

HealthWest Partnership

Alcohol and Other Drugs Environment Scan

May 2012



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Introduction

Alcohol and other drugs have been identified as one of six health promotion priorities in HealthWest Partnership's *Integrated Health Promotion Plan 2009-12*.

With the Plan now being extended to finish in 2013 to create alignment with Municipal Public Health Plans, an opportunity has been provided to HealthWest Partnership to refresh its focus on alcohol and other drug issues and adopt a new, innovative approach to reducing the harms related to alcohol and other drugs for communities in the west.

This new approach will look at the issue across the health continuum – from primary prevention through to coordination of services for people in need of treatment for alcohol and other drug related issues. The work will be supported by a project officer responsible for initiatives that span the whole continuum. This provides for an integrated approach and for links to be made between work at the prevention and the service provision ends of the continuum.

The *Western Alcohol and Other Drugs Environment Scan* provides a scan of the current environment of alcohol and other drugs across the west. It examines the policy context, draws together multiple data sets and analyses stakeholder submission to highlight priority issues in alcohol, illicit drugs and mental health that will guide the work of HealthWest in its alcohol and other drug priority area.

The Scan will be presented as the basis for discussion at an upcoming facilitated workshop that will focus on the development of a HealthWest alcohol and other drug work plan.

Policy Context

Across the federal and state landscape, there are a number of policies that guide HealthWest's work to reduce harms related to alcohol and other drug use. These are:

- *Better Health Plan for the West*: The plan provides a framework for services in the west to create healthy and engaged communities. Although alcohol and other drugs is not identified as one of its focuses for action, the plan nominates health literacy and mental health as priority areas, both of which are likely impact on harms related to alcohol and drug use.
- *Victorian Public Health and Wellbeing Plan 2011-15*: The plan aims to improve the health and wellbeing of all Victorians by engaging communities in prevention and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and levels of government. The plan has a primary and secondary prevention focus.

The plan identifies alcohol and other drugs as a priority area for keeping people well and provides examples of action, including school-based AOD education programs, developing an online early intervention tool for alcohol and educating parents on legislation changes on supplying alcohol to minors.

- *New Directions for Alcohol and other Drug Treatment Service*: The Department of Health has released a new document to guide reforms to the AOD services in Victoria.

Reform priorities include:

- building models of care that are focused on recovery and family inclusion, particularly taking into account the needs of children
 - streamlining treatment programs from over 20 types down to six, and redevelop the funding model so that services can provide individualised responses to clients
 - developing consistent, standardised assessment and needs identification to achieve an appropriate and comprehensive response to clients
 - fostering effective treatment pathways by recommissioning alcohol and drug treatment services at an area level and connecting into a full range of services
 - building a workforce that recognises the current skills and expertise of employees in the sector and promotes the development of clinical, relationship and care-coordination capability.
- **New Victorian Whole-of-Government Alcohol and Drug Strategy**: This strategy is forthcoming and replaces the previous *Victorian Drug Strategy 2006-09*. At this stage exact details are unknown however there is likely to be reforms to alcohol and drug services and new prevention initiatives. Preliminary themes that were heard during consultations include:
 - **Leadership** – better ways of integrating action across Government in partnership with stakeholders and ensuring accountability for results

- **Culture** – long term planned approach to foster healthy drinking culture, lifelong education approach to alcohol and drugs, addressing advertising
 - **Services** - a wide range of specific improvements to health, community services, justice, corrections and policing
 - **Law and Regulation** – more effective targeted approaches including consideration of alcohol pricing, taxation, advertising and pharmaceutical drug scheduling and monitoring arrangements
 - **Distinct approaches** - to alcohol, pharmaceutical drugs and illegal drugs – reflecting their legal status and community perceptions
- *National Drug Strategy 2010-15*: The aim of the *National Drug Strategy* is to build healthy communities by minimising alcohol and other drug-related health, social and economic harms among individuals, families and communities.

The plan works across three pillars: reducing supply, reducing demand and reducing harm.

Illicit Drug Data Analysis

The high rates of heroin use and lower utilisation and availability of AOD services are of particular concern for the western metropolitan region.

This section explores available data on illicit drug use and treatment in detail and provides recommendations for potential areas of action.

1.0 Illicit drug use, availability and price

1.1 Patterns of drug use

Current patterns of illicit drug use across a broader population are challenging to find, and there are no published reports that identify usage patterns across the western metropolitan region. However, there is current data about recent illicit drug usage across Australia. Table 1 compares Victoria, New South Wales, Queensland and Australian recent illicit drug usage.

Table 1 – Recent illicit drug use by %, all ages, 2010

	Victoria	NSW	QLD	Australia
Male	15.7	16.1	17.4	17.0
Female	11.9	11.6	12.8	12.3
All persons	13.7	13.8	15.1	14.7

In 2010, around 14% of the Victorian population had recently used illicit drugs, with males having a slightly higher rate of usage. As can be seen, Victoria has comparable recent illicit drug usage statistics with other states and the whole of Australia.

When looking at specific drug types, data is again limited, however available data suggests that across the whole Victorian population, ecstasy and meth/amphetamines are used more widely than compared to other states and the rest of Australia, however there is no significant difference, as Table 2 outlines.

Table 2 – % of recent illicit drug use by drug type, 2010

	Victoria	NSW	QLD	Australia
Cannabis	9.1	9.1	10.6	10.0
Ecstasy	3.1	2.9	2.7	3.0
Meth/amphetamines	2.3	1.7	1.9	2.1

1.2 Patterns of illicit drug use amongst people who inject drugs

Amongst people who inject drugs, recent research has been conducted on use of illicit drugs, ease of obtaining and cost. As part of the sample, people who inject drugs and accessed services in Footscray were sampled, as well as others in areas such as Dandenong, Richmond and St Kilda. Table 3 provides an overview of the survey's results.

Table 3 – use, availability and price of illicit drugs for people who inject drugs, 2010

Drug type	% of recent use	Ability to obtain	Obtained from...	Price
Heroin	85%	Easy/very easy	Dealer in public location	\$310 per gram \$50 per cap
Methamphetamine	58%	Easy	Dealer/friends	Crystal methamphetamine (\$100 per point) Speed (\$50 per point)
Cannabis	81%	Easy/very easy	Dealer/friends	\$20 per gram
Methadone (prescribed)	51%	-	-	-

As can be seen, in 2010, people who inject drugs rated heroin as easy or very easy to obtain and was used by 85% of people who inject drugs. The survey also found that prices of heroin were stable.

The survey also suggests that amongst people who inject drugs, there is co-occurring drug use, with cannabis being the second most widely used illicit drug in this cohort, followed by methamphetamine. There is also likely to be some co-occurring use of heroin and prescribed methadone, with 51% of this cohort report use of prescribed methadone.

