



**Australian Government**  
**Department of Health**

**phn**

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 **30 March 2016** 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.**

# Instructions for using this template

## Overview

This template is provided to assist PHNs to fulfil their reporting requirements for a Needs Assessment as required under Item E.5 of the Standard Funding Agreement (Funding Agreement) with the Department.

Further information for PHNs on the development of needs assessments is provided in the *Needs Assessment Guide*, available on the Department's website ([www.health.gov.au/PHN](http://www.health.gov.au/PHN)).

The key output of needs assessment will be to inform the Activity Work Plan. In addition, the information provided by PHNs in this report may be used by the Department to inform programme and policy development.

## Reporting

The Needs Assessment report template consists of the following:

Section 1 – Narrative

Section 2 – Outcomes of the health needs analysis

Section 3 – Outcomes of the service needs analysis

Section 4 – Opportunities, priorities and options

Section 5 – Checklist

PHN reports must be in a Word document and provide the information as specified in Sections 1-5.

Limited supplementary information may be provided in separate attachments if necessary. Attachments should not be used as a substitute for completing the necessary information as required in Sections 1-5.

While the PHN may include a range of material on their website, for the purposes of public reporting the PHN is required to make the tables in Section 2 and Section 3 publicly available on their website.

## Submission Process

The Needs Assessment report must be lodged to the Grant Officer via email [VicTasPHN@health.gov.au](mailto:VicTasPHN@health.gov.au) on or before 15 November 2016.

## Reporting Period

This Needs Assessment report will cover the period 15 November 2016 to 30 June 2018 and will be reviewed and updated as needed.

# Section 1 – Narrative

*This section provides PHNs with the opportunity to provide brief narratives on the process and key issues relating to the Needs Assessment.*

## *Needs Assessment Process and Issues*

Identifying the Alcohol and Other Drug needs of our community is the necessary and critical first step to deliver better health outcomes for the population in South Eastern Melbourne. With this in mind, this document identifies the most critical factors contributing to the variation in health outcomes across South Eastern Melbourne and, on this basis, recommends potential activities to address many of these issues.

The South Eastern Melbourne PHN (SEMPHN) serves a highly diverse population of more than 1.4 million people. Populations exist within the catchment that maintain very high standards of living while others endure some of the worst living standards in Australia. This extreme variance is echoed in the health outcomes of the population, with areas such as Greater Dandenong and Frankston exhibiting the poorest health and social outcomes of any region in the broader SEMPHN catchment.

There are also those areas which reflect a hybrid, where generally good population health exists alongside communities with very poor health outcomes. This is best reflected in the City of Port Phillip, where there are both high standards of living and good health outcomes coupled with high rates of homelessness, mental health and drug addictions, contributing to poor health outcomes for pockets of the population.

The significant variability in the health of the SEMPHN community coupled with economic environment that mandates that PHNs 'do more with less' has shaped this Health Needs Assessment, including the proposed activities. In identifying areas of priority and corresponding activities, this document focuses specifically areas and cohorts exhibiting the poorest health outcomes, often across a number of domains. By doing so, the SEMPHN will be able to improve the health outcomes of our population using the most effective and efficient means.

The areas of priority and corresponding activities are designed to align with four key themes: Intelligent Commissioning; Co-Design and Patient Centricity; Health System Alignment; and, Enhancing Professional Practice Capacity. These themes reflect the central features of the SEMPHN's organisational strategy, and therefore provide the frame for all of the current and future activities for the organisation.

## *Process*

This second alcohol and other drug (AOD) needs assessment aims to build upon the analysis completed in the baseline needs assessment and provide a deeper, more nuanced, understanding of the population profile and AOD needs of the SEMPHN region.

A large portion of this needs analysis relies on a range of secondary data sources including: Australian Bureau of Statistics (ABS) census data; various ABS, Department of Health, Victorian Department of Health and Human Services, Australian Institute of Health and Welfare (AIHW) and National Health Performance Agency (NHPA) reports; Medicare Benefit Schedule and Pharmaceutical Benefit Scheme data; program reporting data and academic research reports and articles.

Data were analysed at the smallest geographical level available, unfortunately, due to a dearth of local-level statistics, data is often presented at a regional, state or national level. Estimates were compared to the most relevant comparator possible, usually the Victorian average, although regional and national averages were also used when state-level data were unavailable.

### **Consultation Process**

In addition to reviewing and analysing secondary data, SEMPHN has undertaken a range of consultations in preparing this report including a review of consultation reports, work with LHNs, community groups and formal consultation meetings. SEMPHN has reviewed State Government funded catchment plans (three areas within the SEMPHN catchment) and drawn on issues highlighted in those plans.

