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EMPHN

# Co-design and development of a new AOD service model.

Background Discussion Paper.



360edge.

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# In brief.

## **The EMPHN catchment**

EMPHN catchment covers a wide area to the east of Melbourne with mixed socio-demographic with some areas of high socioeconomic advantage and some of high socioeconomic disadvantage.

## **AOD use and harms**

Drug use and harm indicators show a lower rate of use and harm than the Victorian average, and trends are similar to the rest of Victoria.

## **AOD treatment**

The top 3 drugs for which people sought treatment are alcohol, amphetamines and cannabis.

Although treatment episodes for alcohol related problems in the catchment have stabilised, treatment episodes for illicit drugs continue to increase, probably driven by increases in people seeking treatment for methamphetamine related problems. Ambulance attendances for illicit drugs has also increased, although is still lower than the Victorian average.

The hospitalisation rate for alcohol has increased.

## **Services**

There is access to a broad range of services in the EMPHN catchment covering all the major program types, from harm reduction to residential treatment.



# Background.

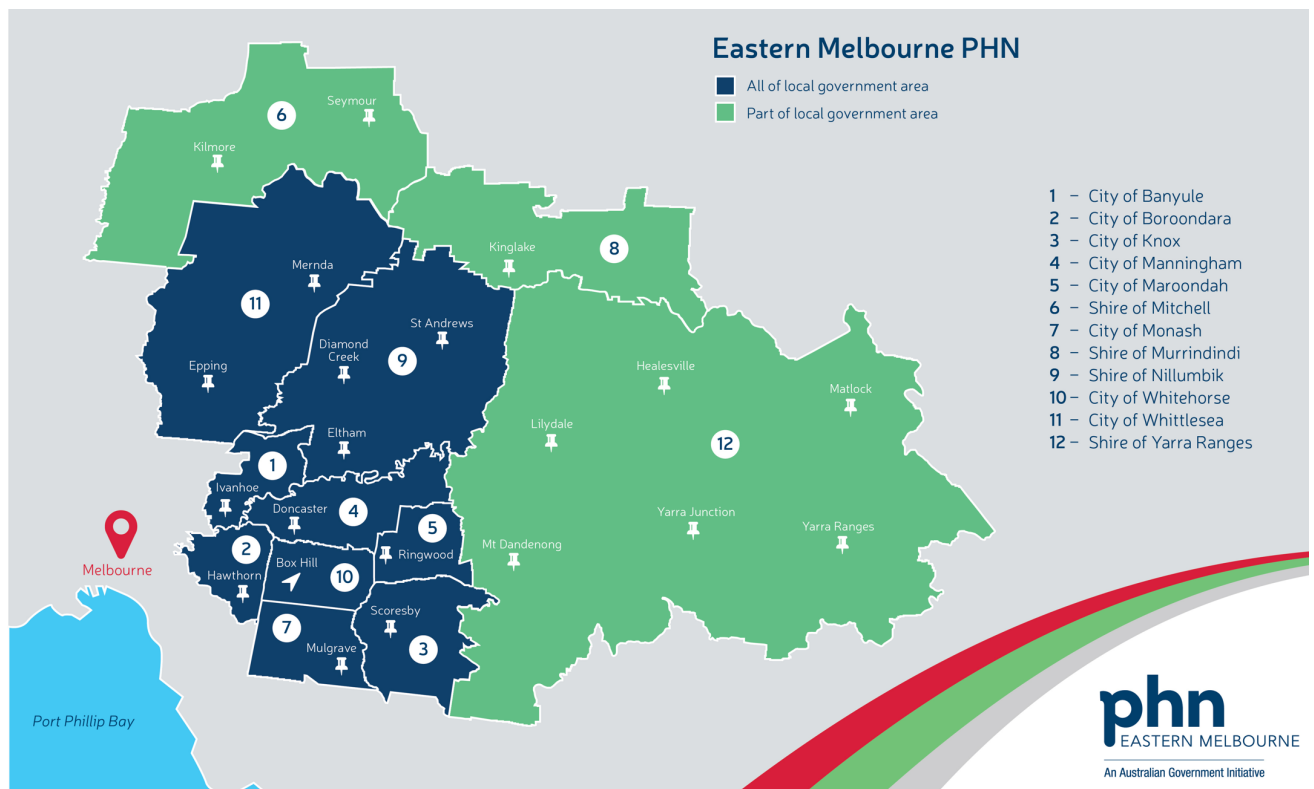
## About Eastern Melbourne PHN.

### Location

Eastern Melbourne Primary Health Network is funded by the Australian Government to improve the care and support people receive from health services, across 12 local government areas (LGAs):

- Banyule
- Boroondara
- Knox
- Manningham
- Maroondah
- Mitchell (part)
- Monash
- Murrindindi (part)
- Nillumbik
- Whitehorse
- Whittlesea
- Yarra Ranges (part)

The catchment covers part of Mitchell and Murrindindi, amounting to 35% and 27% of their respective populations, and includes part of the Yarra Ranges. EMPHN is bordered by Murray PHN to its north and east, North West Melbourne PHN to its west and South East Melbourne PHN to its south.



## AOD current priority areas

EMPHN commission a wide range of health services aimed at filling gaps and improving the efficiency of the health system. Based on the initial needs analysis, EMPHN has identified 5 priority areas.



Priority 1: Reduce avoidable deaths due to overdose through prevention and treatment



Priority 2: Reduce avoidable hospital admissions due to alcohol and other drug



Priority 3: Reduce the ice-related harm on Aboriginal Communities including Outer East & Outer North Aboriginal and Torres Strait Islander Communities



Priority 4: Reduce ice related harm in the region with a focus on Knox, Yarra Ranges, Whitehorse, Whittlesea and Manningham

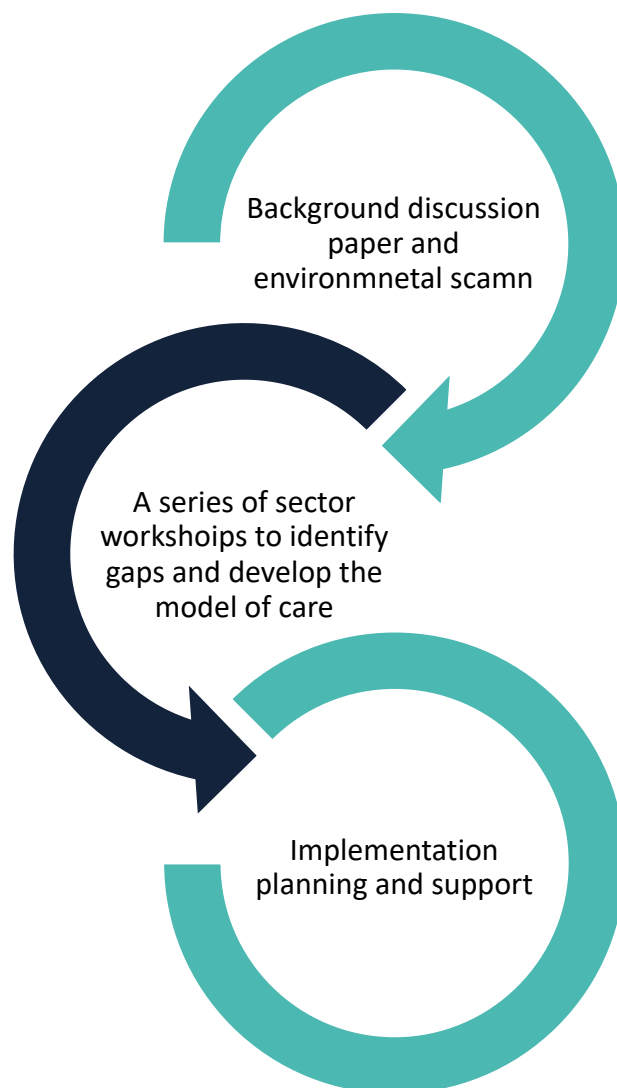


Priority 5: Reduce problematic alcohol use

EMPHN has also been tasked with the development of a Regional Integrated Mental Health, AOD and Suicide Prevention Plan. Developed in partnership with Local Hospital Networks (LHNs) and other key stakeholders in the region, the Regional Plan aims to support more integrated service delivery pathways that are targeted to consumers' needs across mental health, AOD and suicide prevention.

