"Building one world class health system for the Gold Coast."

ALCOHOL AND OTHER DRUGS

Needs Assessment Summary

2018

phn GOLD COAST

An Australian Government Initiative

Alcohol and Other Drugs

Alcohol and drug use contribute to a range of harms for individuals, families, communities and broader society. Health impacts can be short term, such as injury, or long term, such as cancer. There is a strong relationship between harmful drug and alcohol consumption and mental health conditions. Drugs are often classified as illicit and licit, meaning illegal substances and those that are legal (such as alcohol) but are misused or abused.

The alcohol and drug treatment system on the Gold Coast spans public, private and non-government sectors. These services are delivered across a range of settings including primary care, hospitals and the community. Evidence indicates drug and alcohol treatment is a good investment and positively impacts the status of a range of social, health and psychological matters.

Identified local health needs and service issues

Needs (mainstream)

- Current capacity of detoxification, residential rehabilitation and aftercare services limit the provision of flexible support and follow up for clients.
- Flexible outreach treatment services with a focus on vulnerable target groups including young people.
- Provision of training and resources, including referral pathways, for General Practice to support patients with substance use issues including ice.
- 62.6% of clients accessing treatment were male, with 37.3% female on the Gold Coast.

Needs (Aboriginal and Torres Strait Islander)

- Barriers to accessing residential rehabilitation due to upfront financial costs, child care responsibilities and funds to cover housing costs while in rehabilitation.
- Small Aboriginal and Torres Strait Islander workforce which limits the capacity of providers to work with clients who require treatment.
- Cultural competency of mainstream alcohol and other drugs treatment services requires improvement to confidently, safely and effectively work with Aboriginal and Torres Strait Islander people.

Key findings

- Cannabis, alcohol and amphetamines are the most common drugs of concern in the GCPHN region, with ice reported by service providers to be fast emerging as a significant concern across the sector and community.
- There is a strong correlation between mental health problems and alcohol and other drug use. With many people who use alcohol or other drugs not seeking treatment for their mental health.
- Gold Coast has a particularly high rate of younger people (under 20) seeking treatment with 26.9% of all clients seeking treatment in the 10-19-year-old age bracket. However, treatment options for people aged under 18 is limited.

- People with families struggle to access alcohol and other drug treatment services This is concerning given Child Safety data indicates parental use of ice is high among families with ongoing interventions on the Gold Coast.
- A significant barrier to accessing residential rehabilitation is the requirement to pay upfront costs, continue to pay rent and limited options for single parent families in relation to the care of their children while in the residential rehabilitation clinic etc.
- Limited detoxification services are available on the Gold Coast. Current providers report they often have no capacity to accept new clients without delays.
- Service gaps exist in the northern growth corridor with most treatment services located from Southport to Burleigh.
- More information, resources and support are required for General Practice to support people with alcohol and other drug use, particularly methamphetamines.

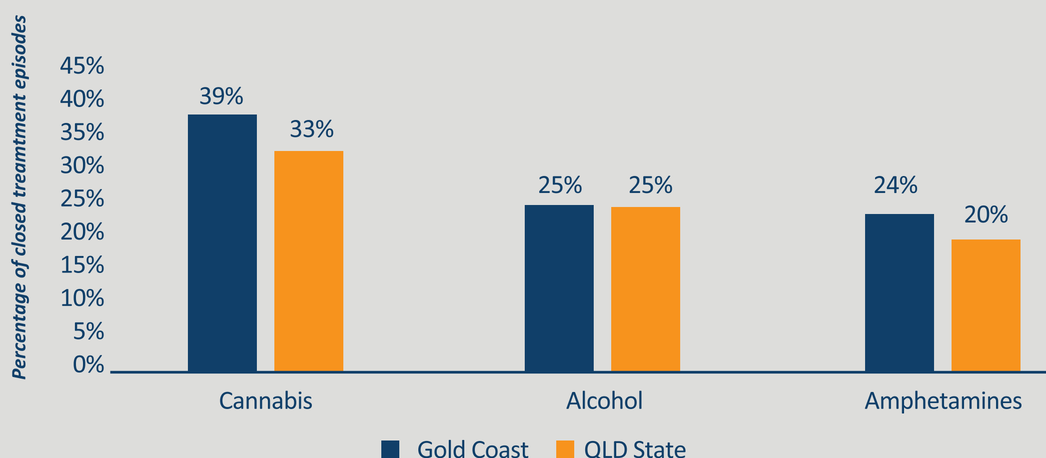
Prevalence, service usage and other data

Illicit drugs

The National Drug Strategy Household Survey 2016, found the proportion of Australians illicitly using drugs has remained relatively stable, however there has been a gradual increase in numbers since 2007 from 2.3 to 3.1 million. Around 15.6% of people aged 14 and over had used an illicit drug in the previous 12 months, with misuse of pharmaceuticals accounting for approximately 3% of this[1].

Cannabis was the most commonly used drug with 10.2% of people aged 14 and over reporting use in the previous 12 months. Gold Coast data for 2016-17 confirms cannabis as the most common principal drug of concern among people receiving treatment at 38.6%, slightly above the Queensland figure of 33.3% (Figure 1)[2]. Nationally, there was a significant increase among people aged 40 and above reporting recent illicit drug use between 2001-2016, with those aged 50 and over mainly using cannabis while those aged over 60 were mainly misusing pharmaceuticals. In Queensland, 60% of those who used cannabis or misused pharmaceutical drugs had only used the one drug[3]. This was much lower than poly-drug use among people who used methamphetamine or cocaine, with 94% and 86% respectively using at least one other illicit drug.

Figure 1. Closed treatment episodes by principal drug of concern, Gold Coast and Queensland, 2016-17

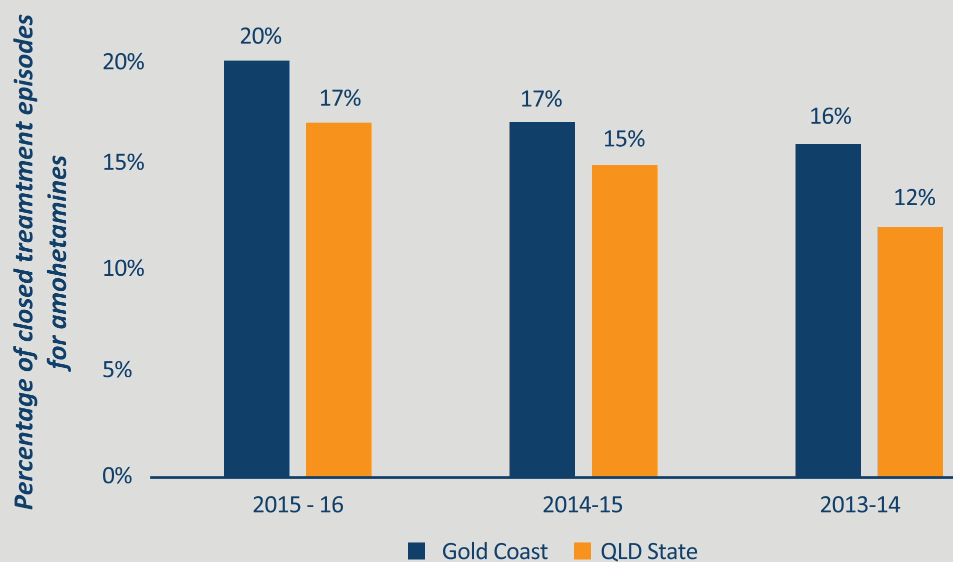


[1] Australian Institute of Health and Welfare. Alcohol and other drug treatment services in Australia 2016-17 key findings
[2] Australian Institute of Health and Welfare. AODTS NMDS closed treatment episodes by PHN and Queensland SA3 geographical area of agency location 2012-
[3] Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2016.

Methamphetamines

Nationally, declines were seen in recent use of methamphetamines across the 2013 to 2016 period reducing from 2.1% to 1.4%. However, findings from the 2016 Illicit Drug Reporting System reveal recent use among people who inject drugs has consistently increased over the three years with 73% reporting using ice in the previous 6 months[4]. Among methamphetamine users, those reporting misuse of prescription amphetamines for non-medical purposes increased from 14.1% to 28% between 2013 to 2016. The proportion reporting prescription amphetamines as their main form of amphetamine (used in the last 12 months) also increased over this period from 3% to 11.1%[5]. Ice continues to increase as the main form of methamphetamine used, frequency of use is also increasing and is highest among ice users, with 32% using at least weekly [6 7]. Gold Coast data confirms an increase in amphetamines as the principal drug of concern among people receiving treatment, increasing from 13.1% to 20.3% across the 2013 to 2016 period (Figure 2)[8].

Figure 2. Closed treatment episodes by principal drug of concern, Gold Coast and Queensland, 2013-14 to 2015-16



Queensland emergency department presentations for persons aged 16 and older that related to methamphetamines increased five-fold between 2009-10 and 2014-15, approximately a third of presentations were admitted[9]. A fifteen-fold increase was observed for methamphetamine related hospitalisations for the same period. Of the presentations recorded in 2014-15, males accounted for 68% and people aged 16-34 accounted for 74%. Similarly, among hospitalisations across the five-year period, 66% were for males and the highest rates were among people aged 16-34.

The Queensland Department of Communities, Child Safety and Disability report that across a one-year period to December 2016, 75% of children (1,755) that were admitted to ongoing intervention with the Department had a parent with a current or previous drug and/or alcohol problem. Of these, 1 in 3 children (749) had one or both parents using methamphetamine of which 75% (562 children) were using ice. Findings indicate that in 68% of cases (381 children), parents had only begun using ice in the previous twelve months and not used it prior.

[4] Stafford, J., Breen, C. & Burns, L. (2016) Australian Drug Trends 2016: Findings from the Illicit Drug Reporting System (IDRS). 2016 NDARC Annual Research Symposium, Sydney. National Drug and Alcohol Research Centre, University of New South Wales, Australia.

[5] Australian Institute of Health and Welfare. 2016. National Drug Strategy Household Survey. Preliminary Findings.

[6] Stafford, J., Breen, C. & Burns, L. (2016) Australian Drug Trends 2016: Findings from the Illicit Drug Reporting System (IDRS). 2016 NDARC Annual Research Symposium, Sydney. National Drug and Alcohol Research Centre, University of New South Wales, Australia.

[7] Ibid.

[8] Australian Institute of Health and Welfare. AODTS NMDS closed treatment episodes by PHN and Queensland SA3 geographical area of agency location 2012–13 to 2015–16

[9] Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2016.

Based on child safety service boundaries, 40% of parental ice use impacting 208 children, was in the two regional corridors of Ipswich North and Brisbane North to Caloundra and Gold Coast, including Beenleigh. When combined with three other child safety regions, these areas account for slightly over half of all children admitted to ongoing intervention for the period of December 2015 -16, yet represent almost three-quarters of parental ice use.

Problem drinking of alcohol by parents was less prevalent among those who used ice compared to those who used other substances. However, the rate of co-occurrence of marijuana, amphetamine and heroin was found to be two to three times higher among parents using ice than those using other substances with 69% (385) of children whose parents were using ice also using other drugs. This highlights the importance of service providers in the AOD space being confident in how to refer and support people using ice who may have children and poly-drug use.

The proportion of children impacted by parental use of ice was similar regardless of Aboriginal and Torres Strait Islander status. However, the household characteristics of children whose parents had used ice differed from other children with an ongoing intervention and were more likely to have a parent with a criminal history, a current or previously diagnosed mental illness, experienced domestic and family violence in the past year and been homeless. Sixty percent of children whose parents had used ice were under the age of five, including unborn children (Table 1).

Table 1. Age of child with an ongoing intervention where parental ice use was recorded (Dec 2015-16)

CHILD AGE	%	CHILDREN
Unborn	7%	41
0	16%	89
1	10%	58
2	10%	54
3	8%	48
4	9%	49
5 years or older	40%	223
All children where parental ICE use was recorded	100%	562

Source: Queensland Government, Department of Communities, Child Safety and Disability, 2016

While the region above data relates to a large region, of which the Gold Coast is only one part, this reinforces the critical importance of service providers and government departments committing to work together to support individuals, children and families affected by ice and other drugs.

Licit drugs; Alcohol and Pharmaceuticals

Alcohol

Alcohol plays a significant role in Australian culture and is widely accepted in society. The lifetime risk of harm increases with the amount of alcohol consumed. Lifetime risk is defined as people consuming more than 2 standard drinks per day on average over a 12-month period[10]. While consumption at levels of lifetime risk have trended downward for Australia since 2004[11], both Queensland and the Gold Coast had higher proportions of people consuming alcohol at lifetime risky levels than the national figure in 2016 (Table 2).

Across all three regions, males were more than twice as likely to drink at levels of lifetime risk of alcohol-related disease or injury with the highest proportions in Queensland and on the Gold Coast. However, among females the Gold Coast had the highest proportion, larger than both state and national figures.

Local treatment data for the Gold Coast indicates that while most people undertaking treatment for alcohol are men (60%), the proportion of women being treated (40%) is above the broader Queensland average (35%)[12].

Table 2. Lifetime risky alcohol consumption, by sex, for local, state and national

Percentage of people exceeding guideline 1 of no more than 2 standard drinks on average per day	Gold Coast % (2015-16) *	Queensland % (2015-16) *	National % (2016) **
Persons	21.4	21.8	17.1
Males	30.5	32.4	24
Females	12.8	11.4	9.8

Source: *Queensland Department of Health. Queensland Survey Analytics System, Regional detailed data. 2016. ** Australian Institute of Health and Welfare. National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings

People who are homeless are particularly vulnerable to poor mental health and drug and alcohol issues, they are also less likely to seek assistance or access services than the general population. Results of the 2014 "Home for good registry week" survey conducted by Queensland Council of Social Services found just over 50% (215 people) of participants reported problematic use of alcohol with a higher prevalence among adults (61.7%) and young people (56.7%) (Figure 3).

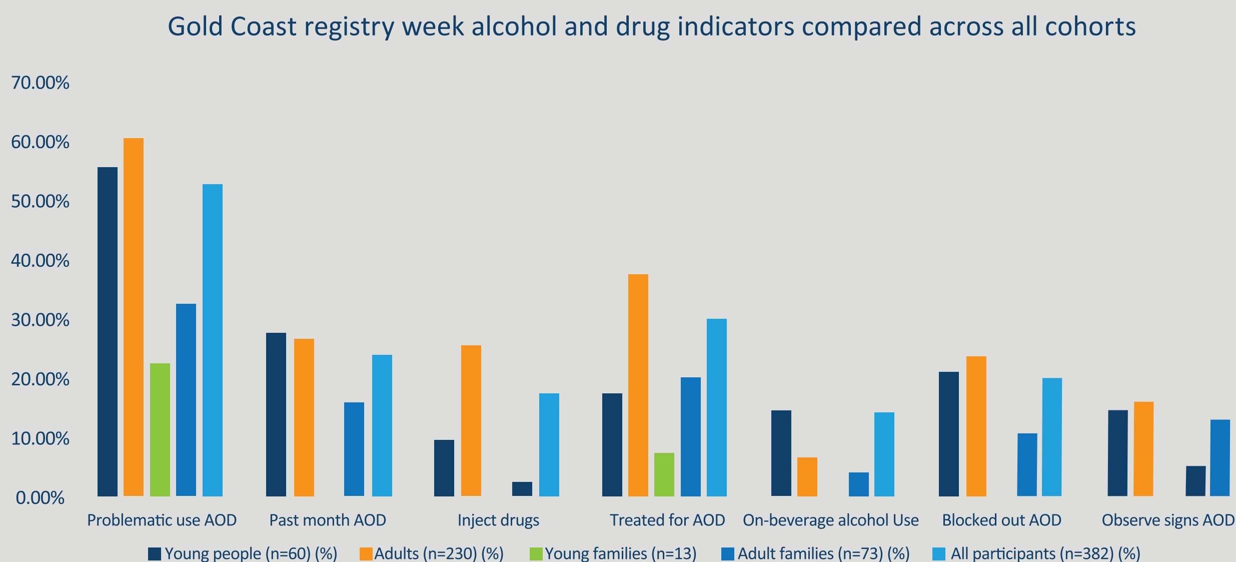
Despite having the second highest self-identification of problematic alcohol and or other drug use (53.7%), only 30.4% of young people were treated for these issues. On average, people experiencing homelessness on the Gold Coast were aged 28.5 years and were younger than the general population. This reflects the broader national picture of young people being overrepresented in the homeless population (Mission Australia, 2016).

10 Guideline 1: No more than 2 standard drinks on average per day. National Health and Medical Research Council. March 2009

11 National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings

12 Australian Institute of Health and Welfare. AODTS NMDS closed treatment episodes by PHN and Queensland SA3 geographical area of agency location 2012–13 to 2015–16

Figure 3. Percentage of alcohol and drug indicators among homeless people, by registry week participant cohort, 2014

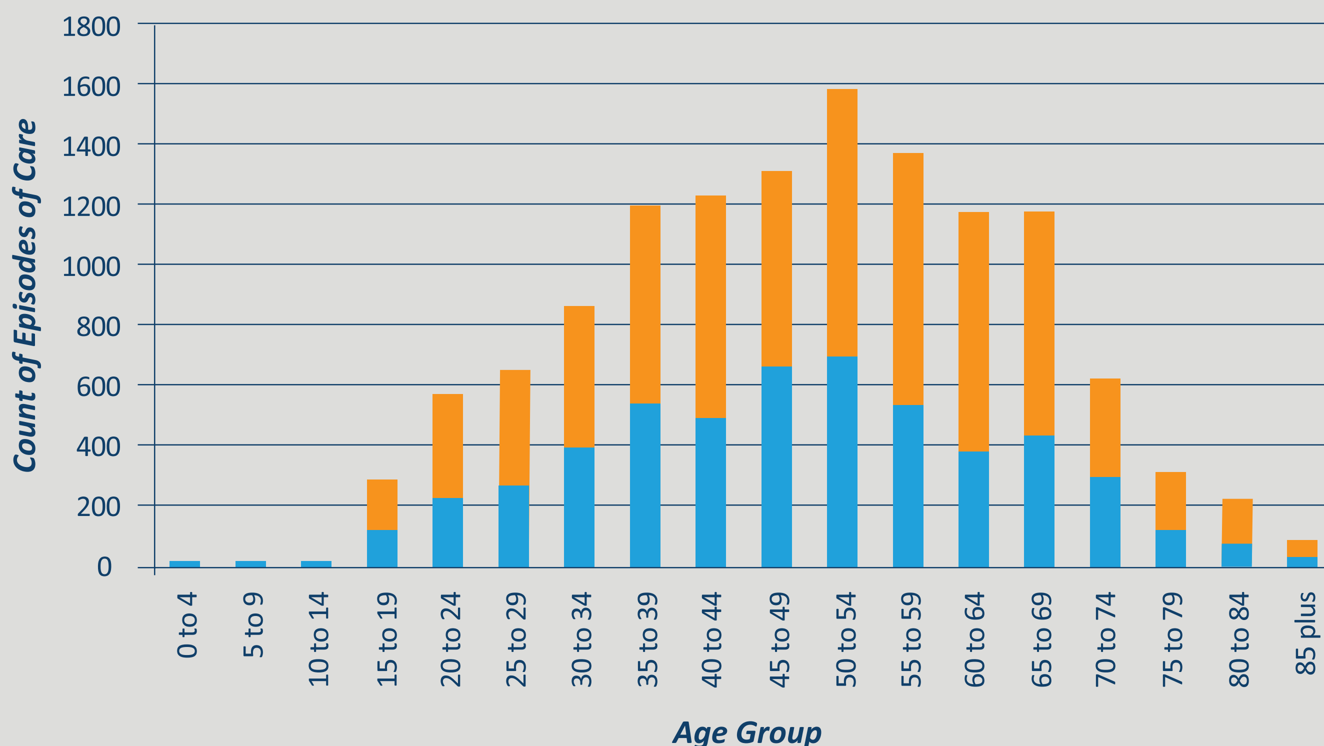


Source: Queensland Council of Social Services. Home for Good registry week results – Gold Coast. 2014.

The impact of alcohol on broader health and wellbeing can be both short and long term. In 2011, 70% of the disease burden associated with alcohol was attributed to alcohol dependence and harmful use (38% of hospitalisations due to alcohol), falls (12%) and other unintentional injuries (14%), coronary heart disease (4%) and suicide and self-harm (4%)[13].

In 2013-14 there were 4,549 alcohol related episodes of care at Gold Coast Health. Figure 4 shows alcohol related episodes of care at Gold Coast Health over a 3-year period and identified the largest number of episodes of care occurring in the 50-54 age group. The larger proportion of males is reflective of broader trends.

Figure 4. Alcohol related episodes of care Gold Coast Hospital and Health Service over 3 years, 2011-14



[13] Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2016.

The rate of hospitalisations for drug and alcohol use per 100,000 people on the Gold Coast was below the national figure across the 2014-2015 period. However, within the Gold Coast region there were five areas with rates above the broader Gold Coast rate, three of these areas had rates above the national figure, with the highest recorded in Coolangatta (245) (Table 3).

