Australian Government
Department of Health

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An Australian Government Initiative

Western NSW
Drug and Alcohol Needs Assessment - 2017

Overview

This template is provided to assist Primary Health Networks (PHNs) to fulfil their reporting requirements for Needs Assessment.

Further information for PHNs on the development of needs assessments is provided on the Department's website (www.health.gov.au/PHN), including the *PHN Needs Assessment Guide*, the Mental Health and Drug and Alcohol PHN Circulars, and the Drug and Alcohol Needs Assessment Tool and Checklist (via PHN secure site).

The information provided by PHNs in this report may be used by the Department to inform programme and policy development.

Section 1 – Narrative

Methods

Literature reviews

Literature reviews were conducted to explore and identify the burden of illness, models of care and barriers to accessing drug and alcohol services for. National and international health organisation reports and policy documents were also sourced and contributed to the review.

Quantitative Data

The Western Health Intelligence Unit provided national, state and local quantitative data from various publicly available sources including: Australian Institute of Health and Welfare (AIHW), Australian Bureau of Statistics (ABS), Public Health Information Development Unit (PHIDU), Centre for Epidemiology and Evidence, Australian Indigenous HealthInfoNet and the Commonwealth Department of Health. This was complemented by data from the WNSW PHN Drug and Alcohol Atlas.

Key Stakeholder Interviews

Interviews were conducted with 183 key stakeholders across 16 LGAs. Stakeholders included: consumers, carers and interested community members; service providers from mental health, drug and alcohol and other community services; and GPs and other medical specialists. Modified thematic analysis was applied to recorded interviews to identify common themes related to needs and associated factors, service gaps and strategies for improving outcomes related to drug and alcohol.

Data Triangulation and Validation

The methods included triangulation of data resulting from the quantitative and qualitative results followed by a validation process with WNSW PHN Board and Council Members to identify priorities and confirm key findings.

Opportunities, priorities and options

Aboriginal Health as a Priority

Improving access, and the capacity and quality of drug and alcohol services for Aboriginal people should be a priority in all regional planning. The significant health and social inequities require continued investment and focus across all services

Applying Principles and Evidence

Developing a response to drug and alcohol needs to be guided by evidence and informed by effective public health approaches for a range of health issues. The application of these principles across the service system is key in developing regional plans.

Planning and Commissioning

The findings highlight the need for approaches which support integrated and collaborative care. Addressing the needs is dependent on effective, intersectoral planning. In the absence

of intersectoral planning, it is likely that this needs assessment will result in little change for people experiencing drug and alcohol problems or for communities in general.

This needs assessment was undertaken by WNSW PHN for the communities within the WNSW PHN region and is not specifically for needs relevant to WNSW PHN commissioned services. It can equally be viewed as a needs assessment to inform all organisations that provide services for people experiencing drug and alcohol problems.

Stepped Care

The stepped care model is relevant for drug and alcohol services. The success of the model is dependent on clear pathways between stages. It is apparent that there are significant challenges in ensuring these pathways are in place for drug and alcohol services.

Hub and Spoke Models

Planning services in line with hub and spoke models offers the most likely solution to improve access across the multiple LGAs in the WNSW PHN region. Recruitment and retention of staff is more likely to be successful in a hub and spoke model. The hub and spoke model needs to be factored into commissioning of services, ensuring coverage across communities.

The central role of the GP needs to be a key tenet of service models. However, for GPs to undertake this central role, this needs to occur in the context of support and capacity building across the service system.

Place-based health planning

The WNSW PHN has already considered the application of place-based planning for drug and alcohol health services to replace the current stratification by service-type and providers. Given the findings of the needs assessment in relation to access and recruitment and retention issues this approach offers benefits for future planning, and has the potential to align with the stepped care model. Given the influence of a range of demographic, access, social and geographic characteristics on mental health and drug and alcohol place-based planning offers a holistic but localised approach to service planning.

The data was identified from NSW Health Stats, the Integrated Mental Health Atlas of Western NSW and peer-reviewed literature. There is an absence of relevant service access data for drug and alcohol services.

The results of this needs assessment have identified priority groups, service gaps and workforce challenges in relation to drug and alcohol services. There are significant challenges for people in WNSW PHN accessing drug and alcohol services.

