



Australian Government

Department of Health

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Primary Health Network AOD Needs Assessment Reporting Template

15 November 2017

Name of Primary Health Network

Australian Capital Territory

When submitting this Needs Assessment Report to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Report has been endorsed by the CEO.

Outcomes of the health & service needs analysis

Alcohol, Tobacco and Other Drugs

Outcomes of the health & service needs analysis		
Priority Area	Key Issue	Description of Evidence
Dependent / high risk / severe drug and alcohol use and related harms	Increased alcohol and other drug (AOD) related harms (e.g. dependency, changing drug trends, complexity, overdose, family problems, blood borne virus infection) and their disproportionate impact on Aboriginal and Torres Strait Islander people in the ACT region	<p>Relatively rapid change in ACT drug trends are consistent with national trends (National Drug Strategy Household Survey, 2013)</p> <p>Increased AOD related harms including, e.g.:</p> <ul style="list-style-type: none"> - Almost doubling people who are dependent drug users (i.e. methamphetamine) over a relatively short period (3 years) - Increased demand on specialist AOD treatment and support services (e.g. increased presentations to specialist AOD services where amphetamines is a drug of concern) - ACT opioid overdose rates highest in 10 years <p>Disproportionate burden of alcohol and other drug related harms experienced by Aboriginal and Torres Strait Islander people in the ACT region</p> <p>Expert advice from ACT specialist AOD treatment and support services, consumer organisation, ACT Health, ATODA (the peak body) and Aboriginal and Torres Strait Islander community-controlled services, external ACT AOD research expertise.</p>
Strengthen existing specialist AOD treatment and support services for people experiencing dependent / high risk /	<p>Significant unmet need and demand for specialist AOD treatment and support services for the ACT region</p> <p>Treatment and support that is culturally safe for Aboriginal and Torres Strait Islander people</p> <p>Lack of capacity in existing specialist AOD treatment and</p>	<p>Need to double AOD treatment places.</p> <p>36% increase in demand for specialist AOD non-government services from 2010-2014.</p> <p>Harm reduction services have a strong evidence base and have been used effectively in the ACT, including peer based approaches.</p> <p>If people who need AOD treatment don't get a specialist AOD response when they seek it they may not re-engage for significant periods of time and may remain at high risk.</p>

Outcomes of the health & service needs analysis

<p>severe drug and alcohol use and related harms and their friends and families</p>	<p>support services in the ACT to provide:</p> <ul style="list-style-type: none"> - Opportunistic assertive outreach to engage ‘hard to reach’ sub-populations to prevent and reduce AOD related harm and provide supported referrals to treatment - The intensity and duration of treatment required (at all points of treatment pathway, including after care) <p>Need to increase the quality of existing specialist AOD treatment (e.g. consumer and friend/family participation) particularly for clients experiencing complexity and multiple morbidities (e.g. hepatitis C, risk of opioid overdose, use of methamphetamine)</p>	<p>Sustained positive AOD treatment outcomes over the longer term are more common for those who have experienced severe and complex AOD problems with longer treatment duration and more intensive treatment modalities.</p> <p>Current ACT AOD treatment population experiencing significant complexity (e.g. 70% unemployment) (Service User Satisfaction and Outcomes Survey, 2015).</p> <p>25% of the current ACT AOD treatment population identify as Aboriginal and Torres Strait Islander (Service User Satisfaction and Outcomes Survey, 2015).</p> <p>Expert advice from ACT specialist AOD treatment and support services, consumer organisation, ACT Health, ATODA (the peak body) and Aboriginal and Torres Strait Islander community-controlled services, external ACT AOD research expertise.</p>
<p>Tailored services to address methamphetamine use</p>	<p>Stakeholders reported increased methamphetamine use in the Aboriginal and Torres Strait Islander Community, as well as a lack of culturally appropriate services to support individuals</p>	<p>A national survey of Aboriginal and Torres Strait Islander community controlled services and AOD services reported that 79% of respondents identified meth/amphetamines as a significant issue for Aboriginal and Torres Strait Islander clients.</p> <p>The ACT Aboriginal Community Controlled Health Organisation (ACCHO) reported that over the last two years there has been a significant increase in the use of methamphetamine, with an</p>

