Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template

Name of Primary Health Network

Western Sydney

Section 1 – Narrative

NEEDS ASSESSMENT PROCESS AND ISSUES

This Alcohol and Other Drugs (AOD) needs assessment is the key focus of the activity planning phase of the WSPHN's AOD business model and central to the identification of action items to be prioritised and invested in.

WSPHN commissioned Mr David McGrath to undertake the AOD Needs Assessment. Mr McGrath worked collaboratively with the Director of Partnerships Development and Community Engagement, NADA and NSW Drug Health to complete the Needs Assessment.

Data for the Needs Assessment was collected from a range of sources, including Australian Bureau of Statistics (ABS), Network of Alcohol and Other Drug Agencies (NADA), Public Health Information Development Unit (PHIDU), AIHW, CRC, Western Sydney University as well as a range of stakeholder consultations.
This gave WSPHN a deeper understanding of:

- the needs of consumers, carers and service providers
- service gaps, availability, access, quality and suggested service improvements
- the service capacity of the AOD health care system in Western Sydney
- local services that support recovery and the current service landscape
- barriers to services and care, including cultural and language.

Population groups with specific needs identified across the WSPHN were Youth, Women and Children, Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) communities and the populations leaving the criminal justice system.

Data Collection
Quantitative methods have been used to understand:

- demographic characteristics including growth projections
- special needs groups (e.g. Aboriginal and Torres Strait Islander and CALD communities) and health inequities
- health status, disease/risk factor prevalence and premature mortality
- health service program use
- service provision and capacity mapping

ADDITIONAL COMMENTS OR FEEDBACK

The next phase in the WSPHN AOD activity plan is the co-design of solutions to address the identified needs and priority areas. Members of the WSPHN Clinical and Community Advisory Councils will be involved in this process, as well as ongoing consultations with health professionals, consumers and stakeholders across the region.

Section 2 – Outcomes of the health needs analysis

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Drug and Alcohol - General Need	Population Modelling of prevalence rates of disorders	For every 100,000 people in a broadly representative population the NADA toolkit predicts, based on AusBoD data (source: NADA Planning tool for D&A Services): • 8,838 will have an alcohol use disorder. • 646 will have a methamphetamine disorder • 465 will have a benzodiazepine misuse disorder • 2,300 will have a cannabis misuse disorder • 793 will have a non-medical opiate (including heroin) misuse disorder. For Western Sydney PHN (population approx. 900,000) this translates to: • 79,500 people with alcohol use disorder • 6,300 people with a methamphetamine use disorder • 3,600 people with a benzodiazepine use disorder • 20,300 people with a cannabis use disorder • 6,800 people with a non-medical opiate use disorder Higher prevalence rates will likely be observed in populations that have greater than average concentrations of (For sources see below): • People who are homeless • People who identify as LGTBI • People who have recently been released from prison
Drug and Alcohol - General Need	High rates of drug and alcohol hospitalisations	For all Drug & Alcohol DRG's combined Western Sydney PHN have the fifth highest relative utilization, 1.41 times the average of all PHN's. This rises to as high as 2.5 times the average for same day drug treatment DRG's and 1.73 times as high for 'other drug misuse disorder & dependence' DRG's. (Source: Hospital Utilisation Alcohol and Other drugs DRG's by PHN provided by Hardes & Associates)

Drug and Alcohol - General Need	Need for screening and brief interventions	It is estimated based on National Drug Strategy Household Survey data that for the Western Sydney PHN population there are 131,800 people who need screening and brief intervention for alcohol use in a given year, 8,100 who need screening and brief intervention for amphetamines and 83,600 who need screening and brief interventions for cannabis use (Source: NDSHS and DASP modelling adjusted for Western Sydney PHN population).

Outcomes of the health needs analysis		
Drug & Alcohol - at risk populations	High representation of Drug use disorders in LGTBI identified people	LGTBI people are (Source: National Drug Strategy 2013 referenced in SLHD Strategic plan): • 5.8 times more likely to use ecstasy • 4.5 times more likely to use methamphetamines • 2.9 times more likely to use cannabis • 2.8 times more likely to use cocaine • More likely to drink at risky levels. Studies investigating relative levels of alcohol dependence in the LGTBI community and the general population have found mixed results. It seems clear that amongst women there is a higher prevalence rate for those that identify as LGTBi than the general population but this effect is not as clear for men. With regard to drug dependence the findings are clearer, with the majority of studies finding significantly higher dependence rates in the LGTBI community than the general population, and this effect was found for both genders. The effect for men was approximately 1.33 times then general population but for women the rate was approximately 3 times higher. The Health in Men cohort study (2001-2007) showed that individual gay and bisexual men's use of particular drugs changed over time but overall rates remained very high. There is a paucity of data on the geographical distribution of the LGBTI community in NSW. There are however a number of support and social groups for this community located from Parramatta to Blacktown.
Drug & Alcohol - at risk populations	Relatively high rates of drug & alcohol disorders amongst homeless people.	There is no definitive estimate for the homeless population of Western Sydney PHN region however adaption of AIHW estimates suggest that it holds between 2,000-4,000 homeless people. A meta-analysis of studies from western countries assessed the pooled prevalence estimate of alcohol dependence at 37.9% of the homeless population. Similarly the pooled prevalence estimate of drug dependence was 24.4% of the homeless population. Both of these rates are many magnitudes higher than for the general population.

