Gold Coast Primary Health Network

NEEDS ASSESSMENTS 2020

ALCOHOL AND OTHER DRUGS

phn GOLD COAST

An Australian Government Initiative

ALCOHOL AND OTHER DRUGS

Problematic alcohol and drug use contribute to a range of harms for individuals, families, communities, and broader society. 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 Other Drugs (AOD) sector on the Gold Coast is a mix of public, private and non-government organisations who provide specialist treatment across a broad range of service types for people using drugs, and for their families and friends. When compared to other jurisdictions, the Gold Coast region is fortunate to have a range of treatment options to meet the needs required including counselling, information and education, support and case management, withdrawal management, rehabilitation and pharmacotherapy. While the region currently does have access to private and community-based detox services, withdrawal management has consistently been identified as a high priority with the need to increase accessibility and responsiveness to meet demand.

The AOD sector operates within the concept of harm minimisation, which includes a range of approaches to help prevent and reduce drug related problems, and help people experiencing problems address these. It's important to note that some people use substances without experiencing any significant short or long-term harm. However, there is a proportion of the population who require treatment, care and support to reduce harms from their alcohol, tobacco, prescribed medication and illicit drug use.

ALCOHOL AND OTHER DRUGS

Local health needs and service issues

Needs (mainstream)

• Limited capacity of residential detoxification, and no outpatient detoxification treatment options, which impacts an individual's ability to access residential rehabilitation support.

• Numerous entry points into the service system, duplicative processes for referrals and assessments, and potential mismatch between individual need and intensity of treatment provided.

• Limited service options in the northern Gold Coast region

• Early intervention of problematic substance use in primary care and access to resources, including referral pathways, for general practice to support patients, particularly patients with complex needs.

• Transitioning of clients across the spectrum of services when their needs change and the immediacy of access to treatment

• Older population with problematic drinking are less likely to seek treatment and often have multiple health issues that require monitoring

• Lack of stable, appropriate safe housing is challenging for individuals to maintain engagement in treatment

Needs (Aboriginal and Torres Strait Islander)

• Barriers to accessing residential rehabilitation due to upfront financial costs, childcare responsibilities, and funds to cover housing costs while in rehabilitation.

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.

• High demand and needs of the community in the northern Gold Coast region for alcohol and other drugs.

• 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 for alcohol and drugs with 21.8% of all clients seeking treatment in the 10-19-year-old age cohort.

• 60% of clients accessing treatment for alcohol and drugs were male, with 40% female on the Gold Coast

• People with families struggle to access alcohol and other drug treatment services due to being a primary caregiver for children, limited residential options that can accept children or financial restraints to source childcare to attend treatment. 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.

• Accessing detoxification services is challenging. Current providers report there is often no capacity to accept new clients without delays, or that when the service does advise they have capacity, the client has disengaged or is not seeking that level of intervention any longer. This has a flow on affect for clients who are required to withdraw from substances prior to accessing residential rehabilitation support.

• Service gaps exist in the northern growth corridor with most treatment services located from Southport to Burleigh, and majority of service provision is delivered at services as opposed to outreach in the community.
• More information, resources and support are required for General Practice to support people with alcohol and other drug use, particularly methamphetamines, and need to increase referrals to specialist services.

• Older population with problematic drinking less likely to disclose to health professional or seek treatment.

• Limited knowledge and local data of the clinical and non-clinical need for alcohol and other drugs treatment for the Aboriginal and Torres Strait Islander community. This may be in part due to limited workforce and specific Aboriginal and Torres Strait Islander services.