SEMPHN has also done the following:

- Commissioned a needs analysis and service mapping exercise for the entire region. While this has been done in preparation for the forthcoming needs analysis due in October 2016, many of the interviews and surveys conducted by the commissioned consultant have been considered in preparing this report
- A large stakeholder forum involving primary AOD service providers (from individual clinicians to service agencies in the week of 18 April 2016). This forum was attended by approximately 60 individuals, and provided attendees with an opportunity to discuss and reflect on the current state (including service gaps) and future opportunities for the primary AOD system in the SEMPHN region.
- Establishment of a catchment planners group. The purpose of this group is to recognise emerging issues within the region and potential opportunities to collaborate on needs impacting the region. To date the group has identified dual diagnosis, management of forensic clients and barriers to treatment for particular consumer groups including the specific needs of women as possible areas for collaboration.

In addition to the above consultations, SEMPHN has also commissioned the development of an Atlas of Mental Health, Alcohol and Other Drugs (AOD) and Homelessness services in the region

In order to further understand the needs within the region for the second iteration of the needs assessment, SEMPHN developed and administered two surveys, one for regional service providers and one for the community, to understand the service level need and challenges from each of their perspectives. SEMPHN received responses from over 130 local service providers and over 20 community members, which added an additional layer of richness to this needs assessment.

#### *Additional Data Needs and Gaps*

Understanding the need for AOD services within the community is challenging and local prevalence are based on synthetic estimates using demand/utilisation data, state and national level surveys, and regional risk factors. These estimates are obfuscated by a number of factors including:

- Data quality and timeliness, particularly at small geography
- Identified challenges with access to services, particularly amongst vulnerable population groups
- Stigmatisation of AOD issues
- Sector capacity to identify and support those with dual AOD and mental health conditions.

Having access to timely population, health and service usage data at a local geography would allow greater insight into the demographic profile, health needs, and service demands of the region and would enable the PHN to better commission initiatives that are targeted to populations in greatest need. Limited existence of, or access to, local level data has restricted the detail of analysis completed in the needs assessment. Aggregated data can obscure the impact of SEMPHN activities, particularly pilots or interventions targeted at particular subsets of the population, such as vulnerable populations.

Access to and sharing of linked unit record data would further allow PHNs to follow the patient journey through the health care system and understand key gaps, blockages and challenges, and ultimately allow for improved system design and integration. Regular access to unit record data at the practice, service and patient level from community and primary through to tertiary health care providers would enable the PHN to determine in, as near as possible, real-time where to direct programs and to quantify the impact PHN activities are having on health outcomes in the region. SEMPHN has engaged with key regional stakeholders around data sharing and linking, however this has been challenging and centralised coordination would aid this process.

At present, the majority of data informing the needs assessment are accessed via a variety of organisation specific portals. Each organisation is driven by its own priorities when providing data and not the needs of audience accessing the data. Therefore data is often presented at the level of detail directed by the organisation capturing the data, the limitations imposed by the data custodians or previous clients accessing the data. Data are presented at various geographic levels and there are limitations to the data elements available. Data are not refreshed at the same scheduled rate so comparisons must be made between population groups from ranging years.

Different organisations present data on a variety of platforms, therefore data is presented through products such as excel, modified SAS tables, dashboards and pdf files. This adds time to the data extraction process and limits the analysis to what can be readily extracted. For example ascertaining simple data on co-morbidities, length of stay in acute and sub-acute hospital settings is currently not possible. If data were available in a timely manner at the appropriate level, needs assessments would evolve out of routine analysis completed during core business rather than as an additional reporting requirement. Access to quality and timely hospital data presents a key challenge particularly where key PHN outcomes include hospital level performance indicators. Limited access to emergency department and admitted patient data is currently provided through unwieldy dashboards which were not designed with population health planning in mind.

A lack of local level data on AOD clients, demographics, health conditions and service needs of vulnerable populations makes planning for these groups more difficult. Limited identification creates additional challenges and where possible minimum data sets should include the identification of people within these groups so that services can be better targeted to suit their needs.

***Additional comments or feedback (max 500 words)***

*– in this section the PHN can provide any other comments or feedback on the needs assessment process, including any suggestions that may improve the needs assessment process, outputs, or outcomes in future (expand field as necessary).*

This is an updated version of the AOD Needs Assessment submitted to the Commonwealth in March of this year. As such, it includes a deeper level of data analysis, however the majority of needs presented in the previous needs assessment have not changed substantially over the period.