# About the co-design and development of a new AOD service model.

Eastern Melbourne PHN (EMPHN) currently commissions a range of alcohol and other drug (AOD) services from two allocated funding streams. Current arrangements are in place until June 2019. From June 2019, EMPHN will collapse the two funding streams into a flexible pool of resources. To prepare for this transition, EMPHN has commenced work to develop a new model of AOD service delivery, designed to meet the needs of the EMPHN catchment. Broadly, this work includes:



360Edge has been engaged to undertake a series of activities that will provide EMPHN with:

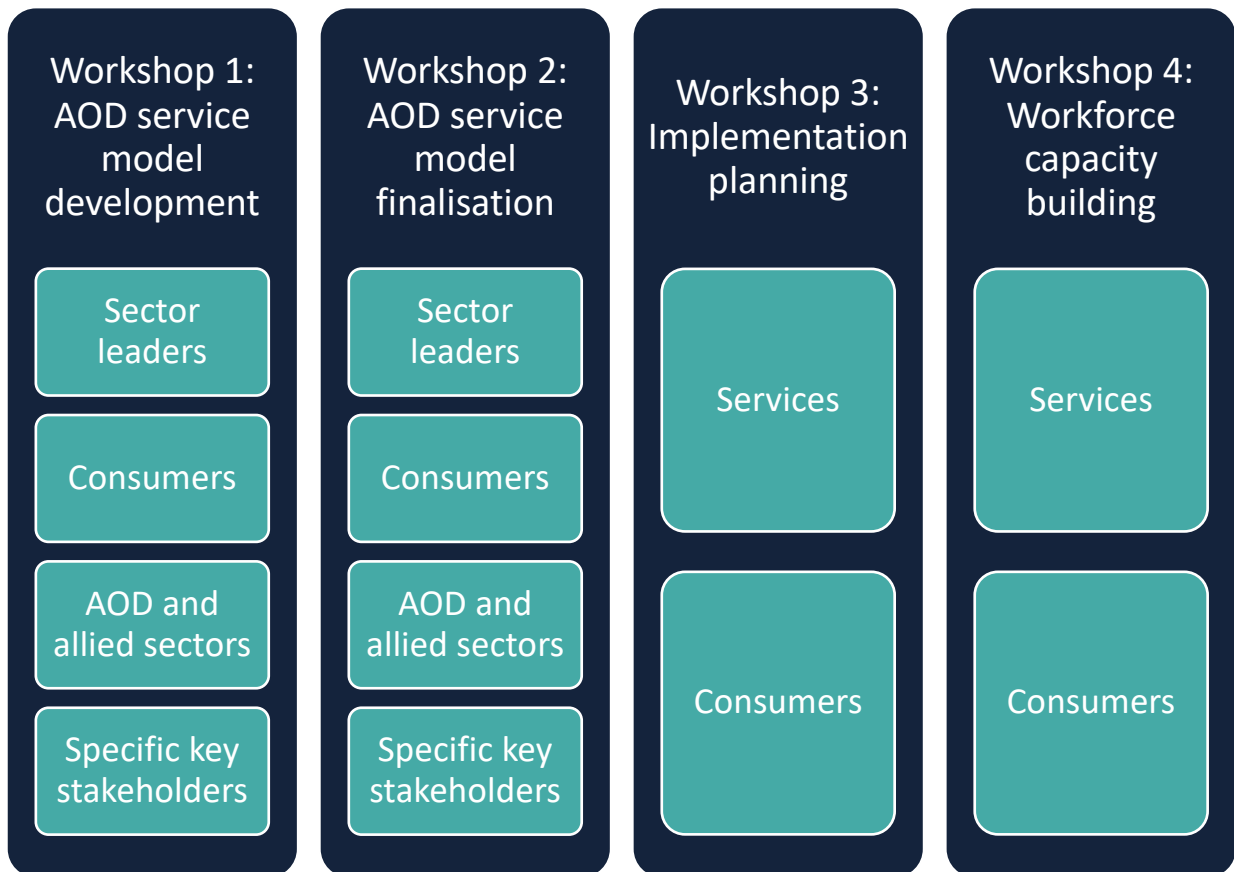
- A detailed understanding of the current state of the AOD service sector/system and analysis of issues, needs and gaps within the EMPHN catchment
- A new AOD model of care for the EMPHN catchment that responds to local needs and makes best use of available resources in the sector

- An understanding of how the model will engage and interface with general practice
- An approach to implementation of the new AOD model of care

### **Aim of this discussion paper.**

The aim of this background discussion paper is to identify potential AOD service needs for the EMPHN.

The paper provides background for a series of workshops to co-design the new AOD service model for the EMPHN catchment.





# Needs of the catchment.

## Socioeconomic disadvantage.

Within the EMPHN catchment there are areas of low socioeconomic advantage. Heidelberg West has one of the lowest SEIFA IRSAD scores in urban Melbourne and Heidelberg one of the highest. <sup>1</sup>

## General health status.

A recent needs assessment report by EMPHN identified the following health areas of concern:<sup>2</sup>

- Higher rates of preventable adverse health outcomes amongst rural as well as Aboriginal and Torres Strait Islander populations.
- Below average immunisation rates for Aboriginal and Torres Strait Islander populations.
- Trouble accessing cancer screening for men, areas that lack transport, women who have experienced sexual abuse, culturally and linguistically diverse people, the aged, lower socioeconomic groups as well as Aboriginal and Torres Strait Islander populations.
- More than half the LGAs had above state average proportions (31.2%) of people reporting being pre-obese and one-third of the catchment's LGAs had above state average proportions (18.8%) of people reporting being obese.
- Almost 60% of LGAs had above state average proportions (48.6%) of people who do not meet the dietary guidelines for either fruit or vegetable consumption
- One-third of LGAs had above state average proportions (13.1%) of people aged 18 years and over who are current smokers.
- Mitchell and Murrindindi LGAs had above state average ASRs of cardiovascular disease.
- Half the LGAs had a higher than state average ASRs of asthma.
- One-third of LGAs had above the state average ASRs of total musculoskeletal conditions.
- Half the LGAs had above state average rates of hepatitis B
- Mitchell LGA had the highest rate of sexually transmissible infections in young people (468.0 per 100,000). This figure was well above the Victorian average (406.4 per 100,000).
- Three LGAs out of 12 (25%) had suicide rates higher than the state average (11.8/10,000)

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<sup>1</sup>Eastern Melbourne PHN Needs Assessment Report, November 2017

<sup>2</sup> Eastern Melbourne PHN Needs Assessment Report, November 2017

# Alcohol and other drug related harms.

## Alcohol and drug use

The percentage of people aged 14 years or older who had recently used an illicit drug in the EMPHN was 13.7% in 2016.<sup>3</sup> This is on par with the Victorian average of 15%.

The percentage of people aged 14 years or older in the EMPHN in 2016 who on average, had more than 2 standard drinks per day was 14.1%, compared to a Victorian average of 21.6%.