Drug & Alcohol - at risk populations	High proportion of prison releases into residences in the Western Sydney PHN, with associated high D&A disorder rates.	2009 JH&FMH NSW Inmate Survey: • In 12 months prior to entering custody 63% of men and 40% of women reported drinking alcohol in the hazardous and harmful range • Majority of participants reported lifetime use of illicit drugs (78% women and 86% men), 44% reported daily use prior to incarceration and 43% reported to using drugs in prison • It is estimated that approximately 12% of all prisoners come from within Western Sydney PHN boundaries, and therefore are more likely to return when released. In a given year this equates to 1988 persons per year with around 55% of those coming from Parramatta LGA, (SOURCE: CRC)
Drug & Alcohol - at risk populations	Young people's substance use behaviours have different precursors to adults, treatment needs are different and they tend not to seek help.	Trends in Drug use amongst young people can be difficult to discern as they can be more subject to supply side factors and more subject to switches in drugs of choice. For young people there is a higher correlation between usage rates and treatment need, as dependency profiles tend to be lower and there is a higher focus on brief interventions and behaviour modification interventions, than there is on medicated withdrawal and residential rehabilitation. The National Household survey 2010 reports: Use of any illicit drug in the last 12 months for 14-17 year olds was 14.5%, with cannabis accounting for 12.8% of that figure. For the 18-19 age group any illicit drug was 25.1% and cannabis was 21.3% of that figure. In the 12-17 age group 38.4% had consumed a full serve of alcohol in the last twelve months, with 33% indicating they drank at least weekly. In a recent study of those in treatment, amphetamine use as the primary drug of concern rose from 10% of cases in 2009 to 50% of cases in 2014.
Drug & Alcohol - at risk populations	Drug use patterns in CALD and refugee communities are hard to discern	Data is limited on Drug & Alcohol disorder prevalence in communities where English is not the primary language. DAMEC estimates that about 6% of all D&A specialist service presentations relate to this group, however they are significantly underrepresented on a population basis in treatment services. DAMEC has provided statistics on the drugs used by particular sub categories of this group from a survey of 118 service users in 2012. Alcohol was the predominant drug of concern in most communities with the exception of the South East Asian communities where opiates and amphetamines dominate. A total of 43% of Western Sydney PHN residents were born overseas and 45% speak a language other than English at home (WS LHD Strat Plan). The Australian Psychological Society indicates that substance misuse is a common consequence of the psychological impacts of the refugee experience, however there is almost no data that provides insights into the prevalence within local communities. From 2009 to 2014 total refugees resettled in the following LGA's were: Auburn 1669; Blacktown 1365; Holroyd 745; Parramatta 1243. (source: Western Sydney University)

Drug & Alcohol - at risk populations	Consulted stakeholders repeatedly highlighted the need for broader health promotion in the community targeted at older people, and work in the primary care sector to address the target population's needs, particularly those related to recognition of substance misuse issues.	Generally speaking, older people have the lowest rates of alcohol misuse, illicit drug use and tobacco consumption but the highest rates of prescription drug misuse (Australian Institute of Health and Welfare (AIHW), 2011 & 2014b). Alcohol is the most common drug used by older people (AIHW, 2011 & 2014b). Older people in Australia are less likely to binge drink, but are the most likely age groups to be daily drinkers (AIHW 2011 & 2014b). (Source: Older People's Drug and Alcohol Project Report NSW Health., December 2015). Approximately 16% of the Western Sydney population is over the age of 60. (Western Sydney University)
Drug & Alcohol - at risk populations	For Aboriginal communities there is a need for integrated care whereby physical, substance & nicotine misuse and mental health issues are managed together, and linked with programs that could break down isolation, and provide support with education, employment and housing.	Indigenous people are 1.5 times more likely to be abstainers from alcohol, but for those who do drink they are 1.1 times more likely to drink in a high risk pattern. However indigenous people were twice as likely to engage in short term binge drinking than non-indigenous people (NATSISS). In the 2008 NATSISS survey approximately 22% of indigenous persons indicated they had used an illicit drug in the last twelve months. Approximately 11,500 (1.5% of the population) indigenous people live in Western Sydney, with 8000 of these living in Blacktown LGA (WS LHD Strat Plan).
Drug & Alcohol – clinical issues	Where mental and substance use disorders co-exist, the relationship between them is one of mutual influence, with both conditions serving to maintain or exacerbate the other. Such comorbidity leads to poor treatment outcomes and severe illness course.	Australian research estimates comorbidity to be approximately 45-60%, which means around half of people who have one problem (mental illness or drug use) also have the other problem at the same time (ABS, 2008; Andrews et al., 2003). Of the 16 million Australians aged 16-85 years, almost half (45% or 7.3 million) have had a mental disorder at some point in their lifetime (ABS, 2008). Most common mental illnesses are anxiety (including post-traumatic stress disorder) and depression; schizophrenia is rare. Of the 183,900 people who report using illicit drugs daily, almost two thirds (63%) also have a current mental disorder (ABS, 2008). (Source: Teesson M, Proudfoot H (eds). Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment. Australian Government Department of Health and Ageing. Canberra; 2003.)
Drug & Alcohol – clinical issues	Rate of methamphetamine-related hospitalisations rising	In 2009–10, there were around 2000 hospitalisations for stimulants other than cocaine. Since then the rate has increased to 5500 hospitalisation in 2012–13 (AIHW). There is a concomitant increase in treatment presentations for amphetamines to specialist providers (NADABase)