Prevalence, service usage and other data

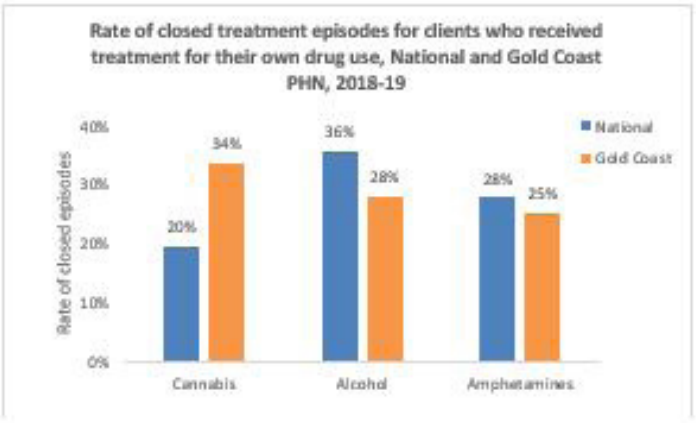
The National Drug Strategy Household Survey 2016 found the proportion of Australians illicitly using drugs has remained relatively stable, however there has been a gradual increase in numbers since 2007 from 2.3 to 3.1 million. Around 15.6% of people aged 14 and over had used an illicit drug in the previous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

Gold Coast data for 2018-19 confirms cannabis as the most common principal drug of concern among closed episodes at 33.9%, above the national figure of 19.8% (Figure 1)[2]. Nationally, clients aged 30-39 years old (27.2%) were the most represented in episodes of care for alcohol and drug treatment services. On the Gold Coast, 20-29-year old's were the most represented (28.3%) closely followed by 10-19-year old's (21.8%). This may be due to the availability of a number of youth focused AOD treatment programs.

Data from the 2019 National Drug strategy household survey identified that Gold Coast residents were above the national percentage of people exceeding guideline of no more than 2 standard drinks on average per day. This may suggest that Gold Coast residents are not seeking treatment for alcohol as much as other substances.

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, alcohol and other drug treatment services, 2018/19

Figure 1. Rate of closed treatment episodes for clients who received treatment for their own drug use, publicly funded by Queensland State and Non-Government organisations by principal drug of concern, Gold Coast and National, 2018-19



Source: AIHW, Alcohol and other drug treatment services, 2018-19

In 2018/19 on the Gold Coast, 60.2% of clients of alcohol and other drug treatment services were male compared to 39.7% of females.

The National Drug and Strategy Household Survey is the leading survey of illicit drugs in Australia. In 2019, 22,274 people aged 14 years and over gave information on their drug use patterns, attitudes and behaviours. The sample was based on households, so people who were homeless were not included in the survey [3].

The survey identified:

- Fewer Australians are smoking tobacco
- Roll-your-own and e-cigarettes use in increasing
- More Australians are giving up or reducing their alcohol intake, driven by health concerns
- More than 2 in 5 Australians have used an illicit drug in their lifetime and recent cannabis use has increased
- Rates of substance use are falling among younger generations
- Cocaine use is at its highest in almost two decades
- Non-medical pharmaceutical use is down, driven by a fall in use of painkillers
- Fewer Indigenous Australians are smoking or drinking at risky levels
- Smoking rates increase with socioeconomic disadvantage, but illicit drug use highest in the most advantaged areas
- Smoking and drinking rates are down among gay, lesbian, and bisexual people

Drug use did vary across Primary Health Network regions from the survey. Across PHNs there was wide variation in the use of tobacco, alcohol, and illicit drugs in 2019. Gold Coast did feature prominently in the highest five PHN regions for:

- Gold Coast PHN region third highest PHN region with people who exceeded lifetime risk guideline (23.5%)
- Gold Coast PHN region second highest PHN region with people who exceeded single occasion risk guideline (at least monthly) (34.8%)
- Gold Coast PHN region second highest PHN region with people with recent illicit drug use (22.7%)

Table 1. Primary Health Networks with highest lifetime risky drinkers, single occasion risky drinkers (monthly) and recent illicit drug use, people aged 14 and over, 2019

	Exceeded lifetime alcohol risk guideline [a]	Exceeded single occasion alcohol risk guideline (at least monthly) [b]	Recent illicit drug use [c]
National	16.80%	24.80%	16.40%
Gold Coast	23.50%	34.80%	22.70%