2.0 Illicit drug-related ambulance attendances and hospitalisations

2.1 Illicit-drug related ambulance attendances

Across the metropolitan Melbourne, the western metropolitan region accounted for almost 14% of total illicit-drug related ambulance attendances with over 2,900 attendances in 2009-10. Brimbank was the 7th more frequently attended LGA for ambulances responding to illicit drug-related issues. Table 4 breaks down total attendances by LGA.

Table 4 – Illicit Drug-Related Ambulance attendances 2010-11, by LGA

	No. of attendances	Ranking by no. of attendances (of 31 LGAs)
Brimbank	873	7
Maribyrnong	686	12
Wyndham	554	18
Melton	423	26
Hobsons Bay	421	27
Total WMR	2957	
Total Metropolitan Melbourne	20, 502	







Table 5 charts the five most commonly reported illicit drugs during these ambulance attendances in the western metropolitan region. Benzodiazepines and heroin contributed overwhelmingly to the majority of illicit drug-related ambulance attendances.

Table 5 – Illicit Drug-Related Ambulance Attendances in WMR, 2010-11, by drug type (top 5)

	No. of attendances
Benzodiazepine	492
Heroin	466
Antidepressant	201
Antipsychotic	169
Other analgesic	168

Looking specifically at heroin-related ambulance attendances, there has been an overall increase in attendances from 2009-10 to 2010-11 across the western metropolitan region, with the exception for Melton and Wyndham LGAs.

Table 6 – Heroin Related Ambulance Attendances, 2008-2010

	No. of heroin related ambulance attendances		Trend
	2009-10	2010-11	
Brimbank	169	183	
Hobsons Bay	31	35	
Maribyrnong	198	205	
Melton	36	26	
Wyndham	22	17	
Western metropolitan region	456	466	

2.2. Illicit-drug related hospital admissions

Overall, the western metropolitan region has a lower rate of illicit drug-related hospitalisations when compared to drug 'hot spots' and Victoria as a whole.

As Table 7 illustrates, there were almost 14 illicit drug-related hospitalisations per 10,000 across the region, compared with 15 hospitalisations per 10,000 across Victoria in 2009-10.

Table 7- Illicit drug-related hospitalisations by LGA, per 10,000, 2008-10

LGA	2008-09	2009-10
Brimbank	11.94	11.77
Hobsons Bay	13.25	13.87
Maribyrnong	18.25	13.90
Melton	13.21	11.45
Wyndham	15.91	13.52
Total WMR*	14.01	13.94
Victoria	15.11	14.77
Other LGA hotspots		
Dandenong	17.62	17.91
Port Phillip	23.40	29.70
Yarra	17.97	24.72

*note: this includes Melbourne and Moonee Valley LGAs

Hospital admissions by sex were, in most LGAs, roughly equal between males and females, with the females having slightly more hospitalisations as compared to males. Maribyrnong was the exception with almost two-thirds of hospitalisations being for males. Typically, those being hospitalised for issues related to illicit drugs were between 20-49 years of age.

Table 8 – % Illicit drug related hospitalisations by sex, 2009-10

LGA	Male	Female
Brimbank	47	53
Hobsons Bay	48	52
Maribyrnong	65	35
Melton	46	54
Wyndham	37	63
Total WMR*	50	50
Victoria	47	53

However, when looking at over-the-counter drug hospitalisations, the gender of those admitted is more heavily skewed towards females. Across the region, 80% of these hospitalisations were for females, with the highest rates being in Brimbank and Melton. Table 10 also suggests that the majority of hospitalisations for over-the-counter drugs were for people under 20 years of age up to 34 years of age.

Table 9 - % over-the-counter drug hospitalisations by sex, 2009-10

LGA	Male	Female	Total no. of hospitalisations
Brimbank	10	90	51
Hobsons Bay	22	78	27
Maribyrnong	27	73	15
Melton	12	88	25
Wyndham	20	80	44
Total WMR*	20	80	162
Victoria	26	74	1578

*note: this includes Melbourne and Moonee Valley LGAs

Table 10 – % of ages for over the counter drug hospitalisations, 2009-10

LGA	Under 20 years	20-34 years	35-49 years	50+ years
Brimbank	24	33	29	14
Hobsons Bay	48	30	11	11
Maribyrnong	13	47	13	27
Melton	32	32	20	16
Wyndham	20	32	23	25
Total WMR*	28	32	23	18
Victoria	30	34	23	13

3.0 Illicit drug treatment service usage and availability

3.1 Illicit drug treatment service usage

Across the western metropolitan region, there was a significantly lower rate of courses of treatment for alcohol and drug issues when compared to Victoria as a whole. In 2009-10, there were 83 courses of treatment per 10,000 people in the region, as compared to 106 courses of treatment per 10,000 people across Victoria. The exception to this was Maribyrnong, which had a higher number of courses of treatment than compared to the whole of Victoria.

Table 11 – Rates of courses of alcohol and drug treatment per 10,000 residents 2007-2010

LGA	2007-08	2008-09	2009-10
Brimbank	77.71	74.50	76.64
Hobsons Bay	79.96	70.96	76.89
Maribyrnong	136.86	118.44	125.75
Melton	76.10	54.04	72.02
Wyndham	59.49	53.20	66.42
Total WMR*	83.10	74.62	82.51
Victoria	94.30	93.28	105.83
Other LGA hotspots			
Dandenong	115.82	109.85	127.71
Port Phillip	122.27	126.84	135.40
Yarra	201.65	212.06	198.11

*note: this includes Melbourne and Moonee Valley LGAs

For those who accessed a service for an alcohol or illicit drug issue in the western metropolitan region, alcohol as the most commonly report drug of concern, followed by heroin, cannabis and psycho-stimulants. Additionally, the most commonly used service type in the western metropolitan region was counselling, followed by either residential withdrawal or brokerage. This is roughly consistent with figures across Victoria and in 'hot spot' LGAs. Tables 12 and 13 provide a breakdown of drug types and treatment types across each LGA.