Table 3. Drug and alcohol hospitalisations per 100,000 people (age standardised), by national, local and SA3, 2014-15

Region	Hospitalisations per 100,000 people (age standardised) 2014-15	Region	Hospitalisations per 100,000 people (age standardised) 2014-15
National	**180**	Broadbeach - Burleigh	170
Gold Coast	**163**	Robina	159
Coolangatta	245	Nerang	146
Gold Coast - North	213	Gold Coast Hinterland	124
Southport	200	Mudgeeraba - Tallebudgera	122
Surfers Paradise	199	Ormeau - Oxenford	101

Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2014–15; and Australian Bureau of Statistics Estimated Resident Population 30 June 2014.

Pharmaceuticals

In 2016, approximately one in 20 Australians aged 14 or older had misused pharmaceuticals in the last year, with pain-killers/opiates being the most common[14]. Pharmaceutical misuse includes the non-medical use or abuse of a drug available from a pharmacy, by prescription such as opioid-based pain relief, or over the counter such as codeine. Three quarters of recent users reported misusing over the counter codeine[15]. Codeine is an opioid in the same family of compounds as opioids such as morphine, methadone and heroin[16]. In Queensland (2013), pain-killers/analgesics were the second most commonly used illicit drug (3.3%)[17]. Opioid based pain-killers (including codeine) can be highly addictive and there is increasing evidence of serious harm when they are not used appropriately[18]. This has resulted in national reform to medicine containing codeine, with access restricted to prescription only from early 2018[19].

Research has found people with codeine dependence are generally older and include a higher representation of females than is often observed among illicit drug users[20]. They are also more likely to report chronic pain and have mental health co-morbidity[21].

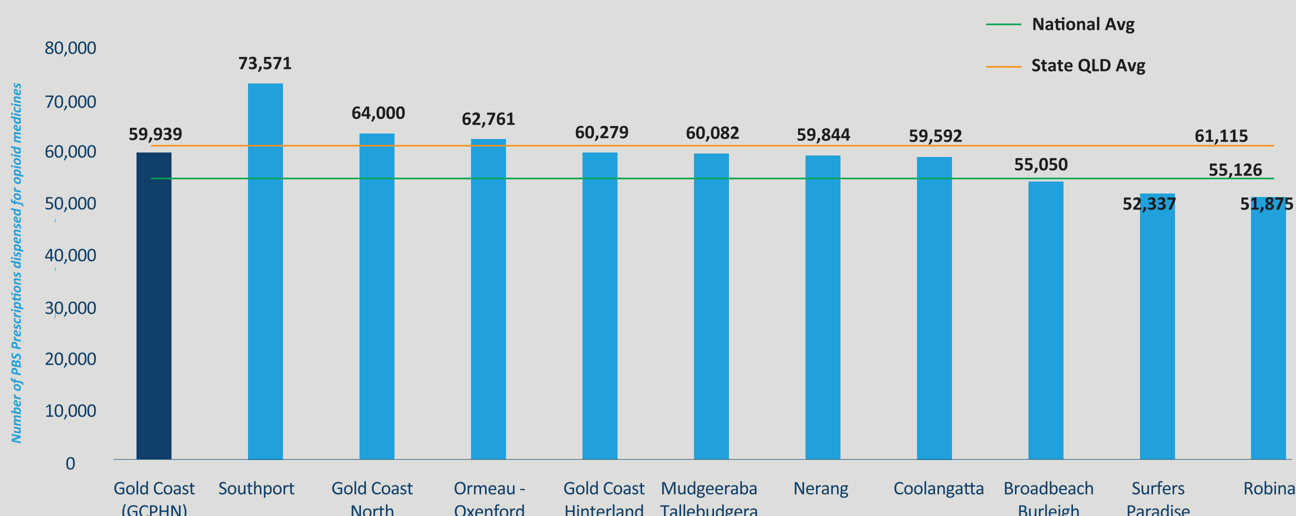
Many people with codeine dependence had not sought help despite recognising they had a problem, negative perceptions of evidence-based treatments such as opioid substitution, were also observed.

14 Australian Institute of Health and Welfare. National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings
15 Ibid.
16 Turning Point Alcohol and Drug Centre. Over the counter codeine dependence. 2010.
17 Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2016.
18 Australian Government Department of Health. Therapeutic Goods Administration. Changes to patient access for medicines containing codeine. 2017.
19 Ibid.
20 Turning Point Alcohol and Drug Centre. Over the counter codeine dependence. 2010.
21 Ibid.