There is a significant overlap of people with substance misuse problems and mental illness suggesting the need for linkage and management of these comorbidities are considered in system and service planning. However service integration across mental health and drug and

alcohol services was less than optimal with strong support for integrated planning to address the significant problems associated with access. Despite mental health services and drug and alcohol services being in the one division in LHD services integration between the two fields as being mostly non-existent. Indeed it was perceived that specialist mental health services exclude those with substance abuse problems and addiction services exclude those with mental health conditions.

Most treatment is intended to provide services to individual patients or clients, with little attention to the population impact of the interventions. However, treatment has key limitations in controlling a community's drug problems. Unless a focus is brought to the planning services for substance use it is argued that population outcomes will not be achieved. Meeting this requirement can only be achieved by leadership and commitment at a regional, local and service level. With this commitment, opportunities for making significant reforms to the drug and alcohol system may be realised.

Section 2 – Outcomes of the health needs analysis

D & A – HEALTH NEEDS ASSESSMENT

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
GEOGRAPHY AND DEMOGRAPHY		
Geography	Largest PHN in NSW	The WNSW PHN covers both Far West and Western NSW Local Health Districts covering a total area of 433,379 square kilometres and is the largest PHN in NSW. The PHN region stretches from Bathurst in the east, and is bounded by the Queensland, South Australian and Victorian borders in the north, west and south
Population	Population overall	The estimated resident population of the WNSW PHN in 2016 was 309,940 people. The LGAs of Bathurst regional (~43,000), Dubbo (~42,000) and Orange (~42,000) have the highest estimated resident population
	Low population density	The FWLHD is the most sparsely populated LHD in NSW and has the highest proportion of Aboriginal residents (9.6%). The majority (62%) of its 28,510 inhabitants live in the City of Broken Hill with the remainder of the population living in agricultural towns along the Murray River, in small remote communities of 80-800 people or on stations throughout the LHD. Broken Hill and Orange are the most densely populated with density ratios of 110.73 and 147.25 respectively. Dubbo's population is has a lower density ratio because it is a geographically more dispersed LGA The WNSW LHD covers around 250,000 square kilometres and includes inner regional, outer regional and remote communities and has a population of 282,100 people.

Outcomes of the health needs analysis		
	Population Projections	Populations are expected to increase by 20,136 in only 11 of the 28 LGAs within an estimated population increase across the PHN region of 6.3%. The remaining 17 LGAs are expected to decrease with Walgett and Lachlan LGAs expected to have estimated decrease in population of between 18 and 20 percent.
	Aboriginal Population	Compared to NSW (3%) and Australia (3.1%) there is a high proportion (11.6%) of the population in the WNSW PHN who are Aboriginal and Torres Strait Islander.
		Eleven LGAs having more than five times the proportion of Aboriginal and Torres Strait Islander peoples. The Brewarrina LGA has the highest proportion (67.4%) of Aboriginal or Torres Strait Islander population
	Ageing population	The population is ageing with an ageing index in the WNSW PHN of 86.8, higher than NSW (83.8) and Australia (79.7) The Ageing Index is highest in Weddin (149.7) and lowest in Brewarrina
	Culturally and Linguistically Diverse (CALD) Population	All LGAs within the WNSW PHN region have a lower proportion of overseas born populations compared to the Australian (24.6%) and NSW (25.7%)
		The LGA with the highest proportion of overseas born people was Walgett (10.6%), and the lowest was Coonamble
SOCIAL DETERMINANTS		
Socio-economic factors	High levels of socio-economic disadvantage	The Socio-Economic Indexes for Areas (SEIFA) is a set of measures of relative socioeconomic disadvantage and advantage across geographic areas, calculated using variables such as household income, education, employment, occupation and housing. Ten of the LGAs within the WNSW PHN are in the most disadvantaged quintiles in NSW with Brewarrina and Central Darling the most disadvantaged. Only three of the LGAs (excluding unincorporated NSW) are in the fourth quintile indicating less disadvantage
	Indigenous Relative Socioeconomic Outcomes Index	The Indigenous Relative Socioeconomic Outcomes (IRSEO) index is a specific indicator calculated separately for the Aboriginal population in each Indigenous Region and Indigenous Area. Compared to NSW (Index Score 41) and Australia (Index Score 46), the

