Primary Health Network

Needs Assessment Reporting Template

Name of Primary Health Network

Western Sydney

Version: 2017

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.

Consultant Mr David McGrath provided expert assistance for the WSPHN AOD Needs Assessment. Mr McGrath worked collaboratively with the Director of Partnerships Development and Community Engagement, and external stakeholders including 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.

THE ADDENDUM

In addition to this track changes refresh, revisions to data and additional commentary was captured in an Addendum to the original Needs Assessment 2016. The is submitted along with the track changes document.

The addendum is a refresh of the 2016 analysis (prepared in August 2016 and published in December 2016), with the addendum prepared in November 2017, incorporating changes that have occurred over the intervening fifteen months. The changes that have been analysed for this assessment include:

- Availability of updated data sources
- New data sources
- A provisional assessment of the impact of commissioning of new services and planning activities by Western Sydney PHN and other funding bodies
- General system and policy changes

The addendum is designed to be read alongside the original 2016 assessment. The same numbering system has been used such that issues covered in the 2016 assessment can easily be linked to the analysis in this addendum. New issues in this addendum that were not apparent in 2016 are clearly identified with a new identification number. This approach allows for an easy narrative over time and a clear sequencing of system changes within Western Sydney PHN.

David McGrath Consulting has provided expert assistance for this addendum and has worked in collaboration with senior staff in Western Sydney PHN. This work will inform the development of a revised activity plan for Western Sydney PHN Drug and Alcohol program development and commissioning.

This will include 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.

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Section 2 – Outcomes of the health needs analysis

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence

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2.1 Drug and Alcohol -General Need	2.1.1 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 **The AIHW Alcohol and Other Drug Treatment Services in Australia 2015/16 (released 2017) reports that 1 out of every 180 Australians receives treatment for a Drug or Alcohol disorder with 45% receiving treatment for more than one drug. NSW has the lowest rate of treatment with 379 clients per 100,000 population. This is half the treatment rate than in the ACT, NT and Queensland**.

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2.1 Drug and Alcohol -General Need	**2.1.2** 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) **Data is available from Health Stats NSW which indicates methamphetamine hospitalisations have tripled between 2013/14 and 2015/16 in Western Sydney. These hospitalisations are increasing much faster than 'total hospitalisations'. The same data source indicates alcohol related hospitalisations in Western Sydney for 2014/15 (the latest published as of Aug 2017) are roughly consistent with the state average at 817.2 per 100,000 persons for men (NSW avg = 797.8 per 100,000) and approximately 540.2 per 100,000 for women (NSW avg = 547.2).** **Rates of methamphetamine related hospitalisations in NSW have more than doubled between 2013/14 and 2015/16 (latest available data. Released 30 June 2017. Source: Health Stats NSW).** Hospitalisations are a more effective indicator of drug use disorders than usage patterns.
2.1 Drug and Alcohol -General Need	**2.1.3** 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). **New data is available from the 2016 National Drug Strategy Household Survey (NDSHS). There was no change to the 12 month alcohol intervention population rates in this survey, however life time rates declined from 18.1% to 17.2%. This would not affect the assumptions that underpin the 12-month alcohol intervention rates above.**

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Outcomes of the health needs analysis

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2.2 Drug & Alcohol - at risk populations	2.2.1 High representation of Drug use disorders in LGTBI identified people	LGTBI people are (Source: National Drug Strategy 2016): • 5.8 times more likely to use ecstasy • 5.8 times more likely to use methamphetamines • 3.2 times more likely to use cannabis • 3.7 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. **ACON advise that negotiations are underway to include sexual orientation information in an upcoming census, as the most recent census did not include data that can reliably indicate population distribution.**

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2.2 Drug & Alcohol - at risk populations	**2.2.2** 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. **The ABS will release new data on homelessness from the 2016 census in 2018.** **Homelessness NSW has identified Drug & Alcohol service provision as a priority gap in its November 2016 submission to the development of the NSW Governments upcoming Homelessness Strategic Plan (due for release late 2017).**