## Drug offences

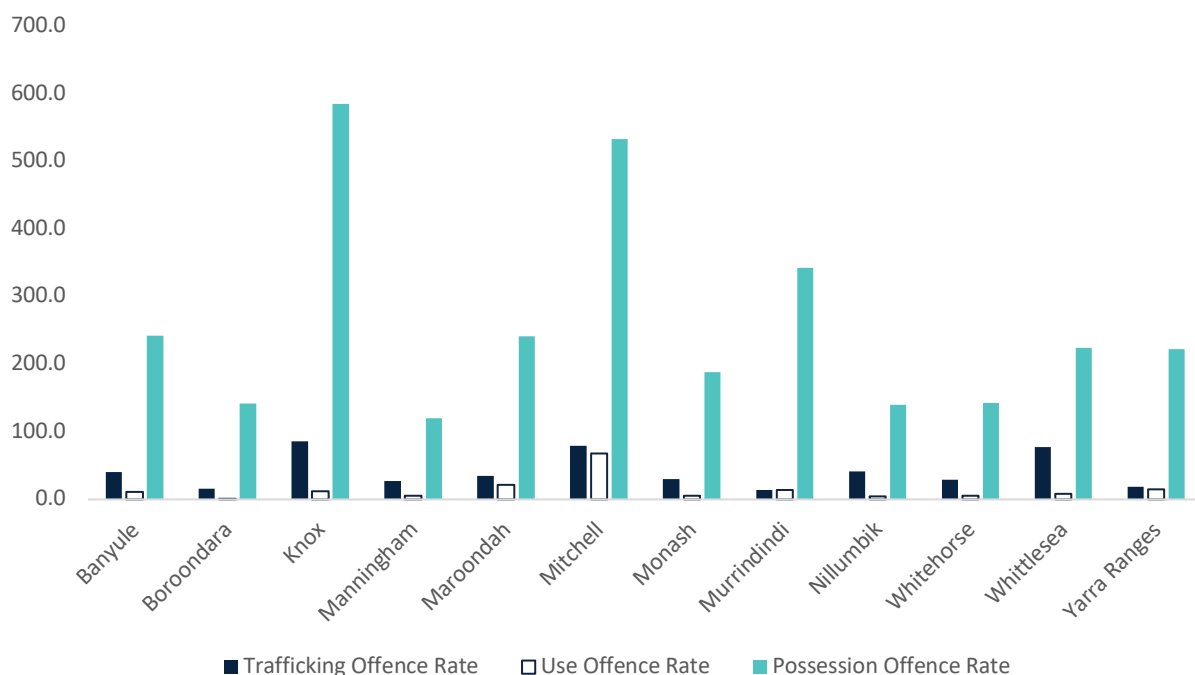
Generally, the rate of recorded drug offences per 100,00 population within the EMPHN was below the Victorian average. However, as noted in Table 1 and Figure 1 there are above Victorian average rates of offences in Knox and Mitchell for both trafficking and possession offences, moreover there are above average drug trafficking offence rate in Whittlesea.

Table 1: Drug offence rate (per 100,00 population) in 2017/18

Local Government Area	Trafficking Offence Rate	Use Offence Rate	Possession Offence Rate
Banyule	40.5	10.7	242.2
Boroondara	15.4	0.6	141.6
Knox	<b>85.5</b>	11.6	<b>584.3</b>
Manningham	27.6	5.5	119.8
Maroondah	34.7	21.2	240.6
Mitchell	<b>79.3</b>	<b>67.9</b>	<b>532.3</b>
Monash	30.5	5.5	188.2
Murrindindi	14.0	14.0	342.3
Nillumbik	41.6	4.6	140.1
Whitehorse	29.5	5.7	142.2
Whittlesea	<b>77.0</b>	8.5	223.5
Yarra Ranges	18.9	15.2	221.7
<i>Victorian Average:</i>	<i>63.1</i>	<i>15.9</i>	<i>341.2</i>

<sup>3</sup> National Drug Strategy Household Survey 2016

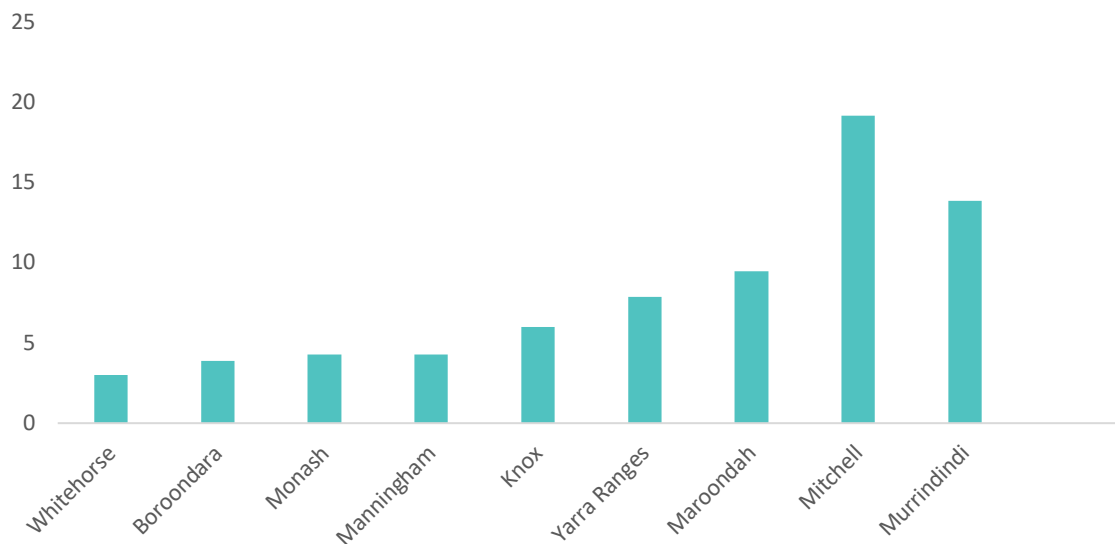
Figure 1: Drug offence rate 2017/18 (per 100,00 population)



### Alcohol related assaults

The rate of alcohol-related assaults during high alcohol hours per 10,000 population in EMPHN is generally lower than the Victorian average (9.9). However, there was notably higher rate in Mitchell (19.2) and Murrindini (13.9). This is based on data gathered in 2015/16.

Figure 2: Alcohol related assaults rate (per 10,000 population) in 2015/16



### Illicit drug treatment

The rate of episodes of care per 10,000 population for illicit drugs in EMPHN is largely below the Victorian average (38.9). There were slightly higher rates in Maroondah (46.2) and Knox (49.3). This is based on 2014/15 data. The predominant cause of the increased rate in Maroondah and Knox appears to be an increased rate in episodes of care for amphetamines. Maroondah (at 18.9) and Knox (at 21.4) have higher rates of episodes of care for amphetamines than the Victorian average of 15.1 per 10,000 population. Overall, for the EMPHN there has been a steady increase in the number of episodes of care for all drugs from 2013 to 2017.

Figure 3: Illicit drug adis rate (per 10,000 population) in 2014/15

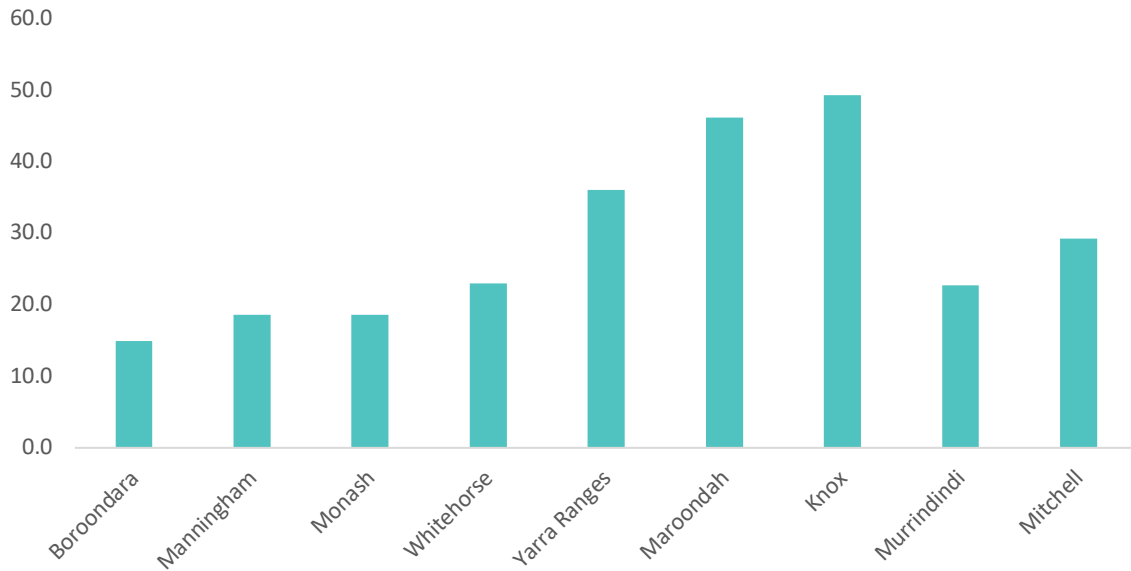


Figure 4: Total prescription and illicit drug episodes of care in EMPHN 2013 - 2017