Outcomes of the health needs analysis		
		majority of Indigenous areas in WNSW PHN have scores indicating significant disadvantage. Only four of the Indigenous areas have scores lower than NSW with Brewarrina and Balranald having the highest level of disadvantage
	Single Parent Families	The WNSW PHN region has a higher percentage of single parent families (27%) than NSW (21.2%) and Australia (21.3%). The LGAs of Brewarrina (42.1%) and Coonamble (37.4%) have the highest proportion of single parent families.
	In need of assistance	The majority of LGAs within the WNSW PHN region had higher proportions of the population needing assistance compared to NSW (5.2%) and Australia (4.6%). Broken Hill had the highest proportion of the population needing assistance at 8.1%, followed by Warrumbungle at 7.5%
	Education	Across the WNSW PHN region the rate of early school leavers per 100 population (48.5) were considerably higher than NSW (37.6) and Australian rates (34.3)
		No LGA had a rate lower than the state or the nation, with Bathurst recording the highest rate at 42.7 per 100 population. Eleven of the LGAs had more than half of their school aged population as early school leavers.
	Employment	The unemployment level for WNSW PHN (4.8%) was slightly lower than the state proportion of 5.1% which is lower than the national rate at 5.7%. However, the unemployment rate varied across LGAs with Walgett recording an 8.6% unemployment rate. The Cobar LGA which has strong mining employment, had a relatively low unemployment rate.
	Employment Benefits	A higher proportion of people in WNSW PHN (6.3%) are on long term unemployment benefits compared with NSW (4.0%) and Australia (4.4%).
		The proportion of young people receiving unemployment benefits in WNSW (6.1%) is also higher compared with NSW (4.0%) and Australia (4.4%)
	Income	The majority of LGAs within the WNSW PHN region reported higher proportions of low individual income per week (<$400 per week) compared to the NSW (39.9%) and Australian (38.9%)

Outcomes of the health needs analysis		
		In WNSW PHN in 2016 over 39% of households received a weekly income of less than $1000 per week compared with NSW (31%). Less than a quarter (23%) of households in WNSW received a weekly income of more than $2000 while over a third (33.4%) of households in NSW received an income at this level
	Welfare dependent families	In 2016, within the WNSW PHN region, the proportion of low income welfare dependent families with children was 13.7% compared with NSW (9.9%) and Australia (10.1%)
		The proportion of children in low income welfare dependent families was 30.1%, higher than the Australian (22.5%) and NSW (22.3%). The LGAs with the highest proportion of children in low income welfare-dependent families were Coonamble (61.2%) and Walgett (55.5%)
Tobacco use	High smoking rates	The proportion of the adult population who smoke in WNSW PHN (22.9%) is higher than all other PHNs (15%) *NSW Health Stats 2016.* The proportion of the adult population who smoke in outer regional and remote areas (27.6% males, 13.4% females) is higher than other areas in NSW (18.6% males, 11.6% females) *NSW Health Stats 2016.* The proportion of the Aboriginal adult population who smoke (39.7%) is higher than the non-Aboriginal adult population (15%) *NSW Health Stats 2016.* The proportion of secondary school students who smoked in the last seven days (3.9%) is lower in WNSW and FW LHD than students in all other LHDs (4.8%) *NSW Health Stats 2016.*
	Higher prevalence of smoking in pregnancy	In 2015, the proportion of women who smoke at all during pregnancy is the highest of all NSW PHNS for Aboriginal (53.4%) and for non-Aboriginal (16.1%) women. This compares to rates for all NSW PHNs for Aboriginal (45%) and for non-Aboriginal (7.4%) women *NSW Health Stats 2016.*

