



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template – Alcohol & Other Drugs

This template must be used to submit the Primary Health Network's (PHN's) Needs Assessment report to the Department of Health (the Department) by **15 November 2018** as required under Item E.5 of the Standard Funding Agreement with the Commonwealth.

Name of Primary Health Network

South Eastern Melbourne

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.

Section 2 – Outcomes of the health needs analysis

This section summarises the findings of the health needs analysis in the table below. For more information refer to Table 1 in '5. Summarising the Findings' in the Needs Assessment Guide on www.health.gov.au/PHN.

Additional rows may be added as required.

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Life Complexity Factors	High proportion of unemployment, 2016 <ul style="list-style-type: none"> • Greater Dandenong (7.6%) • Frankston (6.2%) • Mornington Peninsula (5.0%) • Casey (5.0) SEMPHN – 4.3% Victoria – 4.9%	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2018).
	School leaver participation in higher education, 2016 <ul style="list-style-type: none"> • Mornington Peninsula (27.3%) • Cardinia (28.6%) • Frankston (31.4%) SEMPHN – 43.0% Victoria – 39.3	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2018).
	Full time participation in secondary school education at age 16, 2016 low in: <ul style="list-style-type: none"> • Cardinia (83.1%) 	

	<ul style="list-style-type: none"> • Frankston (83.7%) • Mornington Peninsula (84.4%) • Greater Dandenong (85.3%) • Casey (86.0%) <p>SEMPHN – 87.2 Victoria – 86.1</p>	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2018).</p>
	<p>High rate of people who left school at year 10 or below (ASR per 100) in 2016 in:</p> <ul style="list-style-type: none"> • Cardinia (33.8) • Greater Dandenong (32.9) • Casey (30.7) • Frankston (30.2) <p>SEMPHN – 24.2 Victoria – 26.0</p>	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).</p>
	<p>High rate of homelessness within SEMPHN are:</p> <ul style="list-style-type: none"> • Greater Dandenong 12.8 (1,942 people) • Port Phillip 11.2 (1,127 people) • Casey 4.3 (1,280 people) <p>SEMPHN – 4.8 Victoria – 6.0</p>	<p>Source: Census of Population and Housing, 2016.</p>
	<p>Care givers providing unpaid child care to own child:</p> <ul style="list-style-type: none"> • Cardinia (25.5%) • Casey (24.6%) • Bayside (22.4%) <p>SEMPH – 20.5% Victoria – 19.8%</p>	<p>Public Health Information Development Unit (PHIDU, 2018). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (Published October 2018).</p>

	<p>High mortgage stress 2016 in:</p> <ul style="list-style-type: none"> • Greater Dandenong (18.2%) • Casey (13.5 %) • Cardinia (10.6%) <p>SEMPHN – 10.11 Victoria – 10.2%</p>	<p>Mortgage and rental stress is comprised of households in the bottom 40% of income distribution spending more than 30% of income on either mortgage repayments or rent.</p> <p>Public Health Information Development Unit (PHIDU, 2018). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (Published October 2018).</p>
	<p>High rental stress 2016 in:</p> <ul style="list-style-type: none"> • Greater Dandenong (32.8%) • Mornington Peninsula (32.6%) • Frankston (31.2%) <p>SEMPHN – 24.8% Victoria – 27.2%</p>	<p>Public Health Information Development Unit (PHIDU, 2018). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (Published October 2018).</p>
	<p>High gaming machine losses per person aged 18+ 2016/17 in:</p> <ul style="list-style-type: none"> • Greater Dandenong (\$954.27) • Mornington Peninsula (\$664.12) • Kingston (\$660.41) • Glen Eira (\$642.21) <p>Victoria – \$541.86</p>	<p>Victorian Commission for Gambling and Liquor Regulation https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/population-density-and-gaming-expenditure.</p>
	<p>Estimated population aged 15 years and over, with fair or poor self-assessed health (201113) greater in:</p> <ul style="list-style-type: none"> • Greater Dandenong (29.1%) • Kingston (17.4%) • Casey (17.3%) 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 1 October 2016).</p>