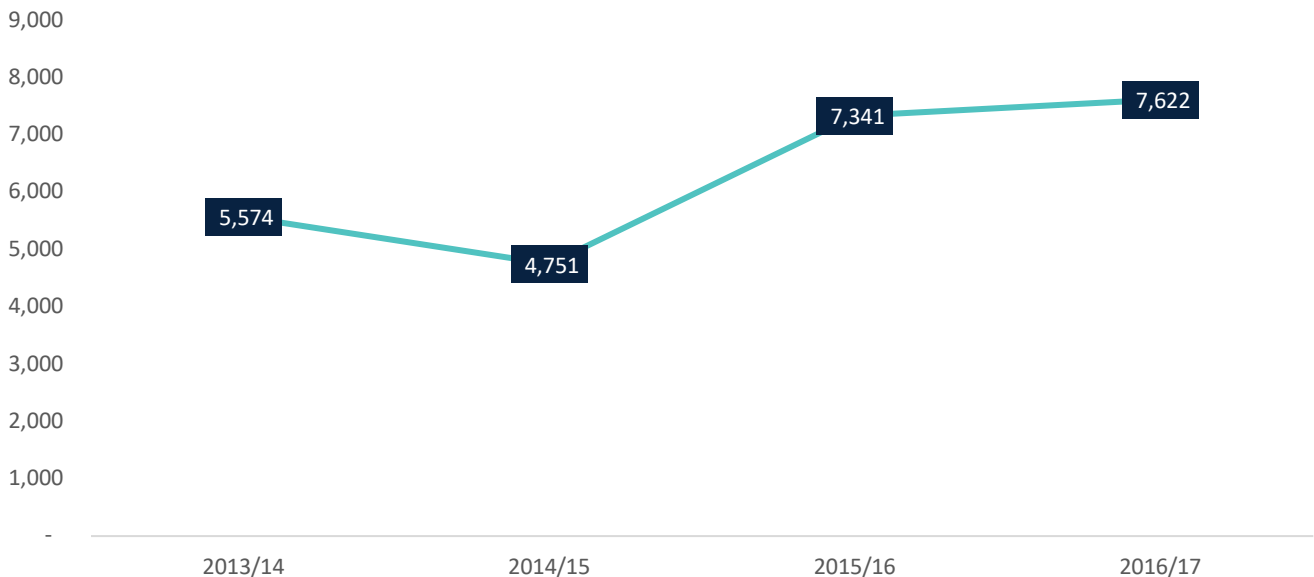


Figure 5: Drug episodes of care in EMPHN by drug of concern 2016/17

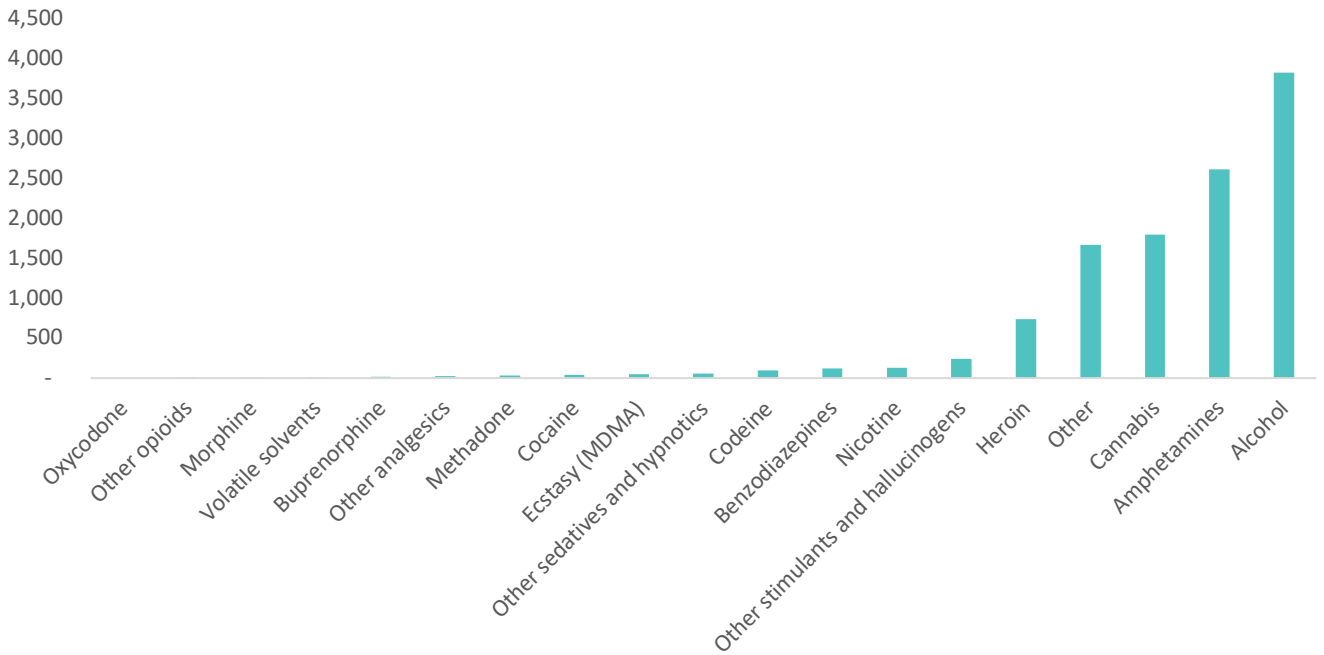
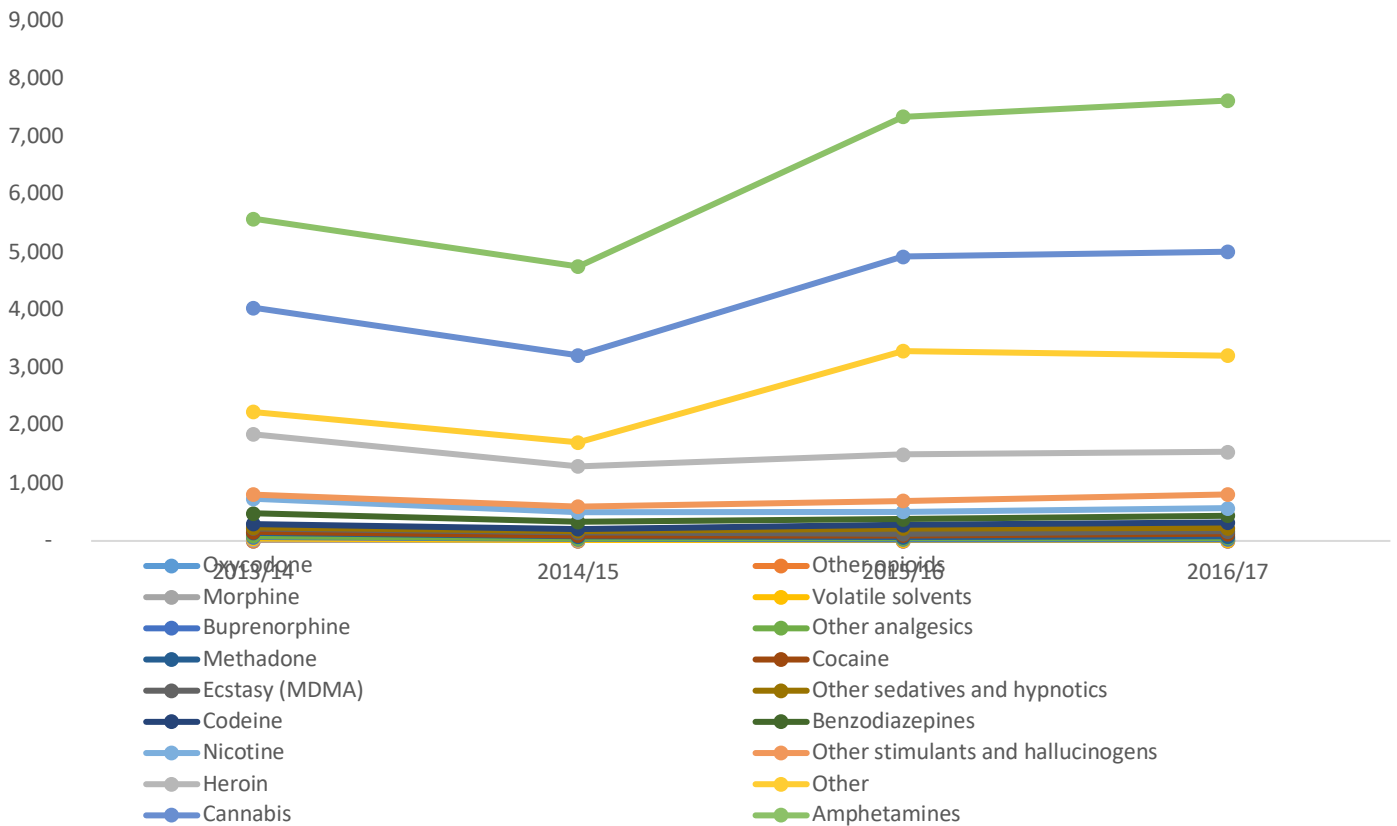