Outcomes of the health needs analysis		
		In 2015, the proportion of women who smoke at all during pregnancy is highest in remote and very remote areas compared to other areas in NSW. *NSW Health Stats 2016.*
		Nine of the WNSW PHN LGAs have the highest prevalence of smoking in pregnancy in the state. *NSW Health Stats 2016.*
	Higher smoking attributable hospitalisations	In 2014-15 the rate of smoking attributable hospitalisations for males (817.6/100,000 population) and females (558/100,000 population) is second highest of all NSW PHNs and higher than for all PHNS in the state males (683.1/100,000 population) and females 418.3/100,000 population) *NSW Health Stats 2016.*
		Between 2001-02 and 2014-15 the rate of smoking attributable hospitalisations for Aboriginal males and Aboriginal females is higher than for non-Aboriginal males and non-Aboriginal females in NSW *NSW Health Stats 2016.* In this same time period, the rate of smoking attributable hospitalisations for Aboriginal males and Aboriginal females has increased while the rate for non-Aboriginal males and non-Aboriginal females has decreased in NSW *NSW Health Stats 2016.*
		In 2014-15, the rate of smoking attributable hospitalisations is highest in remote and very remote areas compared to other areas in NSW. *NSW Health Stats 2016.*
		Seven of the LGAs in the WNSW PHN have the highest rates of smoking attributable hospitalisations in the state. . *NSW Health Stats 2016*
		People in the top 2 most disadvantaged quintiles have the highest rate of smoking attributable hospitalisations. *NSW Health Stats 2016*
	Higher smoking attributable hospitalisations and deaths	The rate of smoking attributable deaths in WNSW PHN in 2013 is the second highest of all PHNs in NSW for males (108.6/100,000 population) and the highest for females (47.9/100,000 population). These rates are higher than all NSW PHNS (males (85.3/100,000 population) and females (40.7/100,000 population)

Outcomes of the health needs analysis		
		In 2013, the rate of rate of smoking attributable deaths is highest in remote and very remote areas compared to other areas in NSW. *NSW Health Stats 2016.* People in the top 2 most disadvantaged quintiles have the highest rate of smoking attributable deaths *NSW Health Stats 2016*
Alcohol use (see Appendices)	Higher at risk alcohol consumption (see Appendices)	The proportion of adults drinking alcohol at levels posing long term risk was higher in WNSW PHN compared with all PHNs *NSW Health Stats 2016*
		The proportion of Aboriginal peoples consuming alcohol at levels posing long term risk is higher in Aboriginal peoples compared to non-Aboriginal peoples *NSW Health Stats 2016*
		The proportion of who drink at levels of immediate risk in the WNSW PHN (31%) is higher compared with all PHNs (28%) and is third highest of all PHNs *NSW Health Stats 2016*
		In 2016, a higher proportion of females drink at levels of immediate risk who live in outer regional and remote areas compared with other areas in NSW *NSW Health Stats 2016*
		People who experience greater levels of disadvantage are less likely to drink at levels of immediate risk compared with those with less disadvantage *NSW Health Stats 2016*
	Higher alcohol attributable hospitalisations	The rates of alcohol attributable hospitalisations for males is slightly lower in WNSW PHN (775/100,000) compared with all PHNS (798/100,000) *NSW Health Stats 2016*
		For females, the rate is lower in WNSW PHN (445/100,000) compared with all PHNS (545/100,000) *NSW Health Stats 2016*
		In NSW, the alcohol attributable hospitalisations in NSW are higher for Aboriginal people than for non-Aboriginal people. *NSW Health Stats 2016*

Outcomes of the health needs analysis		
		In NSW the rates for males and female Aboriginal people have increased since 2001 whereas the rates for non-Aboriginal people have remained steady
		Residents from the LGAs of Bogan, Bourke, Brewarrina, Central Darling Cobar, Lachlan and Walgett all have rates of hospitalisation significantly higher than NSW. *NSW Health Stats 2016* There are no LGAs in the PHN area where rates for alcohol attributable hospitalisations are lower than the NSW rate. *NSW Health Stats 2016*
		In 2014-15 males living in NSW outer regional, remote and very remote areas had higher rates of alcohol attributable hospitalisations compared with those living in other areas. For females, those living in remote and very remote areas of NSW had higher rates of alcohol attributable hospitalisations compared with those living in other areas in this same time period. *NSW Health Stats 2016*
		In NSW, there was no association levels of disadvantage alcohol attributable hospitalisations. *NSW Health Stats 2016*
	Higher alcohol attributable deaths	In NSW the rate of alcohol related deaths has decreased for males, females and all persons between 1997 and 2013, most noticeably in males. In contrast the rate of alcohol related deaths in the WNSW PHN has shown only small reductions for males and females and for people overall. *NSW Health Stats 2016*
		For all persons (21.9/100,000), and for males (35.6/100,000), WNSW PHN has the highest alcohol related death rate of all PHNs. *NSW Health Stats 2016*
		The majority of LGAs in the WNSW PHN have rates of alcohol related deaths higher than the rest of NSW. *NSW Health Stats 2016*

