

Alcohol & other drugs health needs assessment 2015

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Introduction

South Eastern Melbourne Primary Health Network Catchment

Identifying the health 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

The population of the South Eastern Melbourne PHN (SEMPHN) catchment is not homogeneous. For example, in certain sections of the catchment, there are very high standards of living while in other areas there are some of the worst living standards in Australia. This variation is similarly reflected in the health of the population residing in the SEMPHN catchment, with areas such as Dandenong, Frankston North and Cardinia 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

The baseline Alcohol & Other Drugs (AOD) needs assessment aims to provide information on the population profile of the SEMPHN catchment in relation to local needs for clients accessing treatment services.

This needs analysis has used a range of secondary data sources: burden of disease data is sourced from the Department of Health and Human Services (DHHS), Local Government Area Profiles data 2013, the Victorian Population Health Survey data (2011), the Social Health Atlas of Australia (November 2014 release) produced for Primary Health Networks (PHNs) and complemented by the Social Atlas information provided by LGA released at the same time. Additionally, information from the Australian Commission on Safety and Quality in Health Care, Australian Atlas of Healthcare Variation is used to source relevant data together with data provided by SEMPHN extracted from its PHN portal.

The data has been tailored to capture the Local Government Areas (LGAs), and where data is available, information relating to the catchment LGAs is compared with total Victorian, metropolitan and rural rates and in some instances with the two other metropolitan PHNs.

Task	Activity	Outcome
Planning	Establish governance group	Confirmation of roles
	Develop project plan	Project plan endorsed
	Identify limitations and timeframe	noting tight time frame and limitations
Assess Need	Data Collection and Analysis Identify data available at geographical areas Source local data, health inequities, demographic trends, special need/hard to reach groups, health service utilisation, service provision and gaps.	Priority areas identified

Consultation - SEMPHN has drawn on a range of existing mechanisms and networks to inform the consultation phase of the Needs Assessment. These have included 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.

Triangulation - In consultation with the governance group an overview of health need and service gaps were presented and opportunities for service development were identified with focus around chronic disease management, screening rates, immunisation and issues associated with an ageing population. More specifically populations exhibiting the greatest need were identified in the Local Government Areas of Dandenong, Frankston and Casey. Within these LGA's further analysis is required to understand the increasing burden of admission rates of preventable chronic conditions including cellulitis, COPD, angina and the high admissions for dental procedures. There are low participation rates in preventative health initiatives to address many of these issues including screening programs and immunisation that need to be addressed in the areas of Port Phillip and Frankston.

Additional Data Needs and Gaps

Having access to timely population, health and service usage data at a local level, provides greater depth to profiling the catchment, service demands and utilisation and enables initiatives to be targeted to populations that demonstrate higher rates of need. Access to appropriate level data has limited the detail and 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.

Population, demographic and health data can be accessed via a variety of organisation specific portals including the PHN website. Each organisation is driven by the priority of the organisation providing the data, not the audience accessing data. Subsequently data available is 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 different geographic levels and there are limitations to the data elements

available. Data are not refreshed at the same scheduled rate so comparisons are made between population groups from ranging years.

Regular access to practice, service and patient level data would enable the PHN to determine as near as possible to real time where to direct our programs and to quantify the impact PHN activities are having on client outcomes. Such data would also help identify geographical areas where the general practices have significant clinical variation. SEMPHN could then work with these practices to improve their processes.

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.

Additional comments or feedback

The short time frame to complete the Alcohol & Other Drugs (AOD) Needs Assessment is noted. This report outlines the high level findings and it is our intention to pursue more detailed information through work currently being undertaken to map service pathways for people experiencing alcohol and other drug issues.

Mental health needs analysis outcomes

Summarising the findings of the AOD health needs analysis

Substance abuse within the SEMPHN catchment

Determinants of substance misuse and the rationale for inclusion of community and social indicators that impact on substance misuse are, in the main, the same as those for mental health and wellbeing which have been discussed in the mental health needs assessment. This needs assessment will profile information on indicators and risk factors that are additional to those noted previously and specific to substance misuse.

Tobacco consumption

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.

The Victorian Population 2011 indicates that there are Local Government Areas (LGAs) within the catchment where rates of smoking amongst males and females are higher than the Victorian average of 15.7%. This includes high rates in Frankston (17.4%) and Greater Dandenong (16.7%) and slightly higher rates in Casey (16.2%) and Cardinia (16.2%). Additionally, the rates for women who smoke during pregnancy are higher than the State rate (11%) in Cardinia (21%), Frankston (19%) and Casey (16%).

