



Health priority: Reducing the harm associated with drugs and alcohol

What do we mean?

PHNs have a critical role in planning and commissioning drug and alcohol treatment services. Our aim is to reduce the harms associated with drugs and alcohol, with a focus on methamphetamine use in the community.

Why is this a priority?

The Australian Government established a clear role for PHNs in its response to the National Ice Taskforce's Final Report, released in late 2015. PHNs have been resourced to assist with:

- increasing the service delivery capacity of the drug and alcohol treatment sector through improved regional coordination and by targeting areas of need, with a focus on methamphetamine use in the community
- improving the effectiveness of drug and alcohol treatment services, particularly in relation to methamphetamine use, by increasing coordination between various sectors, and improving sector efficiency.

What has the data told us?

Key points from our analysis of drug and alcohol treatment needs across south eastern NSW include:

Health status needs

- almost one in five adult residents were estimated to be engaging in high risk alcohol consumption, significantly higher than NSW state and Australian national estimates
- just over one in seven NSW residents aged 14 years and over is a recent consumer of illicit substances (local data not available)
- while there is little change in the levels of use of illicit substances, there can be change in form of substance used, including amongst methamphetamine users a significant shift in use from powder to crystal form (ice)

Health service utilisation

- high rates of alcohol attributable hospitalisations, particularly in southern NSW
- high rates of methamphetamine-related hospitalisations, with rates in Illawarra Shoalhaven amongst the highest in the state
- high rates of schedule 8 (opiate) prescriptions in southern NSW
- concentration of treatment services in major urban areas such as Wollongong, Shellharbour, Nowra and Queanbeyan/Canberra

What have our stakeholders told us?

Feedback from service providers tells us:

- responses to methamphetamine use need to be developed as part of (rather than separate to) overall enhancements to drug and alcohol treatment services
- there is an inequitable distribution of services, with particularly scant distribution in southern areas, exacerbated by a general shortage of appropriate workforce

Health priority: Reducing the harm associated with drugs and alcohol

- some 'mainstream' providers (including general practice and allied health) lack confidence in working with people with drug and alcohol problems
- many consumers experience both drug and alcohol and mental health issues, either together or separately at some point in their lives
- there is limited access to services for particular groups, including young people, families with children, Aboriginal people and LGBTI people

It has been more difficult to hear consumer and carer voices in drug and alcohol service development than in other areas such as mental health. Consumers in particular are less likely to speak out due to the stigma associated with drug and harmful alcohol use. This is an area where we plan to facilitate further work.

What is our approach?

Our goals for drug and alcohol treatment services are:

- enhanced capacity and capability within general practice to respond to primary drug and alcohol issues
- clear pathways for referral to and from specialised services
- more equitable distribution of specialised treatment services across the region

To achieve this, we will work across our four levels of person centred interventions as outlined in our Business model:

