



2019-21 Catchment- Based Plan for Barwon Drug and Alcohol Treatment Services.

Prepared by Western Victoria Primary Health Network

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Overview of alcohol and other drug system

Introduction and process

In 2014, state-based adult Alcohol and Other Drugs (AOD) treatment services underwent major reform, which included a competitive tender process and the establishment of a central intake and assessment point in each catchment area aimed at making it easier for people to understand the options and access the most appropriate AOD support (Department of Health 2013).

Within the Barwon Catchment two consortia are funded for the delivery of Adult Community AOD services. Each consortium consists of the following organisations and responsibilities:

- Barwon AOD Consortium is comprised of Barwon Health (as lead agency), Salvation Army, and Colac Area Health. Barwon AOD Consortium delivers Intake, Assessment, Care and Recovery Coordination, Counselling and Non Residential Withdrawal.
- Stepping Up AOD Consortium is comprised of Stepping Up, Windana, Barwon Child, Youth and Family (BCYF) and Western Victoria Primary Health Network (PHN). Stepping Up delivers Assessment, Care and Recovery Coordination, Counselling, Non Residential Withdrawal, Therapeutic Day Rehabilitation, and Catchment Based Planning.

In 2015 a Catchment Planning Committee was established with representation from all organisations of both consortia. These organisations provide services broader than AOD community based services, including a broad range of services for children, young people and families; adult AOD residential withdrawal; and a range of general health services. The membership of this group also includes a representative of the Department of Health and Human Services. For the new catchment planning period the decision has been made by the committee to include a broader range of perspectives, resulting in representatives from the following organisations being invited to join:

- local youth residential facility: Youth Support and Advocacy Service (YSAS);
- the local Aboriginal Community Controlled Health Organisation: Wathaurong;
- corrections;
- services for culturally and linguistically diverse populations: Diversitat; and
- forensic: Australian Community Support Organisation (ACSO).

This membership is to ensure the relevance of the plan to each service within the consortia, and to obtain input for planning integrated services for clients and their families and carers. In 2015 client representation was included on the Catchment Planning Committee. After the absence of a client representative during parts of 2017, the catchment planning committee decided to change the approach to client input via engagement with a group of clients from one of the services on the committee.

This catchment plan has built on the original submitted in 2015 (and subsequent iterations) to form this most recent catchment plan for 2019-21. A combination of quantitative and qualitative data was collected and analysed to develop this plan. Data has been obtained from a number of sources which can be found at the end of this document as references. The following is an overview of the information used within this plan:

- analysis of local population characteristics and outcomes.
- current services being delivered within the catchment.
- policy documents.
- publications regarding future initiatives by State and Commonwealth government.

- stakeholder and client engagement (detailed below).
- capacity, feasibility and cost of potential priorities.

Social determinants of drug use

There are a number of social determinants that impact on drug use, including:

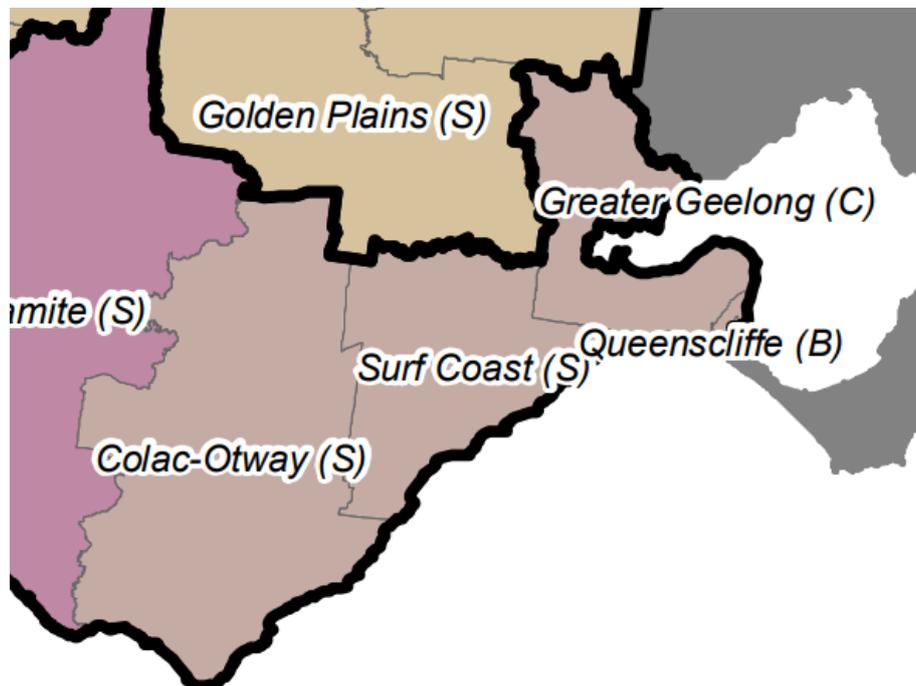
- Housing
- Income
- Education
- Mental health
- Social support
- Socio-economic status
- Service availability and access
- Ethnicity
- Safety and crime
- Family violence
- Employment

Existing research recognises that interventions aimed at improving the health of drug users must address the social factors that accompany and exacerbate the health consequences of drug use [1, 2].