	Victoria – 15.9%	
<p>Key Outcomes - Life Complexity</p> <p>The area of Greater Dandenong, Mornington Peninsula and Frankston have populations impacted by high levels of life complexity and social determinants including:</p> <ol style="list-style-type: none"> 1. Financial stress – The area of Greater Dandenong had the highest unemployment rate in the catchment, highest rates of mortgage and rental stress and the highest rates of gaming machine losses. 2. Dependence on government assistance – There were 40,923 people receiving unemployment benefits across the catchment at June 2016, 66% of unemployment recipients were from the areas of Greater Dandenong, Frankston, Mornington Peninsula and Casey. 3. Homelessness – There were 6,916 people classified as homeless in the SEMPHN catchment. The areas of Greater Dandenong, Port Phillip and Casey have 63% of homeless persons within SEMPHN. Homeless housing includes persons living in ‘severely’ crowded dwellings, supported accommodation, boarding houses and improvised dwellings. 4. School retention – Participation in higher education is low in Mornington Peninsula, Cardinia, Frankston and the number of students leaving at Year 10 is high in Cardinia, Casey, Frankston and Greater Dandenong. <p>Evidence¹ suggests that the influence of environment including social, cultural, economic and physical environment contribute to the drug use behaviour of individuals. The areas identified above include the highest areas of disadvantage within the catchment and treatments targeting individuals may only have a partial impact if the social determinants of drug use behaviour are not addressed as part of the overall response.</p>		
Justice system, offences and community impact	<p>Definite or Possible Alcohol related family violence incidence 2015/16 per 10,000:</p> <ul style="list-style-type: none"> • Frankston (42.3) • Port Phillip (30.8) • Mornington Peninsula (30.0) <p>SEMPHN-20.7 Victoria – 23.1</p>	<p>Domestic violence and relationship issues is the highest reason attributed to causing homelessness in Victoria.</p> <p>Turning point AOD Stats 2015-16 at http://www.aodstats.org.au/ (accessed October 2018).</p>

¹ Spooner C (2004) Social Determinants of Drug Use

	<p>Alcohol assault during High Alcohol Hours 2014/15 per 10,000 :</p> <ul style="list-style-type: none"> • Port Phillip (15.4) • Greater Dandenong (14.2) • Mornington Peninsula (12.9) <p>Victoria – 10.0</p>	<p>High alcohol hour (HAH) assaults - Fridays or Saturdays between 8 pm and 6 am. Alcohol involvement was noted in 65 per cent of these assaults.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2017).</p>
	<p>Alcohol assault during Medium Alcohol Hours 2014/15 per 10,000:</p> <ul style="list-style-type: none"> • Greater Dandenong (17.9) • Port Phillip (16.3) • Frankston (13.1) <p>Victoria – 12.1</p>	<p>Medium alcohol hour (MAH) assaults - Sunday through Thursday, between 8 pm and 6 am. In 54 per cent of such assaults, alcohol involvement was noted.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2017).</p>
	<p>Cannabis Offences 2016 per 100,000:</p> <ul style="list-style-type: none"> • Greater Dandenong (232.2) • Frankston (197.0) • Port Phillip (186.0) <p>Victoria – 132.7</p>	<p>Victoria Crime Statistics Agency (CSA) https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>
	<p>Heroin Offences 2016 per 100,000 were highest in:</p> <ul style="list-style-type: none"> • Port Phillip (50.0) • Greater Dandenong (44.3) <p>Victoria – 15.6</p>	<p>https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>
	<p>Methamphetamines Offences 2016 per 100,000:</p> <ul style="list-style-type: none"> • Port Phillip (159.2) • Greater Dandenong (155.2) • Frankston (141.8) 	<p>https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>

	Victoria – 90.7	
	Amphetamine Offences 2016 per 100,000: <ul style="list-style-type: none"> • Port Phillip 40.7 • Frankston 36.3 • Cardinia 35.6 Victoria – 20.7	https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime
	Drug usage offence rate per 100, 000 in 2017-18: <ul style="list-style-type: none"> • Greater Dandenong (12.6) • Frankston (12.0) • Cardinia (9.2) Victoria – 7.8	https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime (October 2018)
	Drug possession offence rate per 100,000 in 2017-18: <ul style="list-style-type: none"> • Greater Dandenong (361.5) • Port Phillip (298.8) • Frankston (265.6) Victoria – 165.6	https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime (October 2018)

Key Outcomes – Justice system, offences, community impact and substance use

1. Definite or possible family violence rates were high in Frankston, Port Phillip and Mornington Peninsula with 2971 incidence reported. Across Victoria the majority of affected family members were female aged between 20-49 years. The rate of alcohol related incidence for females was significantly higher in Frankston 64.4 per 10,000.
2. Drug usage offences high in Greater Dandenong, Frankston, and Cardinia.
3. Drug possession offences high in Greater Dandenong, Port Phillip and Frankston.