Drug & Alcohol – clinical issues	Drug Substitution	NADA Mapping 2014 found: • Generally a reduction in heroin use is being seen an increase in oxycodone is evident, however concurrent use has been noted. • NADA data indicates the majority of service participants have significant secondary drug misuse problems concomitant with their primary drug of concern. • Provider feedback indicates multiple drug use is common and challenging to treat. • Primary drug choices can be changed subject to reducing supply of first choice.
Drug & Alcohol – clinical issues	Pharmaceutical Drug Misuse	Illicit Oxycodone use has been growing rapidly during the last decade. Between 2010 and 2014 it was the predominant drug injected at the Medically Supervised Injecting Centre. In March 2014 this totalled 3500 oxycodone use visits per month, compared to 1000 for heroin. (NOMAD Study). A new formulation in April 2014 has seen this drop dramatically. Oxycodone now makes up around only 5% of all visits, or around 200 per month. This would only cover injecting misuse however and not oral misuse. NADA Member organisations reported seeing a greater number of clients using OxyContin in line with national drug trend reports. The Australian Atlas of Healthcare Variation examined rates of opioid dispensing by local regions to assess variations in prescribing practice. The regions of Western Sydney were generally well below average in the prescription of opioid medications. It should be noted this study excluded methadone and sub Oxone.
Drug & Alcohol – clinical issues	Carers	NADA estimates that 7% of all contacts at specialist treatment services are with carers seeking assistance for someone else, and yet specific responses do not exist. Carers are more likely to suffer mental health and physical health consequences from prolonged periods without assistance for their cause of concern.

Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis		
Drug & Alcohol	Lack of access to rehabilitation services.	For every 100,000 people in a broadly representative population the DASP predicts: • 3,080 will require treatment for an alcohol use disorder. • 665 will require treatment for a methamphetamine disorder • 180 will require treatment for a benzodiazepine misuse disorder • 788 will require treatment for a cannabis misuse disorder • 713 will require treatment for a non-medical opiate (including heroin) misuse disorder. Aggregating up the treatment need for the entire NSW population the DASP modelling indicates that rehabilitation places are needed as follows: • 1021.79 places for alcohol use disorders • 636.64 places for amphetamine use disorders • 267.39 places for cannabis use disorders • 222.72 places for non-medical opiate misuse disorders • Total rehabilitation places needed 2148.54 Currently NADA estimates there are approximately 1000 places in NSW, a deficit of approximately 1400 places. NADA advises that rehabilitation provided on a residential basis is a state-wide service and cannot be planned for on a local basis. Day programs and in reach into clients homes, particularly as an aftercare arrangement, are services that are locally utilized.

