phn
CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

# Alcohol and other drugs

2022-2024 Needs Assessment
**2022 Annual Review**

In this document we have used the terms Aboriginal, Aboriginal person and Aboriginal people/s when referring to Aboriginal and Torres Strait Islander peoples. We chose Aboriginal because it is inclusive of different language groups and areas within the CESPHN region where this Needs Assessment will be used. There will be some instances where the terminology will be different to our preferred terms, as we use the terminology of the data set being used.

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# Prevalence

## Drug and alcohol services planning model

The national Drug and Alcohol Services Planning (DASP) model predicts that for every 100,000 people in a broadly representative population:

- 8,838 will have an alcohol use disorder
- 646 will have a methamphetamine use disorder
- 465 will have a benzodiazepine use disorder
- 2,300 will have a cannabis use disorder
- 793 will have a non-medical opiate (including heroin) use disorder.

The table below translates these rates to the current and future populations (aged 10 years and over) of the CESPHN region.(1) Higher prevalence rates are expected in areas that have higher than average numbers of people experiencing homelessness, people recently released from prison or people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ).

**Table 1: Estimated prevalence of drug disorders in the CESPHN region, 2021 and 2041**

| Drug disorder type | Standard rate (per 100,000 people) | 2021 prevalence * | 2041 prevalence ** |
|---|---|---|---|
| Alcohol | 8,838 | 122,896 | 150,562 |
| Methamphetamine | 646 | 8,983 | 11,005 |
| Benzodiazepine | 465 | 6,466 | 7,922 |
| Cannabis | 2,300 | 31,983 | 39,182 |
| Non-medical opiate | 793 | 11,027 | 13,509 |

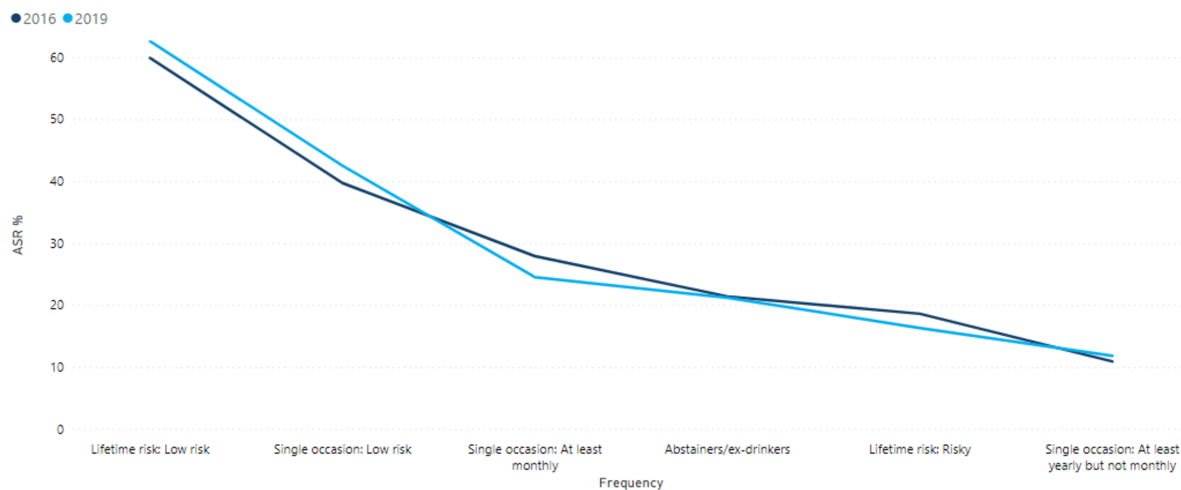
Sources: CESPHN 2020, *ABS 2022, **HealthStats 2022

## 2019 National drug strategy household survey

In 2019, 24.5% of people aged 14 years and over in the CESPHN region drank at a risky level on a single occasion at least monthly, while 16.3% exceeded the lifetime risk guideline. Since 2016, the proportion exceeding the single occasion risk and lifetime risk guidelines has declined slightly (27.9% and 18.6% respectively).(2)

Recent illicit drug use among people aged 14 years and over within the CESPHN region has declined from 22.0% in 2016 to 18.7% in 2019.

**Figure 1: Alcohol consumption and risk, CESPHN region, 2016 and 2019**




Source: AIHW 2019

## Illicit drug reporting system

The Illicit Drug Reporting System (IDRS) is a national illicit drug monitoring system intended to identify emerging trends of local and national concern in illicit drug markets. The 2020 NSW IDRS sample comprised 155 people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Sydney.(3)

Over half of the NSW sample (57%) reported that heroin was their drug of choice, with 55% of participants reporting heroin was also the drug they injected most often in the past month, similar to findings in previous years.(4) The use of methamphetamine has gradually been increasing while cocaine use has generally decreased since the beginning of monitoring.

Recent non-prescribed buprenorphine naloxone, oxycodone and codeine use significantly decreased in 2020. Non-prescribed benzodiazepine use also declined significantly from 2019 (41%) to 2020 (27%). Almost one-third (31%) reported having an injection-related health issue in the past month, a significant decrease from 2019 (46%), 47% self-reported a mental health problem in the six months prior to interview and 56% were in drug treatment at the time of interview.(4)

## Ecstasy and related drugs reporting system

The Ecstasy and Related Drugs Reporting System (EDRS) is a national monitoring system for ecstasy and related drugs that is intended to identify emerging trends of local and national interest in the markets for these drugs. The 2020 NSW EDRS sample comprised 100 people who regularly use ecstasy and other illicit stimulants in Sydney.(3)

Over one third (35%) of the NSW sample reported cannabis as their drug of choice. Ecstasy was the next most common drug of choice (18%), followed by alcohol (15%) and cocaine (12%).(3)