Table 12 – Top 4 primary drugs of concern for those seeking treatment, by % in each LGA, 2009-10

LGA	Alcohol %	Heroin %	Cannabis %	Psycho-stimulants %
Brimbank	34	27	24	7
Hobsons Bay	43	22	21	6
Maribyrnong	35	30	19	5
Melton	40	19	24	9
Wyndham	10	14	32	7

Table 13 – Top 4 courses of treatment by service type, 2009-10

LGA	Counselling %	Residential Withdrawal %	Outreach %	Brokerage %
Brimbank	46	12	9	16
Hobsons Bay	41	16	8	17
Maribyrnong	48	15	7	13
Melton	40	11	7	15
Wyndham	46	12	12	14
Total WMR*	48	12	8	11
Victoria	45	9	10	10
Other LGA hotspots				
Dandenong	43	8	12	12
Port Phillip	51	12	5	7
Yarra	49	9	7	10

*note: this includes Melbourne and Moonee Valley LGAs

3.2 Drug safety service and pharmacotherapy prescribers and dispensers

Overall Maribyrnong and Brimbank hold the majority of drug safe and pharmacotherapy services, with Maribyrnong also having over half of pharmacotherapy prescribers in the Western Region (59%). Hobsons Bay, Melton and Wyndham all have minimal services.

The only Primary needle and syringe program is in Maribyrnong (HealthWorks) which is also a specialist AOD primary health service.

Melton have the least amount of pharmacotherapy prescribers (3%) and 2 out of the 5 NSP services sell or mainly give needles to diabetic clients only.

NSP services across the west vary in services provided. Some are selling needles, not collecting and or only giving needles to diabetic or 'poor' clients.

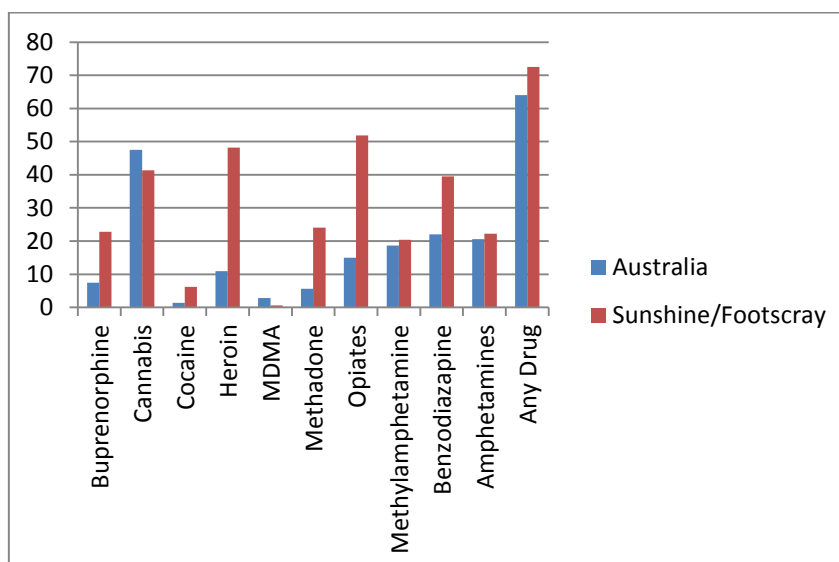
Table 14 – Number of NSP services, pharmacotherapy prescribers and dispensers per LGA, 2012

	NSPs	Pharmacotherapy Prescribers	Pharmacotherapy Dispensers
Brimbank	8	5	12
Hobsons Bay	3	4	5
Maribyrnong	8	19	12
Melton	5	1	4
Wyndham	3	3	3
Total WMR	28	32	36

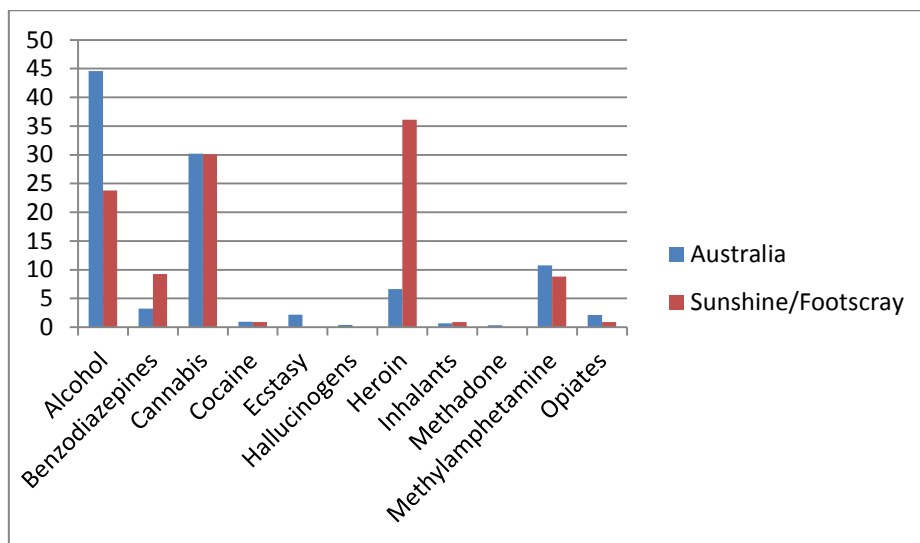
4.0 Illicit drugs and offending

Graphs 1 and 2 illustrate the number of percentage of offenders in Footscray/Sunshine who tested positive for or reported drug use as compared to the average from a number of drug hotspot areas across Australia. Overall, offenders in Footscray/Sunshine were more likely to use illicit drugs than in other areas of Australia, with just over 70% of offenders testing positive for illicit drugs, compared to approximately 64% of offenders in other areas of Australia. There was also a significant higher positive test and reported use of heroin and other opiates amongst offenders in Footscray/Sunshine. Note: the offending behaviour may include drug-related offenses, but is not necessarily limited to this and not all those arrested agreed to a drug test or provided details on self-reported drug use.

Graph 1 - Positive drug test by offenders in Footscray/Sunshine, compared with Australian aggregate, by % drug type, 2008.



Graph 2 – Self reported drug use by offenders in Sunshine/Footscray, by drug type % 2008



5.0 What does this data mean?

- **Poly-drug use amongst people who inject drugs and increasing number of heroin-related ambulance attendances**

The data points to a high proportion of surveyed people who inject drugs that use multiple drugs, including heroin, cannabis, methamphetamine and methadone. All these drugs, with the exception of prescribed methadone, were rated as easy or very easy to obtain. This poly-drug use could potentially be contributing to the increasing number of heroin-related ambulance attendances, given that the most recent *Illicit Drug Reporting System* puts the purity of heroin at around 20%. However, it is difficult to know whether the use of multiple illicit drugs is occurring in conjunction with one another or at different time periods.

Potential focus for action: The AOD working group could explore the drivers of poly-drug use amongst people who inject drugs and explore options for reducing harms related to this.

- **Higher rates of over-the-counter drug related ambulance attendances in females, and much younger ages when this is occurring.**

There is a significant variation in ambulance attendances related to over-the-counter (OTC) drugs in females as compared to males. In some cases 90% of attendances for OTC drugs are for females, compared with all illicit drugs, where 50% of attendances are for females.