Local government areas within the Barwon catchment

Barwon AOD catchment area consists of the following local government areas:

- City of Greater Geelong
- Colac Otway Shire
- Surf Coast Shire
- Borough of Queenscliffe



This has been taken from: <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-service-standards-guidelines/aod-program-guidelines/catchment-based-planning-guide-aod>

Data on the Barwon catchment

Summary of demographic data

The information below provides an overview of the context of the Barwon catchment and the communities in which people live within this catchment. This consists of demographic information, risk factors and general health data. The table below highlights those variables for local government areas with a higher rate than Victoria.

Table 1: Demographic information within the Barwon catchment.

Cells in the table below which are darker than others indicate those variables for particular local government areas have higher rates than Victoria. Those marked with “#” are substantially lower than the Victorian rate. When the count is less than 10, the rate hasn’t been included.

	Borough of Queenscliffe	City of Greater Geelong	Colac Otway Shire	Surf Coast Shire	Victoria
Population [3]	2,853	233,429	20,972	29,397	5,926,624
Percentage of population changes between 2006-2016 [4]	-5.5%#	18.2%	3.3%	35.1%	20.2%
Aboriginal and/or Torres Strait Islander persons [5]	0.3%	1.1%	1.3%	0.7%	0.9%
	percent per population				
New settler arrivals [6]	-	278.8#	126.8#	144#	682.5
	per 100,000 persons				
Family structure-couples without children [7]	60.3%	39.1%	43.8%	41.1%	36.5%
Family structure-couples with children [7]	28.9%	42.2%	38.8%	47.2%	46.3%
Family structure-one parent families [7]	9.9%	17.3%	15.8%	10.8%	15.3%
Index of Relative Socio-economic Disadvantage (IRSD) scores* [8]	1,007	983	982	1,052	-
Low income, welfare-dependent families with children [9]	4.9%#	10.9%	10.0%	6%	9.5%
Electronic gaming machine expenditure per adult [10]	\$508.09	\$614.72	\$472.86	\$130.02#	\$541.86
Persons 15years & over who had completed Year 12 or equivalent [11]	62%	52.9%	41.1%#	62.3%	61.7%
Persons 15years & over with weekly personal income less than \$400 [12]	28.1%	33.1%	32.4%	28.7%	33.2%
Persons from low income households with rental stress [13]	35.1%	32.1%	29.6%	23.5%	27.2%
Persons from low income households with mortgage stress [13]	9.3%	8.4%	11.6%	7.9%	10.2%
Unemployment benefit & young people [14]	-	4.2%	4.9%	1.7%	2.7%
Dwellings rented from government housing authority [15]	0.6%	3.0%	2.8%	0.4%	2.5%
	percent of all dwellings				
High/very high levels of psychological distress [16]**	2.7%***	15.8%	6.9%#	10.1%***	12.6%
Depression or anxiety [16]**	22.2%	32.3%	25.4%	21.9%	24.2%
Suicides [17]	-	125	16	11	-
% of deaths being suicides [17]	-	1.3%	1.5%	1.4%	1.5%
Family incidents [18]	**	1287.6	1368.9	516.2	1176.7
	per 100,000 persons				

*Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes, which includes the Index of Relative Socio-economic Disadvantage (IRSD), are based on information from the ABS Census of Population and Housing. With regards to the IRSD, the lower the IRSD score, the more disadvantaged the community.

**Estimated prevalence.

*** NB: with regards to the estimated proportion of adults with high or very high levels of psychological distress in Surf Coast Shire and the Borough of Queenscliffe, the relative standard error is between 25 and 50 per cent, and as such, interpret the estimate with caution [16].

Alcohol and other drugs data

The estimated total increased lifetime risk for alcohol related harm within the Barwon-South Western Region is 61.4% (which is statistically significant above the Victoria percentage of 57.7%) [16].

Within the Barwon AOD Catchment area:

- Colac Otway Shire has the greatest number of incidents that are above the Victorian rate for: family incidents, increased lifetime risk of alcohol related harm, and proportion of clients who received AOD treatment services.
- City of Greater Geelong has higher rates than Victoria of family incidents, rate of clients receiving AOD treatment services, alcohol only ambulance attendances, and any pharmaceutical ambulance attendances.
- Surf Coast Shire has much higher rates than Victoria for increased lifetime risk of alcohol related harm, and alcohol only ambulance attendances.
- The rates of 'increased alcohol-related injury at least once a year' across all local government areas are higher than Victoria.

Table 2: Alcohol and other drugs data within the Barwon catchment.

Cells in the table below which are darker than others indicate those variables for particular local government areas have higher rates than Victoria. Additionally, those marked with “#” are substantially lower than the Victorian rate.