Nationally the rate of accidental opioid overdose deaths is increasing. In 2013, the national rate of accidental overdose deaths due to opioids was 46.7 per million persons aged 15 to 54 years, the Queensland rate was slightly lower at 44.32. Seventy percent of accidental overdose deaths were due to prescription opioids including strong painkillers, rather than heroin. Increases in deaths among Australians aged in their 50s and 40s have been recorded, with deaths among those aged 35-44 more than doubling since 2007. More than two thirds of accidental opioid overdose deaths were among men.

The number of opioids dispensed through the Pharmaceutical Benefits Scheme (PBS) increased fifteen-fold over the twenty years from 1992, reaching 7.5 million in 2012. Almost half the prescriptions for opioids from general practice are to treat chronic pain[23], however evidence does not support using opioids for this condition[24]. In 2013-14, the Australian rate for opioid dispensing was 55,126 per 100,000 people, both the Queensland and Gold Coast rates exceeded this at 61,115 and 59,939 respectively (Figure 5). Within the Gold Coast, Southport had the highest rate of 73,571 per 100,000 people. It is important to consider that these figures do not include over the counter medicines and are therefore an underestimate of the use of opioid medicines in the community.

Figure 5. Rate of PBS prescriptions dispensed for opioid medicines per 100,000 people, age standardised, by local, SA3, state and national, 2013-14



Source: Australian Atlas of Healthcare Variation, Chapter 5. 2015

22 Roxburgh, A. and Burns, L. (2015). Accidental drug-induced deaths due to opioids in Australia, 2011. Sydney: National Drug and Alcohol Research Centre.

23 Alcohol and Drug Foundation. Prevention research: is there a pill for that? 2016

24 Australian Commission on Safety and Quality in Health Care. Australian Atlas of healthcare Variation. Chapter 5 opioid medicines. 2015.

Service Mapping

There is an AOD treatment service on the Gold Coast specifically for Aboriginal and Torres Strait Islander people. This was established in response to the 2016 needs assessment finding that while there were no AOD services that excluded Aboriginal and Torres Strait Islander people, there was also no services specifically tailored to meet their needs. The impact of the new service will continue to be monitored.

Service	Number in GCPHN region	Distribution	Capacity discussion
Community based NGO service – mainstream	4 (drop in centre, education and support, individual and group counselling, case management and referrals)	Burleigh, Nerang, Southport. Outreach with a focus on Northern Gold Coast	There is recognition from mainstream AOD service providers they need to engage staff that identify as Aboriginal and Torres Strait Islander to effectively meet the needs of more Aboriginal and Torres Strait Islander clients. Some services report that Aboriginal and Torres Strait Islander people leave AOD programs early due to concerns regarding cultural appropriateness. There are limited transitional services connected to residential rehab facilities. Currently, there are no detox services available for young people (under 18 years). Parents and families have access challenges as few residential services can accommodate their needs. The Queensland Health 24-hour Alcohol and Drug Information Service provides low intensity AOD services to the Gold Coast community. AOD navigator with Gold Coast Health focusing on frequent presentations. Male Aboriginal and Torres Strait Islander clients are accessing these services at a higher rate compared to Aboriginal and Torres Strait Islander females. This has shifted from when the service was first established as the demand was higher for female clients.
Community based NGO service - focus on AOD for Aboriginal and Torres Strait Islander people	2 (education and support, counselling, case management and referrals)	Services provided throughout region with locations based in Bilinga, Oxenford, Miami	
Private medical detox	1 (43 beds)	Currumbin	
Private day program and inpatient rehabilitation unit	1	Currumbin	
Residential detox facility	1 (11 beds)	Eagle Heights	
Community based NGO residential rehabilitation facility	3 (43 beds, 40 beds and 28 beds)	Eagle Heights, Burleigh, Southport	
Needle exchange program	2	Southport, Burleigh	
Gold Coast Health – nurse navigator.	1 (Drug and alcohol brief intervention treatment).	Southport	
Gold Coast Health Community services.	2 clinics (delivering opioid replacement therapy and a mix of programs (5) and support services such as assessment, referral, counselling, hospital liaison and information).	Southport, Palm Beach	
Low intensity	6 (Queensland Health AOD info line, cannabis information helpline, national cannabis prevention and information service, Hello Sunday Morning, Youth substance abuse service, national drug and alcohol services directory).	Online and telephone services. Public knowledge of these services and connectivity capacity would drive uptake/demand.	
Community based NGO services - focus on AOD for youth (aged 12-25)	2 (predominantly a mix of brief intervention,counselling, education and referrals).	1 in Southport, 1 in Burleigh. Majority of outreach and colocation for service options	
Community based NGO services – focus on AOD needs of pregnant women and new parents	3 (information & education, support groups, connection with services, relapse prevention, counselling).	3 in Southport, 1 Robina, 1 Burleigh, 3 also provide services through outreach to all of Gold Coast.	
Community based NGO services - focus on AOD for families	6 (predominantly a mix of brief intervention, counselling, education and referrals)	2 in Burleigh, 3 in Southport, 1 in Robina. 1 Southport provider conducts outreach between Runaway Bay and Coolangatta.	