Outcomes of the health needs analysis		
		For males and females in NSW in 2012-2013, those who experience the most disadvantage have higher rates of alcohol related death. *NSW Health Stats 2016*
Other drug use (see Appendices)	Methamphetamine-related hospitalisations	Between 2009-10 and 2015-16 in NSW and in WNSW PHN, the numbers of methamphetamine-related hospitalisations have increased dramatically. In these years, the rates of methamphetamine-related hospitalisations for the WNSW PHN (112/100,000) was slightly lower than for all PHNs (124/100,000). The rates for methamphetamine-related persons hospitalised for WNSW PHN (95/100,000) was higher than all PHNs (87/100,000) *NSW Health Stats 2016*
	Methamphetamine-related emergency department (ED) presentations	Data are only available for methamphetamine-related emergency department (ED) presentations for NSW as a whole and not by PHN. Based on hospitalisation data it is assumed that PHN specific presentations are similar to the trends shown for NSW. In NSW methamphetamine-related ED presentations between 2009-10 and 20115-16 have increased across all ages. In particular increases have occurred in those in younger age categories of 16-24 years, 25-34 years and 35-44 years *NSW Health Stats 2016*
Other indicators of drug and alcohol use	Hepatitis C	For males in 2015 the rates of notification of HCV in ages 25-44 years in WNSW PHN is the highest of all PHNs, and is second highest for all ages. The rate of notification for females is the highest of all PHNs in ages 25-44 years and for all ages. *NSW Health Stats 2016*
	Interpersonal violence	Data for WNSW PHN indicates a reduction in interpersonal violence hospitalisations between 2001-13 and 2015-16 for males and females. However data indicates that there are a significant proportion of LGAs in WNSW PHN which have the highest rates of interpersonal violence. *NSW Health Stats 2016*
		Nine of the LGAs in the WNSW PHN have the highest rates of interpersonal violence hospitalisations of all LGAs in NSW *NSW Health Stats 2016*
		In NSW the rates of interpersonal violence hospitalisations for male and female Aboriginal people are higher compared with non-Aboriginal people *NSW Health Stats 2016*

Outcomes of the health needs analysis		
		The rates of interpersonal violence hospitalisations for male and female living in remote or very remote areas is higher than the rest of NSW *NSW Health Stats 2016*
		Males and females who experience the highest level of disadvantage have higher rates of interpersonal violence hospitalisations compared with those with lower levels of disadvantage *NSW Health Stats 2016*
Priority Groups (as identified by results of consultation and quantitative data)	Aboriginal and Torres Strait Islander people	Aboriginal and Torres Strait Islander peoples as the main priority group in relation to drug and alcohol related problems
		Aboriginal consumers, community members, carers and service providers highlighted the impact of intergenerational trauma on their communities and the association with drug and alcohol use. Intergenerational trauma was interlinked with a range of issues including family dysfunction and domestic violence and mental illness
	Young people aged 12 – 25 years	Young people in the 12-25 year age category were a high priority group. There were concerns that young people between 12 and 18 were accessing alcohol in a variety of ways.
		There were concerns that young people under 18 were also accessing drugs such as cannabis
	Males aged 25 – 45 years	Males aged 25 – 45 years were identified as a priority group. It was perceived that males in this age group used alcohol and other drugs at higher rates than other age groups and also undertook a range of other risky behaviours which impacted on their physical and mental health and contributed to fatalities
	People with ongoing at risk alcohol use	Alcohol was identified as the substance which contributed to the most harms associated with substance use across communities. Alcohol was perceived to contribute to a number of longer term harms such as chronic illness, mental illness and family breakdown and violence.
		The culture of alcohol which was associated with sport and other social events in rural areas was perceived to contribute to the extent of use.
		There a common perception that there was a lack of awareness of the harmful impact of alcohol use in communities.