Potential focus for action: In 2003, Women's Health West and Wyndham City Council (and other partners) undertook extensive work on this issue with a report and recommendations for integrated action. The AOD working group could explore possibilities for progressing these recommendations.

- **There is significantly lower usage of AOD services per 10,000 people in the western metropolitan region, as compared to the whole of Victoria and other drug 'hot spots'.**

Research suggests there are a number individual, family and community risk factors that are associated with harmful use of alcohol and drugs. Many of these risk factors have high prevalence in the west. Although concrete data on prevalence of illicit drug misuse in the west is difficult to find, it could be expected that illicit use would be higher than the Victorian average.

Given this, it could also be expected that use of alcohol and drug services per 10,000 people would be higher than the Victorian average, as is the case in known drug 'hot spots' of Dandenong, Port Phillip and Yarra LGAs. However this is not the case.

Mapping by Maribyrnong Council supports this. There is a concentration of services within the Maribyrnong LGA and service usage reflects this, with Maribyrnong's figures reflecting usage figures in drug 'hot spots'.

For the rest of the western metropolitan region, this could indicate that there is an unmet service need for people with alcohol and drug use issues.

Potential focus for action: AOD working group could explore service location, referral pathways, barriers to access and options to address this issue. This could include advocacy at a strategic level using the data provided for more resources and a more even spread of services across the west.

- **There is an indication of high prevalence of heroin use, however few drug safety services are available outside of Footscray**

The significantly higher rate of heroin-related ambulance attendances across western metropolitan region, as compared to other drugs requiring ambulance attendances, coupled with the high rates of self reported and positive heroin drug test, point to a higher than average use of heroin in the west.

These factors also indicate the need for drug safety services to minimise the harms related to injecting drug use, given that the *Victorian Illicit Drug Reporting System Report 2010* suggests that injection is the most common form (65%) of heroin consumption. However, mapping of drug safety services across the west identify that the only primary needle and syringe program (NSP) site is located in Footscray. Secondary NSP sites are located in Braybrook and Werribee and some pharmacies across the western metropolitan region provide syringes. Anecdotal evidence, however, suggests there are some barriers to provision of syringes via pharmacies to people who inject drugs.

Potential focus for action: AOD working group explores the challenges and barriers to provision of needles and syringes through pharmacies, in partnership with the Pharmacy Guild. The working group could also explore challenges and barriers more broadly to the provision of needles and syringes outside of Footscray.

More broadly, the working group could explore action from a prevention perspective to address the high prevalence of heroin use across the west

Alcohol Data Analysis

The consumption and availability of alcohol is a concern for the west. For the most part, the west has higher numbers and density of packaged alcohol outlets, more people drinking at levels of long-term harm and higher numbers of avoidable deaths related to alcohol.

This section explores available data on alcohol consumption in detail and provides recommendations for potential areas of action.

1.0 Drinking at short term and long term risk

Across all categories, fewer people in the North and West Metropolitan Region reported consuming alcohol at levels of short-term and long-term risk, when compared with all metropolitan regions and all of Victoria (see Table 1). There were also more people who abstained from alcohol in the North and West Metropolitan Region.

Table 1 - Percentage of persons reporting drinking at levels of short term and long term risk

	Abstainer %	Short-term risk %	Long-term risk %
Males			
N&W Region	14.7	50.4	3.7
All metropolitan regions	12.7	51.1	3.8
Victoria	12.6	53.7	4.3
Females			
N&W Region	29.8	31.9	2.7
All metropolitan regions	23.9	35.4	2.9
Victoria	23.0	37.2	3.1
All people			
N&W Region	22.5	41.0	2.7
All metropolitan regions	18.5	43.1	3.0
Victoria	18.0	45.2	3.3

However, as Table 2 demonstrates, of those who consume alcohol at levels of short-term risk, 13-22% drink at these levels at least monthly or weekly. This is comparable to all Victorians, where approximately 23% drink at least monthly or weekly to levels of short term risk.

Table 2 - Frequency of people who consumed alcohol at short-term risk of alcohol related harm, North and West Metropolitan Region, 2007

	Low risk %	At least yearly %	At least monthly %	At least weekly %
Brimbank	34.8	21.3	8.0	4.7
Hobsons Bay	34.2	22.3	10.8	11.3
Maribyrnong	38.	17.4	10.5	5.6

Melton	38.1	21.5	11.7	5.7
Wyndham	33.0	21.2	10.9	12.0
All Victoria	36.2	22.0	13.0	10.2

Figures relating to alcohol consumption at levels of long term harm suggest that more men in the North and West Metropolitan Region consume alcohol at levels that put them at risk or high risk of developing long term harm, than compared to men across Victoria.

Table 3 - Percentage of people at risk of long-term alcohol related harm, North and West Metropolitan Region, 2007

		Low risk	Risky	High Risk	Abstainer
NWMR	Males	79.2	3.8	1.3	15.4
	Females	70.3	1.3	0.3	27.4
Victoria	Males	81.5	3.4	0.9	13.6
	Females	74.2	1.9	0.6	22.7

2.0 Alcohol-related treatments, hospital admissions, ambulance attendances and deaths

Across 2005-06 to 2008-09, alcohol was the most commonly reported drug of choice for people in the west seeking treatment of substance use problems. The percentage of people seeking treatment for alcohol misuse issues was approximately 37% in 2008-09.

Table 4 illustrates that rates of alcohol-related hospitalisations have been falling across the western region since 2007-08. In 2008-09 there were 41.03 hospitalisations per 10,000 residents, which is below the Victorian average. The total number of hospitalisations during the 2009-10 period was 3,254.

Data from Turning Point Alcohol and Drug Centre shows that the majority (66%) of hospitalisations across this period was for males, and most hospitalisations were for people aged 20-49 years (49%). These figures are challenging to interpret as alcohol-related hospitalisations can related to issues of drinking at short-term risk, such as falls, assaults and alcohol poisoning, as well as issues relating to drinking at long-term risk, such as liver cirrhosis, alcoholism and stroke.

Table 4 - Alcohol related hospitalisations¹ per 10,000 residents

	2007-08	2008-09	2009-10
Brimbank	46.28	42.05	41.03
Hobsons Bay	58.61	49.31	48.50
Maribyrnong	58.66	50.48	41.12
Melton	36.12	37.06	37.62
Wyndham	34.69	34.83	33.86
Western Metropolitan Region	46.28	42.05	41.03
All Victoria	50.19	50.90	55.33

Table 5 and Figure 1 illustrate the number of alcohol-related ambulance attendances in the west in 2009-10 and 2010-11. This highlights that the west has a comparatively lower number of alcohol-related ambulance attendances when compared to other metropolitan areas and although the number of alcohol-related ambulance attendances has increased since 2009-10.

