally, people aged 50 and above, have increased their recent use of illicit drugs from 8.8% in 2010 to 11.7% in 2016 (50-59 year olds) and 5.2% in 2010 to 6.9% in 2016 for those people 60 years and over (NDSHS, 2016). Nationally, people aged 50 years and above have fairly similar percentages of risky alcohol consumption between 2013 and 2016, however those aged 70 years and over have increased from 10.1% to 11% during this time period (NDSHS, 2016).
People in contact with the criminal justice system.	34% of prison entrants were at high risk of alcohol-related harm and 48% of prison discharges (The health of Australia's prisoners, AIHW, 2015). Consultation in 2017 with General Practitioners and Pharmacotherapy Networks identified service gaps in transferring pharmacotherapy permits on release.
Trauma as a risk factor for AOD issues.	Adverse childhood experiences (ACEs) has been found to be associated with problematic drug use from an early age and into adulthood (Dube, Felitti, Dong, Chapman, Giles & Anda, 2003, Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study. Pediatrics 111[3]). Research suggests that up to one half of young people with substance use disorder meet criteria for a diagnosis of posttraumatic stress disorder (PTSD) (Ouimette & Brown, 2003). In young men with PTSD, rates of substance abuse or dependence are as high as 30% (Kilpatrick et al, 2003). Compared with people who have zero ACEs, people with ACE scores are more likely to use alcohol or other drugs and to start using drugs at an earlier age, more likely to use illegal drugs, to report addiction and to inject illegal drugs (Substance Abuse and Mental Health Services Administration 2015, The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems, retrieved from; www.samhsa.gov/capt/sites/default/files/resources/aces-behavioral-health-problems.pdf).

Vulnerable populations

Key Issue	Description of Evidence
Parents' AOD use and negative impacts on children.	Smoking rate during pregnancy between 2009-2011 was 15.5% for Grampians Medicare Local catchment, 14.0% for Barwon and 19.1% for Great South Coast (Customised data report prepared for the National Health Performance Authority from the Australian Institute of Health and Welfare National Perinatal Data Collection 2009–2011). Alcohol consumption by a woman when pregnant can cause harm to a developing fetus (NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol, 2009).
People identifying as lesbian, gay, bisexual, transgender and/or intersex.	Nationally, recent illicit drug use for people identifying as homosexual/bisexual was 42% compared to heterosexual identity being 15% (NDSHS, 2016). Nationally, the highest illicit drug use since 2010 was by people identifying as homosexual/bisexual in the previous 12 months (NDSHS, 2016).

Aboriginal and Torres Strait Islander persons and AOD use

Key Issue	Description of Evidence
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.	Nationally, higher proportions of Indigenous persons smoked tobacco, undertook lifetime risky alcohol consumption, and used cannabis compared to non-Indigenous Australians (NDSHS, 2016). However, between 2013 and 2016 there was a national decline in the lifetime risk of alcohol use for Indigenous persons (NDSHS report, 2016). The highest rates of risky substance use by Aboriginal and Torres Strait Islander persons were for alcohol and cannabis (ABS 2013. 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 peoples 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.	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). Small numbers within Western Victoria PHN, make it difficult to comment on this data locally.

Section 3 – Outcomes of the service needs analysis

Management and treatment of specific drugs	
Key Issue	**Description of Evidence**
Highest use of AOD treatment is for alcohol.	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] 2015-2016). State based data confirms that alcohol was the most common drug of concern for treatment provided to clients for their own drug use (37% of clients in 2014-15 which reduced to 27.8% in 2015-16 and 37% of episodes in 2014-15 which reduced to 30% in 2015-16). Additionally, from 2010-11 to 2015-16 alcohol was the most common drug of concern in episodes of care. (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: state and territory summaries). In a survey undertaken with consumers of AOD treatment services completed in two of the three DHHS regions within Western Victoria PHN 52% of respondents identified alcohol as their main substance. “The formal definition of an episode of care is a completed course of treatment undertaken by a client under the care of an alcohol and drug worker, which achieves at least one significant treatment goal” (DHHS, Funding of alcohol and other drugs, para 24, retrieved from; www2.health.vic.gov.au/alcohol-and-drugs/funding-and-reporting-aod- services/funding-of-aod-services).
AOD treatment for cannabis.	In AOD treatment within Victoria, cannabis made up 22% of episodes in 2014-15 which reduced to 17% in 2015-16 and this remained the highest number of episodes for principle drug of concern from 2010-11 to 2014-15 but dropped down to fourth in 2015-16. In 2015-16 the third highest number of episodes were classified as “other” (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: state and territory summaries). In a survey completed with consumers of AOD treatment services completed in two of the three DHHS regions within Western Victoria 30% of respondents identified cannabis as their main substance.
AOD treatment for amphetamines.	In AOD treatment in Victoria, amphetamines made up 19% of episodes in 2014-15 with a slight increase to 22% in 2015-16. Amphetamines replaced heroin as the third most common drug of concern in Victoria from 2012-13 onwards, from 6.9% in 2010-11 increasing to 22% 2015-16 (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: state and territory summaries). The proportion of people accessing treatment for ice was similar in a survey completed with consumers of AOD treatment services completed in two of the three DHHS regions