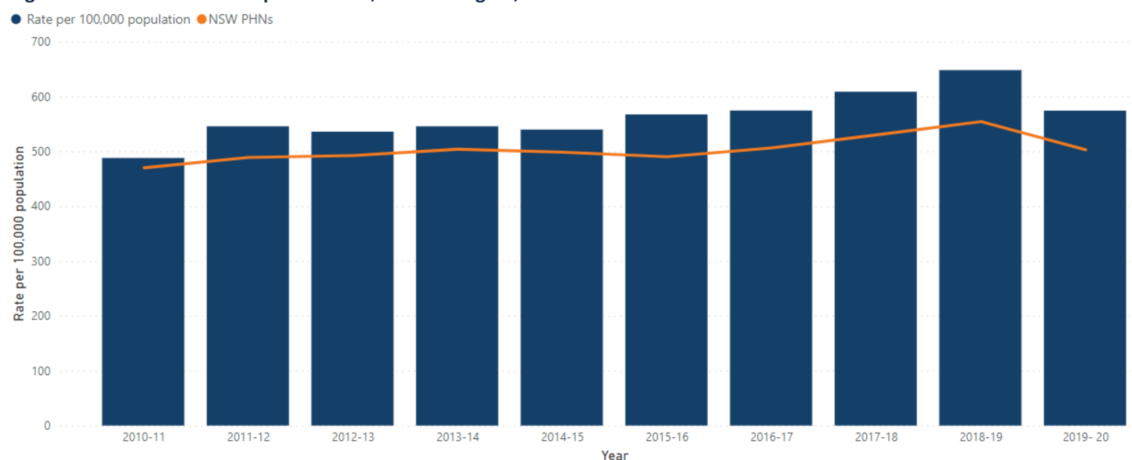
Weekly or more frequent use of ecstasy had been declining since the commencement of monitoring but increased from 12% in 2019 to 21% in 2020. There has been a significant decline in the use of the crystal form from 68% in 2019 compared to 47% in 2020.(3)

Recent use of any methamphetamine has also been declining since the commencement of monitoring from 87% in 2003 to 17% in 2020. Recent use of cocaine has been increasing with the largest proportion reporting any recent use recorded in 2020 (84%).(3) Most consumers reported infrequent use of cocaine (7% weekly or more).

## Hospitalisations

In 2019-20, there were 9,864.4 alcohol-related hospital admissions (including rehabilitation admissions) in the CESPHN region. Over half (58.1%) of hospital admissions were males. CESPHN has a higher rate of hospitalisations (574.2 per 100,000 population) than the NSW rate (502.9per 100,000 population).

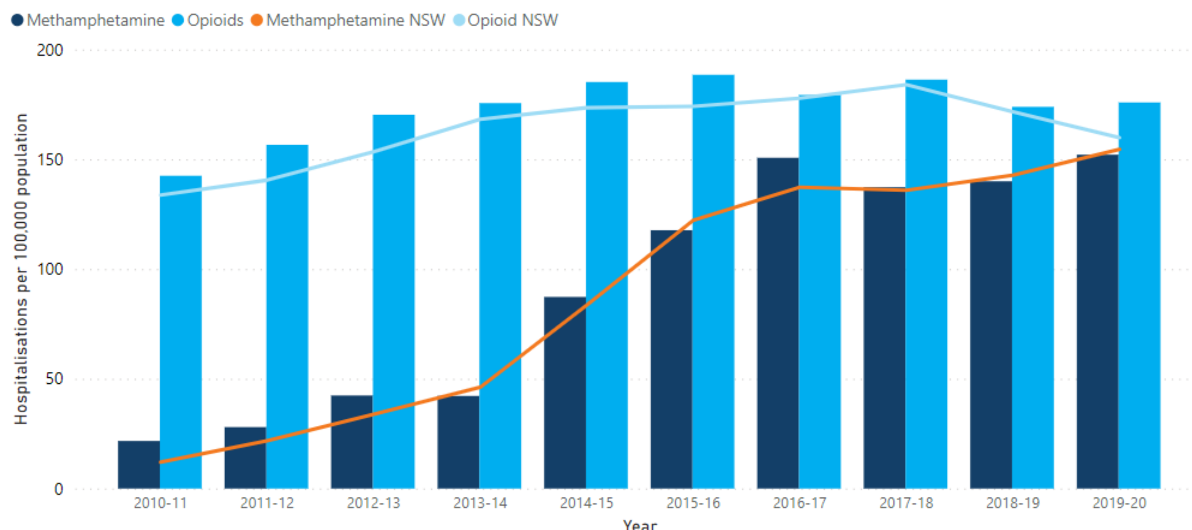
**Figure 2: Alcohol related hospitalisations, CESPHN region, 2010-11 to 2019-20**




Source: HealthStats NSW, 2022

Hospitalisation rates for opioids continue to be higher (175.9 per 100,000 population) than hospitalisation rates for methamphetamine (152.1 per 100,000 population) in the CESPHN region. However, the rates of methamphetamine hospitalisations increased significantly between 2013-14 and 2019-20 whereas opioid hospitalisations remained relatively stable over this period. The same trends are seen for NSW.(5)

**Figure 3: Hospitalisation rates for methamphetamines and opioids, CESPHN region, 2010-11 to 2019-20**




Source: HealthStats NSW, 2022

## Treatment

There are two local health district (LHD) run specialist alcohol and other drug (AOD) programs in the CESPHN region, along with government services provided by the St Vincent's Local Health Network.
There are also non-government organisations (NGOs) who have both widely applicable models of care and specifically targeted models of care. In addition, there are alcohol and other drug interventions provided by general practice and community pharmacy, and some residents can access private treatment programs although these are mainly located outside the CEPHN region.

Finally, there are community drug action teams (CDAT's) and local drug action teams (LDAT), organised by interested members of the community, who undertake population style interventions. There is little difference in intent between CDATs and LDATs, however LDATs are supported by Commonwealth funding and policy frameworks and CDATs are supported by the NSW state Government.