Outcomes of the health & service needs analysis

	<p>using methamphetamine and their families.</p>	<p>increase in presentations at the ACCHO. Over a four month period in 2015 four young male members of the Aboriginal Community died as a result of methamphetamine use.</p> <p>An Aboriginal and Torres Strait Islander youth based service in the ACT reported an increase in methamphetamine use in the youth community, which also has a broader impact on family members. The youth service has identified that their workers are not appropriately trained to support clients using methamphetamine and their families. They also identified that there were a lack of culturally appropriate methamphetamine and broader AOD related resources to provide to clients.</p>
<p>Education and resources around assessment and management of drug and alcohol use in primary care (including referral pathways)</p>	<p>GPs and mental health professionals working within a primary care setting have reported that there needs to be an increased focus on the provision of educating and resources to assess and manage drug and alcohol use within a primary care setting, including assessment tools, evidence based interventions and referral pathways</p>	<p>GPs and mental health professionals participating in consultation and completing education evaluation forms have highlighted the need for education and resources relating to assessment and management of drug and alcohol use within primary care. In particular, GPs and mental health professionals have identified the need for education to have a focus on assessment tools and evidence based interventions, and for supporting resources to be provided including clear referral pathways.</p>

Opportunities, priorities and options

Alcohol, Tobacco and Other Drugs

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
Alcohol, Tobacco and Other Drugs				
Community based specialist alcohol and other drug (AOD) treatment and support	Opportunistic assertive outreach to engage 'hard to reach' sub-populations to prevent and reduce AOD related harm and provide supported referrals to specialist AOD treatment services	<p>People who continue to use AOD experience reduced AOD related harms</p> <p>Specialist AOD interventions and engagement provided to 'hard-to-reach' at risk clinical sub-population who may be pre-contemplatives for AOD treatment</p>	<ul style="list-style-type: none"> • Number of specialist alcohol and other drug (AOD) treatment and support services provided in outreach settings: <ul style="list-style-type: none"> ○ Information and education ○ Support and case management - <i>ACT Minimum Data Set for Alcohol and Other Drug Treatment Services Data Dictionary and Collection Guidelines, 2015 – 2016[#]</i> (ACTAODMDS) 	ACTPHN working in partnership with an ACT Health and ATODA
	Increased capacity for specialist AOD treatment services to provide immediate triage and brief intervention when clients initially contact the services	People making initial contact with AOD treatment services are immediately triaged by an AOD worker and offered a brief intervention.	<ul style="list-style-type: none"> • Number of specialist AOD treatment and support services providing: <ul style="list-style-type: none"> ○ Information and education ○ Support and case management ○ Counselling 	ACTPHN working in partnership with an ACT Health and ATODA

Opportunities, priorities and options

Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
		Existing specialist AOD treatment services are able to provide new and additional specialist AOD interventions (e.g. structured triage and brief intervention program)	<ul style="list-style-type: none"> - ACTAODMDS 	
	Increased capacity for specialist AOD treatment services to provide brief interventions and/or low intensity treatment to people on waiting lists for AOD treatment.	<p>People assessed as requiring AOD treatment are placed on a structured waiting list program and are regularly offered brief interventions and/or low intensity treatment (e.g. counselling) to remain engaged with treatment service.</p> <p>People who use AOD in high risk / dependent / severe ways are at reduced risk of AOD related harms</p> <p>People who use AOD in high risk / dependent / severe ways who want treatment are able to access specialist AOD treatment-on-demand</p>	<ul style="list-style-type: none"> • Number of AOD specialist treatment services: <ul style="list-style-type: none"> ○ Information and education ○ Support and case management ○ Counselling - ACTAODMDS 	ACTPHN working in partnership with an ACT Health and ATODA

Opportunities, priorities and options

Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
		Existing specialist AOD treatment services are able to provide new and additional treatment-on-demand programs (e.g. establish programs to provide low intensity and triaged AOD treatment for people on waiting lists)		
	Intensive structured non-residential specialist AOD treatment	<p>Clients of intensive structured non-residential specialist AOD treatment experience:</p> <ul style="list-style-type: none"> • Reduced levels of substance use • Reduced experiences of AOD-related harm • Improved health and wellbeing <p>Existing specialist AOD treatment services are able to provide new and additional intensive structured non-residential programs (e.g. counselling, day programs).</p>	<ul style="list-style-type: none"> • Six monthly report by funded specialist AOD services on client outcomes and number of clients with an AOD treatment plan • Number of specialist AOD: <ul style="list-style-type: none"> ○ Counselling ○ Rehabilitation (non-residential) - ACTAODMDS 	ACTPHN working in partnership with an ACT Health and ATODA
	AOD specialist structured aftercare	Clients of specialist AOD treatment services maintain	<ul style="list-style-type: none"> • Number of specialist AOD: <ul style="list-style-type: none"> ○ Counselling 	ACTPHN working in partnership