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2.2 Drug & Alcohol - at risk populations	2.2.3 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) **The Justice Health & Forensic Mental Health Network (JH&FMH) reports that for the 2015/16 financial year, 227 individual patients were released from custody to the Western Sydney region on Opioid Substitution Therapy (OST). This was out of a total of 1371 releases (17%). There were 347 individual instances of release from these patients (i.e. some were released on multiple occasions) out of a total of 1709 (20%). Of the Western Sydney instances of release on OST, 274 were male and 73 were female, and 76 (22%) were Aboriginal or Torres Strait Islander. There were 242 (17%) individual patients released on OST in 2016/17 to Western Sydney and 318 instances of release (18%). Of these 318 instances 50 were female, and 87 (27%) were ATSI (Source: JH&FMH OST data program).** **The JH&FMH also runs the Connections program that links patients up with community D&A programs post release. In 2015/16, 202 (26.5%) Western Sydney patients were entered into the Connections Program out of a total of 761 participants. Of these WS patients 42 (21%) were female. The most common principal drugs of concern were heroin (69 patients), amphetamines (59 patients) and cannabis (38 patients). Health complications amongst this group included BBV or STI (69 patients), Musculoskeletal problems (40 patients) and respiratory problems (20 patients.) 78 patients reported depression, 58 anxiety, 26 had schizophrenia and 23 had bipolar disorder. Primary referrals were to a General Practitioner (59 patients), and mental health services (18 patients). The data for 2016/17 had a very similar pattern, however Western Sydney representation amongst participants was lower with only 134 (17.6%) participants out of 760. Amphetamines and heroin were the two top drugs of concern, although amphetamines was slightly higher in 2016/17. Physical health and mental health complications were largely the same ratios as for 2015/16 as was the referral pattern. (Source: Connections Program database).** **BOCSAR data for 2016/17 indicates that western Sydney has higher rates of resident drug offences than South West Sydney or Northern Sydney and similar rates to the Illawarra and Central Coast. Rates of drug offences in Parramatta (651 per 100,000 persons) and Auburn LGA's (835.8 per 100,000 persons) are higher than in Blacktown (334.4 per 100,000 persons) or Holroyd LGA's (350 per 100,000 persons).**

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2.2 Drug & Alcohol - at risk populations	2.2.4 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 (NDSHS) 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. **The Australian Secondary Schools Alcohol and Drug (ASSAD) survey of 23,000 Australian students 2014 was released by the Australian Government in November 2016. In the 2014 survey approximately half of the 12-17 year olds surveyed reporting drinking alcohol in the preceding year. 68% reported lifetime (defined as 'in previous month/year and prior to that') consumption of alcohol. Seven percent reported using cannabis in the month before the survey and 16% reported lifetime use. Six percent had used inhalants in the month before the survey. There was a statistically significant decrease in hallucinogen use in the last month between 2008 and 2014 and a less than 3% lifetime use rate. Very small rates of steroid use were reported. There was only 2% lifetime use of illicit opiates. Only 2% of students reported lifetime cocaine use and a similar rate for amphetamines. There was a statistically significant decrease in lifetime amphetamine use between 2008 and 2014. Lifetime ecstasy use was reported at 3%. Data was not broken down by state or region.** **The recent NSDHS 2016 detailed findings report identifies trends in drug use for 14-19 year olds. Reported use declined or was stable across all drug categories, and this is a continuation of a steady downward trend since 2001. Biggest declines were noted in risky drinking (reduced by a quarter from 2013) and methamphetamine (approximately halved)** **Health Stats NSW indicates that the rate of hospitalisations for people aged 16-24 in NSW for methamphetamine problems is 1236 per 100,000 people.**