**Table 2: Non-government AOD providers in CESPHN region (as provided by NADA and HealthPathways)**

| Organisation | Service |
|---|---|
| 2 Connect | St George Youth Services |
| Alcoholics Anonymous (AA), Narcotics Anonymous (NA) | Self-help, peer led support groups. |
| ACON | ACON Substance Support Service |
| Aboriginal Medical Service | Drug and Alcohol Treatment Program |
| Exodus Youth Worx | Youth Support Services |
| Haymarket Foundation | Haymarket Foundation Bourke Street Project |
| | Haymarket Foundation Centre HIV/AOD Program |
| | Haymarket Foundation Waitlist Support Program |

| Odyssey House McGrath Foundation | Odyssey House Community Services |
|---|---|
| Salvation Army | Alf Dawkins Detox |
| | William Booth House |
| | Pathways Maroubra |
| Salvation Army OASIS Youth Sydney | SA Oasis Youth Drug and Alcohol Program/Choices |
| St Vincent de Paul Society | Continuing Coordinated Care Program |
| SMART Recovery Australia | SMART Recovery Groups |
| Ted Noffs Foundation | Program for Adolescent Life Management (PALM) |
| The Station Ltd | The Station |
| Waverley Drug and Alcohol Centre | Waverley Drug and Alcohol Centre |
| Waverley Action for Youth Services WAYS | Waverley Action for Youth Services WAYS |
| Womens Alcohol and Drug Advisory Centre | Jarrah House Detoxification |
| Wayback Committee | Jarrah House Rehabilitation |
| Alcohol and Drug Foundation NSW | Kathleen York House Aftercare |
| | Kathleen York House Residential |
| | Kathleen York House Transition |
| Catholic Care Holyoake | Holyoake Family AOD Program |
| Co.As.It. | Co.As.It. |
| Construction Industry Drug and Alcohol Foundation | Foundation House |
| Community Restorative Centre | Alcohol & Other Drugs Transition Project |
| Drug and Alcohol Multicultural Education Centre (DAMEC) | Drug and Alcohol Counselling for CALD communities (Culturally and Linguistically Diverse background) |
| Glebe House | Glebe House |
| Grace Manor | Grace Manor |
| Guthrie House | Guthrie House |
| Leichhardt Women's Community Health Centre | Leichhardt Women's Community Health Centre |
| Mission Australia | MA Centre - Drug and Alcohol Program |
| Sydney Women's Counselling Centre | Sydney Women's Counselling Centre |
| Weave Youth and Community Services Inc | WEAVE |
| WHOS | WHOS Sydney Gunyah |
| | WHOS Sydney MTAR Men |
| | WHOS Sydney New Beginnings |
| | WHOS Sydney OSTAR2 |
| | WHOS Sydney Peppercorn |
| | WHOS Sydney RTOD |
| | WHOS Sydney Women's MTAR |

### Treatment need

The DASP model anticipates that the majority of those with only mild disorders will not seek treatment and will resolve the disorder without specialist intervention, that around 50% of those with a moderate disorder will require treatment and 100% of those with a severe disorder will require treatment. The table below estimates the treatment required for each drug type for the current CESPHN population (aged 10 years and over).(6)

**Table 3: Estimated drug and alcohol treatment required in the CESPHN region**

| Drug type | Assumption of Use Treated rate Mild (%) | Mod (%) | Severe (%) | Assumption of overall prevalence Treated Rate (%) | Estimated quantum needed 2020 |
|---|---|---|---|---|---|
| Alcohol | 20 | 50 | 100 | 35 | 46,377 |
| Amphetamine | 0 | 50 | 100 | 95 | 9,201 |
| Benzodiazepines | 20 | 50 | 100 | 45 | 3,137 |
| Cannabis | 20 | 50 | 100 | 35 | 12,069 |
| Opiates – non-medical use | 0 | 50 | 100 | 95 | 11,295 |

Source: CESPHN 2016

The DASP modelling also provides estimates of population level requirements for screening of at-risk patients in the primary care setting. It does this through estimates of risk by drug type and age group. It is estimated for the CESPHN population (aged 10 years and over) there were:

- 219,148 people who needed screening and brief intervention for alcohol use in 2020, increasing to 262,891 people in 2036
- 13,433 who needed screening and brief intervention for amphetamines in 2020, increasing to 16,115 in 2036, and
- 138,982 people who needed screening and brief interventions for cannabis use in 2020, increasing to 166,724 in 2036.(1)

**Table 4: Estimated number of screening interventions required in the primary care setting in the CESPHN region by drug type**

| Drug Type | Standard rate (per 100,000 people) | Estimated no. of screening interventions 2020 | Estimated no. of screening interventions 2036 |
|---|---|---|---|
| Alcohol | 14,617 | 219,148 | 262,891 |
| Amphetamine | 896 | 13,433 | 16,115 |
| Cannabis | 9,270 | 138,982 | 166,724 |

Source: CESPHN 2019

Mellor *et al*, used the DASP model to predict bed estimates by LHD in NSW. The below table shows the bed estimates using the original DASP model unmodified parameters, these estimates do not consider potential differences in prevalence rates, severity distributions and treatment rates.(7)

**Table 5: DASP predicted bed numbers by LHD, bed type, CESPHN region, 2019**

| Bed type | Sydney LHD | South Eastern Sydney LHD |
|---|---|---|
| Detoxification | 29 | 38 |
| Residential rehabilitation | 187 | 248 |
| Inpatient | 7 | 9 |
| Total | 222 | 294 |

Source: Mellor, R and Ritter, A, 2019. Note: the bed numbers reported here are rounded. Total estimates are calculated by summing the non-rounded bed numbers.

## Government funded AOD treatment services

In 2020-21, there were 68 government funded AOD treatment services in the CESPHN region that provided 7,050 closed treatment episodes. This equates to 483.8 episodes or 314.8 clients per 100,000 population.

### *Client demographics*

In 2020-21, there were 4,587 clients of publicly funded AOD treatment services in the CESPHN region. Of these clients:

- 97.7% attended for their own drug use
- 65.7% were male and 33.9% female
- 26.9% were aged 30-39 years, 25.1% aged 40-49 years, 21.7% aged 20-29 years, 13.9% aged 50-59 years, 6.3% aged 10-19 years and 6% aged 60+ years
- 11.3% were Aboriginal and Torres Strait Islander people (here in referred to as Aboriginal people).(8)

