Brisbane North PHN
Alcohol and other drugs Health Needs Assessment

Submission to the Australian Department of Health
## Alcohol and other drugs Health Needs Assessment

### Section 1 – Narrative

#### Needs Assessment process and issues

Brisbane North PHN has developed, in line with Department of Health advice a preliminary Alcohol and other Drugs Needs Assessment. This Needs Assessment builds on the needs identification undertaken as part of the Health Needs Assessment, however given the timeframes involved in capturing and analysing the additional alcohol and other drugs data, further ‘options’ development has not been undertaken at this time.

To complete this preliminary Alcohol and other Drug treatment Needs Assessment The PHN consulted with key stakeholders throughout the development of the Alcohol and Other Drug needs assessment, and more broadly through the Health Needs Assessment.

Specifically, the PHN consulted closely with the:

- Queensland Network of Alcohol and Drug Agencies,
- Metro North Mental Health – Drug and Alcohol Service
- Metro North Hospital and Health clinical lead teams (including Angela Scotney (Director of Aboriginal and Torres Strait Islander Health Unit))
- Metro North Hospital and Health Service Planning and Strategy team
- Institute of Urban Indigenous Health
- Queensland Injectors Voice for Advocacy and Action
- Queensland Injectors Health Network
- Queensland Aboriginal and Islander Health Council

A number of meetings were held with the Queensland Network of Alcohol and Drug Agencies, who were commissioned by the PHN to provide a number of reports on alcohol and other drug treatment services in the PHN region. These reports are attached to this needs assessment as an appendix. The PHN also engaged with the Aboriginal and Torres Strait Islander health unit of the Metro North Hospital and Health Service. Representatives from the PHN consulted at length with the Metro North Mental Health – Alcohol and Drug Service to determine treatment demand and needs in the region, particularly the provision of clinical services provided by the hospital and health service.

The PHN analysed national, state and local level data to validate treatment levels and to estimate prevalence of alcohol and other drug related issues in the Brisbane North PHN region (the PHN region). Data was collected on the characteristics of people with alcohol and other drug issues and the characteristics of people who receive alcohol and other drug treatment. This data was obtained from the Australian Institute of Health and Welfare, through the national drug strategy household survey and alcohol and other drug treatment services reporting. Local level population characteristics were obtained through a number of sources including Alcohol and Other Drug Treatment Service National Minimum Dataset (AODTS-NMDS) and Queensland Network of Alcohol and Drug Agencies. Primary care population characteristics were obtained from practices reporting data into the PHN’s PenCAT reporting module. The PHN benchmarked population groups who access local level services to national and state estimates of people who have alcohol and other drug issues, along with state level data on people who receive treatment from alcohol and other drug services.

An alcohol and other drug (AOD) treatment service landscape was developed and compared to known areas of need. Identification of comparative needs was established through a mixture of qualitative data (through existing service providers) and quantitative data. Alcohol and other drug services were sorted by service setting and funding source.

In the PHN region, alcohol and other drug treatment services are delivered primarily by either the hospital and health service (HHS) or by the non-government sector. A small proportion of services are delivered by private organisations, primarily through private hospitals or residential rehabilitation facilities.

Further development is required to fully understand the scope of unmet needs in the PHN region. Research is also required to understand co-morbidity between alcohol and other drugs and mental health.

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health. This requires stronger data be available on a local level. A key component of assessing future alcohol and other drug treatment needs across government and non-government settings is to ensure that accurate and timely data is available. This will enable the PHN to make informed, evidence based decisions regarding the commissioning of alcohol and other drug treatment services within the PHN region. Data frameworks to assess unmet needs, including waiting list estimations will require development in the future.