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2.2 Drug & Alcohol - at risk populations	2.2.5 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) **Health Stats NSW provides prevalence data for individuals across NSW born in non-English speaking countries for the 2015/16 year. Those born in non-English speaking countries have much lower levels of frequency of alcohol consumption than those born in Australia, or those born in English speaking countries. Of men born in non-English speaking countries (with Australian born rates in brackets) 37.4% report never drinking alcohol (vs 21.4%), 29.2% report less than weekly drinking (vs 22.4%), 26.8% report weekly drinking (vs 44.8%) and 6.6 % report daily drinking (vs 11.4%). For women born in non-English speaking counties 59.9% reported never drinking (vs 29.7%), 23.3% reported less than weekly drinking (vs 28.8%), 14.4% reported weekly drinking (vs 35.7%) and 2.4% reported daily drinking (vs 5.9%).** **Health Stats NSW reports 'long-term' risky drinking in those born in non-English speaking countries for data collected in 2016 at 22.4% for males (vs 46.4% for Australian born) and 5.3% for females (vs 24.8%). Similarly 'immediate' risk drinking rates in those born in non-English speaking countries was 19.0% for males (vs 44.2%) and 6.7% for females (vs 21.7%).** **No illicit drug use data was available.**

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2.2 Drug & Alcohol - at risk populations	2.2.6 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) **Health Stats NSW indicates a slight increase in long term risk alcohol consumption levels in 65-74 year olds between 2015 and 2016. This increase is not outside the long-term range. For over 75 years the trend is stable between 2014 and 2016. Short term data (last two years) on alcohol related hospitalisations indicates slight decreases in the over 65 age group, however the longer term trend over the last 15 years still shows an increase.** **Rates of methamphetamine related hospitalisations in the over 55's increased 350% between 2013/14 and 2015/16. (Source: Health Stats NSW, released 31 July 2017).**

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2.2 Drug & Alcohol - at risk populations	2.2.7 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). **Health Stats NSW indicates methamphetamine related hospitalisations for Aboriginal people in NSW tripled between 2013/14 and 2015/16. The rate for males in 2015/16 was 885 per 100,000 persons and for females was 650.1 per 100,000 persons (data released 31 July 2017). There was a decrease in Aboriginal persons hospitalised for alcohol related conditions in 2014/15 from prior years, however rates for Aboriginal people were more than double that for non-aboriginal people. Immediate risk drinking rates in 2016 were slightly higher for Aboriginal people at 31.7% compared to 27.7% for non-Aboriginal people. (Source: Health Stats NSW released 24 April 2017.)** **GP practice data indicates that of 6272 people who identified as Aboriginal attending general practice in WSPHN, 13% identified as drinkers and 1.2% identified as drug users. Of these, 24.5% of drinkers indicated they had a mental health problem and 61.6% of drug users indicated a similar mental health issue. (Source: PAT patient data base WSPHN).**

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2.3 Drug & Alcohol – clinical issues	2.3.1 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.) **GP data from Western Sydney PHN indicates that around 15% of all drinkers attending western Sydney primary care practices have an associated mental health condition and 60% of all drug users have a mental health condition. (Source: PAT patient data base WSPHN).** **Western Sydney PHN held a specific conference addressing co-morbidity and the needs of the treatment population in 2017. A set of identified actions have been collated from this event to promote service need (see section on service need).**
2.3 Drug & Alcohol – clinical issues	2.3.2 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). Methamphetamine has overtaken cannabis for the first time as the primary drug of concern for young people aged 14-19 who are accessing residential treatment services. **New data is available from Health Stats NSW which indicates methamphetamine hospitalisations have tripled between 2013/14 and 2015/16 in Western Sydney. These hospitalisations are increasing much faster than 'total hospitalisations'. Rates of methamphetamine related hospitalisations in NSW have more than doubled between 2013/14 and 2015/16 (Latest available data. Released 30 June 2017. Source: Health Stats NSW).**

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2.3 Drug & Alcohol – clinical issues	**2.3.3** 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.
2.3 Drug & Alcohol – clinical issues	**2.3.4** 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 suboxone. **The AIHW Alcohol and Other Drug Treatment Services in Australia 2015/16 indicates that 5% of treatment episodes in that year were for pharmaceutical drug misuse. This is a decrease from 8% of all episodes in 2011/12.** **The National Drug Strategy Household survey found that in 2016, 3.6% of Australians had misused opiate medications.** **The up-scheduling of Codeine in February 2018 to prescription-only may increase the visibility of misuse of pharmaceutical opioids in primary care and drug and alcohol services.**