## 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](http://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	<p>High rates of <b>unemployment</b> (2013)</p> <ul style="list-style-type: none"> <li>Greater Dandenong 9.1%</li> <li>Kingston 7.4%</li> <li>Frankston 7.3%</li> </ul> <p>Victoria – 5.8%</p>	<p>Community indicators across a number of domains, including basic information relating to unemployment, mortgage and rental stress and homelessness, provide insights to risk factors that influence mental health and substance misuse within a community.</p> <p>ABS, Census of Population and Housing: Estimating homelessness, 2011</p>
	<p>High dependence <b>on pensions and government support</b></p> <ul style="list-style-type: none"> <li>Greater Dandenong 78.9 per 1,000</li> <li>Frankston 70 per 1,000</li> </ul> <p>Victoria – 54.9 per 1,000</p>	<p>ABS, Census of Population and Housing: Estimating homelessness, 2011</p>
	<p>The number of <b>homeless</b> people in the catchment is 6,456 which is 28% of the state's homeless population. The areas of greater level of homelessness are within SEMPHN are:</p> <ul style="list-style-type: none"> <li>Port Phillip 24% (1564 people)</li> <li>Greater Dandenong 25% (1634 people)</li> <li>Mornington Peninsula 12% ( 750 people)</li> </ul> <p>Victoria – 22,773</p>	<p>The 2010 AHURI report on homelessness high lights evidence that suggested that people who were homeless were more likely to experience mental health conditions. Additionally, the report noted the prevalence of substance abuse disorders amongst homeless people that exceeded general population estimates. In this context it is noteworthy that parts of the SEMPHN catchment have significant pockets of homelessness.</p> <p>ABS, Census of Population and Housing: Estimating homelessness, 2011</p>
	<p>High rates of <b>family violence</b> in:</p>	<p>Vic Pol statistics, based on 2012 ABS Estimated Resident Population</p>



Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> <li>Frankston 17.8 per 1,000</li> <li>Greater Dandenong 15.2 per 1,00</li> <li>Cardinia 14.9 per 1,000</li> </ul> Victoria – 10.8 per 1,000	<p>Domestic violence and relationship issues is the highest reason attributed to causing homelessness in Victoria.</p> <p>Australian Bureau of Statistics, Census of Population and Housing: Estimating Homelessness, 2012 Australian Institute of Health and Welfare, Specialist Homelessness Services 2012-13, 2013</p>
	<p><b>Care givers providing unpaid child care to own child.</b></p> <ul style="list-style-type: none"> <li>Cardinia 25.1%</li> <li>Casey 24.4%</li> <li>Bayside 22.0%</li> </ul> Victoria 19.5%	<p>Women twice as likely to be caregivers as men. Dependent children who are unsafe reported by 6% of caregivers. Discussion with key stakeholders has also reported that women who are full time carers of children find it difficult to access and comply with treatment programs that are generally only available during the day. 15% of women presenting for assessment in Bayside between January and June 2016 had dependent children</p> <p>CIS Summary Report. Inner South Community Health Service October 2016</p>
	<p><b>High mortgage stress</b></p> <ul style="list-style-type: none"> <li>Greater Dandenong 20.5%</li> <li>Casey 15%</li> <li>Cardinia 12.7%</li> </ul> Victoria – 11.4%	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: <a href="http://www.phidu.torrens.edu.au/social-health-atlases/data">http://www.phidu.torrens.edu.au/social-health-atlases/data</a> (accessed 1 October 2016).</p>
	<p><b>High rental stress in:</b></p> <ul style="list-style-type: none"> <li>Greater Dandenong 31.8%</li> <li>Mornington Peninsula 30.3%</li> <li>Frankston 29.7%</li> </ul> Victoria – 25.1%	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: <a href="http://www.phidu.torrens.edu.au/social-health-atlases/data">http://www.phidu.torrens.edu.au/social-health-atlases/data</a> (accessed 1 October 2016).</p>
	<p><b>Gaming Machine</b> Losses per person aged 18+ greater in:</p> <ul style="list-style-type: none"> <li>Greater Dandenong \$986.50</li> <li>Kingston \$652.90</li> <li>Mornington Peninsula \$651.50</li> </ul>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: <a href="http://www.phidu.torrens.edu.au/social-health-atlases/data">http://www.phidu.torrens.edu.au/social-health-atlases/data</a> (accessed 1 October 2016).</p>