Management and treatment of specific drugs	
Key Issue	**Description of Evidence**
	within Western Victoria PHN with 18% of respondents identifying ice as their main substance. Service provider consultations in the Grampians region identified there was a lack of support services for pain management, which can result in prescription misuse. The highest rate of hospital admissions for poisoning, accidental poisoning and intentional self-poisoning involving 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). The population rates are similar between states and nationally, with 24 clients per 10,000 in Victoria, compared to 20 per 10,000 in Australia. There has been limited changes since 2010 in Victorian and Australian rates (AIHW, 2017, National Opioid Pharmacotherapy Statistics [NOPSAD] 2016). Consultation with service providers identified there could be an increase in the number of General Practitioners actively engaging in opioid management, however this is often limited due to stigma in some general practices around these clients resulting in gaps in delivering this within the Barwon region. Pharmacotherapy Advocacy, Mediation and Support Services (PAMS) is a program of Harm Reduction Victoria, a state wide service that supports Medication Assisted Treatment for Opioid Dependence (MATOD) consumers and programs. Within the Western Victoria PHN region in 2016-17 there were 96 people accessing this phone based service which is 8.5% of all Victorian PAMS cases (PAMS data, 2017). Within Victoria there are 14,282 MATOD clients (PAMS data, 2017). Many of the primary issues identified by those accessing PAMS consisted of Takeaways; Payment/debt management; and Trouble Sourcing a Prescriber. Additionally, there are a number of areas in Western Victoria PHN that have limited access to or nil prescribers.
Harm reduction activities.	Service provider consultations identified the limitations of the current Needle Syringe Program (NSP) especially in rural areas where access to free clean injecting equipment can be more than 1 hour away. Even where there are established NSP's, there is limited access in the afterhours. Barwon Health recently installed a vending machine in Geelong to assist with after hour's access. A national survey completed by people accessing the needle and syringe program in 2015 and 2016 found that within Victoria 68% of respondents had used new and sterile needles and syringes last month. The source of needles mainly came from NSP (92%), which would be expected from a NSP survey. The next highest

Management and treatment of specific drugs

Key Issue	Description of Evidence
	source of needles came from a chemist/pharmacy (22%). Another source of needles was dispensing/vending machines which increased from 1% (2015) to 12% (2016) (Memedovic, Iversen, Geddes & Maher. Australian Needle and Syringe Program Survey National Data Report 2012-2016). This large increase over a one year period could be due to dispensing/vending machines being only recently introduced, which could continue to increase rapidly into the future.
Impacts of changes to scheduling and medicine management.	Given the high rates of overdose and opioid prescriptions there has been limited uptake of naloxone prescriptions in the Western Victoria region reported. Recent additional funding from State Government to support a range of harm reduction measures across Victoria including increased access to Naloxone and expanded overdose prevention and education as well as post overdose response outreach, which will commence shortly in Geelong (Department of Health and Human Services 2017, Alcohol and Drug Sector news- April 2017, retrieved from; www2.health.vic.gov.au/email-campaign/messages/2017/03/06t151406/alcohol-and-drug-sector-news---april-2017/message-root). From 1 February 2018 all codeine containing products will no longer be available in the pharmacy without a prescription (Real-time prescription monitoring for health professionals, 2017). These include painkillers containing codeine and some cough and cold medications. Service provider consultations identified concerns regarding these impacts which include pressure on GPs who haven't supported people with codeine addictions previously (usually self-monitored), people going into withdrawal and subsequent capacity and capability of AOD treatment sector to manage codeine dependency. The introduction of SafeScript (Real Time Prescription Monitoring) aims to reduce the negative impacts of misusing prescription medicines and reduce the impacts of using a combination of different pharmaceuticals (Austin Health, 2017, Evidence to inform the inclusion of Schedule 4 prescription medications on a real-time prescription monitoring system). SafeScript will assist in the identification of overprescribing and drug seeking behaviours however it will not occur in time for the codeine changes, and may have other unintended consequences, such as patients 'flagged' may be refused treatment, GPs may feel unskilled in managing dependence and an increase in illicit/black market drug use.