Table 5 – Alcohol-related ambulance attendances

	No. of alcohol related ambulance attendances	
	2009-10	2010-11
Brimbank	197	231
Hobsons Bay	110	143
Maribyrnong	190	185
Melton	92	140
Wyndham	145	142
WMR	734	841

¹ Alcohol-related hospitalisations may include a range of conditions such as alcoholic liver cirrhosis, alcoholism, cancers, stroke, road injuries, falls, assaults, alcohol-poisoning and suicides

Figure 1 – Alcohol-related ambulance attendances

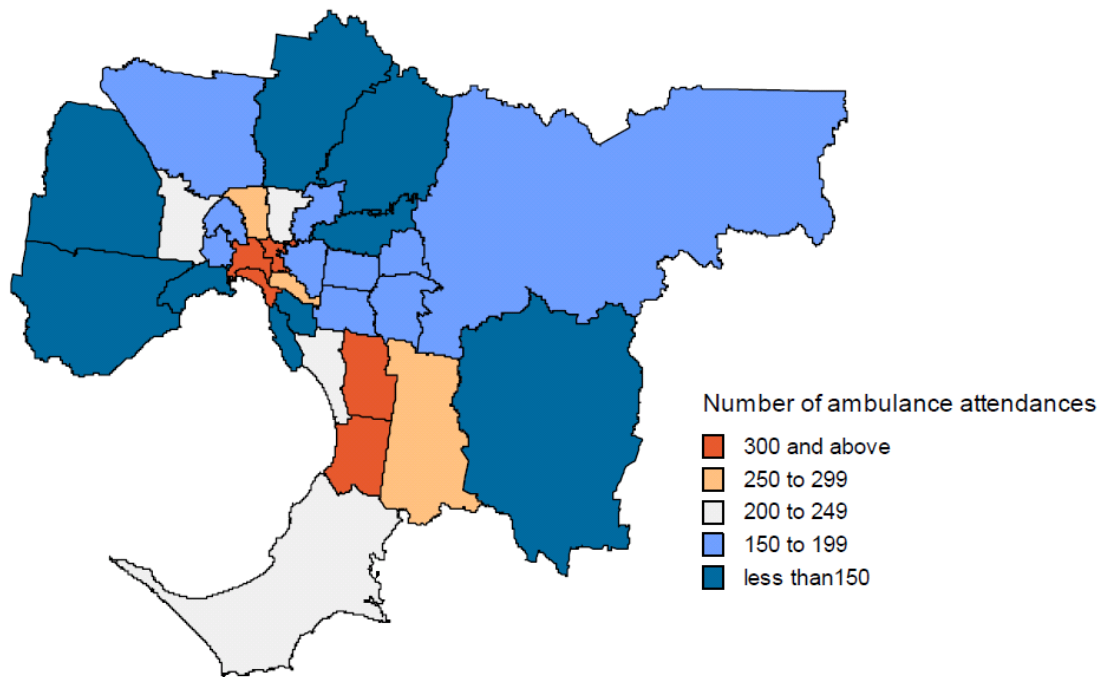


Table 6 – Proportion of avoidable deaths caused by alcohol, 2008

	% of avoidable deaths caused by alcohol
Brimbank	2.3
Hobsons Bay	2.8
Maribyrnong	3.1
Melton	3.5
Wyndham	3.2
Victoria	2.4

Across the Western Metropolitan Region, percentage of avoidable deaths caused by alcohol was higher than the state average in 2008, with the exception of Brimbank. These avoidable deaths include road accidents caused by alcohol.

3. Number and density of alcohol outlets across the west

Using data obtain from the Victorian Commission for Gaming and Liquor Regulation, there are 336 alcohol outlets across the west, excluding temporary licenses, restaurants and restaurants with bring your own (BYO) licenses. Within this, there are 184 packaged liquor outlets and 188 on premises outlets, such as pubs and clubs.

Matching these figures with the size of each LGA provides a density of alcohol outlets for square kilometre in the west.

Table 7 – Ratio and density of alcohol outlets across the west

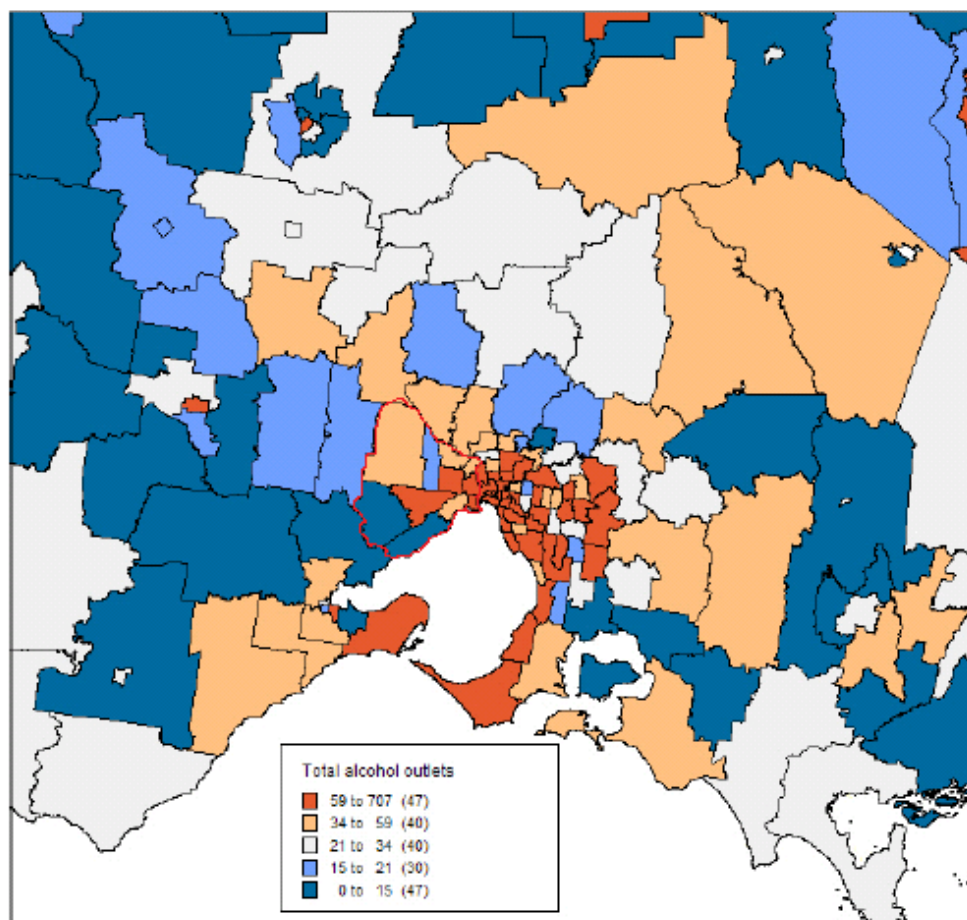
	No. of outlets	No. of Packaged Liquor/On premises	No. of outlets per sq km – packaged liquor only	No. of outlets per sq km – all outlets
Brimbank	106	65 / 41	0.54	0.87
Hobsons Bay	91	34 / 57	0.52	1.39
Maribyrnong	76	36 / 40	1.15	2.44
Melton	40	20 / 20	0.04	0.08
Wyndham	57	28 / 29	0.05	0.11
WMR Total	372	184 / 188	0.14	0.29