	Borough of Queenscliffe	City of Greater Geelong	Colac Otway Shire	Surf Coast Shire	Victoria
Drug offences [18]	-	203.7	190.9	90.2	232.6
	per 100,000 persons				
Current smokers [16]	14.6%*	12.2%	13.6%	10%*	13.1%
Increased lifetime risk of alcohol related harm [16]	80.1 %	58.2%	68.1%	79.7%	59.2%
Increased alcohol related injury at least once a year [16]	59.9%	44.9%	56.0%	59.7%	42.5%
Clients received AOD treatment services [19]	2.0#	5.9	6.9	3.0	5.0
	per 1,000 persons				
Alcohol only ambulance attendances [20]	206.6**	328.6	276.2	318.6	301.1
	per 100,000 persons				
Any illicit drug ambulance attendances [20]	0**	140.0	65.6#	85.4#	179.6
	per 100,000 persons				
Any pharmaceutical ambulance attendances [20]	Not reported**	174.8	107.7	161	170.2
	per 100,000 persons				
Alcohol-related hospital admissions [21]	56.2***	51.8	21.5***	35.5***	55.0
	per 10,000 persons				
Illicit drug-related hospital admissions [21]	Not reported***	21.1	18.1***	12.6***	25.3
	per 10,000 persons				
Pharmaceuticals-related hospital admissions [21]	16.5***	14.8	9.8***	11.9***	16.1
	per 10,000 persons				

*For the estimated proportion of adults classified as current smokers in Borough of Queenscliffe and Colac Otway Shire, the relative standard error is between 25 and 50 per cent, therefore interpret the estimate with caution [16].

**There were only a small number of alcohol, illicit drug, or pharmaceuticals ambulance attendances in the Borough of Queenscliffe. Additionally for any illicit drug or pharmaceuticals ambulance attendances there were less than 50 per 100,000 persons for Colac Otway Shire and Surf Coast Shire. Because of the small number of alcohol, illicit or pharmaceuticals-related ambulance attendances in these local government areas (LGAs), a relatively small change in the total number of ambulance attendances can produce a substantial change in ambulance attendance rate.

***There were only a small number of alcohol, illicit drug, or pharmaceuticals-related hospital admissions in the Borough of Queenscliffe, Colac Otway Shire and Surf Coast Shire. Because of the small total number of alcohol, illicit drug, or pharmaceuticals-related hospital admissions in these LGAs, a relatively small change in the total number of hospital admissions can produce a substantial change in rate.

Approximately half of AOD client survey respondents used multiple substances, with Alcohol, Cannabis and crystal methamphetamine (Ice) being the top substances reported. Alcohol was the main substance people attended treatment for between September 2016 and June 2017. This was followed by methamphetamines – crystal form (ice), cannabis and amphetamines (data supplied from AOD service providers in the Barwon AOD catchment). This was very similar for all Victorian AOD treatment services, with alcohol being the most frequently reported primary drug, followed by amphetamines and cannabis [22].

Current alcohol and other drug available supports and services

Early intervention

Statewide online resources:

- DrugInfo – provides information about drugs through ‘Drug Facts’ website including prevention information, a SMS service, phone and email information methods.
- SayWhen – website that measures alcohol consumption and risk of harm, and provides strategies to reduce alcohol consumption.
- Ready2Change – provides online and phone based early interventions by providing strategies regarding AOD or gambling concerns.

Primary care navigational AOD support - HealthPathways

- HealthPathways is web based information portal for general practitioners and other primary health care providers in Western Victoria PHN region (which includes the Barwon catchment area). HealthPathways maximises service delivery and health outcomes for our community. It is the central source of health services information, providing condition specific information on assessment, management, and local referral options for clinician use during consultation [23]. Currently, there are HealthPathways for addiction and drug misuse that include the following: Alcohol Brief Intervention, Alcohol Withdrawal, Benzodiazepine Withdrawal, Cannabis Use, Codeine Misuse and Dependence, Methamphetamine (Ice), Opioid Dependence, Patient Requests for Combination Analgesics Containing Codeine (CACC), Pharmacy Management of Codeine Dependence, Prescription Shopping, Problem Gambling, and Drug and Alcohol Referrals [23].

Alcohol and other drug brief interventions (funded by Western Victoria PHN)

- Barwon Child, Youth and Family (BCYF) is the lead agency in the Geelong-Otway region¹ and has partnered with Stepping Up Consortium and Colac Area Health by providing early intervention for people who are at risk of developing problems related to AOD use in the primary care and non-treatment sector and provide referral pathways across the health and community system with a focus on integrated care and supported referrals. The service targets individuals accessing primary care services where indicators exist of a compromise to health due to AOD use; family members impacted on by someone else’s use; people in contact with emergency services or departments due to negative consequences related to intoxication; and people who are being supported by GP’s who require AOD support but don’t require specialist treatment.

Support for family and carers of people with AOD concerns:

- Family drug help is a statewide phone and online services that provides resources and support, that aims to improve the physical and mental health of families of people with AOD concerns.
- Programs specifically targeting support for family and carers, funded by Western Victoria PHN are; Specialist Family Intervention program, and AOD brief intervention

¹ Geelong-Otway region is a similar region to the Barwon AOD catchment region but also includes Golden Plains Shire Council.

program, delivered by Barwon Child, Youth and Family (BCYF) the flexibility within these programs is beneficial and allows this organisation to blend State and Commonwealth funding together, however there is a need to improve links and referral pathways into these program.