Since the submission of the initial Alcohol and Other Drugs Needs Assessment, Brisbane North PHN has engaged extensively with alcohol and other drug stakeholders, and more broadly to review the identified needs and develop a comprehensive two year Treatment Services Plan. These consultations involved:

- Alcohol and other drug provider session – a half day workshop was held with alcohol and other drug service providers in early April to gather their feedback and input on the initial AOD needs assessment, the priorities and the PHN’s commissioning approach. Stakeholders in attendance included:
  - Accoras
  - AfterCare
  - Anglicare Southern Queensland
  - Australian Red Cross
  - BlueCare
  - Brisbane street Medical Services
  - Brisbane Youth Service Inc
  - Burnie Brae
  - Carers Queensland
  - Child and Youth Mental Health Service (CYMHS)
  - Communify
  - Community Action for the Prevention of Suicide (CAPS)
  - Connections Inc.
  - ConNetica
  - Footprints
  - FSG
  - GROW
  - headspace Queensland
  - headspace Taringa
  - headspace, Nundah
  - headspace, Redcliffe
  - Healing Together
  - Healthy Options Australia
  - Hello Sunday Morning
  - Institute For Urban Indigenous Health Ltd
  - Kurbingui Youth Development
  - Lives Lived Well
  - Mates in Construction
  - Mental Health Australia
  - Micah Projects
  - Michah Projects, Inclusive Health
  - MINDS4Health
  - Neami National
  - Noffs Foundation
  - Open Minds
  - Open Minds Australia
  - Ozcare
  - Queensland Program of Assistance to Survivors of Torture and Trauma
  - Queensland Aids Council (QuAC)
  - Queensland Alliance for Mental Health
  - Queensland Corrective Services
  - Queensland Health, Aboriginal and Torres Strait Islander Health Branch
  - Queensland Injectors Health Network Limited (QuiHN)
  - Queensland Network Of Alcohol And Other Drug Agencies Limited (QNADA)
  - Queensland Transcultural Mental Health Centre
  - Queensland Voice for Mental Health
  - Redcliffe Area Youth Space
  - Richmond Fellowship Queensland
  - Roses in the Ocean
  - Royal Brisbane and Womens Hospital
  - Salvation Army
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- StandBy Response Service, United Synergies
- The Pharmacy Guild of Australia
- The Prince Charles Hospital
- Wesley Mission Brisbane
- Women’s Health Queensland Wide Inc

Brisbane North PHN Co-design workshops were held in mid-April to inform planning for the investment of PHN funding. These workshops involved a broad range of stakeholders who helped develop appropriate responses to the needs identified through the Needs Assessment processes, including those from the AOD needs assessment. Stakeholders who were in attendance at these two workshops are provided below:

- Herston workshop:
  - University of Southern Queensland
  - Aboriginal and Torres Strait Islander Corporation
  - Aboriginal and Torres Strait Islander Health Unit
  - Act for Kids
  - Aboriginal and Torres Strait Islander Policy Unit, Queensland Health
  - Brisbane Street Medical Services
  - Brisbane Youth Service
  - Brisbane North PHN Clinical Council
  - Brisbane North PHN Community Advisory Committee
  - CHI.L.D Association
  - Child and Youth Mental Health Service
  - Children’s Health Queensland Hospital and Health Service
  - Community Action for the Prevention of Suicide
  - Partners in Recovery, Consumer representatives
  - Department of Health, Queensland
  - Diabetes Queensland
  - General Practice Liaison Officers
  - Footprints
  - Gold Coast PHN
  - headspace, Redcliffe
  - headspace, National
  - headspace, Taringa
  - Headspace, Nundah
  - Harbinger Consultants
  - Health Consumers Queensland
  - Healthy Options Australia
  - Heart Foundation
  - Institute for Urban Indigenous Health
  - Lives Lived Well
  - Mater Hospital
  - Maternity Choices
  - Mates in Construction
  - Mental Illness Fellowship Queensland
  - Metro North Hospital and Health Service
  - Metro North Hospital and Health Service, Community, Indigenous and Sub-Acute Services
  - Metro North Mental Health Service
  - Metro North Public Health Unit
  - Neami National
  - Queensland Network of Alcohol and Drug Agencies
  - Queensland AIDS Council
  - Queensland Corrective Services
  - Queensland Program of Assistance to Survivors of Torture and Trauma
  - Royal Brisbane & Women’s Hospital
  - Stroke Foundation
  - The Eating Issues Centre
  - The Pharmacy Guild of Australia
  - The Prince Charles Hospital
  - Toowong Private Hospital
  - True Relationships and Reproductive Health
  - Wesley Mission Brisbane
  - Women’s Health Queensland Wide
The engagement process produced agreement on the PHN’s:

- Commissioning approach
- Priorities of commissioning AOD services targeted at
  - Mental health
  - Aboriginal and Torres Strait Islanders
  - Young people
  - Aftercare and outpatient services
- Prioritisation of service co-ordination and integration.