Outcomes of the health needs analysis		
	Victoria – \$549.50	
	<p>Estimated population aged 15 years and over, with fair or <b>poor self-assessed health</b> (2011-13) greater in:</p> <ul style="list-style-type: none"> <li>• Greater Dandenong 29.1%</li> <li>• Kingston 17.4%</li> <li>• Casey 17.3%</li> </ul> <p>Victoria – 15.9%</p>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: <a href="http://www.phidu.torrens.edu.au/social-health-atlases/data">http://www.phidu.torrens.edu.au/social-health-atlases/data</a> (accessed 1 October 2016).</p>
<p><b>Key Outcomes - Life Complexity</b></p> <p>The area of Greater Dandenong has a population with very high levels of:</p> <ol style="list-style-type: none"> <li>1. Financial stress</li> <li>2. Dependence of Government assistance</li> <li>3. Accommodation issues</li> <li>4. Homelessness</li> <li>5. Poor self –assessed health</li> </ol>		
<p><b>Substance abuse within the SEMPHN catchment</b></p>	<p><b>Drug usage and possession</b> indicates that three LGAs with the greatest rates per 1,000 population are:</p> <ul style="list-style-type: none"> <li>• Greater Dandenong 6.6</li> <li>• Frankston 6.4</li> <li>• Port Phillip 5.7</li> </ul> <p>Victoria – 3.8</p>	<p>Vic Pol statistics, based on 2012 ABS Estimated Resident Population</p>
	<p><b>Estimating the use of alcohol and drugs</b> in the community using waste water testing including South Eastern Melbourne March 2014 and March 2015:</p> <p>Cocaine consumption: stable MDMA consumption: decreased</p>	<p>Chemists can now quantify a wide variety of substances in wastewater (i.e. sewage) including those associated with illicit drug consumption. This method has been used to measure drug use in Europe, North America and Australia</p>

Outcomes of the health needs analysis		
	<p>Methamphetamine: doubled Alcohol and tobacco: stable</p> <p><b>Substance availability in Victorian Average reported in the IDRS Survey:</b></p> <p>Heroin – Very easy/easy 98% (N-117) Methamphetamine - Very easy/easy 99% (N-86) Cannabis – Very easy/easy 92% (N-69)</p>	<p>Loyd B., and Killian J. (2015). Alcohol and Drug Testing in Wastewater: Summary Results from March 2015 Testing in Melbourne, Fitzroy, Victoria: Turning Point</p> <p>IDRS findings: Stafford, J., Breen, C. &amp; 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>
<b>Tobacco</b>	<p><b>Tobacco</b> consumption greater in:</p> <ul style="list-style-type: none"> <li>• Frankston 17.4%</li> <li>• Greater Dandenong 16.7%</li> <li>• Casey 16.2%</li> <li>• Cardinia 16.2%</li> </ul> <p>Victoria – 15.7%</p>	<p>Tobacco smoking as a predictor of alcohol and other drug use is relatively well established as studies show that these substances are often used together. Indeed, studies have shown that people who smoke are more likely to drink and those who drink are more likely to smoke. Studies indicate that in excess of half of patients in treatment for drug dependence die from tobacco-related illnesses. As such, the prevalence of smoking is a useful indicator when addressing population risk factors for AoD services.</p> <p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016, DHHS LGA Profile 2011</p>
	<p>Women who <b>smoke during pregnancy</b> are greater in:</p> <ul style="list-style-type: none"> <li>• Cardinia 21%</li> <li>• Frankston 19%</li> <li>• Casey 16%</li> </ul> <p>Victoria – 11%</p>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: <a href="http://www.phidu.torrens.edu.au/social-health-atlases/data">http://www.phidu.torrens.edu.au/social-health-atlases/data</a> (accessed 1 October 2016).</p>
	<p><b>Adolescent smoking rates 12-14</b> year old greater in:</p> <ul style="list-style-type: none"> <li>• Frankston 16.7%</li> <li>• Casey 16.2%</li> </ul> <p>Victoria – 13.4%</p>	<p>Victorian Child and Adolescent Monitoring System (VCAMS)</p>
	<p><b>Adolescent smoking rates 15-17</b> year olds greater in:</p> <ul style="list-style-type: none"> <li>• Frankston 43.9%</li> </ul>	<p>Victorian Child and Adolescent Monitoring System (VCAMS)</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> <li>Kingston 40.4%</li> </ul> Victoria – 36.4%	
	Greatest levels of <b>lung cancer</b> reported in: <ul style="list-style-type: none"> <li>Frankston 25.1per 100,000 ASR</li> <li>Kingston 25.1 per 100,000 ASR</li> <li>Cardinia 24.2 per 100,000 ASR</li> </ul> Victoria – 19.2 per 100,000 ASR	Mortality rates associated with lung cancer provide a proxy indicator for substance misuse associated with tobacco smoking.  ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016, DHHS LGA Profile 2011
<b>Alcohol consumption</b>	<b>Alcohol consumption</b> rates are greater in: <ul style="list-style-type: none"> <li>Frankston 74.8</li> <li>Cardinia 69.0</li> <li>Greater Dandenong 49.7</li> </ul> Victorian average not available	The impact of alcohol abuse has significant associated negative consequences including alcohol related assaults, domestic violence and alcohol related child abuse. In addition when an individual consumes alcohol at levels likely to cause harm there are the negative health impacts.  Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<b>Alcohol consumption</b> for 40-64 year olds has increased across the catchment with greatest rates in: <ul style="list-style-type: none"> <li>Frankston 116.5</li> <li>Cardinia 106.4</li> <li>Port Phillip 89.1</li> </ul> Victorian average not available	Data for the 10 years from 2004-05 to 2013-14 shows that Frankston has consistently reported the highest levels of alcohol consumption for the region with consumption in Cardinia increasing from 24.7 in 2004-05 to 69 in 2013-14.  Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	Alcohol consumption of <b>adolescents</b> in the age group 15-24 years greatest rates occur in: <ul style="list-style-type: none"> <li>Greater Dandenong 72.8</li> <li>Frankston 70.3</li> <li>Kingston 61.9</li> </ul> Victorian average not available	It is recognised that alcohol use amongst adolescents creates a raft of additional issues including other risky behaviours such as tobacco use, 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.