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2.3 Drug & Alcohol – clinical issues	**2.3.5** 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. **The AIHW Alcohol and Other Drug Treatment Services in Australia 2015/16 (released 2017) indicates that approximately 3.5% of all treatment episodes were for someone seeking advice with regard to someone else's substance use. The Western Sydney PHN has specifically funded Family Drug Support to provide assistance to the families of drug users in the last six months.**
2.3 Drug & Alcohol – clinical issues	2.3.6 Drug related deaths	**The Pennington report indicates that Statistical Area 3 (SA3's) in the Western Sydney region between 2011 and 2015 had drug related deaths that ranged between 5.0 and 9.9 deaths per 100,000. This rate was not substantially different from the Sydney average, however it was significantly lower than the Central Coast and significantly higher than Richmond-Hawkesbury.**
2.3 Drug & Alcohol – clinical issues	2.3.7 Hepatitis C infections	**It should be noted that injecting drug use is only one source of potential Hep C infections. Hepatitis C infections have been slowly decreasing in Western Sydney PHN region between 2012 and 2015, from 304 notifications down to 279 notifications per year. (Source: Health Stats NSW).**

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Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis

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Drug & Alcohol	**3.1** 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. **The AIHW Alcohol and Other Drugs Treatment services in Australia report 2015/16 indicates:** • **NSW has the lowest treatment rate of any state or territory, and less than half of the rate in the ACT and NT and close to half that of Queensland.** • **NSW has the lowest proportion of publicly funded agencies in the non-government sector at less than 25%.** • **The national percentage of treatment type "Rehabilitation" decreased slightly between 2014/15 and 2015/16. "Rehabilitation" is the smallest percentage of overall treatment types for alcohol problems and amphetamine problems. Counselling is the largest.** • **Alcohol and amphetamines were the two most common drugs of concern for treatment in the AIHW report.** **WSPHN has funded a range of services outlined below to increase access to rehabilitation services.** **NSW Health is currently undertaking specific service commissioning for new drug treatment services announced as part of their 2016 and 2017 budgets.**

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Drug & Alcohol	**3.2** 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. **Western Sydney has identified improved information exchange as a priority in future service planning, including information exchange between primary care and hospital services** **In the last 6 months Western Sydney PHN has funded the NSW Users and AIDS Association to undertake a project in four locations to build peer engagement in service planning.Over the last year WSPHN has developed a strategy for engaging primary care in D&A services identifying key actions intended to improve uptake of service provision in primary care. Tracking the patient journey is challenging and requires increased focus.**

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Drug & Alcohol	**3.3** 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. **In the last 6 months Western Sydney PHN funded the NSW Users and AIDS Association to undertake a project in four locations to build peer engagement in service planning.** **Western Sydney PHN undertook a health system responsiveness survey to investigate issues related to health literacy in 2017. This survey identified significant differences between government and non-government agencies in perceived health literacy responsiveness. The results indicate that NGO providers rate higher than hospital based and governmental services in promoting health literacy.**

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Drug & Alcohol	**3.4** Need to build a skilled workforce	• Lack of authorised OST prescribers • Improved certification of drug & alcohol workers • Greater use of peer workers. **Western Sydney PHN funded the Western Sydney Local Health District to deliver workforce development projects to enhance engagement between primary care and specialist services, build systems capacity, care co-ordination and treatment support.** **There are currently 131 authorised prescribers in Western Sydney however only 71 currently have any patients registered to them.**

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Drug & Alcohol	**3.5** 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. **The PHN has complied with all Commonwealth requirements with regard to the Commissioning arrangements and pricing structures for new services. Contract terms are consistent with the parameters established by the Commonwealth in the Guidance for Commissioning document and in the PHN contracting arrangements. NADA has noted NGO D&A providers that were successful in a number of PHN tenders are under pressure to comply with contracts. The PHN initiated an exploration of potential alignments of reporting requirements across multiple funders with one moderate sized NGO, in an effort to both address the issue, if possible, and identify implications this issue may have for the sector more broadly.**