Table 8 – Comparison of packaged liquor outlets in WMR with other LGAs

	Size sq km	No. of outlets – packaged liquor	No. of outlets per sq km – packaged liquor only
Yarra	19.5	44	2.26
Maribyrnong	31.5	36	1.15
Bayside	37	31	0.84
Moreland	50.9	37	0.73
Darebin	53	38	0.72
Boorandara	60	53	0.88
Hobsons Bay	66	34	0.52
Manningham	113	25	0.22
Brimbank	123	65	0.54
Greater Dandenong	130	43	0.33
Nilumbik	433	20	0.05
Whittlesea	490	60	0.12
Hume	504	45	0.09
Melton	525	20	0.04
Wyndham	542	28	0.05

Figure 2 – Comparison of number of packaged liquor outlets across statistical local areas in Melbourne and surrounds.

Note: SLAs in western region outlined in red



Density of all alcohol outlets across the west is 0.29 outlets per square kilometre, and density of packaged liquor outlets is 0.14 outlets per square kilometre. However, density of alcohol outlets in the growth areas of Wyndham and Melton are very low at 0.11 and 0.08 outlets per square kilometre compared with other areas in the west, where the density is as high as 2.44 outlets per square kilometre.

When comparing density of packaged liquor outlets across metropolitan Melbourne, Brimbank and Maribyrnong have significantly higher densities of outlets when compared to LGAs of similar size. Melton and Wyndham LGAs have smaller concentrations of outlets when compared to Whittlesea and Hume LGAs, two LGAs similar in size and growth. Figure 2 illustrates the number of alcohol outlets in statistical local areas (SLAs) across Melbourne and surrounding areas. As the map shows, SLAs in the western metropolitan region have high numbers of alcohol outlets, with the exception of south-western statistical local areas in Wyndham LGA.

4. What does this data mean?

- **Drinking at levels of short-term risk**

Percentages of people drinking at short-term and long-term harm are comparable with the rest of Victoria. Over 40% of the population of the west report drinking at levels of short-term risk within the past year, with 50% of men in the west drinking at levels of short-term risk. Of those who drink at levels of short-term risk, between 8-11% of people in the west do so monthly and 4-12% do so weekly.

Potential focus for action: The AOD working group could explore the drivers of and ways to address the numbers of people drinking at levels of short-term harm and the frequency at which they do this.

- **Drinking at levels of long-term risk**

Data suggests that males in the North and West Metropolitan region drink at higher levels of long-term alcohol related harm when compared to males across Victoria. Related to this is ADIS data that suggests alcohol is the substance of concern most commonly reported by people seeking treatment for substance use issues in the west. Additionally, the percentage of avoidable deaths related to alcohol across western LGAs was higher than the Victorian average.

Potential focus for action: The AOD working group could explore options for the prevention and early intervention of drinking alcohol at levels of long term harm to address the higher than average rates of avoidable deaths related to alcohol.

- **Number and concentration of alcohol outlets**

The western region has comparatively high numbers of packaged liquor outlets, as illustrated in Figure 2. When looking at concentration per square kilometre, Maribyrnong and Brimbank LGAs have higher concentrations of packaged alcohol outlets when comparing to LGAs of similar size. This data is of concern, given the growing body of literature linking concentration of packaged liquor outlets and alcohol-related harm, including chronic disease, public and family violence and sexual health.²

Potential focus for action: The AOD working group could work with local councils across the west to strengthen policy and planning responses to the introduction of new alcohol licenses and outlets. This could be similar to work occurring with the Responsible Gambling Advocacy Centre on responses to planning applications for electronic gaming machines.

² VicHealth (2011) *Using geocoded liquor licensing data – the socio-economic distribution of alcohol availability in Victoria*. Victorian Health Promotion Foundation, Carlton, Australia.

Mental Health and Acquired Brain Injury Data Analysis

The high rates of psychological distress, high correlation between alcohol and drug misuse and mental illness and lower use mental health services are of particular concern for the western metropolitan region.

This section explores available data on mental health and alcohol and drug misuse in detail and provides recommendations for potential areas of action.

1.0 Prevalence of mental health problems

Data from the Department of Health reports that across the North and West Metropolitan region, almost 8,000 people have a diagnosed mental illness. Table 1 outlines the numbers of people with a diagnosed mental illness and are engaged in a mental health service per 1,000 people.

Table 1 – Rates of diagnosed mental illness and engaged in a mental health services per 1,000 people, by age group across the NWMR, 2009

Age Group	MH client/1,000 people
0-17 years	1.4
18-64	6.0
65+	8.7
Total NWMR	5.3

Across the western metropolitan region in 2007-08, most LGAs had similar prevalence of mental health and behavioural problems, with Brimbank and Maribyrnong LGAs having slightly greater prevalence of these problems per 100 people (Table 2). Overall, an average of 10% of people in each LGA report a mental health or behavioural problem, with females reporting slightly higher prevalence across the region and across Victoria.

Table 2 - Population with mental and behavioural problems by sex and LGA (2007-08)

	Males		Females	
	No.	Rate p/100 pop.	No.	Rate p/100 pop
Brimbank	8,911	9.8	10,698	11.9
Hobsons Bay	4,268	10.0	5,095	11.8
Maribyrnong	3,780	10.5	4,056	11.8
Melton	4,295	9.7	5,063	11.6
Wyndham	6,033	9.4	7,106	11.3
Victoria	257,746	9.9	309,046	11.6

However, when looking at levels of psychological distress across the whole of the North and West Metropolitan Region in Table 3 there appears to be greater than average levels of high or very high psychological distress across all western LGAs, with Brimbank reporting the highest percentages of high or very high psychological distress in the state.

Table 3 – Proportion of high or very high psychological distress, by LGA, 2008

	Brimbank	Hobsons Bay	Maribyrnong	Melton	Wyndham	Victoria
High or very high levels of psychological distress	15.1	13.1	14.2	13.4	12.6	12.0

1.2 Suicide and self inflicted injury

Rates of suicide in the west were lower than the state average between 2003-07. However, compared to the Victorian average, Maribyrnong had a higher rate of avoidable deaths from suicide or self-inflicted injuries per 100,000 population aged 0 – 74 years. Within the HealthWest catchment, Maribyrnong had the highest rate, followed by Brimbank.