**Outcomes of the health needs analysis**

		<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>Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)</p>
<p>Proportion of <b>adolescents</b> who have ever drunk greater in:</p> <ul style="list-style-type: none"> <li>• Bayside 87.1%</li> <li>• Cardinia 81.2%</li> <li>• Stonnington 78.4%</li> </ul> <p>Victoria – 74.1%</p>		<p>Victorian Department of Education and Training, The Victorian Child and Adolescent Monitoring System (VCAMS) at <a href="http://www.education.vic.gov.au/about/research/Pages/vcams.aspx">http://www.education.vic.gov.au/about/research/Pages/vcams.aspx</a> (accessed October 2016)</p>
<p>Expenditure on packaged liquor in the past 7 days greater in:</p> <ul style="list-style-type: none"> <li>• Port Phillip 54.4%</li> <li>• Mornington Peninsula 47.5%</li> <li>• Bayside 46.5%</li> <li>• Stonnington 45.9%</li> </ul> <p>Victoria – 36.0%</p>		<p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2011</p>
<p>Expenditure in licensed premises in the past 7 days greater in:</p> <ul style="list-style-type: none"> <li>• Casey \$91</li> <li>• Stonnington \$67</li> </ul> <p>Victoria – \$45</p>		<p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016, DHHS LGA Profile 2011</p>
<p><b>Ambulance attendance rate for alcohol</b> related calls was greater in:</p> <ul style="list-style-type: none"> <li>• Port Phillip 81.6 per 10,000</li> <li>• Frankston 55.6 per 10,000</li> <li>• Stonnington 55.4 per 10,000</li> <li>• Greater Dandenong 48.1 per 10,000</li> </ul>		<p>Loyd B., Matthews S., Gao C. X., Heilbronn C., Beck, D. (2015). Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14. Fitzroy, Victoria: Turning Point</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> <li>Casey 22.5 per 10,000 (lowest in the region)</li> </ul> Victorian rates not available	
	Alcohol <b>death rate</b> is greater in: <ul style="list-style-type: none"> <li>Greater Dandenong 1.8</li> <li>Frankston 1.5</li> <li>Bayside 1.5</li> <li>Stonnington 1.4</li> </ul> Victorian average not available	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
<b>Marijuana and other stimulants</b>	Proportion of <b>adolescents</b> who have ever used marijuana aged 12-14 greater in: <ul style="list-style-type: none"> <li>Port Phillip 9.0%</li> <li>Mornington Peninsula 6.7%</li> </ul> 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> <p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2011</p>
	Ambulance callouts <b>for cannabis related attendances greater in:</b> <ul style="list-style-type: none"> <li>Frankston 56.3 per 100,000</li> <li>Port Phillip 56.1% per 100,000</li> <li>Greater Dandenong 46.3% per 100,000</li> </ul> Victorian average not available	Loyd B., Matthews S., Gao C. X., Heilbronn C., Beck, D. (2015). Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14. Fitzroy, Victoria: Turning Point