- “In Focus” is an education program and networking with people who have been impacted by someone’s alcohol and drug use facilitated by Self Help Addiction Resource Centre (SHARC) in Geelong, the initiative has been supported by BCYF and Salvoconnect.
- There is a fortnightly Family Drug Support Group at Barwon Health Swanston Centre location, Geelong.
- SHARC worked with Colac Area Health to create start up group to provide peer support for families and carers.

Harm Reduction

- Barwon Health is delivering four harm reduction initiatives: Needle and Syringe Program (mobile, fixed site and secure dispensing machines), Peer Led Overdose Response, Proactive Overdose Response, and the Take Home Naloxone Program, including the Naloxone Subsidy Initiative.
- Stepping Up and Barwon Child, Youth and Family commenced two new programs from February 2018:
 - Targeted treatment services for parents whose children are the subject of a family reunification order
 - Expanded services for clients engaged in treatment who are at higher risk of overdose
- Stepping Up is delivering the overdose prevention initiative and is partnering with BCYF to deliver the family reunification initiative.

Alcohol and Other Drug Treatment Services

Catchment-based Intake

- Adult AOD non-residential intake service delivered by Barwon Health.
- Current Victorian Government funded AOD program guidelines outline the ability for catchment-based intake to deliver brief interventions [24].

Assessment

- Following a comprehensive review of the changes by Aspex (commissioned by DHHS) in September 2015, further changes were introduced in July 2017, with treatment services gaining responsibility for assessment of voluntary clients whilst catchment based intake continue to deliver intake, screening, brief interventions and bridging support [25].
- Funding was redistributed, so assessment of clients is now provided by AOD treatment services. A partnership agreement between the two consortia was completed early in 2017 and reviewed and updated in August 2018 in relation to system changes to Intake and Assessment pathways. This agreement is to ensure pathways between intake and assessment are client centred. It’s notable that completing quality assessments is a labour intensive activity, and there is an administrative burden associated to this activity. The impacts of the changes continue to be monitored.

Community Based (Counselling, and Care and Recovery Coordination)

- Multiple services delivered by Barwon Health, Stepping Up, SalvoConnect, Colac Area Health and Barwon Child, Youth and Family with services mainly based within the towns of Geelong and Colac.
- Smoking Clinic at Colac Area Health and Barwon Health.

Peer support

- Barwon Health supports a peer overdose response worker in the Geelong area.

Non-residential withdrawal

- Delivered in Geelong by Windana by a nurse and caseworker.
- Home based withdrawal with the support of a GP delivered by Barwon Health

Residential withdrawal

- SalvoConnect provide a residential medicated withdrawal from substances.

Therapeutic day rehabilitation

- 'Time for Change' is a six week group day program delivered by Stepping Up, this explores issues associated with substance misuse and recovery, and this is delivered within Geelong.

Community Rehabilitation

- SalvoConnect provide a range of groups and programs including family support group, relapse prevention, Ready4ACTion and Making Changes.
- Living Learning Lifestyles is a 10 week program for rehabilitation of AOD and connects individuals with other community services they may require, provided by SalvoConnect.

Residential rehabilitation

- There are currently no state funded residential rehabilitations (for plans regarding a residential rehabilitation in Geelong, please see Future Developments on page 13).
- Private facilities include: The Hader Clinic, therapeutic community in Geelong; Foundation 61, based in Geelong; and Habitat therapeutics, based in Geelong.

Pharmacotherapy

- Opioid management team based at Western Victoria PHN provides opioid prescribing and dependence support for primary care providers across the Barwon region.
- Project ECHO – is a weekly case conferencing telehealth model to provide education and knowledge on opioid dependence treatment by linking multiple disciplines (including specialist teams).
- Pharmacotherapy Clinic is provided by GPs located on site at Barwon Health, provide opioid replacement therapies (e.g. methadone, buprenorphine) for people with opioid dependence.

Population specific services

Youth AOD services

- Early intervention statewide online program called Youth Drug and Alcohol Advice Service (YoDAA) – is an online and phone state wide specialist AOD tools, advice and support for young people, families and carers, schools and professionals.
- Youth AOD counselling provided through Headspace in Geelong.
- Substance safe program (Western Victoria PHN funded): focused on young people and their families to reduce the impacts of substance use in Geelong.
- Jigsaw youth mental health drug and alcohol service for young people (16-25 year olds).
- Geelong youth residential withdrawal based in Geelong and delivered by Youth Support and Advocacy Service (YSAS).

Aboriginal AOD services

- Aboriginal AOD support provided at Wathaurong with a harm minimisation approach to alcohol and other drugs.

- Aboriginal AOD diversion workers in mainstream AOD services

Forensic AOD treatment services

- Community Offender Advice and Treatment Service (COATS) screening and assessment is undertaken by Australian Community Support Organisation (ACSO) and determines any required support from AOD treatment services.
- COATS is provided by Stepping Up, Barwon Health, SalvoConnect, Colac Area Health and Barwon Child, Youth and Family.