Source. Australian Institute of Health and Welfare 2020, National Drug Strategy Household Survey 2019. Drug Statistics Series
a. The accumulated risk from drinking either on many drinking occasions, or regularly (for example, daily) over a lifetime. The lifetime risk of harm from alcohol-related disease or injury increases with the amount consumed.
b. A single occasion is defined as a sequence of drinks taken without the blood alcohol concentration reaching zero in between. The risk of an alcohol-related injury arising from a single occasion of drinking increases with the amount consumed
c. In the previous 12 months.

Harms from illicit drugs affect all Australians communities, families and individuals, either directly or indirectly. These include illness, injures, mental health, trauma, health care and other financial cost. Illicit drug use is considered:

• Use of illegal drugs (such as meth/amphetamines and cocaine)

• Use of pharmaceuticals for non-medical purposes (for example, using oxycodone or benzodiazepines without a prescription, or in a quantity or purpose for which is not intended

• Volatile substances used inappropriately (for example, inhalants such as petrol or glue)

In 2016, 22.6% of people reported recent illicit drug use among Gold Coast residents, which was above the national rate of 16.0%. The Gold Coast rate slightly decreased to 22% while the national rate increased to 16.8%.

Table 1. Recent illicit drug use, people aged 14 and over, Queensland Primary Health Networks and National, 2019

Primary Health Network Regions and National	2016	2019
Brisbane North	15.2	20.1
Brisbane South	16.8	15.8
Gold Coast	22.6	22.0
Darling Downs and West Moreton	12.9	12.8
Western Queensland	n.p.	n.p.
Central Queensland, Wide Bay and Sunshine Coast	17.6	17.6
Northern Queensland	18.2	17.3
National	16.0	16.8

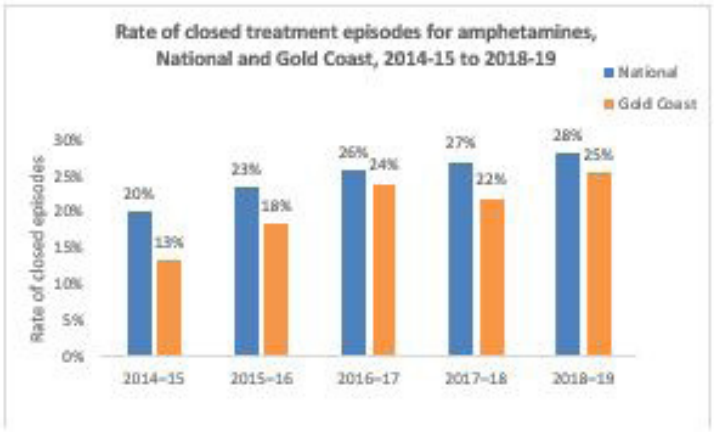
Source. Australian Institute of Health and Welfare 2020, National Drug Strategy Household Survey 2019. Drug Statistics Series

Methamphetamines

Nationally, declines were seen in recent use of methamphetamines across the 2013 to 2016 period reducing from 2.1% to 1.4%. There has been a shift over time to decreasing use of powder and base methamphetamine forms and increasing use of crystal methamphetamine. One study highlighted methamphetamine consumers (n=696) nominated crystal as the main form used (94%), followed by powder (5%) in 20183.

Gold Coast data confirms an increase in amphetamines as the principal drug of concern among people receiving treatment, increasing from 13.2% (n=562) to 25.4% (n=1,347) across the 2014-15 to 2018-19 period (Figure 2)3.

Figure 2. Closed treatment episodes for amphetamines, Gold Coast and National, 2014-15 to 2018-19



AIHW, Alcohol and other drug treatment services, 2018/19

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. 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.

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 working with people who use substances 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 2).