**Additional data needs and gaps**

Data gaps exist regarding non-specialised treatment interventions in primary care. Due to the specialised and stigmatised nature of AOD treatment capturing primary care treatment is difficult at best. Current data reporting frameworks also possess little scope to capture AOD treatment and referrals.

Detailing specific levels of need and unmet demand are lacking on a local level. Application of the Drug and Alcohol Services Planning model (DASP) provides high level estimates on unmet need and is difficult to execute on a PHN level where the data required does not exist. The AOD sector is currently working through how unmet demand may be captured; this is something that will require further development.

While somewhat useful, data on the PHN portal is limited in scope regarding the delivery of AOD treatment services. The use of national and state level reporting, as contained in numerous reports by the Australian Institute of Health and Welfare (AIHW), are unable to fully paint a picture of the expressed and comparative needs of AOD populations. Due to the difficulty in accessing data from hospital based services in the short timeframe provided, data reported through the AODTS NMDS should be reported on a PHN level to allow for timely analysis of expressed needs. Ideally, these datasets would be made available to PHNs through the secure section of the PHN portal.

Local level data estimating the prevalence of AOD is difficult to obtain. Meaningful and reliable data frameworks on the local level require development to not only inform local priorities, but also national priorities. The PHN recognizes that while data quality work is currently being undertaken by the AOD sector, there are a number of gaps still present in determining prevalence, health and service needs of AOD users.
**Additional comments or feedback**

Brisbane North PHN has identified a total of seven needs in the Alcohol and other Drugs Treatment Needs Assessment, recognising that the Department has recommended no more than five areas be identified. However based on the data analysis and high level consultation undertaken, the PHN feels these seven identified needs are significant for the region. Further consultation and engagement with the sector may enable further refinement of these needs.

Given the vital role that the needs assessment plays in the commissioning process, it is unreasonable to expect PHNs to produce an assessment in an eight week time period.

The full scope of alcohol and other drug treatment is not able to be fully captured under the table format. Figures for prevalence and characteristics of people who access treatment allow for more robust analysis of met needs. Similarly, the unique nature of individual needs assessments means that a rigid template is not usually a suitable mechanism with which to report a needs assessment.
## Section 2 – Outcomes of the health needs analysis

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<tr>
<th>Identified Need</th>
<th>Key Issue</th>
<th>Description of Evidence</th>
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| **Mental Health**                                   | The assessment has identified that people experiencing alcohol and other drug issues have high rates of mental health co-morbidity.                                                        | According to the Australian Institute of Health and Welfare, a significant proportion of people experiencing alcohol and other drug (AOD) issues have mental health co-morbidity. In 2013, an estimated 24 per cent of people aged 18 years and over diagnosed or treated for a mental illness had used an illicit drug in the previous month. This proportion has increased from 20.4 per cent in 2010. Of this population, an estimated 34.3 per cent of people diagnosed or treated for a mental illness reported using meth/amphetamines in the previous month.  

Data from the Australian Institute of Health and Welfare also indicates that people with high levels of psychological distress are more likely to consume alcohol at lifetime and single occasion risky levels. An estimated 13.1 per cent of people with high or very high psychological distress reported drinking more than four standard drinks at least once a week, with 18.2 per cent reporting that they smoked daily.  

While local level data on co-morbidity is limited, available data suggests that national rates are reflected in the PHN region, indicating a health need.  |
| **Harmful use of alcohol and other drugs among Aboriginal and Torres Strait Islander populations** | Higher AOD use among Aboriginal and Torres Strait Islander populations leading to poorer health outcomes, including increased prevalence of chronic disease and co-morbid mental health conditions. | The rate of recent illicit drug use is almost 10 per cent higher than among the non-indigenous population. In 2013, 25 per cent of Aboriginal and Torres Strait Islander people had recently used an illicit drug, with a further 28.5 per cent an ex-user of an illicit drug.  