Treatment for people with AOD issues

Key Issue	Description of Evidence
AOD treatment available to support people in the region.	In 2014-15 there were 129 Victorian publicly funded AOD treatment agencies which increased to 140 in 2015-16 (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: state and territory summaries). AOD service mapping identified treatment services located within half of the LGAs within Western Victoria PHN (*Western Victoria PHN completed AOD service mapping in early 2016*). An additional six programs (previously funded under the Non-Government Organisation Treatment Grants Program) were transferred from Commonwealth to Western Victoria PHN management in each of the four sub-regions within Western Victoria PHN and vary from home based withdrawal, counselling and interventions for specific populations e.g. young people and dual diagnosis, along with the transition of two capacity building programs (previously the Substance Misuse Service Delivery Grant Fund) to direct service delivery. Additionally, since the 2016 mapping, Western Victoria PHN has funded four lead agencies to deliver brief interventions for people at risk of alcohol and other drug issues, including a focus on family and carers. Additionally, Aboriginal and Torres Strait Islander specific AOD funding has been commissioned by Western Victoria PHN and is described in detail at "Aboriginal and Torres Strait Islander access to AOD treatment" (*Western Victoria PHN website www.westvicphn.com.au*). In an overview of AOD treatment provided in Victoria, clients received an average of 1.8 episodes of care, there was a decrease in treatment episodes between 2013-14 and 2014-15, when the state-based AOD sector reform occurred. In 2015-16, 94% of clients within Victoria were receiving treatment for their own drug use and 71% were male (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: state and territory summaries). In a local AOD consumer survey respondents identified AOD services as having easy access, good to receive counselling/talking about issues, and appropriate support to reduce or stop AOD use. These respondents also identified improvements for AOD services such as increased after-hours appointments, additional staff and increased access to residential rehabilitation and withdrawal services.

Impacts AOD intoxication and dependence has on emergency services

Key Issue	Description of Evidence
AOD-related ambulance attendances.	In 2014-15 within Western Victoria PHN local government areas, Rural City of Horsham had the highest rate of alcohol-related and pharmaceutical drugs ambulance attendances (369.8 per

Impacts AOD intoxication and dependence has on emergency services	
Key Issue	**Description of Evidence**
	100,000), which was much higher than the Victorian rate of 170.2 per 100,000. The rates of alcohol-related ambulance attendances have more than doubled since 2011-12. However, the number of actual ambulance attendances from all LGAs within Western Victoria in 2014-15 was highest in Greater Geelong and has increased in number since 2011-12 for all drug types (Ambo-AODstats, Turning Point, 2016).
Drug use and possession offences.	The number of drug usage and possession rates in Western Victoria PHN was higher in 2013-14 compared to 2012-13 in 13 LGAs. Additionally, in 2013-14 there were 7 LGAs with rates higher than the Victorian rate of 305.6 per 100,000 and three of these LGAs were also the highest (and higher than the Victorian rate) in 2012-13 which consist of Northern Grampians (326.5 per 100,000 in 2012-13 to 576.3 per 100,000 in 2013-14), Southern Grampians (378.7 per 100,000 in 2012-13 to 433.6 per 100,000 in 2013-14), and Horsham (356.6 per 100,000 in 2012-13 to 462.2 per 100,000 in 2013-14) (The Crime Statistics Agency, 2014. Victoria Police Law Enforcement Assistance Program [LEAP]. Victorian Government).
Hospital admissions for people using AOD.	Hospital admissions for illicit drugs were highest in the LGAs of Warrnambool (32.7 per 10,000) and Glenelg (31.5 per 10,000), these were both higher than the Victorian rate of 25.3 per 10,000 people (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] 2014-2015).

Insufficient access to local support services including withdrawal management	
Key Issue	**Description of Evidence**
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 withdrawal beds and seven residential rehabilitation/withdrawal facilities in the region. 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. This resulted in difficulties for clients in travelling away from community and family, and lack of coordination of care before and after the residential stay. Since this information was obtained, the Victorian DHHS have announced funding for a residential rehabilitation centre within the Grampians region, and are also planning on funding land in the Barwon region to build a new residential rehabilitation facility. Additionally, the Great South Coast region is currently advocating for a residential

Insufficient access to local support services including withdrawal management	
Key Issue	**Description of Evidence**
	rehabilitation facility. In some areas within Western Victoria PHN, some residential issues are being addressed.