Outcomes of the health needs analysis		
		A range of socio-economic factors were perceived to be related to drug and alcohol related harms. In particular high unemployment, family dysfunction and the impact of intergenerational trauma were all raised as factors. In combination these factors contributed to a sense of hopelessness for the future in some communities.
	People using cannabis regularly	It was perceived that a significant proportion of communities uses cannabis regularly.
		Cannabis was perceived to contribute to a number of longer term harms such as mental illness, family breakdown and difficulties maintaining employment. There was also concerns that there was a lack of knowledge about its impacts with misinformation about its positive impacts.
	People using methamphetamines (ice)	The use of methamphetamines (ice) was raised as a significant concern in most communities. In particular its addictiveness and impact on health, functioning and relationships was highlighted across communities.
		The impact of ice was perceived to have increased significantly in recent years. The impact was often more visible in communities with most participants reporting incidents associated with a person using ice causing problems in communities.

Section 3 – Outcomes of the service needs analysis

D & A – SERVICE NEEDS ASSESSMENT

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
GEOGRAPHY AND DEMOGRAPHY		
Population density	Low population density	From HealthStats NSW, 4% of the state's population (2016 estimated resident population - ERP) is geographically distributed over more than half (55%) of the total land mass of New South Wales (NSW)
Transient population may not be included in estimations	Transient/migratory population in the West/North West of the PHN	From the Far West Medicare Local (FWML) Preliminary Primary Health Care Population Needs Investigation report, 2013: a transient/migratory population due to factors such as seasonal work, migration to warmer parts during winter, contract workers, drought affected migration and tourists
Population projections	Small population growth projections with sub-regional variations	From HealthStats NSW, population projections for 2013-2031 suggest that 7 of the Primary Health Network's (PHNs) 28 local government areas (LGAs) will have a positive population growth (Bathurst the highest 20.2%). However, the remaining 21 LGAs will show negative growth (Lachlan the lowest -23.2%
General substance dependence	No publicly available data related to local demand for services was identified meaning estimating need is difficult.	In rural areas, major issue is access and community stigma to seeking help for substance issues (Ritter, A, Chalmers, J. & Sunderland , M (2013) *Planning for drug treatment services: estimating population need and demand for treatment.* Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW).

Outcomes of the service needs analysis		
Data deficiencies	Difficulty in planning without a good picture of what Government, NGO and private services already exist.	There is limited understanding of what D&A services are being provided across Western NSW. For instance, the WLHD MHDA service review found that there was no data on D&A services provided by health, and the best they could discover was that there were 9 FTE D&A workers for every 100,000 people in the region
Accessing health care	Travelling long distances to access health care	Only three of the 2011 LGAs in the PHN region are considered accessible with none highly accessible. Eleven of the 2011 LGAs are either very remote or remote
	Difficulty accessing healthcare when needed	According to the 2012 NSW Adult Population Health Survey, respondents living in Far West (FW) and Western NSW Local Health Districts (WNSW LHDs) reported the highest levels of difficulty accessing health care when needed of all NSW LHDs (30.4% and 27.0% respectively). This is especially the case with D&A services, where it has been noted that participants in Opioid Treatment Programs can be required to travel as much as 350 kilometres (Allan, J (2015) Prescription Opioids and Treatment in Rural Australia: A Failure of Policy for Indigenous Australians, Substance Abuse, 36:2, 135-137).
	Access to specialist drug and alcohol services	There was a perception that few communities had access to specialist drug and alcohol services for those people experiencing problems. Where these did exist they often operated on a FIFO or DIDO basis with access limited.
	Access to addiction medical specialists	There was only a couple of addiction medical specialists, operating in a limited number of communities. Where these did exist they operated usually on a FIFO or DIDO basis with access limited.
		Access to addiction specialists for advice for GPs was identified as a priority