**Outcomes of the health needs analysis**

	<p>The use of <b>other stimulants</b> has increased across the catchment with the greatest rates in:</p> <ul style="list-style-type: none"> <li>• Port Phillip 3.3 per 10,000</li> <li>• Frankston 3.0 per 10,000</li> <li>• Mornington Peninsula 1.9 per 10,000</li> </ul> <p>Victorian average not available</p>	<p>Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)</p>
	<p>Proportion of 15-24 year olds using <b>other stimulants</b> was greater in:</p> <ul style="list-style-type: none"> <li>• Frankston 17.2</li> <li>• Mornington Peninsula 8.4</li> <li>• Glen Eira 5.9</li> </ul> <p>Victorian average not available</p>	<p>Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)</p>
	<p>The rates of <b>12-14 year olds</b> who have sniffed glue or chromed were greater in:</p> <ul style="list-style-type: none"> <li>• Kingston 13.0</li> <li>• Casey 10.5%</li> <li>• Cardinia 10.2%</li> <li>• Frankston 10.1%</li> <li>• Greater Dandenong 8.9%</li> </ul> <p>Victoria – 7.9%</p>	<p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2011</p>
	<p><b>Ambulance callouts for illicit drugs</b> was greater in:</p> <ul style="list-style-type: none"> <li>• Port Phillip 29.2 per 10,000</li> <li>• Frankston 22.2 per 10,000</li> <li>• Greater Dandenong 16.4 per 10,000</li> <li>• Stonnington 16.4 per 10,000</li> </ul> <p>Victoria – 11.2 per 10,000</p>	<p>Loyd B., Matthews S., Gao C. X., Heilbronn C., Beck, D. (2015). Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14. Fitzroy, Victoria: Turning Point</p>

Outcomes of the health needs analysis		
	<p><b>Crystal Methamphetamines ambulance</b> call outs for Crystal Methamphetamine have increased across the region with the greatest rates in:</p> <ul style="list-style-type: none"> <li>• Frankston 6.3 per 10,000</li> <li>• Port Phillip 6.0 per 10,000</li> <li>• Glen Eira 3.1 per 10,000</li> </ul> <p>Victoria – 2.4 per 10,000</p>	<p>Call outs for Crystal methamphetamine attendances have increased most significantly for males in the 15- 24 year age group in the areas of Port Phillip where call outs were 12.2 per 10,000 and Frankston where call out rate was 17.6 per 10,000.</p> <p>Loyd B., Matthews S., Gao C. X., Heilbronn C., Beck, D. (2015). Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14. Fitzroy, Victoria: Turning Point</p>
	<p><b>Methamphetamine ambulance call outs:</b></p> <ul style="list-style-type: none"> <li>• Port Phillip 4.6 per 10,000</li> <li>• Frankston 4.0 per 10,000 and</li> <li>• Greater Dandenong 3.9 per 10,000</li> </ul> <p>Victoria – 2.4 per 10,000</p>	<p>Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)</p>
	<p><b>Pharmaceutical Drugs – misuse of opioids</b></p> <p>There are a number of areas within the catchment that have greatest rates of PBS prescriptions dispensed for opioid medications this includes:</p> <ul style="list-style-type: none"> <li>• Frankston 74,075</li> <li>• Casey South 69,026</li> <li>• Cardinia 64,271</li> <li>• Mornington Peninsula 61,815</li> <li>• Casey North 60,212</li> </ul> <p>Victoria – 55,414</p>	<p>In recent years, the abuse, dependence, and misuse of prescription drugs including oxycodone and morphine has become a growing public health concern in most developed countries including Australia. A 2013 study noted that the evidence indicates that persons who abuse or misuse prescription opioids incur higher costs and healthcare resource use and were four times more likely to visit emergency departments and twelve times as many hospital stays and three times the number of outpatient visits.</p> <p>Laxmaiah Manchikanti, MD; Mark V. Boswell, MD, PhD; Joshua A. Hirsch, MD, <i>Lessons Learned in the Abuse of Pain-Relief Medication: A Focus on Health Care Costs: Impact on Healthcare Costs.</i> 2013;13(5):1-18</p>
<b>Key Outcomes – Substance misuse</b>	<p><b>Accidental deaths due to opioids in 2011</b>, there were 617 accidental deaths due to opioids aged 15-54 years in Australia 28 % percent of deaths occurred in Victorian Average 80% were males and 20 % female. The National</p>	<p>Stafford, J. and Breen, C. (2016). Australian Drug Trends 2015. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series. No. 145. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.</p>