Table 2. 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 data above 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[4]. While consumption at levels of lifetime risk have trend downward for Australia since 2004[11], Gold Coast had higher proportions of people consuming alcohol at lifetime risky levels than the national figure in 2019 (Table 3).

Local treatment data for the Gold Coast indicates that while most people undertaking treatment are men (64%), the proportion of women being treated (36%) is above the broader Queensland average (34%)[5].

Table 3. Lifetime risky alcohol consumption, National and Gold Coast PHN region, 2016 and 2019

Queensland Primary Health Networks and National	2016	2019
Brisbane North	19.6	20.9
Brisbane South	16.4	15.6
Gold Coast	21.7	21.7
Darling Downs and West Moreton	16.2	20.3
Western Queensland	n.p.	n.p.
Central Queensland, Wide Bay and Sunshine Coast	22.0	23.1
Northern Queensland	22.6	21.2
National	17.2	16.8

Source. Australian Institute of Health and Welfare 2020, National Drug Strategy Household Survey 2019. Drug Statistics Series
According to 2009 NHMRC guideline 1: On average, had more than 2 standard drinks per day.

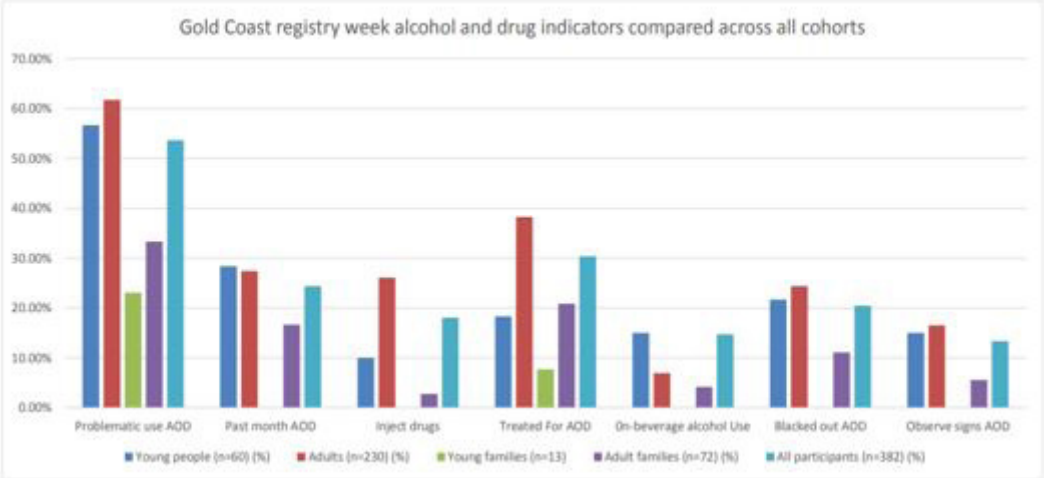
As can be seen in table 3, the Gold Coast PHN region had a higher percentage of people who reported on average, had more than two standard drinks per day compared to the national rate. While the national rate has decreased from 2016 to 2019 of risky alcohol consumption the Gold Coast percentage has remained the same

People who are homeless are particularly vulnerable to poor mental health and drug and alcohol issues, and 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).

4. National Health and Medical Research Council
5. National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings

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%) [6].