People living in high crime areas can be at higher risk of substance miss-use this is evident in areas of lower socio-economic status where there is an increased rate of unemployment, poor support systems and low rates of school retention. Local Government Areas including Greater Dandenong and Port Phillip have reported high numbers of Aboriginal and Torres Strait Islander populations, refugees or high numbers of public housing where individuals and communities may be marginalised impacting their drug usage habits and ability to rehabilitate.

Substance use within the SEMPHN catchment	<p>Prescription for Analgesics (pain relief) 2015-16 per 100:</p> <ul style="list-style-type: none"> • Mornington Peninsula (139.0) • Frankston (130.5) • Greater Dandenong (116.5) <p>SEMPHN – 97.9</p>	<p>http://www.pbs.gov.au/pbs/home;jsessionid=1jt5vg2rzrygn1s997h908neqe, PBS data access October 2017.</p>
	<p>Prescription for Psycholeptics (sedatives) 2015-16 per 100:</p> <ul style="list-style-type: none"> • Frankston (60.3) • Mornington Peninsula (1.5) • Greater Dandenong (58.9) <p>SEMPHN – 49.0</p>	<p>http://www.pbs.gov.au/pbs/home;jsessionid=1jt5vg2rzrygn1s997h908ne, PBS data accessed October 2017</p>
	<p>Estimating the use of alcohol and drugs in the community using waste water testing April 2018.</p> <p>Findings for Victoria report:</p> <ul style="list-style-type: none"> • Alcohol and tobacco: Highest consumed substances • Cocaine consumption: Decreased • MDMA consumption: Decreased • Methamphetamine: Increased • Oxycodone: Decreased • Fentanyl: Increased • Heroin: Decreased 	<p>National Wastewater Drug Monitoring Program testing water between August 2016 and August 2017. There were six sites monitored in Victoria in April 2018—two capital city sites and four regional sites.</p>

Tobacco	<p>Substance availability in Victorian Average reported in the IDRS Survey: Heroin – Very easy/easy 98% (N-117) Methamphetamine - Very easy/easy 99% (N-86) Cannabis – Very easy/easy 92% (N-69)</p>	<p>IDRS findings: 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.</p>
	<p>Estimated smokers aged 18 years and over who were current smokers 2014-15 high in:</p> <ul style="list-style-type: none"> • Frankston (20.2%) • Cardinia (18.3%) • Mornington Peninsula (17.3%) <p>SEMPHN – (15.0%) Victoria – 15.6%</p>	<p>Public Health Information Development Unit (PHIDU, 2018). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed October 2018).</p>
	<p>Women who smoke during pregnancy (2014-2016) are greater in:</p> <ul style="list-style-type: none"> • Frankston (19.6%) • Cardinia (18.7%) • Mornington Peninsula (16.0%) <p>SEMPHN – 10.4% Australia – 10.0%</p>	<p>Public Health Information Development Unit (PHIDU, 2018). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed October 2018).</p>
	<p>Aboriginal and Torres Strait Islander women who gave birth and smoked during pregnancy:</p> <ul style="list-style-type: none"> • Mornington Peninsula (50.8%) • South Eastern Melbourne (42.5%) • Melbourne Inner (33.6%) <p>Australia - 45.2</p>	<p>Public Health Information Development Unit (PHIDU, 2018). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed October 2018). Data available at SA4 only.</p>

Alcohol Consumption	<p>Adolescent smoking rates 12-14 years</p> <ul style="list-style-type: none"> • Frankston (16.7%) • Casey (16.2%) <p>Victoria – 13.4%</p>	Victorian Child and Adolescent Monitoring System (VCAMS2014).
	<p>Adolescent smoking rates 15-17 years greater in:</p> <ul style="list-style-type: none"> • Frankston (43.9%) • Kingston (40.4%) <p>Victoria – 36.4%</p>	Victorian Child and Adolescent Monitoring System (VCAMS 2014).
	<p>High levels of lung cancer reported for 2006-2010 per 100,000 ASR in:</p> <ul style="list-style-type: none"> • Port Phillip (74.4) • Greater Dandenong (65.4) • Frankston (63.0) • Casey (55.7) <p>SEMPHN – 55.2 Victoria – 55.0</p>	Public Health Information Development Unit (PHIDU, 2017). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 14 November 2018).
	<p>Alcohol consumption ASR rates per 100 for 15 years and over high in:</p> <ul style="list-style-type: none"> • Bayside (20.5) • Port Phillip (19.6) • Mornington Peninsula (18.9) • Stonington (18.6) <p>SEMPHN -14.9 Victoria - 15.0</p>	Public Health Information Development Unit (PHIDU, 2017). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 14 November 2018).
	<p>High alcohol consumption in young people in the age group 15-24 years in:</p>	It is recognised that alcohol use amongst adolescents creates a raft of additional issues including other risky behaviours such as tobacco use,