Outcomes of the health needs analysis		
	death rate per million persons was 49.5 per million. Victoria had the second highest rate in Australia with 56 per million.	
<b>Key Outcomes – Substance use</b> <ol style="list-style-type: none"> <li>1. Smoking consumption in Frankston and Kingston.</li> <li>2. Alcohol consumption in Frankston and Greater Dandenong.</li> <li>3. Illicit drug use in Port Phillip and Greater Dandenong.</li> <li>4. Substance use in young people across the catchment.</li> <li>5. Increase availability and use of crystal methamphetamine.</li> <li>6. Availability of illegal substances within the catchment.</li> <li>7. Increase in misuse of pharmaceutical opioids.</li> </ol>		
<b>Other Factors affecting health</b>	Hepatitis C rates are greater in: <ul style="list-style-type: none"> <li>• Greater Dandenong at 113 per 100,000</li> <li>• Port Phillip 70.5 per 100,000</li> <li>• Frankston 46.1 per 100,000</li> </ul> Victoria – 45.4 per 100,000	Research indicates that injection drug users (IDUs) account for a disproportionately large burden of hepatitis C infection. Ninety percent of new infections worldwide and the majority of chronic infections, particularly in developed countries, are attributed to injection drug use. Additionally, USA studies have noted that around 20% of hepatitis C infections occur among injection drug users, mainly through the sharing of contaminated injection equipment and unprotected sexual contact. Over 80% of injection drug users who have been injecting for longer than 10 years are infected with hepatitis C virus. Department of Health and Human Services, Infectious Disease Surveillance – Daily Summaries(DHHS 2016)  It is therefore of significance that there are a number of LGAs within the catchment that have much higher rates of hepatitis C and hepatitis B infection rates than the Victorian rate for both these blood borne viruses.

Outcomes of the health needs analysis		
		In the case of hepatitis B, the LGA with the disproportionately highest rate is Greater Dandenong at 82.1, more than twice the Victorian rate of 28.2.
	Mental Health	<p>In 2012, Victorian Illicit Drug Reporting System participants were asked to indicate whether they had experienced any mental health problems in the preceding six months, including issues they had not discussed with a health professional. Fifty one per cent (n=76) of the 2012 sample reported experiencing a mental health problem in the six months prior to interview, which was consistent with the proportion in 2011 (53%, p= 0.729). Participants (n=76) were asked to specify their mental health problem. In 2012, the most common mental health problems experienced in the past six months were:</p> <ul style="list-style-type: none"> <li>• depression (76%, n=58)</li> <li>• anxiety (43%, n=33.</li> <li>• schizophrenia (12%, n=9)</li> <li>• bipolar disorder (8%, n=6</li> <li>• drug induced psychosis (8%, n=6)</li> </ul> <p>Cogger, S., Dietze, P. and Lloyd, B. (2013). Victorian Drug Trends 2012. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 94. Sydney, National Drug and Alcohol Research Centre, University of New South Wales</p>
	<p><b>Aboriginal and Torres Strait Islander population</b></p> <p>Dandenong &amp; 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>

**Outcomes of the health needs analysis**

	<b>LGBTI</b> Drug use comparisons between the heterosexual and bisexual and homosexual communities illustrated similar patterns of usage.	AIHW drug use data by sexuality people aged 14 years or older 2013
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**Key Outcomes – Factors affecting health**

1. Increasing rates of Hepatitis C
2. High levels of AOD users with dual diagnosis
3. Co-morbidity of AOD users and increased risk factors associated with substance use and poor health
4. Additional data required for ATSI, CALD and LGBTI populations.

## 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](http://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
Hospitalisation emergency presentations and admissions	<p>Admissions for drug use was greater <b>for alcohol presentations</b> in:</p> <ul style="list-style-type: none"> <li>Frankston 84.9 per 10,000</li> <li>Port Phillip 81.5 per 10,000</li> <li>Stonnington 79.2 per 10,000</li> <li>Great Dandenong 76.6 per 10,000</li> </ul> <p>Victoria – 47.0 per 10,000</p>	Admissions for alcohol presentations was higher for males than females in all LGA's with the exception of Bayside where admissions were 14 % higher. Turning Point
	<p><b>Total Admissions for Illicit drug</b> use was greater in:</p> <ul style="list-style-type: none"> <li>Port Phillip 34.5 per 10,000</li> <li>Stonnington 24.3 per 10,000</li> <li>Frankston 23.9 per 10,000</li> <li>Bayside 18.8 per 10,000</li> </ul> <p>Victoria – 14.4 per 10,000</p>	Admissions for illicit drug use was higher for males than females in the majority of LGA'S with the exception of Greater Dandenong where the rate is higher for women and in Bayside there are over 167% more admissions than for males for 2012-13. Turning Point
	<p><b>Admissions for Pharmaceutical</b> presentations was greater in:</p> <ul style="list-style-type: none"> <li>Frankston 23.5 per 10,000</li> <li>Port Phillip 19.5 per 10,000</li> <li>Stonnington 14.2 per 10,000</li> </ul> <p>Victoria – 12.0 per 10,000</p>	Admissions for Pharmaceutical presentations was higher for females than for males in all LGA's, with Bayside, Glen Eira and Kingston having over 50% more admissions for females. Young people (15-24 years) were also over represented for pharmaceutical admissions with higher rates in all LGA'S.