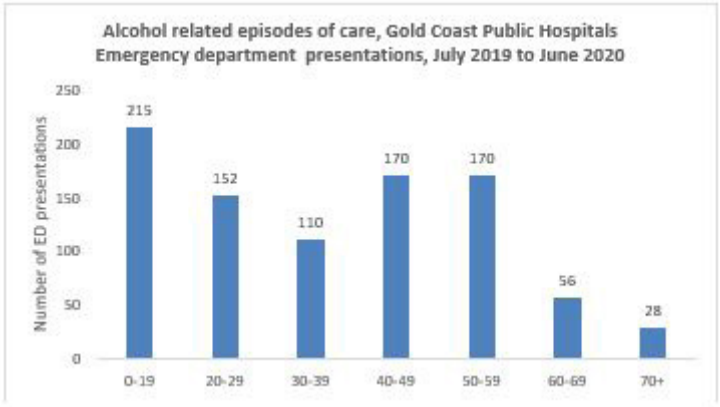
Older people make up a considerable proportion of the Gold Coast population. In 2019, 105,846 (16.6%) people were aged 65 and over on the Gold Coast which was above the Queensland rate of 15.7% of people aged 65 and over [7], additionally the proportion of older Australians is expected to grow. Data from the 2019 National Drug Strategy Household Survey identified older people are the most likely to drink alcohol daily in 2019, with the highest rates seen among people aged over 70 (12.6%). Just 1.2% of people aged 20–29 drank daily. Younger people are also now more likely to abstain from alcohol than they were 18 years ago. The proportion of people in their 20s abstaining from alcohol increased from 8.9% in 2001 to 22% in 2019 [8].

Single occasion risky drinking was most likely to be exceeded at least monthly by people aged 18-24 (41% in 2019 compared to 42% in 2016 and 25-29 (36%, the same as 2016). However, 27% of people in their 50s surpassed the single occasion guideline at least monthly and increase from 25% in 2016. The rate of people aged 70 and over drinking this amount also increased from 7.2% to 8.8%.

Anecdotally, older population with problematic drinking are less likely to seek treatment. Through consultation, it has been suggested that often older people are admitted to hospital or have an ambulance called due to 'falls' or other accidents, but drinking was a factor. This is not reported back to the individual's general practitioner and the individual does not disclose this to their general practitioner either.
In 2019-20 there was a total of 901 Emergency Department presentations at Gold Coast Public Hospitals for 'mental and behavioural disorders due to use of alcohol, acute intoxication'. The largest number of episodes of care occurring in 0-19 age group followed by 40-49 and 50-59 age group. The large number of presentations in the 0-19 age group may be due to a large amount of presentations in November when school leavers attended celebrations on the Gold Coast. The regions which had the largest representation of presentations included Southport, Labrador, and Surfers Paradise.

6.Queensland Health. The Health of Queenslanders 2016. Report of the Chief Officer Queensland. Queensland Government. Brisbane 2016
7. ABS 3235.0, Population by Age and Sex, Regions of Australia
8. Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW.

Figure 4. Alcohol related episodes of care Gold Coast Public Hospital Emergency department, July 2019 to June 2020



Source: Gold Coast health

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 4).

Table 4. 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 painkillers/opiates being the most common . 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. Codeine is an opioid in the same family of compounds as opioids such as morphine, methadone and heroin. In Queensland (2013), painkillers/analgesics were the second most commonly used illicit drug (3.3%)[10]

Pharmaceutical opioids are responsible for far more deaths and poisoning hospitalisations in Australia than illegal opioids such as heroin. Every day in Australia, nearly 150 hospitalisations and 14 emergency department admissions involve opioid harm . With the figures being so high, the Australian Government asked the Therapeutic Goods Administration to assist in tackling the problem.

9. Australian Institute of Health and Welfare. National Drug Strategy Household Survey (NDSHS) 2016 preliminary findings
10. Turning Point Alcohol and Drug Centre. Over the counter codeine dependence. 2010