Engagement with local service providers and clients

The above data provides an overview of the general demand on services, however to understand the local context of these services in detail, the following themes have been collected through qualitative data from the following engagement methods:

- AOD clients were surveyed during September 2017, the surveys only represented a small number of clients (38) within the catchment, but some consistent themes were obtained from these surveys. From herein this will be referred to; client survey, 2017.
- Engagement with service providers and clients during discussions at a Barwon AOD forum, hosted in Geelong in June 2018. The service providers consisted of one or more of the following: local alcohol and other drug clinicians and managers; alcohol and other drug residential withdrawal and rehabilitation clinicians/managers; health service staff; youth service staff; family services staff; general practitioners; mental health (and AOD) clinicians, nurses, and managers; state government representatives from health and justice; gambling support service staff; Aboriginal AOD worker; sexual violence service worker; and pharmacotherapy coordinator. The focus of this forum was to build on knowledge gaps within the previous AOD catchment plan, such as providing AOD treatment for: vulnerable populations, people with comorbidities, impacts for children and young people, and method of delivering services. From herein this will be referred to; service provider consultation, 2018.
- Service provider consultation within Colac in July 2018. Permission was obtained to use the themes within this catchment plan from a Colac co-design workshop (that was undertaken for Western Victoria PHN commissioning activities). This workshop consisted of representatives from local AOD treatment clinicians/managers; pharmacist, general practitioner, health services staff, youth services staff; and residential youth services staff. From herein this will be referred to; Colac service provider consultation, 2018.
- Data obtained from a survey distributed to a range of service providers supporting people with AOD concerns, for attendees at Western Victoria PHN Winter Symposium in June 2018 and the Barwon AOD forum in June 2018 (mentioned above). There were 51 survey respondents and these were mainly from the Barwon region. From herein this will be referred to; service provider survey, 2018.

Challenges in transitioning clients from primary care to AOD treatment.

Within the client survey, 2017, many AOD clients reported having a regular general practitioner (GP) and outlined their GP has a role in providing health care to AOD clients. The results from the client survey, 2017 reported GPs are lacking the knowledge to support these people sufficiently, along with lacking information to refer appropriately to AOD treatment. Involvement of a GP is especially important in the care for AOD clients, with many respondents to the client survey in 2017 reporting co-morbidities including mental health, pain management and chronic disease, all of which require the involvement of a GP. This feedback was supported through service provider consultation, 2018 identifying the need for improvements in links between different organisations supporting people with AOD concerns. Strategies suggested within the service provider consultation, 2018, included improved referral pathways

between primary care and AOD treatment and increased collaboration between health services to support clients through the journey within health system and into AOD treatment as there are a number of clients that are dropping out during this transition. Increased knowledge and use of HelathPathways and AOD brief interventions (mentioned above) may improve these processes.

Areas for improvement for collaboration and coordination for AOD clients

During the service provider consultation, 2018 a lack of known clear client pathways into and during AOD treatment was discussed. During this consultation, the need for focused effort to increase knowledge of services and referral pathways into AOD treatment, rather than word of mouth (need to make services more visible) was a common theme. The consultation resulted in suggested improvements to ensure the right service at the right time, no matter which entry point the client comes through (this was also a strong theme at the Colac service provider consultation, 2018). The Colac service provider consultation, 2018 also identified improvements to the referral process and improvements to the coordination between services delivering AOD treatment within the region.

Lack of provision of accessible AOD treatment services (telehealth and after hours)

The lack of access to AOD services in the after hours period and transport issues were the most frequently reported access barriers through client surveys, 2017. Improvements suggested by respondents for AOD services included the need to provide options for appointments out of hours. The service provider consultation, 2018 supported this by identifying the need to increase access in the after hours period, including having continuity of care and collaboration between after hours services and the client's regular service. Stepping Up currently provide after hours services one night a week until 7.00pm within the Geelong region, which is booked in advance.

Respondents to the client survey, 2017 indicated they would prefer to access services within their community but accessing these services locally, wasn't always possible. Access barriers reported by clients were: waiting lists, don't know if services exist, distance, and opening hours don't meet needs. Telehealth was another concept explored at the service provider consultation, 2018 as a possibility to improve access. During this consultation, where telehealth had been trialled service providers reported the importance of completing telehealth in combination with face-to-face service delivery. Additionally, telehealth was described as an unknown method of delivery for people, and discussions around education regarding the use of telehealth is important for both providers and clients, including having policies and procedures around when telehealth could be a viable therapeutic option.

Other access concerns were a lack of locally available withdrawal and rehabilitation facilities, identified within the client surveys, 2017 and the service provider consultation, 2018.

In more rural areas, access issues were also around privacy and confidentiality for clients, especially because of the stigma associated with excessive AOD use and treatment (this was raised at both service provider consultations in 2018).

Challenges in providing services to clients with complex life situations.

Respondents to clients surveys, 2017 indicated they failed to attend an appointment due to transport issues, forgotten appointment and ill health.

Service provider surveys, 2018 reported challenges in supporting clients with complexities such as: socio-economic disadvantages (e.g. financial, housing); clients not attending appointments and difficulties in keeping clients engaged in services; engaging clients when ready to change and compliance of clients.