Drug & Alcohol	Connecting the patient journey.	Community consultation feedback and survey responses from consumers, carers, providers, general practitioners indicate gaps in the comprehensiveness and coordination of patient records. There is a need for a centralised referral portal and better information exchange.
Drug & Alcohol	Difficulty navigating the system	• Multiple providers with various funding sources undertaking a variety of interventions but no single service providing the whole spectrum of services from detox to follow up and support after rehabilitation making navigating care complex for consumers and service providers. • Different bodies have different thresholds and entry criteria, and respond to the funding requirements of their funding bodies in disparate ways. • Some GPs reported as not being willing to take an active role in the management of D&A disorders. • Some providers indicated confusion around the capacity, intake and function of local hospitals in relation to detox • Hospitals will discharge when medically safe without reference to psychosocial circumstances of patient, which is often complex in drug users.
Drug & Alcohol	Need to build a skilled workforce	• Lack of authorised OST prescribers • Improved certification of drug & alcohol workers • Greater use of peer workers.
Drug & Alcohol	NADA concerned about funding models	• NADA indicated concern in the sector regarding increasing complexity and business infrastructure not being recognized in funding models. • Funding models not updated in nearly a decade. • Further concerns about complex and multiple funding sources which are required to be tied to specific performance and cannot be flexible. • Heavy reporting burdens often across multiple contracts with the same agency. • Sustainability issues and inability to plan with 12 month funding contracts. Problems with staff retention, and efficiency lost due to management time spent on lobbying and business crisis planning. • Pricing models of Governments do not include all elements of service provision, but rather only cost the treatment components.

Drug & Alcohol	Reluctance of some health professionals to work with D&A patients	• Referring patients to GPs for drug treatments can be challenging. • Many GP's indicate an unwillingness to take on patients that specialist services are unwilling to retake when needed. • A significant proportion of Emergency departments have negative attitudes regarding D&A users. • Private primary care providers such as community pharmacists can be uncomfortable in treating addiction. State-wide only 35% of community pharmacists will dose OST medications. • NADA indicated that rehab services struggle to get GP's to work with them in managing the medical needs of their clients.
Mental illness, suicide prevention and Drug & Alcohol	Service linkages	Siloed funding and lack of strategic joined up commissioning, creating gaps, inefficiencies and risks for people and providers. Lack of joined up planning and clinical governance across sectors and specialties. Service models are tied to diagnosis and thresholds are set to manage demand. Across specialty treatments are inefficient and not optimally managed. D&A misuse comorbidities are a common cause of admission to mental health inpatient units. • High demand and unmatched resources to work with complex clients who also may have a range of other issues such as homelessness, unemployment and interaction with the criminal justice system • Providers vary approaches in relation to integrating care • Specialist services often don't co-assess. Lack of clear diagnosis during acute phase of disorders hampers treatment planning. • Lack of assessment skills differentiating diagnostic options in general practice can lead to frustration in effective referral pathways.

Outcomes of the service needs analysis		
Drug & Alcohol	Improved access to residential withdrawal management.	• Significant wait times and distance required to travel • Residential rehabilitation facilities will not admit unless detox is completed • Inconsistent policies of local hospitals in providing detox. • Access to home detox limited. Inconsistent involvement of GP's. Not culturally appropriate for indigenous people. • Bed shortages within facilities • Cultural sensitivity often lacking • Resource intensive service which prevents new entrants to the market
Drug & Alcohol	New models needed that reflect the literature around step up step down care	NADA indicate that the range of rehabilitation services can be broadened (NADA toolkit): • Residential services that address methadone to abstinence models • One stop treatment centers • Supported living / transitional housing programs • Aftercare and continuing care programs • Stabilization services post release from prison • Drop in centers and day centers
Drug & Alcohol	Limited availability of culturally appropriate D&A services.	NADA report via the Drug and Alcohol Multicultural Education Centre (DAMEC) • 1 specialist CALD D&A worker in the state • No effective model for engaging CALD people.
Drug & Alcohol	Lack of residential treatment centres which cater for families and children	NADA advise: • Services largely provided to men (67%) rather than women (33%) • Only 5 services exist in NSW which cater for women and their children • There are no services based in Western Sydney which cater for Women and Children specifically. • Resources are not available to organisations to cover costs relating to childcare, developing and maintaining a child friendly and safe environment and services.

Drug & Alcohol	Limited purpose designed D&A Services for homeless persons	There are limited services targeted to the homeless with the majority providing accommodation respite rather than modified interventions that meet patient circumstances.
Drug & Alcohol	Lack of access to specialist aboriginal Drug & Alcohol services	The majority of specialist Drug & Alcohol services are in regional NSW. There are no specialist services for aboriginal women with children. Lack of flexibility at residential facilities for Aboriginal people to leave to attend Sorry Business and other family and cultural commitments
Drug & Alcohol	Treatment services for released prisoners.	• Connections program supports people leaving custody who use illicit drugs for 4 weeks to connect them up to services statewide. Support for 800 people is available through the connections program but the demand is approximately 5000 per year. • Heavy burden on Clinical Case Workers and challenges obtaining placements in detox and rehab facilities for people leaving custody. • People leaving custody often faced with complex issues such as issues relating to social and emotional wellbeing, homeless, unemployment, lack transport, finances and relevant documentation required to access health services • Residential treatment facilities don't always meet the needs of people leaving custody with long wait lists and quite restrictive rules and criteria. • Risk of death in first two weeks post discharge is high.