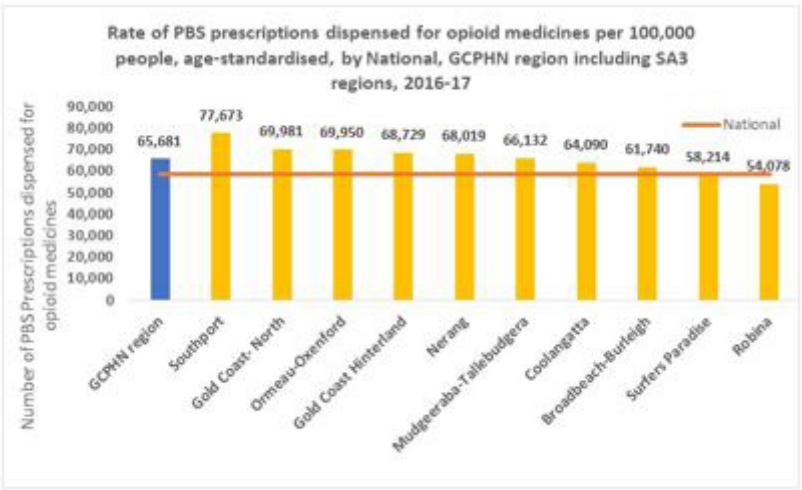
As a result of this work:
• Smaller pack sizes will be available for immediate-release prescription opioid products, people requiring an additional supply for short-term pain will generally need to visit the doctor again (as opposed to receiving a repeat prescription)

• New restrictions for patients starting on high-strength opioids for chronic pain, such as morphine and fentanyl. A person with chronic pain will need to try other types of pain relief, including lower-strength opioids, before being eligible for high-strength opioids.

• Where opioid use exceeds, or is expected to exceed, 12 months the patient will need to seek a second opinion to approve ongoing prescriptions.

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 [12], however evidence does not support using opioids for this condition [13]. In 2016-17, the Australian rate for opioid dispensing was 58,595 per 100,000 people, the Gold Coast rates exceeded this at 65,681 (figure 5). Within the Gold Coast, Southport had the highest rate of 77,673 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, 2016-17



Source. Australian Bureau of Statistics, Household Impacts of COVID-19 Survey, 2020

11. Australian Institute of Health and Welfare, Opioid harm in Australia and comparisons between Australia and Canada
12.Alcohol and Drug Foundation. Prevention research: is there a pill for that? 2016
13. Australian Commission on Safety and Quality in Health Care. Australian Atlas of healthcare Variation. Chapter 5 opioid medicines. 2015

Drug-induced Deaths

Drug-induced deaths are defined as those that can be directly attributable to drug use, as determined by toxicology and pathology reports. Australian Institute of Health and Welfare analysis of the national mortality database showed:

• In 2018, there were 1,740 drug-induced deaths (a rate of 7.0 per 100,000 population) in Australia. While the number of drug-induced deaths in 2018 was the same as the number recorded in 1999, the rate of drug-induced deaths in 2018 (7.0 deaths per 100,000 population) was 23% lower than in 1999 (9.1 deaths per 100,000 population).

• Opioids were the most common drug class identified in drug-induced deaths over the past 2 decades. Opioids include the use of several drug types, including heroin, opiate based analgesics (such as codeine and oxycodone) and synthetic opioid prescriptions (such as tramadol and fentanyl).

• In 2018, opioids were present in nearly two-thirds of drug-induced deaths (64.5% or 1,123 deaths) — a rate of 4.6 per 100,000 population

• By single drug type, the most common substance present in drug-induced deaths in 2018 were benzodiazepines, identified in 883 deaths (51%). It is important to note that benzodiazepines may not have been recorded as the underlying cause of death [14].

Violence

The Gold Coast region is in line with Queensland per 100,000 people for rate of domestic violence – application made by police. Two Gold Coast SA3 regions were above the Queensland rate (refer to Family and Domestic Violence needs assessment). One Australian study has identified the role of illicit drug use in family and domestic violence in Australia.

The study identified that drug use within the last 12 months, regardless of drug type used (stimulant or depressant) was associated with three times the odds of reporting past 12-month violence and six times the frequency of violent incidents. The study also identified a stronger association between drug use and family violence or partner violence compared to other violence [15].

COVID-19

From early April, the Australian Bureau of Statistics conducted surveys to provide a snapshot about how people in Australian households were faring in response to the changing social and economic environment caused by the COV-19 pandemic.

Although the panel selection methodology was not strictly a random sample, the coverage of selections included all Australian geographies (excluding very remote locations) to ensure national estimates could be produced.