Within the Colac service provider consultation, 2018 it was identified the importance of clinicians having an understanding of the range of services available, due to the complexity of clients.

Challenges in providing services to hard to reach populations

During the service provider consultation, 2018 challenges for non-hard to reach populations in navigating the AOD system were identified, resulting in navigation challenges being amplified for hard to reach population groups. During the service provider consultation, 2018 it was identified challenges for hard to reach populations to enter into AOD treatment pathways and during treatment. Along, with targeted services to support hard to reach populations is lacking especially regarding early intervention and lack of diversity. The Colac service provider consultation, 2018 identified the challenges in engaging young people, there are some school based programs, however many people with AOD concerns don't attend school. Some examples of these hard to reach populations include: Aboriginal and/or Torres Strait Islander people; culturally and linguistically diverse populations; youth; and lesbian, gay, bisexual, trans, intersex, queer/questioning, asexual and many other terms (LGBTIQA+).

Challenges in providing support to family and carers

Service provider surveys, 2018 identified there are limited resources to support family and carers and they are an additional intricacy when supporting AOD clients, including: if the client doesn't have any family or they are disengaged/not supportive or have their own AOD or mental health issues. Another complexity reported within service provider surveys, 2018 was regarding family and carers expectations of client outcomes and their lack of understanding regarding the AOD treatment journey. Organisations within the consortia have varying degrees of funding and provision of family and carer support, which are outlined above under the heading 'Current alcohol and other drug available supports and services'.

Workforce

The consortias within the Barwon catchment are made up of multiple organisations that have varying requirements regarding education, specifically levels of education and the specialities in which staff have studied. Anecdotally, all organisations within the consortia report challenges in recruitment and retention due to the multiple employment opportunities for potential employees, especially due to competing industries with competitive employment opportunities. Additionally, short term funding for agencies, results in short term employment contracts which is another challenge for recruitment.

The Department of Health and Human Services have focused on workforce and compelled The Victorian State government have funded training for nurses and midwives to support people with alcohol and other drug concerns, including providing brief interventions and motivational interviewing [26].

Family Violence

Within Geelong there is The Orange Door, providing women, children and young people's family violence services, child and family services, Aboriginal services and men's family violence services. There is also an Orange door access point in Colac provided by Colac Area Health. Family Violence Advisors are based within the Barwon region, one role is a general family advisor, another family advisor is specifically focused on AOD, with another family advisor focused on mental health (this position will commence shortly) [27].

Three changes commenced late September 2018, consisting of; Child Information Sharing Scheme (CISS), and Family Violence Information Sharing Scheme (FVISS).

"The Family Violence and Child Information Sharing Schemes are aimed at removing barriers to information sharing to allow professionals to work together, across the service system, to

make more informed decisions and better respond to the needs of children, families and other people, including those experiencing family violence” [28].

Multi-Agency Risk Assessment and Management (MARAM) Framework will replace the previously used Common Risk Assessment Framework (CRAF), and be used when family violence is present to provide guidance through the information sharing schemes [28]. Department of Education and Training (DET) and Family Safety Victoria (FSV) developed training for the AOD sector which was delivered in Colac and Geelong in November 2018, along with the availability of online training [28].

Potential future impacts due to system changes

Pharmaceuticals

Codeine

Nationally, since 1 February 2018, codeine containing products are no longer available in the pharmacy without a prescription [29]. These include painkillers containing codeine and some cough and cold medications. Service provider consultations identified concerns regarding these impacts which include pressure on GPs who haven't supported people with codeine addictions previously (usually self-monitored), people going into withdrawal and subsequent capacity and capability of AOD treatment sector to manage codeine dependency. Anecdotally AOD treatment providers haven't reported any impact as a result of these changes to codeine containing products, however, it is unknown the impact within primary care.

Real time prescribing

SafeScript, introduced in the Western Victoria PHN catchment area in October 2018, is a clinical decision support system that allows doctors and pharmacists to access an up-to-the-minute medicine supply history of certain high-risk medicines for their patient at the point of consultation [30]. SafeScript (Real Time Prescription Monitoring) aims to reduce the negative impacts of misusing prescription medicines and reduce the impacts of using a combination of different pharmaceuticals [31]. The high-risk medicines of focus are those for managing pain, opioid dependence, anxiety and sleep disorders, and benzodiazepines. Training for this system has been completed during October and November 2018 (face-to-face), with online modules also available [32]. The impacts of implementing this program won't be known until ample training has been completed and the system is more established in the Barwon region.

Transition to Victorian Alcohol and Drug Collection (VADC)

The objectives of VADC are to:

- identify a more efficient and user friendly method for data submission;
- minimise the data collection burden on service providers; and
- ensure data collection flexibility over time to meet emerging policy and funding initiatives.

The implementation of Victorian Alcohol and Drug Collection (VADC) has commenced with AOD treatment providers' Client Management Systems have started to align with the VADC specifications with the first submission of data occurring from the first quarter of 2018-19.

Transition to the VADC is likely to provide a more accessible data set. Additionally, DHHS is providing all AOD catchment planners across Victoria with AOD service data at the catchment level. To understand some intricacies within the catchment, service providers are submitting a small number of data variables for AOD catchment planning.