Outcomes of the service needs analysis		
Specific service challenges and gaps for high need populations	Gaps in substance abuse services for rehabilitation, increasing with remoteness.	The need for specialist drug and alcohol rehabilitation services was raised in most community as a high priority need. Currently there are 3-4 rehabilitation facilities located in Western NSW - most in regional towns, for instance, Lyndon Community (http://www.lyndoncommunity.org.au/). That service gets an estimated 60-70 calls a week where assessments cannot be completed as there is no capacity. The Lyndon Community provide Commonwealth-funded detoxification, residential rehabilitation and community outreach services. Lyndon detox's 800 people a year, with people coming from all over NSW.
	Detoxification	Options for drug and alcohol detoxification were very limited across the region but were identified as a high need. There were few drug and alcohol detoxification beds with demand outstripping supply. While there was general support for home-based detoxification this was rarely available. The skills, capacity and attitudes of GPs to provide home-based detoxification was perceived as limiting more home-based detoxification. Where home-based detoxification was provided it was dependent on skilled and committed nurses with drug and alcohol training to support the GP and the patient.
Specific service challenges and gaps for moderate & low need populations (including carers)	Capacity of GPs to address drug and alcohol problems of patients	Support for early intervention approaches was widespread with GPs seen as playing a key role. However their capacity to provide early intervention was perceived to be limited by time, skills and attitudes.
		Referral options for GPs to provide additional support for those people experiencing drug and alcohol problems were limited because of so few drug and alcohol services.

Outcomes of the service needs analysis		
	Capacity of AMS to address drug and alcohol problems of patients	Support for early intervention approaches was widespread with AMS' seen as playing a key role. However their capacity to provide early intervention was perceived to be limited.
	Health promotion and prevention	Services currently delivered from a variety of sources and uncoordinated. Some of the noted preventive health efforts: • support smoking cessation in Aboriginal women through the Giving Up Smoking (GUS) program • support the use of the IRIS D&A Screening tool for pregnant Aboriginal women • support midwives to use brief interventions for women with substance use issues, in particular alcohol and tobacco
		There are a range of evidence based approaches to reduce at risk alcohol consumption in the community. However there was a perception that there were no coordinated strategic approach to addressing alcohol use through comprehensive prevention and promotion strategies.
Family and Carer Support	Support for families and carers of people living with drug and alcohol problems	The impact of a family members drug and alcohol use was significant, affecting relationships, employment and often contributing to family breakdown. Support for family members of someone with a drug and alcohol problem was raised as a priority need.
Access to effective, culturally safe drug and alcohol services for Aboriginal people	WNSW PHN should build the capacity of general practices to provide respectful and culturally appropriate care	For Aboriginal people factors such as intergenerational trauma, family dysfunction, alcohol-related problems, low educational attainment, unemployment and discrimination and racism are associated with substance abuse
		There is a need to build the capacity of all services to provide culturally safe services to improve access for Aboriginal people.
	Need for improved integration and coordination for drug and	Integration between primary care and specialist services is a key feature of effective drug and alcohol services. Integration requires informal and formal communication as well as

Outcomes of the service needs analysis		
Coordination between and integration of services	alcohol services reflected in regional plans	more structured referral pathways and patient information sharing. This is an areas where the majority of participants perceived significant gaps.
		There are significant gaps in integration and coordination between primary care and specialist drug and alcohol services.
		There are significant gaps in integration between specialist drug and alcohol and mental health services.
Specific locations	Cross border issues	There are particular challenges in regard to integrated provision of services presented with border communities such as the Dareton/Balranald/Wentworth areas. Dareton and Wentworth, and Balranald due to their proximity to state and PHN borders, tends to be overlooked and hence underserviced. In these communities some agreements are in place for access to services through Mildura and Robinvale, but these vary depending on service. The opportunity for co-commissioning has the potential to improve access in these areas.

Section 4 – Opportunities, priorities and options

The opportunities, priorities and options noted below have been derived from the needs assessment and focus on the six funding priority areas identified by the Commonwealth. It is noted that there are a range of needs that relate to the integration with other service domains outside of a primary health.

D&A – OPPORTUNITIES, PRIORITIES & OPTIONS

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
1. Low intensity needs / community approaches to drug and alcohol services				
1.1 Drug and alcohol problems prevention for individuals and communities	1. An evidence based strategy to reduce substance abuse should be developed for implementation in communities. 2. The need for a greater emphasis on prevention and promotion in relation to alcohol related harm using	1. Reduction in smoking rates and harmful levels of alcohol misuse. 2. Increased smoking quit attempts. 3. Reduction in proportion of people who consume alcohol at risk levels	Number of quit smoking attempts and cessations through analysis of Quit for Life and Giving Up Smoking programs data Smoking attributable hospitalisations Smoking rates in pregnant women	PHN with LHD