Opportunities, priorities and options

Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
		<p>their treatment gains according to their individualised treatment plan, including managing relapse, and are supported to re-engage with specialist AOD treatment services when needed</p> <p>Existing specialist AOD treatment services are able to provide new and additional structured aftercare programs</p>	<ul style="list-style-type: none"> ○ Information and education ○ Support and case management ● Six monthly report by funded specialist AOD services on client outcomes and number of clients in the after / continuing care program with an AOD treatment plan <ul style="list-style-type: none"> - ACTAODMDS 	<p>with an ACT Health and ATODA</p>
	<p>Targeted Quality Improvement Projects that reduce AOD related harms and improve the quality of care embedded in existing specialist AOD treatment services:</p> <ul style="list-style-type: none"> ● Structured and formalised consumer and friend/family participation strategies ● Hepatitis C treatment provided concurrently with AOD treatment ● Opioid overdose education programs provided concurrently with AOD treatment ● Methamphetamine specific programs 	<p>Existing specialist AOD treatment services provide increased quality of care aligned with the AOD related harms and complex needs experienced by their clients</p> <p>Clients of specialist AOD treatment services and their friends/family experience enhanced participation in their care and the design, delivery and evaluation of programs.</p>	<ul style="list-style-type: none"> ● Number and description of specialist AOD treatment and support services with structured and formalised consumer and friends/family participation strategies ● Number and description of specialist AOD treatment and support services with structured and formalised programs that provide hepatitis C treatment concurrently with AOD treatment ● Number of AOD treatment clients who receive hepatitis C treatment concurrently with AOD treatment 	<p>ACTPHN working in partnership with an ACT Health and ATODA</p>

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
		<p>Clients of specialist AOD treatment services have improved and supported access to hepatitis treatment concurrent to accessing AOD treatment.</p> <p>Clients of specialist AOD treatment services who have histories of opioid use have increased knowledge and skills to prevent and manage overdose, including access to naloxone.</p> <p>Clients of specialist AOD treatment services who have histories of methamphetamine use have access to tailored approaches to address issues specific to methamphetamine use (e.g. longer and more sustained withdrawal, cognitive impairment)</p>	<ul style="list-style-type: none"> • Number and description of specialist AOD treatment and support services with structure and formalised opioid overdose education, including naloxone distribution, programs • Level of provision of opioid overdose education including naloxone distribution • Level of adapted clinical and treatment approaches for people presenting with methamphetamine problems 	
Specialist AOD treatment for Aboriginal and	Culturally appropriate services for families and individuals with substance use issues,	Aboriginal and Torres Strait Islander people are able to access culturally appropriate	<ul style="list-style-type: none"> • Planning and delivery of Aboriginal and Torres Strait Islander culturally safe drug and alcohol treatment is informed by 	ACTPHN and service provider

Opportunities, priorities and options				
Priority	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
Torres Strait Islander people	with a particular focus on methamphetamine	services related to methamphetamine use.	<p>the <i>Draft Adapting the Drug and Alcohol Service Planning Model for Aboriginal and Torres Strait Islander people receiving alcohol, tobacco and other drug services: Components of care and a resource estimation tool.</i></p> <ul style="list-style-type: none"> Aboriginal and Torres Strait islander clients perceive the specialist AOD treatment they receive as being culturally appropriate as per the above model and as measured through modification of the Service Users Satisfaction and Outcomes Survey 	organisation – to be advised
Education and resources for GPs and mental health professionals to assess and manage drug and alcohol use in primary care	<ul style="list-style-type: none"> Development and provision of training to GPs and mental health professionals, focusing on assessment and management of drug and alcohol use in primary care Development of drug and alcohol services referral pathway resource for GPs 	<p>GPs and mental health professionals can confidently manage drug and alcohol use within a primary care setting</p> <p>GPs and mental health professionals have an improved awareness of suitable referral pathways for patients who may need to be stepped up to specialist services</p>	<ul style="list-style-type: none"> Increased workforce competency - workforce skills survey 	ACT PHN