Client Incident Management System (CIMS)

All AOD service providers within Stepping Up consortium now report through the new Client Incident Management System. Within the Barwon AOD Consortium, Salvation Army has transferred to the new system while Barwon Health and Colac Area Health are still reporting

through the previous reporting system. Publicly funded health services do not have to transfer until later in the year.

Forensic AOD service delivery model

Clients from justice system that access AOD treatment are referred as forensic clients [33]. Alcohol and other drugs program guidelines released by Department of Health and Human Services (DHHS) in July 2018 state “Forensic clients represent a significant proportion of presentations at Victorian AOD treatment services.” This new model focuses on providing greater support during AOD treatment for an offender. The model consists of implementing a number of planned high level initiatives for the next few years. Including the delivery of new AOD treatment interventions for offenders on Community Correction Orders. Additionally, changes have occurred to the way youth AOD outreach service is funded for forensic [33]. Victorian Alcohol and Drug Association (VAADA) is developing an AOD forensic online learning course which will be available in December 2018 [34].

Future developments

Young people - advocacy

Youth Support and Advocacy Service (YSAS) has proposed a Ten Point Plan for young people around AOD-related harm. This was proposed to Victorian State Government for a funding commitment in August 2018 [35]. This consists of:

1. Prioritise young people who are most at risk
2. Intervene early to prevent years of unnecessary harm and cost
3. Focus on proactive engagement and treatment retention
4. Invest in lasting results – interventions of sufficient intensity and duration
5. Modify the existing youth AOD service system for greater performance
6. Further integrate youth AOD services with other youth-specific service systems
7. Systematic involvement of families and carers
8. Expand the youth AOD service system to match population growth – targeting growth communities
9. Address chronic under-servicing of young people living in rural and remote communities
10. Improve service co-ordination and planning to meet the changing AOD-related needs of youth population

Residential Rehabilitation

The Victorian DHHS have constructed a 20 bed new residential rehabilitation facility within the Grampians region with service commencement in 2018 provided by Windana Drug and Alcohol Recovery, and are set to build a new 30 bed residential rehabilitation facility in the Barwon region. Additionally, the Great South Coast region is currently advocating for a 20 bed residential rehabilitation facility. WRAD is working with the DHHS to prioritise this project and is currently under consideration.

State policy and funding announcements that may assist in addressing the insufficient focus of clients with multiple service needs, include expanding family violence services.

AOD co-design initiative

Western Victoria PHN is progressing an AOD co-design and re-design process to deliver the most appropriate Commonwealth funded AOD services, while also integrating them with existing AOD services. The process has engaged local service providers to co-design with their communities, models of care that effectively and efficiently meet local needs.

Priorities and action plan for 2019-2021

Issue	Objective	Strategy	Specific activities to achieve strategy	Timeframe	Agency to lead activity
1. Clients having difficulties in navigating numerous points of entry into AOD system.	Improve the AOD intake process in the Barwon region.	Review of the entire current intake system and referral system (youth, forensic, adult and Colac). Include the exploration of enablers and barriers to referral pathways and what can be improved within existing system.	Map current intake models, and barriers and enablers including community feedback. Review, propose and implement any relevant changes.	Year 1	Stepping Up (with support from all agencies)
	Increase community access to AOD information regarding AOD and other associated services in the Barwon region.	Development of a plan to deliver AOD services to the under serviced areas in which there is the most demonstrated need.	Compare client postcodes from DHHS data to service locations.	Over 3 years	Western Victoria PHN
2. Lack of provision of accessible AOD treatment services (including after hours).	Create additional opportunities for AOD clients to attend treatment.	Explore the possibility of having extended opening hours and clients' interest in after hours services.	Consult with clients regarding the possibility of whether after hours services will improve access and meet their needs. Determine the feasibility of providing these services.	Year 1	Western Victoria PHN (with support from all agencies)
			Obtain feedback/report on Stepping Up's after hours model.	Year 1	Stepping Up
3. Challenges in transitioning clients from primary care to AOD treatment.	To ensure non-AOD treatment providers can provide based AOD support and are aware of referral pathways into AOD treatment.	Review AOD HealthPathways and identify any new potential pathways and provide updates for any changes in system to HealthPathways.	1-2 times a year to bring the relevant AOD HealthPathways to the AOD committee for review.	Over 3 years	Western Victoria PHN
		Explore potential engagement with GPs, other general practice staff and allied health. Work into existing meetings and networks of Western Victoria PHN e.g. general practice manager meetings.	Trial attendance for AOD treatment providers at 1-2 PHN hosted network meetings (that are relevant).	Year 1	Western Victoria PHN

Issue	Objective	Strategy	Specific activities to achieve strategy	Timeframe	Agency to lead activity
		Provide education (continuing professional development) to upskill GPs and allied health professionals in providing AOD care and support (including education on current AOD treatment system).	Explore the potential of AOD specific CPD events for primary care providers.	Year 1	Western Victoria PHN