Of the 1,180-starting panel of applicants for the survey, 1,059 adequately completed the questionnaire, achieving an overall panel response rate of 91.5%. These surveys were completed every two weeks by participants to capture the rapidly changing environment and the impact it had on Australians.

14. Australian Institute of Health and Welfare, National Mortality Database
15. The role of illicit drug use in family and domestic violence in Australia- Kerri Coomber, Richelle Mayshak, Paul Liknaitzky, Ashlee Curtis, Arlene Walker, Shannon Hyder, Peter Miller, 2019. (2019, April 11). SAGE Journals.
16. Household Impacts of COVID-19 Survey, 24-29 June 2020, Australian Bureau of Statistics.

The final survey captured the panel's lifestyles changes during 24th to 29th June. The survey indicated that compared with usual alcohol consumption before COVID-19 restrictions, 72% of Australians reported drinking alcohol at the same levels, 15% reported drinking less and 14% reported drinking more . Sudden rise in unemployment, new restrictions on freedom to travel, enforced isolation of families and restrictions on social connectedness will all impact wellbeing and have the potential to increase alcohol consumption.

Preliminary results from a study conducted at University of New South Wales and National Drug and Alcohol Research Centre on the impacts of COVID-19 and associated restrictions on people who use illicit stimulants in Australia. Of the participants, 35% reported that the main drug they used in the past month was different to the main drug they used in February 2020. The most common change reported was from ecstasy/MDMA in February to cannabis April .

GCPHN commissioning providers

Changes in service delivery from face to face to online or phone based results in a more open and accessible service, seeing many enquiries converting to engaged clients.

There was an increase in referrals from Child safety and Hospital and Health as a result of the COVID situation. Many clients reported to have been impacted by the COVID situation in a way that increased their AOD use levels and reduced motivation to work towards reduction and ceasing AOD use. Services during this time focused on providing time efficient assessments and AOD risk identification to provide effective harm minimisation interventions with service users, before commence onward treatment planning.

Service System

Service	Number in GCPHN region	Distribution	Capacity discussion
Community based NGO service - focus on AOD for Aboriginal and Torres Strait Islander people.	2 (drop-in centre, education and support, counselling and referral program).	Burleigh, Nerang	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 clients 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.
Private medical detox.	1 (43 beds).	Currumbin	
Private day program provider.	1	Currumbin	
Private inpatient rehabilitation unit.	1	Currumbin	
Residential detox facility.	1 (11 beds).	Eagle Heights	
Residential rehabilitation facility.	3 (43 beds, 40 beds and 28 beds)	Eagle Heights, Burleigh, Southport.	
Needle exchange program.	2	Southport, Burleigh.	
Gold Coast Health inpatient service - nursing-based intervention.	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).	4 (predominantly a mix of brief intervention, counselling, education and referrals).	3 in Southport, 2 in Burleigh, 1 in Coomera and some outreach (7 listed as one NGO has 4 locations).	
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.	5 (predominantly a mix of brief intervention, counselling, education and referrals).	1 in Burleigh, 3 in Southport, 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.

Joint regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services

• Gold Coast Primary Health Network (GCPHN) and Gold Coast Health jointly led the development of the Plan

• This Joint Regional Plan is a foundational plan for the Gold Coast region. As such, it aims to set out the agreed way forward for improved collaboration and integration between mental health, suicide prevention, alcohol and other drugs services in the Gold Coast region

• The process brought together cross-sectoral and community stakeholders to develop, agree and document a shared understanding of the issues our region faces, a shared vision for the future, and a roadmap for change

• The Joint Regional Plan took a person-centred approach to consultation because we understand that whilst there are unique elements to mental health, suicide prevention, alcohol and other drugs, and Aboriginal and Torres Strait Islander social and emotional wellbeing, many of the issues people face are interrelated and multifactorial.

