

Alcohol and Other Drug Needs

The 2021/22 – 2023/24 Health Needs Assessment identified the following health and service issues in the Brisbane North community that relate to problematic alcohol and other drug use and the services that seek to treat and address these issues:

Health Issues	Service Issues
<ul style="list-style-type: none"> ✓ Dual diagnosis ✓ Stigma and discrimination ✓ Vulnerable groups 	<ul style="list-style-type: none"> ✓ Service capacity ✓ Coordination and integration ✓ Support for families and carers ✓ Workforce capability

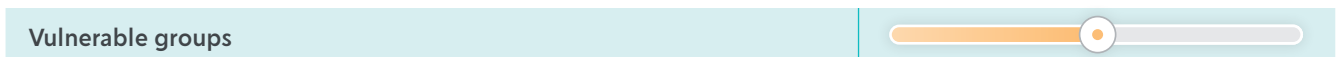


In 2019 the *National Drug Strategy Household Survey* found that:

- People who reported high or very high levels of psychological distress were at least twice as likely to report recent illicit drug use
- People who had higher levels of psychological distress were more likely to report drinking more than four standard drinks on one occasion
- People with a mental health condition were twice as likely to smoke daily



Stigma and discrimination of any form can have negative impacts on clients and their families' ability to seek support and further compounded social disadvantage. A report by the QLD Mental Health Commission identified that stigma and discrimination were prevalent across multiple settings, including health care and public health, and can either be intended or non-intended through use of language, the environment, behaviour, or policy.



Of the people accessing treatment services across Australia, there is greater diversity of clients in Brisbane North compared to most other PHNs across the country. Among other PHN regions, Brisbane North had:

- A higher percentage (16%) of clients identifying as neither female nor male
- A higher percentage (6%) of clients identifying as Indigenous, or where Indigenous status was not stated (10.05%)
- The highest percentage (16%) of clients aged 60 years and over

Highlight – Dual diagnosis

Data available at the Brisbane North region level is unable to demonstrate the prevalence of dual diagnosis. To estimate prevalence, risk factors were identified from the *National Drug Strategy Household Survey*. From 2017–18, it is estimated there were:

<p>94,266 12.1 per 100,000 people</p> <p>Brisbane North residents over 18 years with high or very high psychological distress. This equates to an age-standardised rate of 12.1 with psychological distress per 100,000 people.</p>	<p>131,341 17.1 per 100,000 people</p> <p>Brisbane North residents over 18 years who consumed more than two standard alcohol drinks per day on average. This equates to an age-standardised rate of 17.1 people with this drinking behaviour per 100,000 people.</p>	<p>41,348 13.2 per 100,000 people</p> <p>Brisbane North residents over 18 years were current smokers. This equates to an age-standardised rate of 13.2 current smokers per 100,000 people.</p>
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“An increase in funding to community AOD services is needed. Due to the ongoing impacts of COVID-19 on the ASOD/ mental health sector there are limited options for young people experiencing a dual diagnosis issue. An increase in available workers to support young people in the community is needed.” — Social Worker

Service Issues	Overall Prioritisation Rank
<p>Service capacity</p> <p>In 2019-20, there were 11,365 closed treatment episodes for people accessing alcohol and other drug (AOD) services in Brisbane North. The number of closed treatment episodes have increased by 13.2% since 2015-16, equating to a 2.6% average annual increase.</p>	
<p>Coordination and integration</p> <p>There is growing evidence of the increasing prevalence of people experiencing dual diagnosis of mental health and alcohol and other drug issues, both nationally and in the Brisbane North region. Coordination between health services who provide mental health and alcohol, and other drug support or treatment is therefore critical in improving the wellbeing of this cohort of people.</p>	
<p>Support for families and carers</p> <p>Providing support to carers helps to minimise or prevent stressors or the negative impacts of caring for someone. It can also help carers gain skills to increase their capacity to manage or cope. Carers contribute to strong positive outcomes in the people they care for, through the provision of social support and encouraging positive behaviours such as adherence to treatment. The need to support carers is therefore warranted and adjunct in addressing the healthcare needs of people with problematic alcohol and other drug use.</p>	
<p>Workforce capability</p> <p>Focus areas include training, education and professional development, scope of practice, recruitment, and retention. Each of these compound the ongoing capacity issues of the AOD sector in being able to match demand with supply. The specialist AOD sector also only accounts for a portion of the workforce and does not consider generalist professions or occupation groups who also contribute to reducing AOD-related harm.</p>	

Highlight – Service capacity

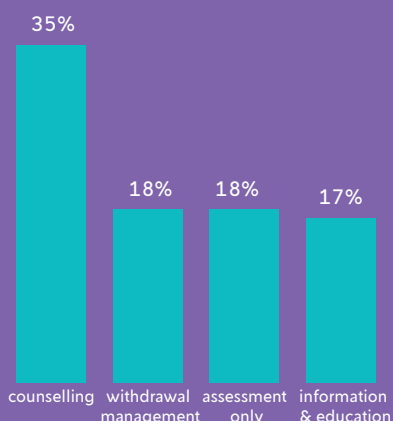
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AOD services in the Brisbane North PHN region, as of 21 October 2021 (including both non-government and government services).

11,365

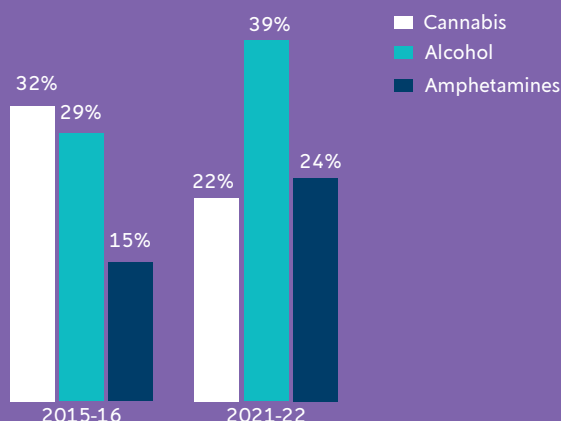
closed treatment episodes in 2019–20 for people accessing alcohol and other drug (AOD) services in Brisbane North. This is an increase of 13.2% since 2015-16, equating to a 2.6% average annual increase. This is marginally lower than the national increase of 15.1%, or the annual average of 3.8%.

AOD treatment types accessed



AOD treatment type accessed: 35% counselling, 18% withdrawal management, 18% assessment only, 17% information and education.

Most common principal drugs of concern



In 2015–16 the most common principal drugs of concern were: cannabis (32%), alcohol (29%), amphetamines (15%). Alcohol and amphetamines have since increased to accounting for 39.1% and 24.2% of total treated principal drugs of concern respectively, while cannabis now only accounts for 22.2%.

“More AOD supports/staff are needed in the community setting. AOD group programs as well as individual support to meet the clients’ goals of behaviour change. Young people require appropriate and tailored education around harm reduction and safety, so the provision of appropriately staffed group programs joined with individual support is essential.” — Social Worker