Table 4- Deaths from suicide and self-inflicted injuries, 0 to 74 years (2003-07)

	No.	Rate p/100,000 pop.
Brimbank	84	10.1
Hobsons Bay	30	7.4
Maribyrnong	43	13.1
Melton	32	8.9
Wyndham	49	9.3
Victoria	2,628	11.0

2.0 Co-occurring diagnosed mental illness and substance misuse issues

The *National Survey of Mental Health and Wellbeing* reports a high correlation between diagnosed mental illness and misuse of illicit drugs and alcohol.

In 2007, the survey found that:

- 38% of people who used illicit drugs almost everyday also had an anxiety disorder, and 31% had an affective disorder

- 14% of people who consumed alcohol everyday also had an anxiety disorder, while 7% also had an affective disorder
- Overall, of those who used illicit drugs almost everyday, 63% had some type of mental health disorder (inclusive of substance misuse disorders) and, of those who consumed alcohol everyday, 21% had some type of mental disorder (including substance misuse disorders).

3.0 Service utilisation by people with mental health problems

3.1 Service utilisation

In 2008, the average percentage of people who sought professional help for a mental health problem was on average or slightly higher than the Victorian average, with the exception of Brimbank (Table 5)

Table 5 - Proportion of people who sought professional help for a mental health issue in the previous 12 months, by LGA, 2008

	Brimbank	Hobsons Bay	Maribyrnong	Melton	Wyndham	Victoria
Proportion of people who sought professional help for a mental health problem in the last 12 months	7.8	13.0	11.1	12.1	10.3	11.4

Similar figures are seen when looking at those who sought a mental health care plan from a GP through the *Better Access* initiative. For the most part, there was a lower ratio of mental health care plans across LGAs in the west compared to Victoria, with the exception of Melton (Table 6).

Table 6 –Ratio of people who sought a Mental Health Care Plan from a GP through the *Better Access* initiative, per 1,000 people, by LGA, 2009/10

	No.	Rate p/10,000 pop.
Brimbank	14,685	97
Hobsons Bay	7,282	103
Maribyrnong	6,269	102
Melton	11,446	136
Wyndham	10,406	85
Victoria		113

Examining the rate of those who sought services from psychologists and psychiatrists through the *Better Access* initiative, the ratio drops further, with LGAs across the west

being lower in access these services, with the exception of psychological services in Hobsons Bay.

Table 7 – Services provided by psychologists and psychiatrists under the Better Access Initiative, per 1000 people, by LGA, 2009-10

	Psychologists Rate p/1,000 pop	Psychiatrists Rate p/1,000 pop
Brimbank	82	78
Hobsons Bay	127	89
Maribyrnong	113	80
Melton	100	75
Wyndham	99	64
Victoria	125	110

3.2 Sources of referral

Sources of referral to mental health services varied across age ranges. For all ages, as well as adults (18-64 years) emergency departments were the most common; for those over 64 years of age, general practitioner referral was most common and families most commonly referred children under 18 years of age to mental health services (Table 8)

Table 8 – Top 3 Sources of referral by age group

Age Group	Top 3 referral sources
0-17 years	<ul style="list-style-type: none"> • Family • Education service • GP
18-64 years	<ul style="list-style-type: none"> • Emergency department • Acute health • GP
64+ years	<ul style="list-style-type: none"> • GP • Acute health • ACAS
All ages	<ul style="list-style-type: none"> • Emergency department • GP • Acute health

4.0 Acquired Brain Injuries

Specific data on the prevalence of acquired brain injuries (ABIs) in the western metropolitan region is limited, however it is estimated that up to 2% of Australia's population have an ABI. Amongst the causes of ABIs are overdoses and harmful alcohol use. Australia has the higher rates of alcohol-related ABIs in than any other western nation.

People with ABIs may also have a range of co-morbid issues such as substance misuse issues, mental health problems, intellectual impairment and forensic issues.

ABIs can occur across a spectrum of severity. Prevalence figures indicate that:

- Mild ABIs account for 85%
- Moderate account for 10%
- Severe account for 5%.

Additional data also suggests:

- Alcohol is involved in more than 50% head injuries
- Of those patients with head injuries, 25-65% have a history of substance abuse
- Up to 50% of patients return to pre-injury consumption levels
- 14% develop substance abuse problems after head injury
- 80% of clients in AOD treatment will show signs of cognitive impairment
- The prevalence of alcohol related brain injury in the Australian population is 2%
- A Department of Justice/Arbias Study in 2010 found 42% males and 33% females have ABI's.

4. What does this data mean?

- **Above average rates of high or very high levels of psychological distress**
Data indicates that people in the west experience above average rates of high or very high psychological distress, particularly in Brimbank and Maribyrnong. From research, the links between poor mental health and alcohol and drug misuse are clear. In this case, it is likely that poor mental health is influencing trends in alcohol and drug misuse, as well as alcohol and drug misuse impacting on mental health.

Potential focus for action: The working group could address alcohol and drug misuse through promoting positive mental health in a primary prevention framework. This could potentially focus on one particular population group or area where levels of psychological distress are higher and may put the community at greater risk of alcohol and other drug problems.

- **A high correlation between mental health problems and frequent alcohol and drug consumption, along side lower mental health service utilisation in the west**
The latest *National Survey of Mental Health and Wellbeing* illustrates the link between frequent alcohol and drug use and diagnosed mental illness, with almost two-thirds of those who consume illicit drugs each day having a mental illness.

This sits along side data that suggests that people in the west access mental health services at a lower rate than compared with Victoria as a whole, despite having higher numbers of people reporting mental health problems. This is coupled with lower rates of access to AOD services. Given the data from *National Survey of Mental Health and Wellbeing*, there may be significant numbers of people with co-occurring mental health and alcohol and drug problems who are not accessing treatment for either issue. This may potentially be an issue of people not being accessing a service as well as there being not enough services to access.

Potential focus for action: The working group could explore referral pathways, barriers to access for people with a co-occurring mental health and alcohol and drug issue.

Stakeholder Submission Analysis

In September 2011, the Victorian government called for submissions regarding its new state-wide strategy on alcohol and other drugs. Professional bodies, public bodies and service providers across the state made submissions to the strategy. This section is an analysis of the key themes that emerged from these submissions. A full list of organisations whose submissions were analysed can be found at Appendix 1.

Additionally, this analysis contains issues raised and recommendations made by service providers that attended an alcohol and other drug forum held by Brimbank City Council in late 2011.