Outcomes of the service needs analysis		
	<p><b>Admissions rates for pharmaceutical presentations</b> were greater than admissions for <b>illicit presentations</b> in:</p> <ul style="list-style-type: none"> <li>• Mornington Peninsula 16.9 per 10,000</li> <li>• Kingston 11.1 per 10,000</li> <li>• Glen Eira 11.0 per 10,000</li> <li>• Cardinia 9.4 per 10,000</li> <li>• Casey 9.2 per 10,000</li> </ul> <p>Victoria – 12.0 per 10,000</p>	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<p>There are greater rates of <b>alcohol related ED presentations</b> in:</p> <ul style="list-style-type: none"> <li>• Frankston 26 per 10,000</li> <li>• Greater Dandenong 22.5 per 10,000</li> <li>• Port Phillip 20.3 per 10,000</li> <li>• Mornington Peninsula 18.3 per 10,000</li> </ul> <p>Victoria – 13.8 per 10,000</p>	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<p>There are greater rates of <b>illicit drug related ED presentations</b> in:</p> <ul style="list-style-type: none"> <li>• Port Phillip 4.5 per 10,000</li> <li>• Greater Dandenong 3.9 per 10,000</li> <li>• Cardinia 2.4 per 10,000</li> <li>• Casey 2.4 per 10,000</li> </ul> <p>Victoria – 2.1 per 10,000</p>	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
<b>Alcohol and Drug Information System (ADIS)</b>	<p><b>ADIS rate for alcohol episodes of care</b> was greater in:</p> <ul style="list-style-type: none"> <li>• Frankston 74.8 per 10,000</li> <li>• Cardinia 69.0 per 10,000</li> <li>• Port Phillip 54.0 per 10,000</li> </ul>	<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 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)</p>

**Outcomes of the service needs analysis**

	<ul style="list-style-type: none"> <li>Greater Dandenong 49.7 per 10,000</li> </ul> Victoria – 44.2 per 10,000	
	<p><b>ADIS rate for Amphetamines episodes of care</b> was greater in:</p> <ul style="list-style-type: none"> <li>Cardinia 31.2 per 10,000</li> <li>Frankston 29.3 per 10,000</li> </ul> Victoria – 16.3 per 10,000	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<p><b>ADIS rate for Illicit episodes of care</b> was greater in:</p> <ul style="list-style-type: none"> <li>Frankston 75.2 per 10,000</li> <li>Cardinia 65.9 per 10,000</li> <li>Greater Dandenong 57.6 per 10,000</li> <li>Port Phillip 52.6 per 10,000</li> </ul> Victoria – 46.1 per 10,000	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<p><b>ADIS rate for other stimulants episodes of care</b> was greater in:</p> <ul style="list-style-type: none"> <li>Port Phillip 3.3 per 10,000</li> <li>Frankston 3.0 per 10,000</li> </ul> Victoria – 1.8 per 1,0000	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<p><b>ADIS rate for pharmaceutical episodes of care</b> was greater in:</p> <ul style="list-style-type: none"> <li>Port Phillip 8.2 per 10,000</li> <li>Kingston 4.2 per 10,000</li> </ul> Victoria – 3.6 per 10,000	Turning point AOD Stats 2013-14 at <a href="http://www.aodstats.org.au/">http://www.aodstats.org.au/</a> (accessed October 2016)
	<p><b>Major challenges accessing services identified by stakeholders:</b></p> <p>Lack of affordable transport 66.67%</p> <p>Lack of awareness of existing services 62.75%</p> <p>Lack of affordable medical services 45.1%</p> <p>Lack of available after hours appointments 45.1%</p>	PHN Needs Assessment stakeholder survey November 2016

**Outcomes of the service needs analysis**

	<p>Distance to health care services 45.1%                  Shortage of allied health services 41.18%                  Gaps in Health literacy 41.18 %                  Poor past experiences 39.22%                  Lack of available appointments 35.29%                  Shortage of GPs 25.49%                  Shortage of culturally appropriate services and information 25.49 %                  Lack of accommodation during treatment 25.49%                  Shortage of Aboriginal health workers 21.57%                  Inaccessibility for people with disabilities 19.6%                  Concerns related to privacy 17.65%</p>	
	<p><b>Major challenges providing services identified by stakeholders:</b></p> <p>Inadequate training 56.8%                  Inadequate staffing 52.94%                  Lack of standard guidelines on treatment 23.45%                  Language barriers 7.84%</p>	<p>PHN Needs Assessment stakeholder survey November 2016</p>

**Key Outcomes – Substance use**

1. Hospitalisations were significantly greater in the areas of Frankston, Greater Dandenong and Port Phillip
2. Greater admissions for pharmaceutical opioids
3. Treatment for illicit substances greater in Greater Dandenong
4. 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.
5. Challenges to service provision identified by stakeholders included inadequate training, staffing and treatment standards.