Youth and adolescent tobacco use

Victorian Child and Adolescent Monitoring System (VCAMS) data on adolescent smoking rates indicates that there is a much higher proportion of 12-14 year olds who have ever smoked in the Cities of Frankston (16.7%) and Casey (16.2%) relative to the Victorian rate of 13.4%.

There is a much higher proportion of 15-17 year olds who have ever smoked in the Cities of Frankston (43.9%) and Kingston (40.4%) relative to the Victorian rate of 36.4%.

Additional information on young people who have smoked within the last 30 days indicates that in the 12-14 year age group the two LGAs with substantially higher rates are in the Cities of Casey (8.8%) and Frankston (6.7%) relative to the Victorian rate of 5.6%. For 15-17 year olds the two LGAs with the highest rates are Kingston (21.3%) and Frankston (19.2%) relative to the Victorian rate of (17.7%).

Alcohol

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.

Based on the Victorian Population Health Survey (VPHS) data from 2011 it is apparent that some LGAs within the catchment are well above the Victorian rate (9.1%) for adults who consume alcohol on a weekly basis at levels likely to cause short-term harm. This includes the following LGAs: Cardinia (16.4%), Bayside (15.1%), Port Phillip (12.2%), Mornington Peninsula (11.4%) and Frankston (11.3%).

Many of the same LGAs stand out as having a higher than average proportion of the population who purchased alcohol in the prior 7 days: compared to the state average of 36% there were substantially higher averages for the LGAs of Port Phillip (54.4%), Mornington Peninsula (47.5%), Bayside (46.5%) and Stonnington (45.9%).

Data on expenditure on packaged liquor indicates that two LGAs were exceptionally high - Mornington Peninsula (\$62) and Stonnington (\$61) - compared to the Victorian rate of \$45 per person purchasing. Expenditure at licensed premises is also highest in relation to per person purchasing at Casey (\$91) and Stonnington (\$67).

Youth and adolescent alcohol consumption

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 notes 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.

It is therefore significant that in terms of the proportion of adolescents in the age group 12-14 years who have ever drunk, the highest rates occur in the Cities of Frankston (54.5%) and Port Phillip (50.9%) compared to the Victorian rate of 46.4%.

When examining the rates of 12-14 year olds who have drunk within the previous 30 days, the highest rate is in the City of Port Phillip (28.6%), followed by Mornington Peninsula (25.3%) and Frankston (24.2%).

Marijuana and other drugs

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.

Youth and adolescent drug use

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.

In this context, it is noteworthy that there are a high proportion of young people aged 12-14 years living within the catchment who have higher rates of having used marijuana than the Victorian rate of 3.7%. This includes the Cities of Port Phillip (9.0%) and of Mornington Peninsula (6.7%).

There are high rates of 12-14 year olds who have sniffed glue or chromed within the City of Kingston (13.0%), Casey (10.5%), Cardinia (10.2%), Frankston (10.1%) and Greater Dandenong (8.9%) relative to the Victorian rate of 7.9%.

There are also very high rates of other illegal drugs, particularly in the younger cohort of 14 - 17 year olds within the Cities of Cardinia (6.9%), Port Phillip (6.4%) and Kingston (5.1%) relative to the Victorian rate of 4.7%.

Victoria Police data for drug usage and possession indicates that three LGAs with the highest rates per 1,000 population, are Greater Dandenong (6.6), Frankston (6.4) and Port Phillip (5.7), well above the state rate of 3.8. The other LGA with a higher rate is Stonnington (4.2).

Opioids

In recent years, the abuse, dependence, and misuse of prescription drugs 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. Data indicates that when compared with the average ASR for Victoria of 55,414 per 100,000, there are a number of areas within the catchment that have higher rates. This includes Frankston (74,075), Casey South (69,026), Cardinia (64,271), Mornington Peninsula (61,815) and Casey North (60,212).

Chronic Disease

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 B 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 B virus.

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. In the case of hepatitis C the highest rates are in Greater Dandenong (63.8) and Port Phillip (62.3) as compared with the Victorian rate of 37.4 per 100,000.

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.

Mortality

Mortality rates associated with lung cancer provide a proxy indicator for substance misuse associated with tobacco smoking. There are LGAs within the catchment that have rates of lung cancer that are higher than both the Victorian rate (19.2/100,000 ASR) and the higher rural rate of 22.1/100,000 ASR. In particular this includes the three LGAs of Frankston (25.1/100,000 ASR), Kingston, (25.1/100,000 ASR) and Cardinia, (24.2/100,000 ASR). The City of Casey (21.9/100,000 ASR) and Port Phillip (21.0/100,000 ASR) also have a higher rate of deaths from lung cancer than the Victorian rate.