Consultation

Various consultation activity was undertaken across the Gold Coast community, clinicians and service providers. Mechanisms included broad scale community briefing, consumer journey mapping, one to one interviews, industry presentations, working groups and co-design processes.

Service provider consultation

- Strong referral pathways between mental health, housing, youth, justice, child safety, emergency relief and AOD services.
- Providers report difficulty recruiting AOD workers that are Aboriginal or Torres Strait Islander which limits capacity to provide culturally appropriate services to these clients.
- Individuals requiring residential rehabilitation are limited due to upfront fees required, and financial costs required to maintain their home.
- Many services expressed demand for treatment outstrips capacity, and wait lists are common, people often disengage while waiting to get in to treatment.
- Limited options for young people and people with children. There are no withdrawal management options for under 18's and services are often considered not 'youth friendly'.
- Some individuals seeking AOD treatment will 'down-play' their mental health problem to secure treatment, particularly for residential services
- Parents are not seeking treatment for AOD use for fear of losing their children. Treatment services do not accommodate children, limiting parents' options for accessing treatment
- Limited detox capacity on the Gold Coast. Barrier for people wanting to access rehabilitation as they are required to detox prior to rehabilitation (must not be using). Flexible options including in-home detox are required to meet this need.
- General Practitioners advised they require further information about availability of services, treatment options and appropriate referral pathways, particularly for methamphetamines
- Limited in-home outreach services with a gap identified in the Coomera / Northern Corridor area. Transport is often a barrier to accessing services
- Small operational budgets limit AOD staff to receive ongoing professional development, impacting workforce quality, planning and sustainability.
- Individuals with AOD problems often face difficulty accessing mental health or accommodation services due to those services not being funded or skilled to support AOD needs.

Service user consultation

- Individuals trying to access treatment services such as detox and residential rehabilitation, encountered a consistent barrier due to service capacity issues. This compromised their recovery and motivation to engage and seek help again.
- Greater dual diagnosis capacity is needed within services as many people felt AOD use was often a self-medicating strategy to cope with mental health issues.
- Relationships with key staff in the service were identified as critical for consumers to maintain recovery and engagement in their treatment. This is supported by considerable evidence in the field.
- The one size fits all approach to treatment does not work for people i.e. fitting into program timeframes, required pathways. Flexibility is required.
- Moving straight from seeking treatment to detox or rehab is too hard for many people.
- A bridging approach is required to support people still using to access services and support.
- Some sort of childhood trauma (mostly sexual abuse) featured in the majority of service user stories. This was often cited by the person as the reason why they start using substances.
- Judgement from police officers, hospital staff, ambulance staff and General Practitioners was often cited as negatively impacting on the service user's motivation to seek help
- Family members often do not know what services are available or where to go to get their loved one help.

Consultation and feedback from service providers throughout 2018:

- There is a demand for drug and alcohol first aid training from general practice, community services, social worker students and community members.
- The capacity building working group identified complexity in relation to residential detox or rehabilitation treatment. The issue is not solely being lack of beds but also consumer readiness for the service and matching the consumer to the type of service.
- Referral pathways are still quite unclear, particularly for clients engaged with HHS that are transferred to community services and then have readmissions to hospital.
- There isn't a clear process regarding transfer of care and who remains the primary care coordinator of the client and for how long.
- Rehabilitation options for single parent families Is limited, no one to watch the children, lack of funds to cover housing cost while in rehabilitation which has created a barrier.
- There is a demand for more Aboriginal and Torres Strait Islander workers, particularly male workers for both mental health and alcohol and other drugs.

Gold Coast Primary Health Network

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