	<ul style="list-style-type: none"> • Greater Dandenong (72.8%) • Frankston (70.3%) • Kingston (61.9%) <p>Victorian average not available</p>	<p>risk of unsafe sex, violence, drinking and driving and suicide. The Australian Psychological Society sites research on the relationship between adolescent drinking patterns and parental attitudes to drinking, parental modelling of alcohol use and parental supply of alcohol to adolescents. As such, it has been recommended that interventions targeting teenage drinking adopt a family counselling approach.</p> <p>Dr Delyse Hutchinson MAPS, Dr Elizabeth Maloney, Dr Laura Vogl MAPS and Professor Richard Mattick MAPS National Alcohol and Drug Research Centre, University of New South Wales.</p> <p>Victorian Department of Education and Training, The Victorian Child and Adolescent Monitoring System (VCAMS) at http://www.education.vic.gov.au/about/research/Pages/vcams.aspx (accessed October 2016).</p>
Alcohol consumption adolescents	<p>Proportion of youth aged 15-24 who have ever drunk:</p> <ul style="list-style-type: none"> • Bayside (87.1%) • Cardinia (81.2%) • Stonnington (78.4%) <p>Victoria – 74.1%</p>	<p>Victorian Department of Education and Training, The Victorian Child and Adolescent Monitoring System (VCAMS) at http://www.education.vic.gov.au/about/research/Pages/vcams.aspx (accessed October 2016).</p>
	<p>Expenditure on packaged liquor in the past 7 days greater in:</p> <ul style="list-style-type: none"> • Port Phillip (54.4%) • Mornington Peninsula (47.5%) • Bayside (46.5%) • Stonnington (45.9%) 	

Cannabis	Victoria – 36.0%	ASPEX Consulting DHHS LGA Profile 2015.
	Expenditure in licensed premises in the past 7 days greater in: <ul style="list-style-type: none"> • Casey (\$91) • Stonnington (\$67) Victoria – \$45	ASPEX Consulting DHHS LGA Profile 2015.
	Alcohol death rate per 10,000 2014 is high in: <ul style="list-style-type: none"> • Mornington Peninsula (1.7) • Greater Dandenong (1.6) • Frankston (1.6) Victorian – 1.7	Turning point AOD Stats 2014-15 at http://www.aodstats.org.au/ (accessed October 2017).
	Proportion of adolescents who have ever used marijuana aged 12-14 greater in: <ul style="list-style-type: none"> • Port Phillip (9.0%) • Mornington Peninsula (6.7%) Victoria – 3.7%	<p>Studies have shown that if a young person uses cannabis early in life (before the age of 16 years) and for a prolonged period of time, it can lead to a number of significant problems. Evidence to date suggests that use of marijuana can affect memory, have an impact on attention and ability to think clearly which in turn can make it difficult to concentrate and learn. As a consequence there are impacts on school performance, increased absenteeism and there is increased likelihood of leaving school prematurely without maximal education/qualifications.</p> <p>Drug use of any form also has implications for early sexual activity, increased likelihood of offending behaviours such as motor vehicle theft and burglary and leaving home early. Drug use has also been linked to a range of mental health issues including psychosis, depression and anxiety.</p>

		ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2015.
	<p>The use of other stimulants has increased across the catchment with the greatest rates per 10,000 in:</p> <ul style="list-style-type: none"> • Port Phillip (3.3) • Frankston (3.0) • Mornington Peninsula (1.9) <p>Victoria: 10.2</p>	ASPEX Consulting DHHS LGA Profile 2015.
	<p>Proportion of adolescents aged 15-24 years using other stimulants was greater in:</p> <ul style="list-style-type: none"> • Frankston (17.2%) • Mornington Peninsula (8.4%) • Glen Eira (5.9%) <p>Victorian average not available</p>	ASPEX Consulting DHHS LGA Profile 2015.
Other stimulants	<p>The proportion of adolescents aged 12-14 years who have sniffed glue or chromed were greater in:</p> <ul style="list-style-type: none"> • Kingston (13.0%) • Casey (10.5%) • Cardinia (10.2%) • Frankston (10.1%) • Greater Dandenong (8.9%) <p>Victoria – 7.9%</p>	ASPEX Consulting DHHS LGA Profile 2015.
	Accidental deaths due to opioids in 2011:, there were:	Stafford, J. and Breen, C. (2016). Australian Drug Trends 2015. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend

	<ul style="list-style-type: none"> • 617 accidental deaths due to opioids aged 15-54 years in Australia, • 28% percent of deaths occurred in Victoria. • 80% were males and 20% female. <p>The National death rate per million persons was 49.5 per million.</p> <p>Victoria had the second highest rate in Australia with 56 per million.</p>	<p>Series. No. 145. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.</p>
	<p>Hepatitis C rates per 100,000 are high in:</p> <ul style="list-style-type: none"> • Port Phillip (43.6) • Greater Dandenong (39.5) • Frankston (28.3) <p>SEMPHN – (23.1)</p> <p>Victoria – (30.6)</p>	<p>Department of Health and Community Services DHHS Infectious Disease Reports LGA Surveillance report October 2018</p> <p>https://www2.health.vic.gov.au.</p>
<p>Other factors affecting health</p>	<p>Aboriginal and Torres Strait Islander population Dandenong & District Aborigines Co-operative Ltd currently provides mental health and alcohol and drug services within the Dandenong region for 23 indigenous clients, over 90% of whom have dual mental health and alcohol and drug diagnoses. They also have a tobacco program called the Yarning Group to address the high smoking rates amongst the community.</p>	<p>Data for the 2010/11 financial year show that for the Southern Metropolitan Region indigenous clients comprise 3.8% of the total clients which is a significant over representation of the indigenous community which, comprises 0.4% of the total community. The highest percentages of indigenous clients are from the LGAs of Port Phillip (7.7%), Stonnington (6.3%) and Greater Dandenong (5.6%).</p> <p>SEMPHN has also engaged with Turning Point to provide Alcohol and Drug Information Service data around treatment services, hospital admissions, emergency department presentations and deaths for the Aboriginal and Torres Strait Islander community related to alcohol and drug consumption within the SEMPHN region. However these data have not yet been made available.</p>

	<p>Increasing amphetamine use within Aboriginal and Torres Strait Islander population identified trends from Goutzamanis et al. (2018),</p> <ul style="list-style-type: none"> • Participants – 117 • Indigenous 91% • Male -71% • Unemployed – 93% • Forensic clients – 66% • Used alcohol and other drug services previously 76% • Legal issues or recent arrest 66% • Mental health, probable serious mental illness 88% • Admissions- 2015-158, 2016 – 221 	<p>Indigenous people seeking residential alcohol and other drug (AOD) rehabilitation in Victoria are most frequently referred to the Ngwala Willumbong Co-operative (Ngwala). This study aimed to describe socio-demographic changes in clients of Ngwala’s residential rehabilitation services between 2015 and 2016.</p> <p>Goutzamanis et al. (2018), “Increasing amphetamine use and forensic involvement among clients of three residential Indigenous alcohol and other drug services in Victoria, Australia”, <i>Drug and Alcohol Review</i>, DOI: 10.1111/dar.12692</p>
	<p>LGBTI community: Drug use comparisons between the heterosexual and bi-sexual and homosexual communities illustrated similar patterns of usage.</p> <p>There is evidence of a rise in drug use sexual sensation-seeking among Australian gay and bisexual men, which can also be exacerbated by psychological distress and mental illness. This will continue to be monitored and further investigation undertaken if required.</p>	<p>AIHW Drug use data by sexuality people aged 14 years or older 2013.</p> <p>Bui et al. (2018), “Prevalence and correlates of recent injecting drug use among gay and bisexual men in Australia: Results from the FLUX study”, <i>International Journal of Drug Policy</i>, DOI: 10.1016/j.drugpo.2018.01.018</p> <p>Stuart, D. (2016). “A chemsex crucible: The context and the controversy”, <i>Journal of Family Planning and Reproductive Health Care</i>, 42, 295–296.</p>

Key Outcomes – Health Needs

1. Alcohol and tobacco are amongst the highest consumed substances with Methamphetamine and Fentanyl use increasing
2. Tobacco smoking amongst pregnant women is high in Frankston, Cardinia and Mornington Peninsula and very high with the Aboriginal and Torres Strait Islander community
3. Alcohol consumption for over 15+ is high in Bayside, Port Phillip, Mornington Peninsula, Stonnington
4. Lung cancer rates are high in Port Phillip, Greater Dandenong, Frankston and Casey
5. Hepatitis C rates are high in Port Phillip, Greater Dandenong
6. Report findings from Goutzamanis et al. (2018), suggest the proportion of Indigenous people in AOD treatment with amphetamine use problems or forensic involvement is increasing.