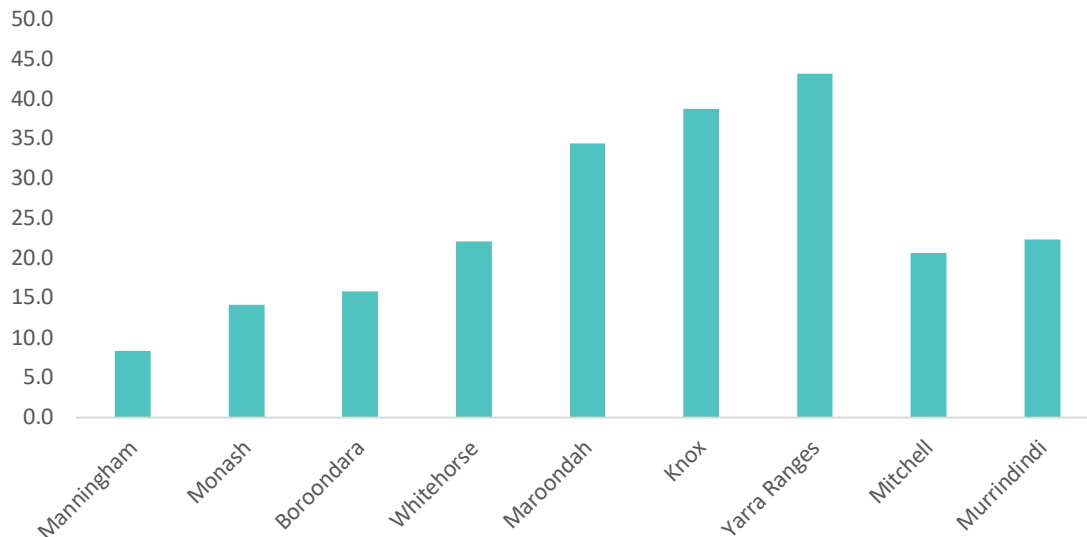
Figure 6: Drug episodes of care in EMPHN by drug of concern 2013 – 2017



### Alcohol treatment

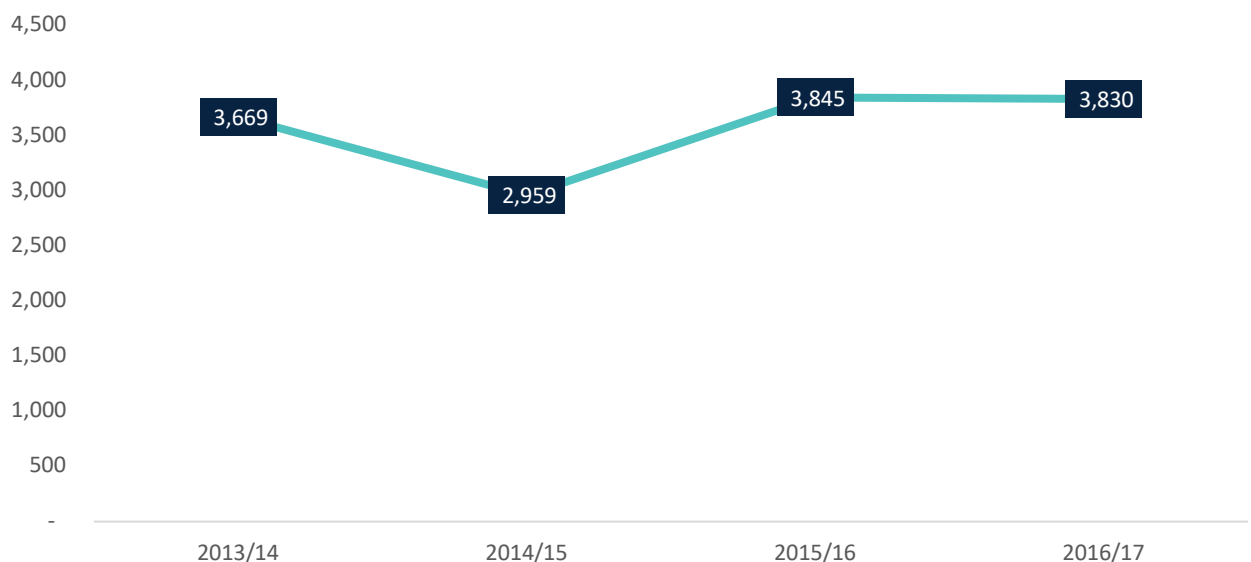
The rate of episodes of care per 10,000 population for alcohol in EMPHN is largely below the Victorian average (28.8). There were however higher rates in Maroondah (34.5), Yarra Ranges (43.3) and Knox (38.8). This is based on 2014/15 data and it should be noted that the Victorian average dropped from 45.4 in 2013/14 to 28.8 in 2014/15.

Figure 7: Alcohol ADIS Rate (per 10,000 population) in 2014/15



Overall, for the EMPHN there has been a stable annual number of episodes of care for alcohol from 2013 to 2017.

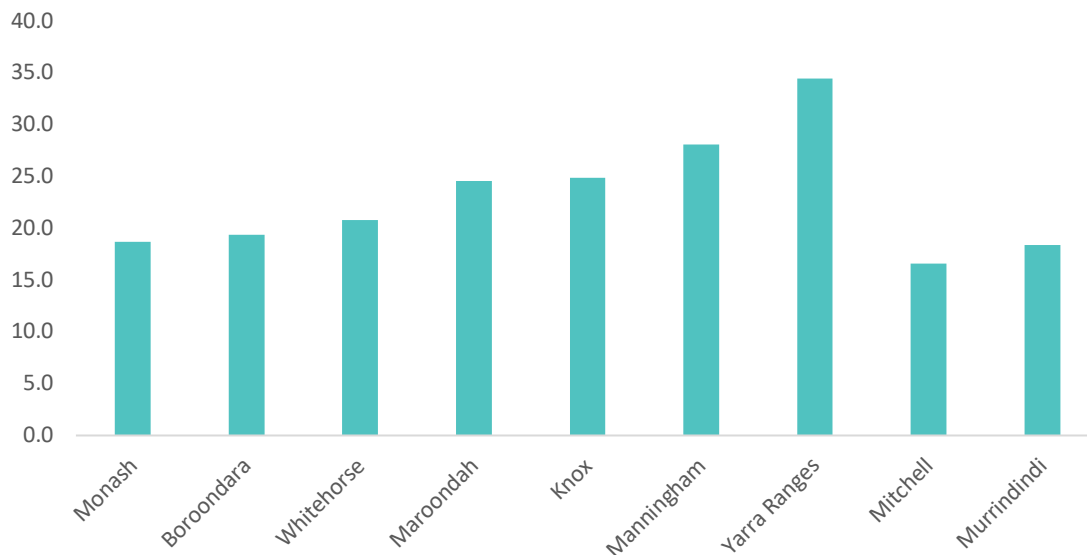
Figure 8: Total alcohol episodes of care in EMPHN 2013 - 2017



### Hospitalisation rate

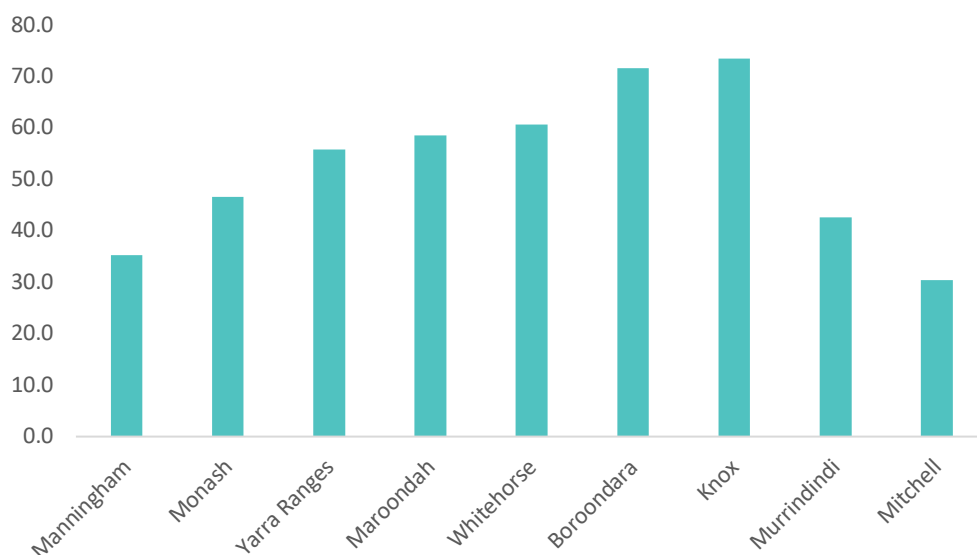
The rate of hospitalisation per 10,000 population for illicit drugs in EMPHN is largely at or below the Victorian average (25.3). There were slightly higher rates in Yarra Ranges (34.5) and Maroondah (24.6). This is based on 2014/15 data.