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Drug & Alcohol	**3.6** 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. **Western Sydney PHN funded the Western Sydney Local Health District to deliver workforce development projects to enhance engagement with primary care and specialist services, build systems capacity, care co-ordination and treatment support.** **WSPHN has developed a strategy for engaging primary care in D&A services identifying key actions to improve uptake of service provision in primary care.**

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Mental illness, suicide prevention and Drug & Alcohol	**3.7** 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. **Western Sydney PHN held a "Connections" conference in 2017 to bring together service providers, consumers and experts to discuss the relationship between mental health and drug & alcohol services. This conference identified potential improved service linkages across mental health and drug & alcohol through the integration of community care approaches, reduction in resource silos, integrated assessments and jointly targeted commissioning.** **Western Sydney PHN has funded the Salvation Army to provide counselling and support services for young people at headspace sites within the region to facilitate joint treatment planning and one stop treatment support with mental health service provision.** **Homelessness NSW, in collaboration with NSW Family and Community Services, released new assertive outreach guidelines to guide co-ordinated service delivery to homeless people in NSW. These guidelines provide a framework for service delivery to this population.** **Further action is required against this service need.**

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Outcomes of the service needs analysis		
Drug & Alcohol	**3.8** 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	**3.9** 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 centres • Supported living / transitional housing programs • Aftercare and continuing care programs • Stabilization services post release from prison • Drop in centres and day centres **Western Sydney PHN has commissioned services focussing on a range of service types including:** • **Withdrawal Management** • **Post discharge support** • **Counselling** • **Day stay Rehabilitation** • **Brief Interventions** • **Care planning** **Each of these service types are intended to contribute to a step up/step down system with providers required to show evidence of integrated and stepped care.**

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Drug & Alcohol	**3.10** Limited availability of culturally appropriate D&A services.	NADA report via the Drug and Alcohol Multicultural Education Centre (DAMEC 2016) • 1 specialist CALD D&A worker in the state • No effective model for engaging CALD people. **Western Sydney PHN funded Ted Noffs Foundation and the Drug and Alcohol Multicultural Education Centre (DAMEC) to provide counselling and support services to people from a CALD background. DAMEC is a CALD specific service provider with CALD counsellors. WSPHN is currently working with four other PHNs to commission NADA to build the capacity of generalist services to provide culturally appropriate services to Aboriginal and Torres Strait Island people.**
Drug & Alcohol	**3.11** 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. • There are no specific aboriginal women and children's services in NSW **In the last 12 months Western Sydney PHN funded Odyssey House McGrath Foundation, Ted Noffs Foundation, Marrin Weejali and DAMEC to provide early intervention, counselling and day stay rehabilitation for a range of target populations including families with children. Western Sydney PHN also commissioned services from Family Drug Support (FDS) to provide face to face counselling and a support group for families with children affected by alcohol and other drug dependence. In the last 12 months NSW Health has increased funding for residential rehabilitation for women with children.**

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Drug & Alcohol	**3.12** 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. **Western Sydney PHN funded Salvation Army, Ted Noffs, DAMEC, Marrin Weejali and Odyssey House McGrath Foundation to provide early intervention and day stay rehabilitation for a range of target populations including those who are homeless. Close monitoring would be beneficial against this service priority.**
Drug & Alcohol	**3.13** 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. **The Western Sydney PHN funded Marrin Weejali to provide additional Aboriginal and Torres Strait Island specialist services including counselling, support, and post-rehabilitation case management to improve access for Aboriginal people (including women with children) to services.**

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Drug & Alcohol	**3.14** 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. **Western Sydney PHN has funded the Community Restorative Centre to provide transition case management for patients returning to the western Sydney community from the criminal justice system, and to provide care and co-ordination for men leaving Silverwater remand centre.** **Western Sydney PHN has funded Ted Noffs Foundation, Marrin Weejali and the Drug and Alcohol Multicultural Education Centre (DAMEC) to provide counselling and support services to young people and adults from a range of settings including those released from custody. Odyssey House has also been funded to provide community counselling and day rehab services to this group, amongst others.** **The progress of the above commissioning requires close monitoring to ensure it meets the needs of this priority population.**

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