### *Principal drug of concern*

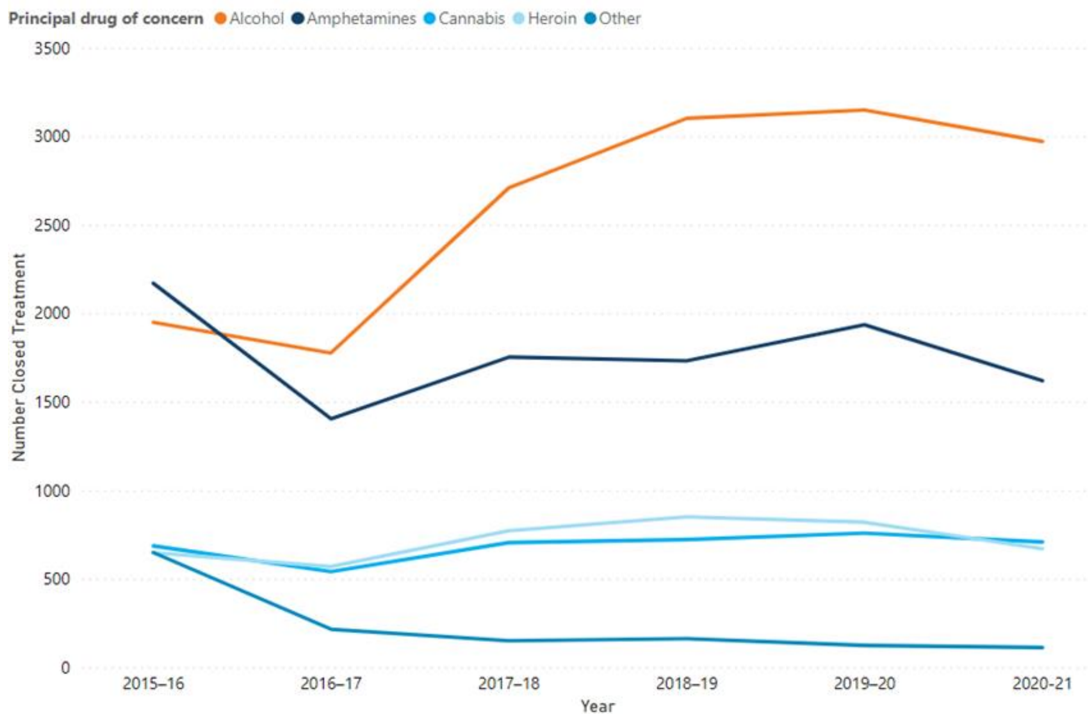
In 2020-21, the four most common principal drugs of concern for which clients sought treatment were alcohol (39.2% of all clients), amphetamine (23.9%), cannabis (11.5%), and heroin (10.7%). These were also the top four principal drugs of concern nationally – alcohol (35.5%), amphetamines (23.4%), cannabis (22.0%) and heroin (4.5%).(8)

Between 2016-17 and 2020-21, the number of closed treatment episodes with alcohol as the principal drug of concern increased by 59.8% (from 1,776 to 2,971 episodes). Across this same time-period, alcohol was the most common principal drug of concern.

While only accounting for a small number of episodes, the following principal drugs of concern have seen an increase in closed treatment episodes between 2016-17 and 2020-21:

- Benzodiazepines from 100 to 193 episodes
- Cocaine from 80 to 236 episodes
- Other sedatives and hypnotics from 15 to 141 episodes.(8)

**Figure 4: Number of closed treatment episodes by principal drug of concern, CESPHN region, 2016-17 to 2020-21**




Source: AIHW, 2022

Stakeholders have confirmed that methamphetamines and alcohol are the two most commonly occurring sources of substance related problems within the CESPHN region. Most commissioned service providers have stressed that alcohol is still the drug of primary concern and the source of greatest harm to their clients. Consultations also highlighted clients accessing LHD AOD services are requiring support for pharmaceutical use – opioids, benzodiazepines, gabapentin, quetiapine, and some GHB (gamma hydroxybutyrate). While it has been more difficult for clients to obtain benzodiazepines by prescription, stakeholders report there has been an increase in illicit distribution.

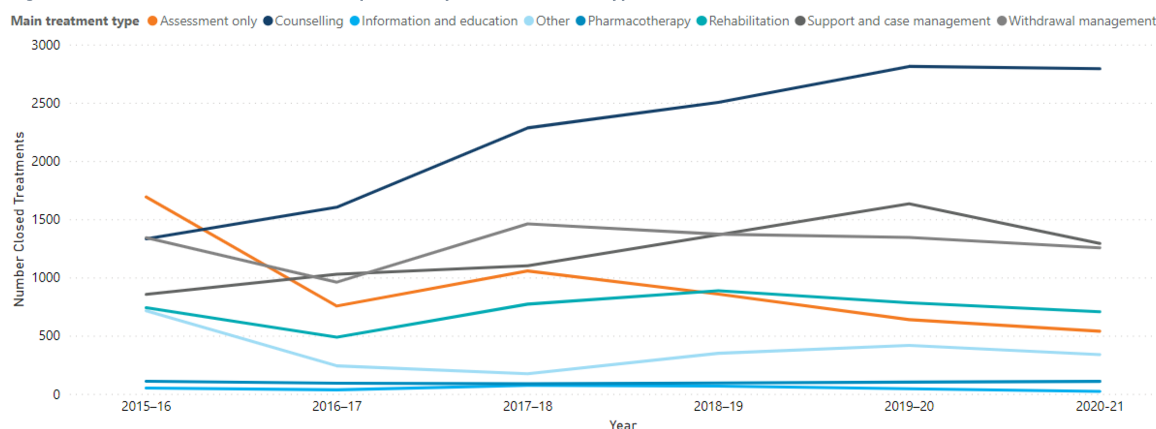
The most relevant changes in drugs of choice since 2016 has been the increase in benzodiazepine use and decrease in oxycontin use. Aboriginal participants commented on an increased use among adolescents particularly of 'Yarndi' (cannabis) and benzodiazepines. It was also noted that co-occurring health conditions associated with drug use are becoming more concentrated in treatment populations.

### *Treatment type*

In 2020-21, counselling was the most common main treatment type provided to clients (44.6% of all clients), followed by support and case management (19.4%), withdrawal management (13.6%) and rehabilitation (8%). Compared to national figures, the CESPHN region had a much higher percentage of clients whose main treatment type was support and case management (19.4% compared to 12.6%), withdrawal management (13.6% compared to 6.5%) and rehabilitation (8% compared to 4.9%).(8)

Counselling has been the most common main treatment type since 2016-17. The number of closed treatment episodes for support and case management has steadily increased and is now the second most common main treatment type. Since 2017-18 we have seen a decline in the number of closed treatment episodes for withdrawal management and assessment only. The small decline in rehabilitation services observed between 2018-19, 2019-20 and 2020-21 may be due to reduced face-to-face services during the COVID-19 pandemic.