• Consultation from the mental health regional plan discussed numerous priority areas on alcohol and other drugs on the Gold Coast including:

- Complex service system means people are unclear about which services are available and what service is the most appropriate fit
- There is a high demand for service navigation support and working with people to assess and determine suitable options.
- Additionally, many services currently provide intake, triage, and referrals but each are limited in their scope as they are funded to provide specific treatment types, resulting in inefficiencies and gaps and inefficient use of a highly skilled workforce that limits treatment capacity.
- Referrals are often inappropriate, resulting in people being under or over serviced.
- AOD services all fielding information calls from community which could be handled through ADIS
- For people with alcohol and other drug challenges, timely access to treatment is especially important to capitalise on motivation to change. Clients can often disengage from one service if the service avail ability does not fit the need. Additionally, providers often have wait times for treatment and at times do not feel they are able to respond quickly enough when people first make contact with the service due to current demand.
- Current capacity of withdrawal management and support, residential rehabilitation and after hours support limits the provision of flexible support and follow up for clients. No bulk-billing psychiatry and limited access to psychiatry in the community prevents access to many individuals who require this type of service and limits the capacity of service providers to provide optimum care to their clients.
- Perception that withdrawl can only occur in a bed-based facility, whereas in-home and outpatient withdrawal management and support can be highly effective and would increase access to this treatment type.
- While the Gold Coast region provides the full spectrum of alcohol and other drugs services, there are challenges to transitioning people across services as their needs change. If the transition of care is not done well, people may disengage from treatment.
- It can be difficult for service providers to know what capacity services have, particularly for withdrawal and rehabilitation bed availability, which can delay access for clients while capacity is confirmed.

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, which can result in early disengagement from the service.

• 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 into treatment.

• Limited options for young people and people with children. There are no local 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. Providers report once the client has detoxed in the service their mental health problems become visible and staff may not have the skills required to manage these.

• 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.

• Some providers have reported that methamphetamine (ice) use remains high at around 50% of all clients reporting this as their principle drug of concern.

• 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.

• At times 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.

• Service providers from Youth Justice, Child Safety and Health and Hospital Service report increasing rates of youth chroming- inhaling solvents or other household chemicals to get high

• Anecdotally, older population with problematic drinking less likely to seek treatment.

• Importance of access to dual diagnosis or addiction specialists by mental health providers for coordinated care for complex clients

• Stable, appropriate or safe housing remains an issue for clients of AOD services. Being homeless is a significant challenge for services being able to continue treatment with a person, while those who have accommodation often report it being unstable. Also, often the accommodation arrangements do not support good recovery activity (i.e living in a house with others who use substances, accessibility of substances).

• Providers have reported an increase in poly-substance abuse, this is consistent across other PHN areas

• People presenting with acute intoxication to mental health services for short term crisis support, there is currently no service apart from the Emergency Department equipped to appropriately respond to people presenting in this state.

• Closer linking of referral and triage processes so individuals are connected with the right type and intensity of service the first time.

• Opportunity to have stronger and more structured links between the AOD sector and homelessness services to support strategic planning, review needs, create referral pathways etc.

• Opportunity to better link services to share capacity information, streamline referrals or access to the next treatment type of the client's journey i.e from detox to residential rehab.

Service user consultation

• Individuals trying to access treatment services such as detox and residential rehabilitation, often encounter barriers to accessing treatment in a timely way, such as lengthy wait lists. This compromised their recovery and motivation to engage and seek help again.

• Telehealth options are needed as they increase the accessibility of treatment and overcome many barriers.

• Improved capacity for mental health services to support people with drug and alochol issues and provide a dual diagnosis response as many people felt AOD use was often a self-medicating strategy to cope with mental health issues.

• Individuals who present to mental health services with co-occurring drug and/or alcohol use are often told they will need AOD treatment before the mental health support can be provided.

• 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.

• Moving straight from wanting to discuss treatment or receive information, to residential detox or rehabilitation is challenging 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.

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