The National waste water testing program² does not qualify if there is an increase in the number of people using illicit substances or if the increase in detection is a result of an increase in the amount used by few people. The increase in fentanyl use is of increasing concern as the risk of overdose is high.

² National Wastewater Drug Monitoring Program 2018

Section 3 – Outcomes of the service needs analysis

This section summarises the findings of the service needs analysis in the table below. For more information refer to Table 2 in '5. Summarising the Findings' in the Needs Assessment Guide on www.health.gov.au/PHN.

Additional rows may be added as required.

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Emergency Department	Alcohol related ED presentations 2013-14 per 10,000: <ul style="list-style-type: none"> Frankston (26.0) Greater Dandenong (22.5) Port Phillip (20.3) Mornington Peninsula (18.3) Victoria – 13.8	Turning Point have advised that Emergency Department data are not currently available. Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016).
	Illicit drug related ED presentations 2013-14 per 10,000: <ul style="list-style-type: none"> Port Phillip (4.5) Greater Dandenong (3.9) Victoria – 2.1	Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016).
Ambulance attendance	Ambulance attendance rate per 100,000 alcohol only 2016-17 high in: <ul style="list-style-type: none"> Port Phillip (653.1) Frankston (424.3) Stonnington (418.4) 	The annual change in ambulance attendance between 2011/12 and 2016/17 for alcohol only increased across all age groups with the highest increase in the 65+ age range of 14%.

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> • Greater Dandenong (417.5) • Mornington Peninsula (356.2) <p>SEMPHN – 332.9 Victoria – 301.1</p>	<p>Turning point Ambulance attendance http://amboadstats.org.au/VicLGA/ (accessed October 2018).</p>
	<p>Ambulance attendance crystal methamphetamine 2016-17 per 100,000 high in:</p> <ul style="list-style-type: none"> • Port Phillip (119.8) • Frankston (78.1) • Greater Dandenong (73.9) • Stonnington (39.0) <p>SEMPHN – 50.2 Victoria – 40.7</p>	<p>The annual change in ambulance attendance between 2011/12 and 2016/17 for crystal methamphetamine increased across all age groups including 15-24, 15%, 25-39,47% with the highest increase in the 40-64 age range, 82%.</p> <p>Turning point Ambulance attendance http://amboadstats.org.au/VicLGA/ (accessed October 2018).</p>
	<p>Ambulance attendance illicit drugs 2016-17 per 100,000 high in:</p> <ul style="list-style-type: none"> • Port Phillip (485.5) • Greater Dandenong (280.8) • Stonnington (279.6) <p>SEMPHN – 201.5 Victoria – 179.6</p>	<p>The annual change in ambulance attendance between 2011/12 and 2016/17 for illicit drugs increased across all age groups including 15-24, 14%, 25-39,17% with the highest increase in the 40-64 age range, 57%.</p> <p>Turning point Ambulance attendance http://amboadstats.org.au/VicLGA/ (accessed October 2018).</p>
	<p>Ambulance attendance cannabis 2016-17 per 100,000 high in:</p> <ul style="list-style-type: none"> • Port Phillip (77.4) • Frankston (74.6) • Greater Dandenong (59.0) 	

Outcomes of the service needs analysis

	<p>SEMPHN – 49.4 Victoria – 46.4</p>	<p>The annual change in ambulance attendance between 2011/12 and 2016/17 for cannabis increased across all age groups including 15-24, 11%, 25-39, 11% with the highest increase in the 40-64 age range, 36%.</p> <p>Turning point Ambulance attendance http://amboadstats.org.au/VicLGA/ (accessed October 2018).</p>
	<p>Ambulance attendance pharmaceutical 2016-17 per 100,000 high in:</p> <ul style="list-style-type: none"> • Frankston (297.5) • Port Phillip (269.9) • Mornington (202.7) <p>SEMPHN – 187.7 Victoria – 170.2</p>	<p>Across the SEMPHN catchment there were 2682 ambulance attendances related to pharmaceutical drugs.</p> <p>Turning point Ambulance attendance http://amboadstats.org.au/VicLGA/ (accessed October 2018).</p>
	<p>Ambulance attendance opioids 2016-17 per 100,000 high in:</p> <ul style="list-style-type: none"> • Frankston (43.7) • Mornington Peninsula (25.5) • Port Phillip (22.1) <p>SEMPHN – 20.4 Victoria – 18.0</p>	<p>Across the SEMPHN catchment there were 292 ambulance attendances related to opioid drugs.</p> <p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).</p>
	<p>Ambulance attendance heroin overdose 2016-17 per 100,000 high in:</p> <ul style="list-style-type: none"> • Frankston (66.3) • Mornington Peninsula (51.0) • Port Phillip (25.8) 	<p>The annual change in ambulance attendance between 2011/12 and 2016/17 for heroin overdose decreased for all age groups except the 40-64 age range which increased 24%.</p>