**Figure 5: Number of closed treatment episodes by main treatment type, CESPHN, 2016-17 to 2020-21**




Source: AIHW, 2022

### *Source of referral*

In 2020-21, just over half (52.7%) of all closed treatment episodes had a source of referral as self/ family. The next most common source of referral was a health service (27.9% of closed treatment episodes).(8)

### *Treatment setting*

In 2020-21, the majority (74.9%) of closed treatment episodes were provided in non-residential treatment facilities, followed by residential facilities (22.0%). There were very low numbers of treatment episodes provided in outreach settings (72 episodes) and in the client's home (102 episodes).(8)

## Primary care

There are no specific drug and alcohol MBS items for general practice to quantify service use. While there are MBS items for addiction medicine specialists to provide care, this data is not available at the PHN level.

We expect that the majority of GPs would be seeing patients who have alcohol and other drug problems in their day-to-day practice. With over 200,000 people estimated to need screening and brief intervention for alcohol use, this would require every GP in the CESPHN region to undertake almost 200 interventions per year.

### *OTP prescribers and dosing points*

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection provides state-wide data on clients receiving pharmacotherapy treatment, dosing sites and prescribers but does not allow comparisons

across PHNs. NSW Health advised in early 2020 that there were 96 pharmacies dosing in the CESPHN region and a further 16 private/ public clinics. Botany and Canada Bay SA3 had the lowest number of dosing points.

**Table 6: OTP dosing points by SA3, CESPHN region, 2020**

| SA3 | Dosing point sites |
|---|---:|
| Botany | 1 |
| Canada Bay | 3 |
| Canterbury | 9 |
| Cronulla – Miranda – Caringbah | 7 |
| Eastern Suburbs – North | 7 |
| Eastern Suburbs – South | 13 |
| Hurstville | 8 |
| Kogarah – Rockdale | 13 |
| Leichhardt | 10 |
| Marrickville – Sydenham – Petersham | 4 |
| Strathfield – Burwood – Ashfield | 8 |
| Sutherland – Menai – Heathcote | 5 |
| Sydney Inner City | 24 |
| **Total** | **112** |

Source: NSW Ministry of Health, 2020

NSW Health also advised in early 2020 that there were 306 OTP prescribers in the CESPHN region. This equates to 14% of all GPs in the region who are confident, capable, and willing to engage in prescribing of pharmacotherapy options for opioid dependency. While this rate may be considered low, the proportion of OTP prescribers in the region is significantly higher than the national average (approx. 3-5%).

For a prescriber to provide OTP to a patient they can prescribe unaccredited with limited capacity or complete the opioid treatment accreditation (OTAC) course followed by a half day clinical placement to become accredited with the NSW Ministry of Health Opioid Pharmacotherapy Subcommittee. In NSW, just under half (47%) of prescribers who complete the OTAC course became accredited. From January 2018 to August 2021, 94 prescribers completed the OTAC course in the CESPHN area and would be eligible to apply for accreditation to prescribe opioid treatment.

There is a need to safely transition clients from the public OTP clinics to private sector (general practices, private practices and pharmacy). Strategies to improve rates of prescribing and administration could include:

- Training in shared care
- Communication with GPs and pharmacies
- Further investigating how depot buprenorphine can be administered outside of public clinics
- Incentivising the uptake of clients on OTP for GPs who have recently completed the OTAC course
- Adequate renumeration (i.e., MBS) for what is often complex and time-consuming work
- Ongoing support, mentoring and CPD/training
- Stigma and discrimination training.

This feedback has been obtained through recent work undertaken into opioid treatment in SESLHD, revising the model of care post-COVID-19 and discussions with LHD Drug and Alcohol representatives, NGOs, addiction specialists, GPs and shared care nurses.

# Priority populations

## Aboriginal and Torres Strait Islander people

In 2018-19, an estimated 55.1% of the Aboriginal population in the CESPHN region exceeded the NHMRC guidelines for single occasion risk (short term alcohol consumption), ranking CESPHN highest amongst all PHNs. The rate was much lower for lifetime risk (long term alcohol consumption) at 19.4% of the Aboriginal population, ranking CESPHN 13th amongst all PHNs.

In 2018-19, an estimated 27% of the Aboriginal population in NSW had used substance(s) in the previous 12 months. Modelled estimates at the PHN level suggests that 33.5% of the Aboriginal population in the CESPHN region had used substance(s) in the previous 12 months.(9)

**Table 7: Substance use in NSW, 2018-19**

| Substance use | Males (%) | Females (%) | Total NSW (%) |
| --- | ---: | ---: | ---: |
| Used substance(s) in last 12 months | 33.2 | 21.6 | 26.7 |
| Has not used substance(s) in last 12 months | 65.9 | 76.6 | 72.5 |

Source: ABS, NATSIHS 2019

The proportion of Aboriginal clients receiving publicly funded treatment for their own drug use has increased nationally from 14% in 2015-16 to 17% in 2019-20.

## Culturally and linguistically diverse (CALD) communities

It is difficult to identify rates of alcohol and other drug use in CALD communities as national surveys tend to be administered in English and there are limitations in the way data is collected. While the 2019 NDSHS suggests that overall AOD rates amongst CALD respondents are lower than non CALD communities, people from CALD populations are underrepresented in AOD treatment and when in treatment are less likely to be connected to appropriate support services.(10)

To improve the capacity of AOD treatment services to support CALD communities, CESPHN has funded the Network of Alcohol and Other Drugs Agencies (NADA) to carry out a CALD Audit Project. The project aims to devise, implement and evaluate an auditing process to enhance the cultural inclusion of mainstream AOD treatment services in supporting people from CALD communities accessing treatment. The auditing process seeks to optimise service experiences by identifying organisational factors that support best practice cultural inclusion.

Research has highlighted that people who inject performance and image enhancing drugs (PIEDs) in Australia are a younger and more culturally and linguistically diverse group. People who inject IPEDs may be more

vulnerable to blood-borne virus transmission and/or less likely to know their blood-borne virus status. From design to delivery, IPED harm minimisation strategies should pay attention to the needs of CALD groups.(11)

### Young people

According to the 2019 NDSHS the age at which people first tried alcohol has risen over time from 14.7 years in 2001 to 16.2 years in 2019. There has also been an increase in the proportion of young people who abstain from alcohol. However, young people aged 18-24 years are the most likely of all age groups to exceed the single occasion risk guidelines at least monthly (41%). This age group also has the highest estimates of illicit drug use in the last 12 months (31%). Cannabis, cocaine and ecstasy are the illicit drugs most commonly used by people aged 18–24 years.