Youth and Adolescents Social determinants

The percentage of children who reported as developmentally vulnerable in two domains as measured using the Australian Early Development Index and used as a predictor of adult health, education and social outcomes 2011 was highest in Greater Dandenong (16.5%), Frankston (15.7%) and Casey (13 %). Similarly the percentage of adolescents who reported positive psychological development was lowest in Greater Dandenong (46.7%), Frankston (55.4%) and Casey (56.8%).

The percentage of year 9 students who attain the national minimum standards in numeracy, reading and writing was lowest in Greater Dandenong, Frankston and Cardinia and the percentage who did not complete year 12 was highest in Cardinia (63.2%), Frankston (60.1%) and Casey (56.2%).

Areas of highest family incidence crime reported for 2013-14 were Frankston, Greater Dandenong and Casey. Frankston and Cardinia also reported the highest number of incidence where children were present, the highest number of family violence intervention orders and the highest number of safety notices issued.

Aboriginal and Torres Strait Islander population

Data for the 2010/11 financial year show that for the indigenous clients within the region comprise 3.8% of the total AOD clients. This is a significant over representation of the indigenous community which comprises just 0.4% of the total community in region. The highest percentages of indigenous clients are from the LGAs of Port Phillip (7.7%), Stonnington (6.3%) and Greater Dandenong (5.6%).

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.

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.

Service needs analysis outcomes

Service Utilisation

The information provided in this section has been sourced from the Turning Point Victorian Alcohol and Drug Statistics Series which provides information on the harms related to alcohol, illicit and pharmaceutical drug use in Victoria. The data contained in this dataset has been collated from various sources. The data provides an overview of patterns of service utilisation relevant to AOD issues within the catchment and compared with overall Victorian rates.

Emergency department presentations and hospital admissions

There are much higher rates of alcohol related ED presentations in the Cities of Frankston (26/10,000), Greater Dandenong (22.5/10,000), Port Phillip (20.3/10,000) and Mornington Peninsula (18.3/10,000) when compared with the Victorian rate of 13.8/10,000. Similarly, the City of Port Phillip (4.5/10,000) and City of Greater Dandenong (3.9/10,000) have high rates of illicit drug related ED presentations when compared with the State rate of 2.1/10,000.

The number of presentations to emergency departments by Aboriginal and Torres Strait Islander people within the catchment have increased by 19.10% per annum in the five years between 2007/08 (893 presentations) - 2012/13 (2140 presentations).

Five LGAs (Frankston, 84.9; Port Phillip, 81.5; Stonnington, 79.2; Greater Dandenong, 76.6, and Bayside, 70.8) have a very much higher rate of alcohol related hospital admissions per 10,000 persons compared with the Victorian rate of 47. Consistent with the rates of ED presentations, the City of Port Phillip has the highest rate of illegal drug related hospital admissions at 34.5 per 10,000 compared with the Victoria rate of 14.4 with high rates apparent as well for Stonnington (24.3), Frankston (23.9) and Bayside (18.8).

Alcohol related ambulance callouts are also highest in the City of Port Phillip at 73.6/10,000, with high rates also observed in the Cities of Frankston at 51.8 /10,000, Stonnington, 47.9/10,000 and

Greater Dandenong, 45.5/10,000 as compared with the Victorian rate of 32.2/10,000 (Figure 5-24). The pattern of ambulance callouts for illicit drug-related incidents follow a similar pattern with the City of Port Phillip having the highest rate at 27.2/10,000 followed by the

Cities of Greater Dandenong (18.9/10,000), Frankston (16.9/10,000) and Stonnington (16.5/10,000) as compared with the Victorian rate of 11.2/10,000 (Figure 5-25).

For Crystal Meth ambulance call-out rates, the three LGAs with the highest rates are Port Phillip (4.6/10,000), Frankston (4.0/10,000) and Greater Dandenong (3.9/10,000), well above the Victorian rate of 2.4/10,000 (Figure 5-26).

Data from the DHHS Alcohol and Drug Information System records the number of residents of an LGA per 1,000 population who received treatment from alcohol and drug treatment services. There are four LGAs with higher rates of clients receiving treatment, namely in the City of Cardinia (10.4/1,000), Frankston (8.0/1,000), and Port Phillip and Greater Dandenong, both with rates of 6.5/1,000 as compared to the Victorian rate of 5.1/1,000.