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
	evidence based approaches is a priority		Proportion of people who consume alcohol at risk levels Alcohol attributable hospitalisations	
1.2 Regional Planning	1. Planning for drug and alcohol services should be undertaken in the context of integration across the service system and in the context of population needs	Commitment by LHDs to develop and implement regional plans	Number of people accessing drug and alcohol services Access data available across the health system	PHN and LHDs
2. **Moderate needs approaches to drug and alcohol services**				
2.2 Capacity of general practice	1. The capacity of general practice to play a central role in drug and alcohol needs to be supported through: a. Multi-disciplinary teams including drug and alcohol nurses to work in general practice improve patient access and outcomes	Reduction in at risk alcohol use Increase in number of practice with D&A nurse working in practices Increase in number of GPs trained in evidence based guidelines for early intervention	Proportion of community who are identified as having long term alcohol risk Number of practices with D&A nurse Number of GPs trained in evidence based guidelines for early intervention	PHN

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
	b. Education and training of GPs particularly in relation to evidence based guidelines for early intervention c. Access to allied health staff in local communities to support clinical care and case management	Increase in referrals to allied health staff for D&A problems		
3. Address service gaps in the provision of drug and alcohol services for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce				
2.1 Prescribers and dispensers to support increase in drug and alcohol treatment	1. Strategies need to be implemented to support the role of general practitioners in: a. home detoxification b. prescribing practices to support those with drug and alcohol problems including opiate treatment	Improved access to home detoxification Increased in number of GPs who provide supervision for home detoxification Increased in number of GPs who prescribe for opiate treatment	Number of patients who receive home detoxification Number of individuals receiving Opioid treatments through GP prescribers	PHN

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
		Improved access to opioid treatment across the district		
4. **High needs approaches to drug and alcohol services**				
2.2 Access to Addiction Specialists	1. Strategies to improve access to specialist drug and alcohol services are needed 2. Access to specialist addiction specialist advice for GPs should be seen as a priority.	Commitment by LHDs in regional plans to improve access System for GP access to specialist advice established	Increased number of patients who access drug and alcohol services	PHN and LHDs
5. Enhance and better integrate **Aboriginal and Torres Strait Islander drug and alcohol** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, mental health and suicide prevention				
5.1 AMS Service Capacity	1. The capacity of Aboriginal Health Services to play a central role in drug and alcohol needs to be supported through: a. Multi-disciplinary teams including drug and alcohol nurses in AMS b. Education and training of GPs working in	Reduction in at risk alcohol use for Aboriginal people Increase in number of AMS with D&A nurse working in practices Increase in number of AMS GPs trained in evidence	Proportion of Aboriginal people who are identified as having long term alcohol risk Number of AMS with D&A nurse Number of AMS GPs trained in evidence based guidelines for early intervention	PHN and Bila Muuji

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
	AMS in relation to evidence based guidelines for early intervention c.	based guidelines for early intervention		
6. System redesign and service improvement – reorientation of effort, energy and resource to different steps in a stepped care approach				
Stepped Care	The WNSW PHN stepped care framework should be adapted for drug and alcohol services as the basis of service models and should inform regional plans	Agreement on drug and alcohol stepped care model	Service access	PHN
Place Based Planning and Commissioning	WNSW PHN should continue to invest in placed-based planning as complementary to the stepped care approach in the context of the hub and spoke models	Services commissioned in context of placed based planning	Service access per head of population	PHN
Cross Border Challenges	The opportunity for co-commissioning has the potential to improve access in these areas.	Improved access to services Increase in numbers of services which are co-commissioned	Numbers of services which are co-commissioned	PHN
7. Drug and Alcohol sector workforce				

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
7.1 Capacity of workforce	1. A focus on building the capacity of drug and alcohol service staff to increase the impact of their services at a population level should be a key feature of regional plans	Reduction in harmful use of drug and alcohol	Proportion of community who are identified as having long term alcohol risk Reduced drug and alcohol hospitalisation	PHN and LHD
	2. A focus on building the capacity of general health staff including primary care staff to increase the impact of their services on drug and alcohol use should key feature of regional plans			
7.2 Access to innovative online/telehealth approached to D&A	Implementation of telehealth options for drug and alcohol use	Available list of appropriate resources and tools for referral / use by primary health care workers	Number of referrals to online resources Increase in number of brief interventions or specialist consultations held by telehealth	PHN, LHD and NGOs in collaboration