Outcomes of the service needs analysis		
Acute Admissions	SEMPHN – 21.2 Victoria – 21.4	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	Mental Health overnight hospitalisations for drug and alcohol use per 10,000, 2015-16 high in: <ul style="list-style-type: none"> • Port Phillip (27.0) • Frankston (23.0) • Bayside (20.0) Victoria – 20.0	My Healthy Communities AIHW https://www.myhealthycommunities.gov.au/primary-health-network/phn203# .
	Illicit drug hospitalisation rates 2014-15 per 10,000: <ul style="list-style-type: none"> • Port Phillip (63.2) • Stonnington (47.0) • Frankston (46.0) • Glen Eira (34.6) Victoria – 14.4	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	Pharmaceutical hospitalisation rates 2014-15 per 10,000: <ul style="list-style-type: none"> • Frankston (34.6) • Port Phillip (26.0) • Mornington Peninsula (24.0) • Stonnington (24.0) Victoria – 16.1	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).

Outcomes of the service needs analysis		
	<p>Cannabis hospitalisation rates 2014-15 per 10,000:</p> <ul style="list-style-type: none"> • Port Phillip (20.7) • Glen Eira (12.8) • Kingston (10.8) <p>Victoria – 8.2</p>	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	<p>Opioid hospitalisation rates 2014-15 per 10,000:</p> <ul style="list-style-type: none"> • Port Phillip (24.9) • Stonnington (18.6) • Frankston (13.9) <p>Victoria – 18.5</p>	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
Episodes of care	<p>Alcohol episodes of care 2014-15 per 10,000:</p> <ul style="list-style-type: none"> • Frankston (42.0) • Port Phillip (37.8) • Greater Dandenong (33.1) <p>Victoria – 28.8</p>	<p>An episode of care is a completed course of treatment undertaken by a client, where at least one significant agreed treatment goal is achieved under the care of an alcohol and drug worker.</p> <p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).</p>
	<p>Amphetamines episodes of care 2014-15 per 10,000:</p> <ul style="list-style-type: none"> • Frankston (26.0) • Port Phillip (17.0) <p>Victoria – 15.1</p>	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	<p>Illicit episodes of care 2014 -15 per 10,000:</p> <ul style="list-style-type: none"> • Frankston (55.5) • Port Phillip (48.8) • Greater Dandenong (38.6) 	

Outcomes of the service needs analysis		
	Victoria – 38.9	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	Pharmaceutical episodes of care 2014-15 per 10,000: <ul style="list-style-type: none"> • Port Phillip (6.1) • Bayside (3.6) Victoria – 3.5	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	Cannabis episodes of care 2014-15 per 10,000: <ul style="list-style-type: none"> • Frankston (21.1) • Greater Dandenong (18.5) • Port Philip (14.7) Victoria – 16.0	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	Opioids episodes of care 2014-15 per 10,000: <ul style="list-style-type: none"> • Port Phillip 3.8 • Bayside 3.2 • Frankston 2.1 Victoria – 2.2	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017).
	Major challenges accessing services identified by proportion of stakeholders: <ul style="list-style-type: none"> • Lack of affordable transport (66.7%) • Lack of awareness of existing services (62.8%) • Lack of affordable medical services (45.1%) 	PHN Needs Assessment stakeholder survey November 2016.