By contrast, 14.1 per cent of the non-indigenous population had recently used an illicit drug, with 25.1 per cent an ex-user.  

Excessive alcohol consumption is a major risk factor for morbidity and mortality in Australia, contributing to a number of chronic conditions including cirrhosis of the liver, cancer, stroke, heart disease and hypertension. It is estimated that 23.5 per cent (age standardised) of people who identify as Aboriginal and Torres Strait Islander consume alcohol at lifetime risky levels, equating to two drinks a day on average. The rate of lifetime risky alcohol consumption among Aboriginal and Torres Strait Islander people was five per cent higher than for the non-indigenous population.  

It is also noted that Aboriginal and Torres Strait Islander people are over-represented in AOD treatment in the PHN region. In 2014/15, 13 per cent of people who received AOD treatment in the NGO AOD sector identified as Aboriginal or Torres Strait Islander, when only 1.6 per cent of the total PHN population identify as Aboriginal and Torres Strait Islander. The proportion of people accessing primary care services for AOD who identify as Aboriginal or Torres Strait Islander is five per cent, again a higher rate in relation to the overall Aboriginal and Torres Strait Islander population residing in the PHN region. |
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<td>In addition to the high proportion of Aboriginal and Torres Strait Islander people in the PHN region who receive NGO AOD treatment, there is an over representation of Aboriginal and Torres Strait Islander people are diagnosed with a drug related issue in a general practice setting. Approximately 5 per cent of active general practice patients in the PHN region who have been diagnosed with a drug related issue identify as Aboriginal and Torres Strait Islander. This data is also exclusive of patient activity in Aboriginal Medical Services, signalling that the actual proportion of Aboriginal and Torres Strait Islander people presenting with an AOD issue in primary care may be higher than 5 per cent. Further, of the ATAPS referrals in the PHN region that involved an AOD diagnosis (5.95 per cent), an estimated 13 per cent identified as Aboriginal and Torres Strait Islander. This data indicates that a high proportion of Aboriginal and Torres Strait Islander people in the PHN region who have an AOD issue also have a mental health co-morbidity. Consultation with the Metro North Mental Health – Alcohol and Drug Service has also indicated that a large proportion of clients who receive services in the Redcliffe and Caboolture community health centres are of Aboriginal and Torres Strait Islander origin. The provision of alcohol and other drug services by the Institute of Urban Indigenous Health through the Substance Misuse Service Delivery Grants Fund (SMSDGF), in addition to funding provided to organisations through the Non-Government Organisation Treatment Grants Program (NGOTGP), aims to develop capacity for culturally specific alcohol and other drug services for Aboriginal and Torres Strait Islander people residing within the PHN region. The PHN has identified that the needs for culturally specific alcohol and other drug services are highest in the Caboolture and Redcliffe areas of the PHN region.</td>
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**Young people aged 25 and under**

Higher prevalence of alcohol and other drug use among younger people contributing to poorer health outcomes and increasing social isolation, leading to increased prevalence of mental health co-morbidity. In 2013, over 15 per cent of people in Queensland aged 14 – 19 reported having used an illicit drug in the previous 12 months. Younger people also consume alcohol at risky levels. In Queensland, an estimated 50.3 per cent of people aged 18 to 24 are at risk of injury on a single occasion of drinking (consuming more than four standard drinks at least once a month) (Australian Institute of Health and Welfare, 2015). Additionally, 10 per cent of people in Queensland aged 12 to 17 consume alcohol at single occasion risky levels. The rate of people in Queensland aged 12 to 24 who consume alcohol and single occasion risky levels is higher than the national rate (8.7 per cent for people aged 12 -17 and 47 per cent for people aged 18 to 24). In the PHN region, 47 per cent of people who received NGO based AOD treatment in 2014/15 were aged 10 to 19 years of age, with a further 34 per cent of people who received treatment aged 20 to 29 years. This represents over three quarters of all people who accessed NGO based AOD treatment in the PHN region during 2014/15. While a number of youth specific services operate within the PHN region, the higher prevalence of younger people aged 25 years and under with AOD problems remains a significant health issue.
## Section 3 – Outcomes of the service needs analysis