The 2017 Australian Secondary School Students Survey of Alcohol and Drug Use (ASSAD) found fewer students are drinking alcohol since 2011 (down from 74% to 66%), with 15% drinking in the last week. Use of illicit drugs remains low in this group with 2% having used opiates, 2% cocaine and 3% ecstasy.(12)

Data from CESPHN commissioned service providers working with young people confirm that alcohol and cannabis remain the primary drugs of concern for young clients, followed by methamphetamine. Service providers have seen an increase in the use of benzodiazepines and inhalants in younger clients.

Young people have reported feeling more anxious and isolated during the COVID-19 pandemic. Aside from the risks associated with the virus itself, stressors include the loss of employment, closure of recreational sites and restrictions on socialising and travel, education and opportunities to engage with their community. These stressors can have negative impacts on financial security and overall mental health and emotional wellbeing. There is a need to provide holistic care for young people that supports not only drug and alcohol needs but also mental health needs.

### LGTBIQ communities

The 2019 National Drug Strategy Household Survey found that in comparison to heterosexual people, gay, lesbian or bisexual people were:

- 1.5 times as likely to smoke daily
- 1.5 times as likely to exceed the lifetime risk guideline to reduce the harm from drinking alcohol
- 9.0 times as likely to have used inhalants in the previous 12-months
- 3.9 times as likely to have used meth/amphetamines in the previous 12-months
- 2.6 times as likely to have used ecstasy in the previous 12-months.(2)

Respondents of the Sydney Women and Sexual Health (SWASH) Lesbian, Bisexual and Queer Women's Health Survey 2020 were more likely to drink alcohol (86%) and drink at levels that put them at risk of lifetime harm (48%), compared to women in general (71% and 25% respectively).(13)

Among current drinkers, 21% had been concerned about their alcohol use in the past year, and 5% had sought help to manage their alcohol use in the last 12 months. In 2020 more than half (54%) of respondents had used an illicit drug in the last six months, an increase from 47% in 2018.

CESPHN has consulted with ACON on their recent experiences of delivering services to the gender and sexuality diverse communities during the COVID-19 pandemic. The following observations were noted:

- The impact of the COVID-19 pandemic has led to loss of social connections, triggering AOD relapses. Risk of harm appear to have increased due to reduced use/tolerances post lockdowns.
  Drugs of particular concern include methamphetamine and GHB/L. There has also been an increase in alcohol and tobacco use. Alcohol, methamphetamine and cannabis continue to be the substance of concern for people accessing treatment.
- Treatment settings continue to be difficult to access due to high demand – for this reason it's important that there is a focus on health promotion around other supports for harmful/ dependent patterns of use that is accessible for GP, counsellor/psychologist, peer support, groups like Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.
- The 2021 lockdown (compared to the 2020 lockdown) has seen less engagement with services, with an increase in cancellations and no shows indicative of loss of motivation, sense of helplessness and hopelessness.
- In general, Telehealth has proven to be clinically effective, with high levels of client engagement and retention. For some clients, their engagement in Telehealth counselling has been the first time they have sustained a clinical engagement, as it has enabled them to feel safer and more secure. For other clients seeking AOD counselling, they are hesitant or reject Telehealth options, indicating their preference for in-person services despite there being an unknown (and possibly lengthy) delay due to lockdown.
- Lack of access to LGBTIQ inclusive GPs or no pre-existing relationship with a GP is a critical gap in people accessing support.
- There is a need for more GPs to offer home based supported withdrawal and detox for alcohol and cannabis and for GPs to offer non-judgmental psychoeducation around impacts of methamphetamine use on physical and mental health particularly to people living with HIV.
- There is a gap in LGBTIQ therapeutic groups for DBT skills development augmenting AOD treatment and short-term relapse prevention groups online and in-person.
- There is currently a wait for access as demand continues to grow for the CESPHN funded ACON service.

Recently, CESPHN funded ACON to produce LGBTIQ+ Inclusive Guidelines for AOD services. The purpose of the guidelines is to increase the understanding of AOD workers about the needs of LGBTIQ people and communities and how to provide an inclusive service response. The guidelines will be launched in February 2023, coinciding with World Pride.

### People experiencing homelessness

People experiencing homelessness have higher prevalence rates of drug and alcohol dependence disorders than the general population. Data from the 2015 Homelessness Inner City Registry Week showed 72% of people experiencing homelessness in the Sydney LGA reported substance use issues and 64% reported having both substance use and mental health issues .(14)

Throughout the COVID-19 pandemic, some of the service sites that provide a range of drop-in services and supports for people were temporarily closed, with many clients and organisations unaware of the often-changing opening hours, availability, and access. However, majority of services have returned to normal

operations after having to pivot to new ways of working to manage the impacts of the COVID-19 pandemic on people experiencing homelessness.

Additionally, people experiencing homelessness may not have access to mobile phones, data or technology to connect with services that have moved to providing AOD support via Telehealth. Many services have supported their clients to engage with their AOD counselling and case-management by providing data and credit on mobile phones to support clients to continue to engage.

Many homelessness services offering temporary accommodation have also reduced the number of clients residing on premises due to COVID-19 social distancing regulations. It is unclear how long the rapid housing response can be sustained, and it is noted that alongside housing, individuals often require a variety of additional supports which may not always be available and require coordination.

### People in contact with the criminal justice system

In 2020, 19,866 individuals were released from NSW adult correctional centres, and more than 50% of this cohort will return to prison within two years.(15) This number is significantly higher for people who have experienced prior imprisonment and is almost twice as high for populations experiencing multiple and complex disadvantage including mental health and AOD issues, cognitive disability, and homelessness.

The relationship between alcohol and other drug use and incarceration is well established. The majority of people in prison have AOD use that is associated with their incarceration.(16) The Community Restorative Centre (CRC) – a provider of specialist throughcare, post-release, and reintegration programs for people transitioning from prison into the community in NSW – has raised that a number of their clients have cognitive impairments, intellectual disabilities, and acquired brain injuries that are sometimes first identified and diagnosed in prison. CRC staff have highlighted the importance of diagnosis because it can have a significant impact on how clients are treated and how they function in the community.