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> • Lack of available after hours appointments (45.1%) • Distance to health care services (45.1%) • Shortage of allied health services (41.2%) • Gaps in Health literacy (41.2%) • Poor past experiences (39.2%) • Lack of available appointments (35.3%) • Shortage of GPs (25.5%) • Shortage of culturally appropriate services and information (25.5%) • Lack of accommodation during treatment (25.5%) • Shortage of Aboriginal health workers (21.6%) • Inaccessibility for people with disabilities (19.6%) • Concerns related to privacy (17.6%) 	
	<p>Major challenges providing services identified by stakeholders:</p> <ul style="list-style-type: none"> • Inadequate training (56.8%) • Inadequate staffing (52.9%) • Lack of standard guidelines on treatment (23.5%) 	<p>PHN Needs Assessment stakeholder survey November 2016.</p>

Outcomes of the service needs analysis

- Language barriers (7.8%)

Key Outcomes Service Needs

1. Alcohol Only related ambulance attendance rates in Frankston, Port Phillip, Greater Dandenong remain higher than the Victorian Average
2. Crystal methamphetamine ambulance attendance rates in Port Phillip, Frankston, Greater Dandenong and Stonnington are higher than the Victorian Average.
3. Illicit drug ambulance attendance rates in Port Phillip, Greater Dandenong, Stonnington, and Frankston are higher than the Victorian Average.
4. Increasing numbers of ambulance attendance related to alcohol and drug use for those aged 40-64 years old.
5. Increasing numbers of ambulance attendance for crystal methamphetamine, illicit drugs and cannabis across all age groups.
6. Increase in alcohol hospitalisations, Bayside.
7. Episodes of care highest in Frankston, Port Phillip.
8. Decrease in Episodes of Care.
9. Barriers of access to treatment services identified by stakeholders including a high percentage of respondents who reported challenges in distance and travel to services, knowledge of what is available, poor health literacy, poor experiences and lack of available appointments both within and after hours.
10. Challenges to service provision identified by stakeholders included inadequate training, staffing and treatment standards.

Stakeholder Engagement

A sector forum was held in early 2018 in collaboration with the Department of Health and Human Services and attended by participants from: FMP Primary Care Partnership, Catholic Care, Monash Health, Peninsula Health, Alfred Health, Taskforce, VAC, Stepping Up, Star Health, Windana, VAADA, EACH, YSAS, Odyssey, Central Bayside Community Health, Ngwala, Salvation Army, Berry Street.

The following areas were identified as requiring either prioritised attention or additional services:

Workforce:

- Workforce related issues including identifying what skills are required for collaboration
- Workforce links and credentialing skills

Access

- Lack of housing and no access to appropriate services
- Limited links with primary care

Outcomes of the service needs analysis

Limited availability of family violence therapy
Identify who does/doesn't walk into services (unmet demand)
Provision of programs for perpetrators of family violence
A lack of aftercare services

Quality and appropriateness of services

Rehabilitation with a focus on and detoxification rather than therapy
Integrated AOD services separated from forensic services
Provision of outreach services
Service model which links with services outside the AOD space
Collaboration with services

Health Literacy and Patient Activation

Negative perceptions of addictions and the stigma of AOD in the community
Awareness on family violence

Funding

Funding models that support integrated services

Data

Documenting journeys of the clients to enable qualitative insights and support evaluation

The following needs and gaps were identified by service providers in progress reports submitted to SEMPHN by commissioned services over the past 12 months:

Appropriateness of current services

Reported information highlighted the need for commissioned activities to deliver services which focus on harm minimisation, linking clients to relevant services, advocating to relevant government agencies and other authorities on behalf of the client, as well as providing clients with access to and engagement with peer support workers was contributing to improved outcomes. Further, targeted service delivery aimed at marginalized client groups

Outcomes of the service needs analysis

(e.g. people “sleeping rough”) and parents experiencing AOD use and/or pharmacotherapy (e.g. parenting support programs) were reportedly showed positive outcomes.

Perceived and experienced challenges

Lack of appropriate services, specifically in the following areas, was noted by providers.

- Limited availability of dual diagnosis treatment services

- Limited/lack of services providing long term support and care. For example, a provider noted, “Many clients often seek help when in crisis, which require long term engagement (~12 months or more) and interventions to support them”.

- Limited/ lack of face to face intake and assessment services. A provider noted, “Lack of accessible face to face intake and assessment services has proved problematic for clients seeking entry point into treatment”.

- Limited availability of inpatient facilities. A provider stated, “Lack of inpatient detox and rehab beds pose a risk as team are required to provide support to clients during high risk time for an extended period”.

- Long wait times to access services due to previously identified limited availability of services.

A number of challenges faced by clients which impacts on their readiness to engage, as well as on self-management of their health and wellbeing were pointed out by providers.

- Lack of client readiness to participate in interventions when they are early in recovery.

- It is reported that culturally and linguistically diverse clients are less likely to engage with general practice.

- Lack of affordable housing. The repercussions were described by a provider who said this resulted in, “higher functioning clients falling into the homeless category”.

Increased incidents of family violence.