System integration and treatment pathways	
Key Issue	**Description of Evidence**
Difficulties for clients to navigate and obtain AOD treatment.	Service provider consultations acknowledged most clients are receiving AOD treatment for acute or chronic needs, which was supported through data from a survey completed by AOD consumers of services funded through Western Victoria PHN that indicated that 22% of consumers had accessed treatment services for a few weeks or less and 43% had accessed treatment for more than a couple of years. This is further supported by a recent Victorian 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 service 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. Changes to the state funded AOD treatment sector, increase of PHN funded programs and ongoing changes in the private treatment services, with multiple referral pathways continue to make it difficult to communicate and have clear pathways for people accessing AOD treatment.
Lack of coordination between services to support people with AOD issues.	In a survey completed by consumers of Adult AOD treatment services 32% of respondents indicated their doctor/GP recommended them to seek help for AOD issues. 82% of survey respondents identified they had a regular doctor/GP and 67% stated their doctor/GP was involved in their AOD care. Service provider consultations, highlighted AOD treatment provider's lack of knowledge about the support provided within general practice to manage AOD issues. This demonstrates a disconnection between general practice and the AOD sector. Coordination between different health services can be difficult, especially when communication systems are different e.g. AOD services are not familiar with using electronic secure messaging systems. HealthPathways is another tool that is a navigation tool for general practitioners but it is yet to be targeted at other support services or consumers and families wanting access to AOD

System integration and treatment pathways	
Key Issue	**Description of Evidence**
	services. Western Victoria PHN has been working with primary care including general practitioners to improve their capacity to work with people using alcohol and other drugs. Service provider consultations identified the lack of funding to support partnerships to work in collaboration to deliver AOD treatment. A Victorian review also found a disconnect and lack of coordination between AOD treatment services (this includes pharmacotherapy treatments and involvement of General Practitioners) and the limited ability 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).

Workforce	
Key Issue	**Description of Evidence**
Workforce development in areas of care coordination and health literacy.	In 2015 following the Victorian reforms, feedback from service providers identified a loss of experienced workforce, and dissatisfaction/disillusionment by the workforce because of transitional and system deficits (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS). Greater insight into more current workforce issues, should be obtained from the 2016 DHHS Alcohol and other drug workforce survey (this data is yet to be released). 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.

Vulnerable Groups	
Key Issue	**Description of Evidence**
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 Torres Strait Islander persons, homelessness, older people, and young people. Victoria wide, it was identified that help-seeking and navigation of the

Vulnerable Groups	
Key Issue	**Description of Evidence**
	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; Commonwealth of Australia, 2017. National Drug Strategy 2017-2026). Stakeholder consultations support Aspex findings that 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, leading to silos between drug treatment and Mental Health Community Support Services (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services, Commissioned by DHHS; and service provider, ACCO and consumer consultations). Recent State policy and funding announcements that may assist in addressing this include expanded family violence services, and proposed dual diagnosis rehabilitation beds. The proportion of people with comorbid mental health conditions and substance abuse that sought help for mental ill 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). 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).
Difficulties for Aboriginal and Torres Strait Islander people in accessing the AOD system.	Within Victorian AOD treatment services, 6% clients were Indigenous Australians, and 15% nationally, in 2015-16 (Alcohol and other drug treatment services in Australia 2015-16: state and territory summaries and national). Consultations with some Aboriginal Community Controlled Organisations (ACCOs) in Western Victoria PHN identified the need to provide flexible AOD service delivery and ensure it is culturally appropriate in mainstream services. A need was identified by ACCOs to develop workforce and skills for their staff regarding AOD support. A national study supported this by identifying 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 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.

Vulnerable Groups	
Key Issue	**Description of Evidence**
	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. Western Victoria PHN combined AOD and mental health funding, to commission nearly all of the ACCHOs within the region for screening, assessment and brief interventions for AOD and mental health.
Family and carers need support when someone close has AOD issues.	Within Victoria, 8% in 2014-15 which decreased to 5.6% in 2015-16 of clients accessing AOD treatment services were receiving support for someone else's drug use and just over half were female (57% in 2014-15 and 56.3% in 2015-16) (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: 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). This was supported by survey results from AOD consumers with 66% of respondents indicating a family member was worried about the person's alcohol or drug use and 35% indicated they sought help for their AOD use because of family/relationship issues. This indicates the broader impact that AOD use has on family members. 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.