1.0 Access, service coordination and organisational silos

Silos between alcohol and drug services and other services, such as acute care, emergency departments, primary health, mental health, community health, youth services and police were identified as key issues. The system is complicated and difficult to navigate for those with an alcohol and other drug issue and was identified as impacting on access to services.

The silos were attributed in part to episode of care funding which did not allow for clients other needs to be addressed, however, organisational silos were also attributed to a lack of communication and coordination between services.

Intake services were identified as a barrier to service access. Issues including the stigma and shame of accessing services, physical location, staff attitudes, confidentiality concerns and complex intake procedures were identified as contributing to the barriers to access. A 'no wrong door' approach was advocated.

In the context of service access for people with a dual diagnosis, many services identified a high number of clients presenting with both AOD issues as well as mental and physical health problems. Services identified that pathways for these clients were unclear.

Recommendations for action:

- Support better communication and referral protocols between mental health and alcohol and drug services, and referrals that facilitate access to multidisciplinary teams. The Salvos 'Streamline Treatment Coordination Service' was identified as a good model.
- Cross-sector AOD training for mental health services
- Create local level networks and partnerships with a broad range of stakeholders.
- Investigate potentials for online services
- Increase drop in and outreach services

2.0 Accessibility and culture of alcohol

Submissions advocated for addressing alcohol misuse as a health issue with impacts on the community, rather than one of law and order. As part of this, a shift in community attitudes was needed, with action focusing on community mobilisation around the

density and placement of takeaway alcohol outlets, the social and financial impacts of alcohol misuse and the role of alcohol in sports.

Local governments identified challenges in responding to applications for liquor licenses and outlets. The ease of access to alcohol in Brimbank and Maribyrnong LGAs was highlighted as a concern.

Recommendations for action:

- Increase recreation options that do not include alcohol and work with local sports clubs to decrease emphasis on alcohol
- Advocate on the social and financial impacts of alcohol
- Provide education and training to individuals, schools, parents and at-risk communities on alcohol
- Create alignment and coordinated approach to liquor licensing applications between local governments. Create a model for assessing, approving and monitoring licenses.

3.0 Harm minimisation

Harm minimisation for people who inject drugs was a concern for across services. Needle and syringe programs in the west outside of Footscray are minimal. The prescription and dispensing of OST was also minimal across the west.

More broadly, the development of culturally-appropriate education material could help in increasing understanding of AOD issues and minimisation of AOD harms in CALD and newly arrived communities. Drug education in schools was also identified as requiring more focus. This could be done in collaboration with local service providers.

Recommendations for action

- Improve access to injecting equipment and facilities
- Improve access or reduce the cost of OST
- Work to change the culture around OST and AOD issues through engaging medical and pharmacy students
- Development of culturally appropriate AOD education material for newly arrived and CALD communities.
- Implement a program of AOD education across all levels of school, in collaboration with local AOD services.

4.0 Workforce development and skills

Submissions highlighted the need of all services that come into contact with people with AOD issues to receive AOD training and for AOD issues to be seen as core business for all practitioners. This could also include police and staff in public facilities, such as libraries, that may come into contact with drug affected people.

More specifically, a lack of medical professionals trained or interested in AOD issues, with prescription of addictive OTC medications, such as benzodiazepine and oxycontin, was raised as a concern.

Recommendations for action

- Promotion of AOD issues as core business for all services, with training provided to practitioners on how to manage clients with AOD issues.
- Training for medical professionals on the prescription drug addiction

Priority Directions for HealthWest Partnership AOD Program Illicit Drugs

1. Reducing the rates of poly-drug use amongst people who inject drugs.

Data suggests that there is high poly-drug use amongst people who inject drugs which potentially links and impacts on the number of illicit-drug related ambulance attendances, particularly in Brimbank and Maribyrnong.

2. Preventing and reducing misuse of OTC drugs in vulnerable populations, including women.

Available data highlights the high rates of ambulance attendance related to benzodiazepines and the over-representation of women, particularly young women, in these statistics. This also ties in with work previously undertaken by Wyndham City Council and a range of partners that looked to address the high numbers of women misusing OTC medication in Wyndham LGA.

3. Promote positive mental health to reduce levels of psychological distress across the west.

Data suggests that people in the west experience higher than average rates of psychological distress. The link between poor mental health and drug and alcohol misuse are clear, with poor mental health influencing alcohol and other drug consumption, as well as alcohol and other drug consumption impacting on mental health.

4. Build capacity in mental health, alcohol and other drug services to improve access to care for people with a dual diagnosis

The latest *National Survey of Mental Health and Wellbeing* suggests that almost two-thirds of people who consume illicit drugs every day have a mental illness. This sits alongside data that suggests that there is a lower than average rates of alcohol and other drug and mental health services usage across the west.

Submissions also identified challenges for clients with a dual diagnosis, particularly around service pathways. Workforce training issues were also identified in the treatment of clients with a dual diagnosis.

5. Increase access to and availability of needle and syringe programs and opioid substitution therapies (OST) outside of Footscray

Data suggests that most needle and syringe and OST prescribers and dispensers are located in Footscray, although heroin use remains an issue for local governments across the west, particularly Brimbank.

Alcohol

6. Reducing risk and the numbers of people in the west consuming alcohol at levels of short term harm

Data points to higher numbers of people in the west consuming alcohol at levels of short term risk. Additionally, although ambulance attendances related to alcohol are lower than the state average, alcohol-related hospitalisations are equal to or in some LGAs higher than the Victorian average. Alcohol related

hospitalisations are related to a number of factors, including issues related to consumption of alcohol at levels of short term harm.

Feedback from submissions suggests that some communities are at greater risk to consuming alcohol at a risky level, particularly newly arrived communities.

7. Reduce risk and the number of people in the west consuming alcohol at levels of long term harm

Alcohol is the most commonly reported substance of concern for people seeking treatment from alcohol and other drug services. Data suggests that males across the North and West Metropolitan Region drinking at higher levels of long-term alcohol related harm and that the percentage of alcohol-related deaths are both higher than the Victorian average.

8. Reduce the concentration of alcohol outlets across the west

The western region has a comparatively high concentration of packaged outlets, particularly in Maribyrnong and Brimbank LGAs. In submissions, local governments identified challenges in responding to applications for alcohol outlets.

Service coordination

9. Promote better access and coordination of services for people seeking treatment for alcohol and other drug issues

Data points to a lower than state average number of people in the west who access AOD treatment services in spite of data that suggests a higher than average number of people who misuse alcohol and other drugs. Feedback from service providers suggest that the AOD system is complicated and difficult to manage and there are issues around referral pathways, intake processes, coordination of services, local partnerships and community awareness and understanding of available services, particularly amongst CALD communities.