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<td>Treatment needs</td>
<td>Lack of aftercare and outpatient care services for patients exiting detoxification and withdrawal management services.</td>
<td>The service landscape within the PHN region indicates that AOD services are primarily delivered through the hospital and health service. According to discussions with key stakeholders including QNADA and the Metro North Hospital and Health Service (MNHHS), support services for patients undergoing withdrawal management, rehabilitation and AOD counselling are lacking. Preliminary qualitative evidence suggests that stronger outpatient care is required for people who receive AOD treatment.</td>
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<td>Service capacity</td>
<td>Demand for AOD treatment is higher than current capacity, specifically for mild and moderate alcohol detoxification services.</td>
<td>In Queensland, alcohol is the principal drug of concern representing 38 per cent of all treatment episodes across both hospital and community based treatment. In the PHN region, alcohol is also the most common drug people receive treatment for, with 35 per cent of treatment episodes in 2014/15 attributed to alcohol as the principal drug of concern. Within the NGO sector, treatment is primarily geared towards AOD counselling, education and information. Rehabilitation facilities outside of the hospital sector are primarily residential, with five residential rehabilitation facilities in the PHN region. Of these facilities, three are statewide, catering to all of Queensland. Residential rehabilitation is not suitable for everyone requiring a form of rehabilitation. This analysis indicates that the PHN catchment is reasonably well serviced for residential rehabilitation. However, only a small number of specialist alcohol detoxification and withdrawal management services exist within the PHN region, with no non-residential detoxification and rehabilitation facilities. The drug and alcohol services planning model indicates that there is significant unmet needs for alcohol specific services in the PHN region, further evidenced by emergency department service events for alcohol intoxication. During the six month period between January and June 2015, there were over 1500 presentations to Emergency Departments throughout the PHN region for alcohol intoxication and alcohol withdrawal syndrome alone. This data indicates that demand for mild to moderate alcohol detoxification and withdrawal management services is not being met by existing services.</td>
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<td>Regional equity of access</td>
<td>Lack of AOD treatment services in the high needs areas of Caboolture and Redcliffe.</td>
<td>Service mapping indicates that only a small number of AOD services operated in the areas of Caboolture and Redcliffe. These services are: • Redcliffe community health centre (including harm reduction services, hot house and the QMERIT program) • Caboolture community health centre (including harm reduction services and hot house) • Headspace Redcliffe (AOD counselling only) • Ted Noffs foundation.</td>
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|                 |           | A small number of outreach services are also delivered in Redcliffe and Caboolture by QUIHN and DrugARM, catering to disadvantaged populations. There are no specialist AOD rehabilitation services in either of these regions. 
Crucially, the Brisbane North PHN 2015/16 Health Needs Assessment has identified both Caboolture and Redcliffe as areas of high needs in a number of health and welfare domains. Caboolture is also home to the majority of the PHN regions Aboriginal and Torres Strait Islander population and is also home to a younger population. The lack of AOD services, coupled with high at risk population groups has been identified as both a health and service need. |
| **System design** | Fragmentation of specialist AOD treatment within the PHN region between primary, tertiary and community care sectors. | Detoxification and treatment of people who have alcohol and other drug issues is highly specialized, requiring intervention at a number of levels and in a number of settings. Currently no comprehensive understanding of how patients transition between different elements of the AOD sector is present. A key need arising from analysis indicates that extensive engagement is required with the whole AOD sector to determine the makeup of the service landscape. 
Discussions with key stakeholders from the NGO and hospital based AOD sector indicates that referral pathways are lacking between the different sectors, resulting in poor continuity of care for AOD patients. Data collection in primary care suggests that significant development is required to connect the sector in with the broader AOD sector. However, data gaps exist regarding the capacity of primary care to provide AOD treatment. Improved Data collection and quality to determine treatment levels and referral pathways in primary care is required to make informed AOD treatment decisions. |