Figure 9: Illicit drug hospitalisation rate (per 10,000 population) in 2014/15



In contrast, the rate of hospitalisation per 10,000 population for alcohol in EMPHN is somewhat above the Victorian average (55) with higher rates for Maroondah (58.6), Whitehorse (60.7), Boroondora (71.7) and Knox (73.5). This appears to indicate that alcohol is a notable substance of concern in the region. This is based on 2014/15 data.

Figure 10: Alcohol Hospitalisation Rate (per 10,000 population) in 2014/15



**Ambulance attendance rate**

The rate of ambulance attendances per 10,000 population for illicit drugs in EMPHN were all below the Victorian average of 179.6 per 100,000 population as reported in 2016/17.

This was also the case for alcohol-related ambulance attendance which were mostly under the Victorian average of 301.1 per 100,000 population with the exception of Maroondah which had an average rate of 425.3 per 100,000 population in 2016/17.

## Mortality data

Mortality data from the Coroners Court,<sup>4</sup> indicates that most of the EMPHN has a comparable average annual overdose death rate to other metropolitan (Table 2), with the exception of Maroondah and Whitehorse which have notably higher rates of annual overdose death. The alcohol death rate per 10,000 population in EMPHN was below the Victorian average of 2.5 per 10,000 population in 2014/15.

Table 2: Average annual overdose death rate 2009 – 2016

LGA	Average Annual Overdose Death Rate 2009-2016
Banyule	6.1
Boroondara	5
Knox	5.9
Manningham	3.4
Maroondah	8.5
Monash	5.5
Nilumbik	3.2
Whitehorse	7.3
Whittlesea	3.9
Mitchell	6.4
Murrindindi	6.5
Yarra Ranges	5.6
All Metropolitan	6.9

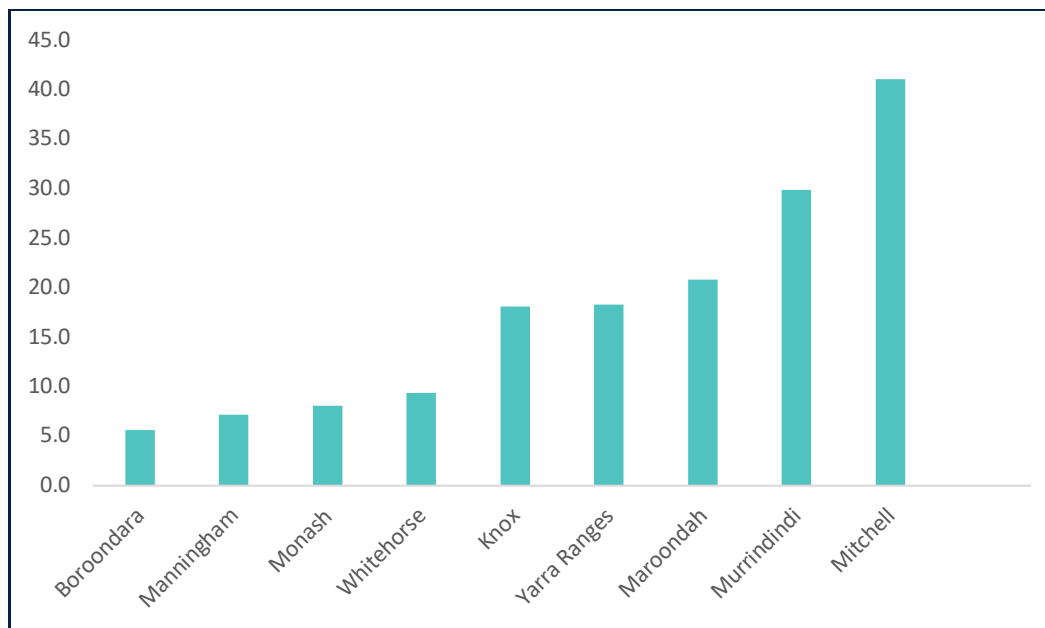
## Family violence

The rate of alcohol related family violence per 10,000 population, where family violence is reported as 'definite or possible' is largely below the Victorian average of 23.1 per 10,000 population, with the exceptions of Murrindindi at 29.9 per 10,000 and Mitchell which had a rate of 41.1 per 10,000 population during the 2014/15 reporting period.

<sup>4</sup> Submission no 178, Coroner's Court, Victorian Inquiry into Drug Law Reform



Figure 11: Definite alcohol related family violence 2014/15



# EMPHN AOD service system.

## Current system.

### Overview of treatment

The vast majority of treatment episodes within the EMPHN occurred within a non-residential treatment facility. There has been an increase in the number of closed treatment episodes within a non-residential treatment facility within the EMPHN and in other settings (includes where treatment is delivered in the client's own home or usual place of residence or in an outreach setting). Treatment episodes have remained flat suggesting a high need for non-residential services.

Figure 12: Number of closed treatment episodes by setting in the EMPHN catchment, 2013–17