Consultation with service providers reveals:

- Clients are commonly using heroin and methamphetamines.
- The importance of culturally safe services, in particular to be staffed by people with lived experience of AOD and the criminal justice system in frontline positions.
- Cognitive functioning and offending history are often barriers to accessing withdrawal and residential rehabilitation programs. Clients on bail or without stable accommodation to return to following treatment are also barriers. Case management support is essential to assist clients to access these treatments.
- Relationships with local GPs and pharmacies who are willing to provide OTP and work together to support a client have enabled clients to receive the treatment they need and avoid returning to custody.
- Since the onset of the pandemic, OTP services have transferred large numbers of clients to depot buprenorphine treatment. There are also increasing numbers of people exiting custody who have been commenced on depot buprenorphine. This has been a positive change with clients not having to travel to attend regular appointments. There are, however, reports of residential rehabilitation services being reluctant to accept people who are on depot buprenorphine.

- People on OTP that were previously attending clinics for dosing have now had their collection point changed to a local pharmacy. This means that people can miss out on the comprehensive support that a clinic provides.
- The need for a phone service to provide connection and assist with case management needs would be beneficial.
- Funding is needed to prepare clients for release from custody such as cognitive remediation, communication, and other self-management skills to support clients to successfully engage in AOD treatment once exiting to community. Funds are also needed for inclusion of AOD programs within prisons, including individual counselling, psycho-educational programs, group therapy, transitional assistance programs and harm reduction education like that in Victoria.

# Service gaps

### Service availability and navigation

Service accessibility and the matching of services to localised need were commonly referenced, with the Sutherland Shire raised as an area with poor access. Alongside this was a general reference to the lack of outreach services targeting difficult to reach cohorts.

The majority of participants in the consultation process expressed support for increased access to support services that addressed the multitude of problems generally associated with a significant substance use problem. The concept of holistic support, with wraparound service provision for employment and education needs along with day to day living support were all acknowledged as positive aims.

Improvements in care co-ordination and team-based service provision were also raised as models of care that should be pursued. Access to psychology, nutrition, medical and social work were all necessary to provide holistic care. A role for pharmacists as potential treatment co-ordinators was also raised. Services to support people with gambling and gaming addiction was noted by stakeholders as an emerging need.

There was interest amongst participants in assistance with better pathway navigation through the service system as extensive amounts of staff time were being utilised in trying to match clients to service eligibility criteria. It was felt by some that service connection initiatives and the building of inter-service relationships may assist in addressing this.

During the pandemic as pharmacists, GPs and allied health professionals are focussed on the COVID-19 response and related mental health supports, this has led to delays in accessing these services. Similarly private counselling has waiting lists which creates additional strain for GPs relying on use of mental health care plans to support patients. It was also reported that IDAT (Involuntary Drug and Alcohol Treatment) program currently has significant waiting times and is not admitting clients living in LGAs of concern.

A steadily rising need for opioid treatment was noted by many stakeholders, with increasing demand placed on public health OTP clinics. This is worsened by large numbers of people exiting custody who have been placed on depot buprenorphine who need ongoing treatment, with limited options for community-based OTP.

Increased access to treatment is needed for people seeking to address their alcohol use given the large number of people requiring treatment as estimated by the DASP model. Treatment options should provide for those with mild to moderate needs through to more intensive supports.

With the move of many services towards telehealth, it is recognised that this is not a one size fits all solution and some community groups face barriers to using telehealth and risk falling through the cracks. A recent paper by Turning Point points out that clients of AOD treatment services often do not have computer access, have poor digital literacy, cannot afford internet access and have no private space to meet. While telephone is an alternative it lacks the ability to assess clients as effectively. Services should consider alternatives to overcome barriers for these clients to ensure equitable access to essential treatment.(17)

To address some of the above needs, CESPHN has commissioned The Salvation Army to open a new Pathways program in Miranda, which commenced in July 2021, to provide care coordination, counselling, drug and alcohol support, and therapeutic group programs. CESPHN has also co-commissioned with other NSW PHNs a new GP-led home-based alcohol withdrawal project to support eligible patients, via regular video consultations with a GP and AOD Nurses, to withdraw from alcohol as well as provide aftercare support and follow up.

### Methamphetamine use and interventions

Surveys have found that the prevalence of methamphetamine use, including crystal methamphetamine, has remained the same but the harm has increased significantly.(18) Submissions to the NSW Inquiry into the Drug 'Ice' from research centres and medical bodies speculates that this may be due to a decrease in new users and an increase in harm arising from purer forms of crystal methamphetamines and different methods of use.

The effective treatment of problematic methamphetamine use involves the treatment of both the physical and psychological effects of its use, and the underlying causes of its use, which can include comorbid mental health issues, trauma history, homelessness, unemployment.(19) However, most current services are constructed to deal with alcohol and heroin which have very different psychological and physical withdrawal profiles than stimulants. The lack of any substitution therapy for stimulant drugs was also noted.

### Residential rehabilitation beds

The general lack of availability of residential rehabilitation beds across the state was a strong theme from the consultation. In addition, the need for culturally appropriate rehabilitation for Aboriginal people was raised. The length of waiting periods to access a bed and the poor service continuity with withdrawal services was frequently raised. Transitions between services could be improved between most service modalities however the withdrawal/rehabilitation link was the primary focus of most commentary.

Residential rehabilitation bed availability has been reduced due to COVID-19, with the need to reduce bed numbers to comply with social distancing regulations. Also, the number of people accessing residential rehabilitation centres has reduced; many services are supporting clients to obtain COVID-19 tests and vaccinations prior to entry and have slowed down their intake rate in order to facilitate the increased activities required.

### Co-occurring conditions associated with drug use

Dealing with co-occurring mental health conditions in the context of AOD use was a central theme in almost every consultation. More than 1 in 3 with a substance use disorder have at least one mental health condition and the rates are even higher among people in substance use treatment.(20) People with co-occurring mental health and substance use often have a variety of other medical, family, and social issues (e.g., housing, employment, welfare or legal concerns). Together, all these factors can impact a person's treatment and recovery progress. Because of this, there is a need for health practitioners to adopt a holistic approach to the management and treatment of occurring mental health and substance use disorders that focus on treating the person. Ongoing capacity building activities to support the local workforce understanding in co-occurring mental health and alcohol and other drug needs is important.