Issue	Objective	Strategy	Specific activities to achieve strategy	Timeframe	Agency to lead activity
4. Limited understanding of issues in rural regions within the Barwon catchment.	To focus on a subregional view of service coordination	Obtain additional detail regarding sub-regions within the Barwon region for local service improvements and develop subregional focuses within the AOD catchment plan.	Undertake forum in Colac due to service delivery complexities within this area (similar to forum held in Geelong in 2018). Use outcomes from this forum to develop a local action plan. Undertake a third forum in Surf Coast Shire.	Year 1 Year 2	Western Victoria PHN (with support from all agencies).
5. Areas for improvement of collaboration and coordination for AOD clients.	Improve integration of services to facilitate ease of access for clients.	Develop communication messages and/or tools to facilitate client access to services.	Explore the possibility of developing an alcohol and other drug resource guide.	Year 1	Stepping Up
		Develop communication messages and/or tools to facilitate and maintain service provider referral knowledge.	See actions for Issue 10.		
6. Ongoing input from AOD clients	To build on and improve engagement with AOD clients.	Promote and support APSU Client survey within AOD services in the Barwon region.	Agencies to promote client participation in the APSU survey.	Over 3 years	All agencies.
		Engage with AOD clients to provide input into planning.	Determine the best way to obtain input from client into planning process and undertake engagement (e.g. surveys, consultations).	Over 3 years	Western Victoria PHN, (with support from all agencies)
7. Challenges in providing support to family and carers.	To increase awareness of, and access to local support services to assist those caring for a family member/friend/partner particularly with ice addiction.	Information regarding local family/carer drug support services are promoted to community based organisations and the community.	Map what currently exists in this space and what are the funding limitations and opportunities for sustainability.	Year 1	All agencies.

Issue	Objective	Strategy	Specific activities to achieve strategy	Timeframe	Agency to lead activity
8. Challenges in providing services to hard to reach populations	Ensure people with a culturally and linguistically diverse background have access to culturally safe AOD services.	Engage with Diversitat to identify enablers.	BCYF have an existing relationship with Diversitat and are about to commence a co-location which could be utilised to build an understanding of perceived issues and relationship with community to understand what is required.	Over 3 years	BCYF
	To provide appropriate and culturally safe services to Aboriginal and / or Torres Strait Islander peoples.	Provide cultural awareness training for members of the AOD workforce across the range of providers.	Explore and record what Aboriginal and/or Torres Strait Islander cultural awareness training each agency currently delivers.	Year 1	All agencies
			Work with agencies to deliver AOD specific Aboriginal and/or Torres Strait Islander cultural awareness training.	Over 3 years	All agencies
	To reach trauma affected clients who do not access mainstream services	Explore funding opportunities to develop and provide an innovative program that includes non-talking therapies.	Undertake a pilot program if funding is allocated and report to the committee on outcomes.	Year 1	Colac Area Health
9. Challenges in providing services to clients with complex life situations.	To identify and respond to family violence by strengthening specialist practice, knowledge and leadership.	To support Family Violence Advisor from Bethany and Salvoconnect in planning and delivery of family violence with AOD services across the Barwon region. Explore the interface with The Orange Door and strengthen referral pathways with a view to developing collaborative service responses.	Salvoconnect to inform group of emerging activities.	Year 1	Salvoconnect
		Work with the family violence advisors to improve the delivery of family violence support.	Year 1	All agencies	
		Promotion of any relevant professional development opportunities to AOD service providers within the Barwon region.	Add this as a regular agenda item on the AOD catchment planning committee meetings.	Over 3 years	All agencies

Issue	Objective	Strategy	Specific activities to achieve strategy	Timeframe	Agency to lead activity
		To create increased opportunities for integrated care for clients with comorbidities – mental health and AOD.	Explore and understand client pathways and support and explore options to improve support for clients with comorbidities.	Year 1	Barwon Health
10. Improve networking and governance between AOD services.	To have opportunities for networking and shared decision making.	Explore the development of a governance structure that includes an executive and an operational level including network meetings across the broader AOD sector.	Review Terms of Reference for current committee and create Terms of Reference, where needed.	Year 1	All agencies
			Implement a stronger governance structure and committee.	Year 1	Stepping Up & Barwon Health (two consortia leads)
			Continue AOD catchment planning meetings (that bring managers together and other services intersecting with AOD treatment services). Broaden this meeting to include discussions of capacity, training, new services and information sharing.	Year 1	Western Victoria PHN (with support from all agencies)
			Implement regular operational network meetings consisting of discussions of capacity, training, new services and information sharing (along with mobilising locally for the change for the new forensic AOD service delivery model).	Year 1	Stepping Up & Barwon Health (two consortia leads)

Issue	Objective	Strategy	Specific activities to achieve strategy	Timeframe	Agency to lead activity
11. Workforce	Develop a formal plan to include students in AOD service models	Explore opportunities for agencies to collaborate to assist new staff enter the AOD workforce through for example, bringing an AOD graduate program to the region (and student placements).	<p>Review of current strategies by each agency.</p> <p>Investigate other models of graduate programs in other regions.</p> <p>Investigate potential for collaboration.</p> <p>Explore the possibility of working with local TAFE and University to build a model and implement.</p>	Over 3 years	All agencies

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