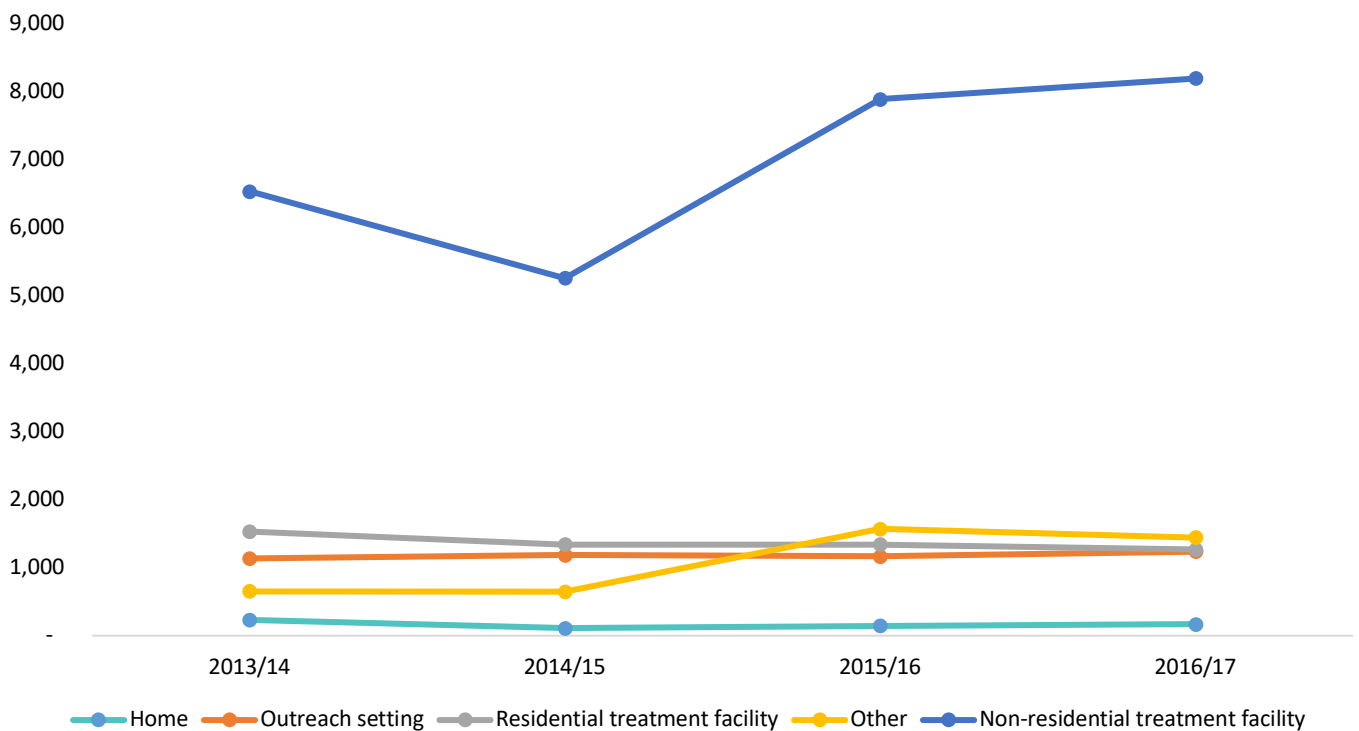
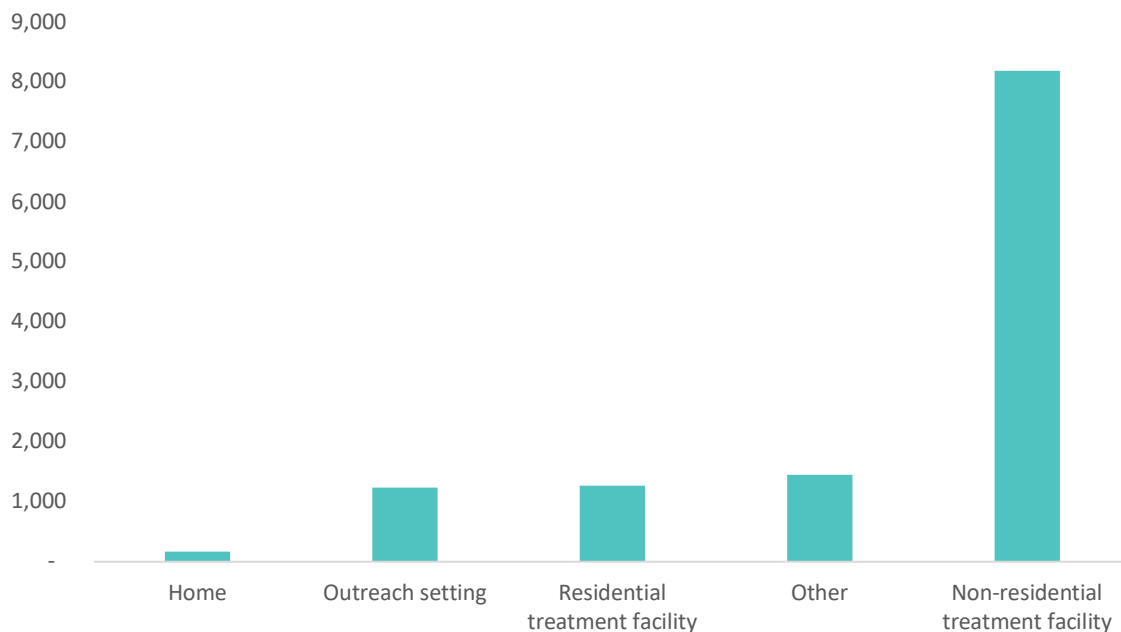


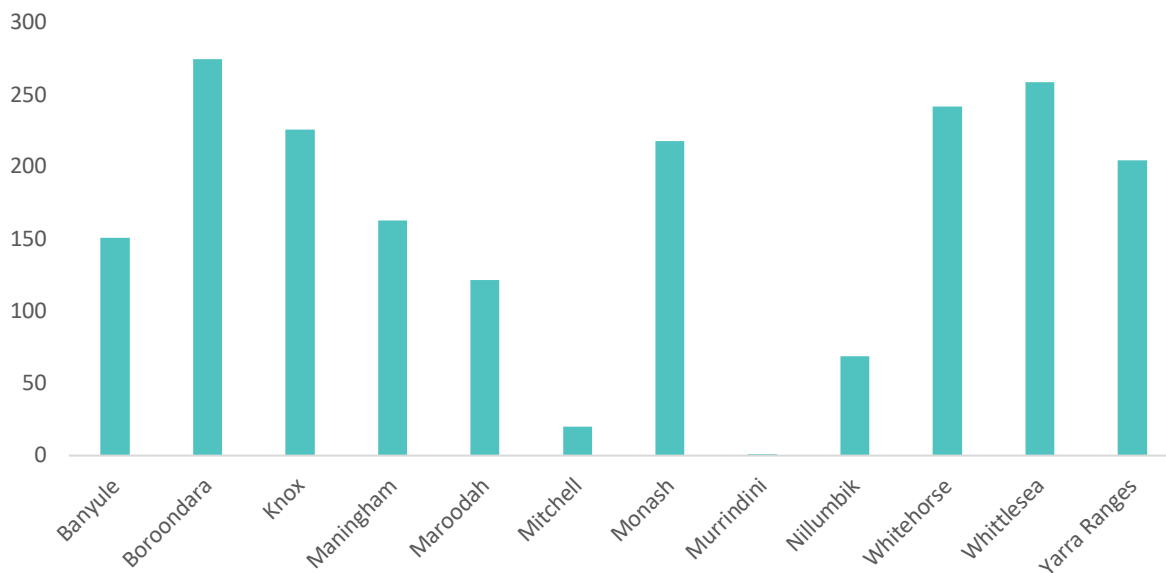
Figure 13: Number of closed treatment episodes in EMPHN and treatment delivery setting



### Primary care

There are 391 GP clinics and 1951 GPs across the EMPHN catchment. There are low GP numbers in Murrindindi (1 GP) and Mitchell (20 GPs).

Figure 14: Number of GPs by LGA



### Pharmacotherapy

There are three Pharmacotherapy Area Based Networks within Eastern Melbourne PHN's catchment: Area 3 (Gippsland and Hume), Area 4 (Southern and Eastern Metropolitan Melbourne) and Area 5 (North West Metropolitan Melbourne). There are 103 ORT providers in EMPHN suburbs.

### Low threshold and harm reduction services

There are 16 needle and syringe program providers within the EMPHN LGAs outlined in Table 3

Table 3: Needle and Syringe Program Provider by LGA

NSP Provider	LGA
Banyule CHS - Greensborough	Banyule
Banyule CHS – Heidelberg	Banyule
EACH– Ringwood	Maroondah
EACH - Ringwood East	Maroondah
Eastern Health - Healesville & District Hospital	Yarra Ranges
Eastern Health - Primary Health Alcohol & Drug Service	Whitehorse
Access Health & Community	Boorondara
Inspiro CHS - Belgrave	Yarra Ranges
Inspiro CHS - Lilydale	Yarra Ranges
EACH CHS	Yarra Ranges
Access Health & Community	Manningham
Nillumbik CHS - Eltham	Nillumbik
Plenty Valley CHS	Whittlesea
Carrington Community Health Service - CHOPER	Whitehorse – The primary NSP for the EMR
Yarra Valley CHS - Yarra Junction	Yarra Ranges

### Intake and assessment

Intake and assessment services are provided by EACH-SURE consortium (consisting of EACH and Anglicare Victoria), UnitingCare ReGen (including Odyssey House) and ACSO (comprising Turning Point Eastern Health, Access Health & Community, Link Health & Community, Inspiro Community Health, SalvoCare Eastern & SHARC).

Table 4: Intake and Assessment Service Provider by LGA

Provider	LGA
Each SURE consortium	Knox, Maroondah, Yarra Ranges & Inner East
ECADS consortium	Whitehorse, Manningham, Monash, Boorondara & Outer East
UnitingCare ReGen – Odyssey House	Banyule, Nillumbik, Whittlesea
Australian Community Support Organisation (ACSO)	Murrindindi, Mitchell

## Care and recovery

Care and recovery services are provided by EACH SURE consortium, Turning Point, UnitingCare ReGen (including Odyssey House), Primary Care Connect and Goulburn Valley Alcohol and Drug Service.

Table 5: Care and Recovery Service Provider by LGA

Provider	LGA
EACH SURE consortium	Knox, Maroondah, Yarra Ranges & Inner East
ECADS consortium	Whitehorse, Manningham, Monash, Boorondara & Outer East
UnitingCare ReGen – Odyssey House	Banyule, Nillumbik, Whittlesea
Primary Care Connect	Murrindindi, Mitchell
Goulburn Valley Alcohol and Drug Service	Murrindindi, Mitchell

## Withdrawal services

Non-residential withdrawal

Non-residential withdrawal services are provided by Each SURE consortium, Turning Point, UnitingCare ReGen (including Odyssey House), Primary Care Connect and Goulburn Valley Alcohol and Drug Service.