### Services for Aboriginal people

Aboriginal service providers raised access issues in specific locales including La Perouse, Mascot and Botany. Difficulty accessing rehabilitation, and particularly accessing culturally appropriate rehabilitation was referenced by all Aboriginal participants. Rehabilitation services should be culturally specific healing centres and include connection to community. There was a general preference for medically supervised inpatient withdrawal services instead of withdrawal managed in the home, and greater access to detoxification services staffed by Aboriginal people.

Aboriginal service providers also highlighted the relationship between suicide and drug use and the need for specific service responses to this. This link was similarly emphasised by other stakeholders, with a reference to those aged 18-24 years in the context of the 'come down' from binge stimulant use. It was also noted that there are limited supports available for people who are exiting custody and a lack of culturally appropriate services for this group.

### Services for priority populations

The lack of specific services for women and the lack of utilisation of services from people from a CALD background were noted by consultation participants.

Numerous participants noted the low proportion of CALD clients within AOD services, compared to the CALD population living within the CESPHN region. Poor access to interpreter services was raised as a barrier to participation for these clients and some participants questioned whether specialist transcultural counselling services could be used to bridge this gap.

The link between drug and alcohol use and violence was a common theme in the consultation. This was in relation to both domestic violence and other forms of violence. The impact of polydrug use on decision-making in this regard was referenced. Early intervention and population wide culture change programs were both discussed as important service gaps to respond to the significant harms associated with violence in the community.

Stakeholders referred to the dearth of available services for those recently released from the prison system, and the impact this has on relapse. Case management of this cohort was described as short term, inadequate

and ineffective. The interface between unavailability of accommodation and subsequent AOD relapse was noted. Potential partnerships with boarding house providers was seen as a possible service response to this gap.

Co-occurring physical conditions were also noted. Addressing hepatitis C in AOD populations and within the correctional system was considered a high priority. The impact of extensive stimulant use on general physical welfare, including dental hygiene, was also raised. Lack of access to pain management services and the potential impact on opioid use was raised by clinicians participating in the consultation.

It was considered beneficial to engage the community regarding AOD issues. Workshops and forums where CESPHN could lead discussion, and potentially address stigma, were considered a valuable opportunity.

### Workforce development

Support was also expressed for workforce development initiatives that improve the capacity of the existing AOD workforce to address the complexity of substance use. This could include awareness and screening for blood borne viruses, dealing with the issues associated with post prison release, having basic skills in mental health assessment and interventions and addressing the specific cultural needs of communities within the CESPHN region including Aboriginal people and those who identify as LGBTIQ. Improvements by mainstream services in providing services with cultural competence and inclusiveness were desired by many participants.

There was substantial commentary on the benefits of better information dissemination and education for general practice on responding to drug disorders. The greater availability of specialist advice for GPs was also referenced, and access to training regarding trauma informed care.

# References

1. Central and Eastern Sydney Primary Health Network. Alcohol and other drugs 2019 Needs Assessment. 2020.
2. Australian Institute of Health and Welfare. National drug strategy household survey 2019: Australian Institute of Health and Welfare; 2019 [Available from: https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data.
3. Chan R, Uporova, J., Karlsson, A., Gibbs D.,, Price O, & Peacock, A. New South Wales Drug Trends 2020: Key findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. New South Wales Drug Trends 2020: Key findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews: National Drug and Alcohol Research Centre; 2021.
4. Chan R, Karlsson A, Price O, Gibbs D, Uporova J, Peacock A. New South Wales Drug Trends 2020: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.; 2021.
5. Evidence. CfEa. HealthStats NSW 2022 [Available from: http://www.healthstats.nsw.gov.au/Indicatorgroup/TopicIndicatorGroups.
6. Central and Eastern Sydney Primary Health Network. Alcohol and other drugs prevention needs assessment. 2016.
7. Mellor R, Ritter A. Modelling bed numbers for NSW using the Drug and Alcohol Service Planning Model (DASPM). UNSW; 2019.
8. Welfare. AIoHa. Alcohol and other drug treatment services in Australia annual report. 2022 [Available from: https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/data.
9. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey 2019 [Available from: https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release#key-statistics.
10. Agencies NoAaOD. Working with diversity in alcohol and other drug settings. Strawberry Hills, NSW.: Network of Alcohol and Other Drugs Agencies; 2021.
11. Rowe R, Berger I, Yaseen B, Copeland J. Risk and blood-borne virus testing among men who inject image and performance enhancing drugs, Sydney, Australia. Drug and Alcohol Review. 2017;36(5):658-66.
12. Guerin N, White V. ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances. Second Edition. Melbourne, Victoria.: Cancer Council Victoria; 2020.
13. Mooney-Somers J, Deacon RM, Anderst A, Ryback LSR, Akbany AF, Philios L, et al. Women in contact with Sydney LGBTIQ communities: report of the SWASH Lesbian, Bisexual and Queer Women's health survey 2016, 2018, 2020. Sydney: Sydney Health Ethics, University of Sydney.; 2020.
14. NSW H. Inner City Sydney Registry Week 2015 Report. Sydney: Homelessness NSW; 2016.
15. Commission P. Report on Government Services 2021 - C Justice. Canberra: Productivity Commission; 2021.
16. Australian Institute of Health and Welfare. The health of Australia's prisoners 2015. Canberra: Australian Institute of Health and Welfare; 2015.
17. Hew A, Arunogiri S, Lubman DI. Challenges in delivering telemedicine to vulnerable populations: experiences of an addiction medical service during COVID-19. Medical Journal of Australia. 2021;215(5):237-.e1.
18. Special Counsel Daniel Howard SC. Transcript of Proceedings of the Special Commission of Inquiry into the Drug 'Ice' - Sydney (General) Hearing Day 1. The Special Commission of Inquiry into the Drug 'Ice': NSW Government; 2019.
19. The Royal Australian and New Zealand College of Psychiatrists. The Special Commission of Inquiry into the Drug 'Ice' - Submission No. 032. NSW Government; 2019.

20. Marel C, Mills K, Kingston R, Gournay K, Deady M, Kay-Lambkin F, et al. Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition). Sydney, NSW.: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, UNSW Sydney.; 2016.