Table 6: Non-Residential Withdrawal Services by LGA

Provider	LGAs
Each SURE consortium	Knox, Maroondah, Yarra Ranges & Inner East
ECADS consortium	Whitehorse, Manningham, Monash, Boorondara & Outer East

Uniting ReGen – Odyssey House	Banyule, Nillumbik, Whittlesea
Primary Care Connect	Murrindindi, Mitchell
Goulburn Valley Alcohol and Drug Service	Murrindindi, Mitchell

Uniting ReGen provides Outpatient Withdrawal, Homebased withdrawal and post-withdrawal support. Uniting Care ReGen also runs a weekly 'Keeping Going' group meets on Thursdays at Uniting ReGen's Coburg site.

#### Residential withdrawal

There are three residential withdrawal services within the EMPHN, two operated by Uniting Care ReGen. Curran Place Community Residential Drug Withdrawal is based in Ivanhoe. It is a twelve-bed facility which provides support to assist adults to withdraw from a range of drug types. The average length of stay is 7 days. Williams House Community Residential Drug Withdrawal is a four-bed facility which provides withdrawal support and respite for up to four young people aged 12 to 21 years. There is also Eastern Health Wellington House in Box Hill with a 28 day extended stay option.

Nearby services include:

- Depaul House at St. Vincent's Hospital in Fitzroy, which provides services for adults.
- The Windana Drug Withdrawal House, a 15 bed residential facility located in St Kilda which provides services for adults.
- Fitzroy Withdrawal Program, for young people between 12-21 with intensive support to undergo respite or withdrawal from alcohol and/or other drug use. The program has 8 beds for a stay of up to 14 days
- Glen Iris Withdrawal Service provides young people between 12-21 with intensive support to undergo respite or withdrawal from alcohol and/or other drug use. The program has 5 beds for a stay of up to 14 days – this option is available within the EMPHN catchment

## Outpatient counselling

Non-residential withdrawal services are provided by Each SURE consortium, Turning Point, UnitingCare ReGen (including Odyssey House), Caraniche, Primary Care Connect and Goulburn Valley Alcohol and Drug Service.

Table 7: Outpatient Counselling Provider by LGA

Provider	LGAs
Each SURE consortium	Knox , Maroondah, Yarra Ranges,
ECADS consortium	Whitehorse, Manningham, Monash, Boorondara
UnitingCare ReGen – Odyssey House	Banyule , Nillumbik, Whittlesea

Caraniche	Banyule , Nillumbik, Whittlesea
Primary Care Connect	Murrindindi, Mitchell
Goulburn Valley Alcohol and Drug Service	Murrindindi, Mitchell

## Peer Support

EACH, Access Health & Community & Banyule CHS offer peer support programs

## Day programs

North East Recovery and Support Program, run by Banyule Community Health, provides personalised post withdrawal, eight-week day program for clients with complex needs. YSAS runs day programs in Abbotsford and Dandenong for young people.

## Residential rehabilitation

Residential rehabilitation services include Odyssey House Victoria, which provides TC live-in-treatment for adults, couples, and parents with their children (aged 0 to 12 years) in Lower Plenty as well as a 'Circuit Breaker program' which provides a six-week, live-in rehabilitation program in Molyullah, Victoria.

The Salvation Army provides the Bridge Programme, a live-in 16-week recovery program for men and women with an alcohol and/or drug addiction based in The Basin, Victoria.

EACH run a residential program called Maroondah Addictions Recovery Project (MARP) which has a residential rehabilitation program (3-4months) and a recovery housing program (approx 6 months).

YSAS also provides a residential rehabilitation program for young people aged 16 to 20 years, called Birribi, which is a fifteen-bed facility in Eltham.

## Aboriginal and Torres Strait Islander people

Ngwala Willumbong Coops runs outreach services throughout the East Melbourne PHN. Case management services are also provided by Healesville Indigenous Community Services Association (HICSA) for Outer East and Bubup Wilam in Thomastown.

EMPHN also refers to Bunjilwarra Koori Youth Alcohol and Drug Healing Service is a 12 bed Alcohol and Other Drugs residential rehabilitation and healing service for Aboriginal young people (male and female) aged between 16 and 25 years, based in Hastings, Victoria.

## Youth services

Youth Drugs Alcohol & Advice (YoDAA) provide information services and Youth Support and Advocacy Service (YSAS) provide outreach services to the wider Melbourne metropolitan area. EDAS (EACH, ACCESS Health & Community, Link Health & Community) also provide youth outreach services in the Inner & Outer East.

## Current EMPHN funded services

EMPHN currently funds a variety of specialist AOD services within the community including:

- **AOD@theGP:** which places AOD clinicians within two GP clinics within the City of Whittlesea to provide brief interventions and secondary AOD consultation support for GPs.



- **Medication Support and Recovery Service:** a specialist assessment and treatment service for people and families affected by pharmaceutical misuse or dependence.
- **North East Recovery Support Program:** an eight-week outpatient therapeutic group program delivered by Banyule Community Health at their West Heidelberg site.
- **Supporting Health Education, Recreation and Personal Autonomy of Young People (SHERPA):** assisting YSAS provide pro-social group-based activities to engage young people in the Eastern Region into a service providing screening, assessment, brief interventions, assertive outreach, and support for families and carers.
- **Daybreak App:** an online service providing screening, assessment and brief interventions, self-guided cognitive behaviour therapy, monitoring and support from health coaches, and supportive peer/ group network.
- **Afterhours AOD Clinical Service in Emergency Departments:** provided at Banyule Community Health, Eastern Health and Melbourne Health, this service provides involving AOD clinicians providing services to clients and their families or carers afterhours in the Emergency Departments.
- **Anglicare Victoria Comorbidity Service (a dual diagnosis program):** service delivery supporting clients with issues related to substance use and mental health; counselling and case management capacity.
- **Family Alcohol and Drug Service (FADS):** service provided by Anglicare Victoria Provide a therapeutic treatment option for young people and their families who use alcohol and other drugs.
- **AOD relate (formerly Substance Misuse Delivery Program):** assists Banyule Community Health develop and utilise relationships within the primary health care setting to identify people with complex AOD issues and channel them into existing treatment types or provide AOD treatment more flexibly as needed.
- **Family Focus Project:** undertaken by EACH Social & Community Health in partnership with Access Health & Community and provided in Maroondah, Monash and Boroondara, this project aims to reduce substance use and harm associated with substance use for individuals and families whilst improving individual health, wellbeing and social connectedness.
- **Yarra Ranges Youth Project:** undertaken by EACH Social & Community Health, this project provides outreach drug and alcohol counselling to young people and their families who live in isolated and under services communities in the Shire of Yarra Ranges.
- **Hope drug and alcohol program and Thrive drug and alcohol program (recently combined):** undertaken by EACH Social & Community Health, *Project Hope* provides integrated AOD and co- occurring care utilising a peer led recovery and person-centred design approach. Moreover, *Project Thrive* provides an effective clinical intervention for individuals with co-occurring substance use and mental health concerns and their significant others through specialised therapeutic counselling.
- **AOD/MH capacity building at Link Health and Community:** Counselling services providing a range of therapeutic services including dual diagnosis, recovery and individual and family counselling as well as Chinese-speaking AOD counselling services.
- **Youth home-based Withdrawal Primary Health Service:** undertaken by YSAS assist highly vulnerable young people aged 12- 21 years in the management and treatment of problematic substance use through the provision of high quality, tailored and timely



community based psychosocial support as well as safe and supervised home based Alcohol and Other Drug (AOD) withdrawal.



# Service gaps in the current system.

A recent needs assessment report by EMPHN identified the following gaps in alcohol and other drug services:<sup>5</sup>

- Better access to addiction specialists and credentialed mental health nurses with capability/interest in AOD.
- Services for carers of people with substances abuse issues.
- A dedicated Aboriginal and/or Torres Strait Islander harm reduction workforce.
- Improved service coordination between AOD and mental health services.
- Need for integration of AOD services and chronic pain clinics.
- Improving awareness and access to available services.
- Supporting more services (particularly counselling).

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<sup>5</sup> Eastern Melbourne PHN Needs Assessment Report, November 2017