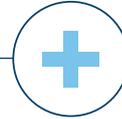


Our Drug and Alcohol Activity Plan 2016-19

Strategic Vision



The Country SA Primary Health Network's (CSAPHN) Strategic Vision for Drug and Alcohol treatment will align to Draft National Drug Strategy (NDS) 2016-2025, which aims to:

"Contribute to ensuring safe, healthy and resilient Australian communities through minimising alcohol, tobacco, and other drug-related health, social and economic harms among individuals, families and communities."



Our strategic vision is also heavily informed by the key directions of:

- The National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-19;
- The recommendations of the National Ice Action Strategy 2015 – particularly in ensuring that early intervention and treatment services are better tailored and responsive to meet the needs of the populations they serve; and
- In line with key aspects of recently announced reforms relating to increasing the service delivery capacity of the drug and alcohol treatment sector via needs based commissioning to rural and remote South Australians.

CSAPHN acknowledges the three pillars of the NDS that underpin a harm minimisation approach (demand reduction, harm reduction and supply reduction) and will aim to commission drug and alcohol activity with aims towards:

- Reducing the adverse health, social and economic consequences of the use of drugs and alcohol through effective in scope treatment services;
- Support people to recover from dependence and reintegrate with the community; and
- To prevent the uptake and/or delay the onset of the use of drugs and alcohol.

To achieve our vision and goals CSAPHN is committed to the establishment and strengthening of governance arrangements and strategic collaboration with regional stakeholders including Local Health Networks, State Government and specialist drug and alcohol service providers.

Drug and Alcohol Treatment Services – Operational and Flexible Funding

Mental Health & Drug and Alcohol Comorbidity

Aimed to reduce the harm associated with untreated co-occurring mental health, and drug and alcohol conditions.

This will address the priority area through inclusive stepped care principles and specialist workforce skills and training – that interfaces with mental health services in the identification and/or treatment of people with co-occurring mental health, and drug and alcohol conditions.

Key objectives:

- Facilitate and support evidence-based treatment for clients using a range of substances, as well as flexible and stepped care models tailored to individual need and stage of change; and
- Promote linkages with broader health and support services, including mental health services, to better support integrated/coordinated treatment and referral pathway to support clients with comorbid mental health disorders.

Identified need of increased Drug and Alcohol Counselling services in the following areas:

- Alcohol;
- Amphetamines (including methamphetamines/crystal methamphetamines);
- Cannabis; and
- Benzodiazepines and illicit Opioids



Service delivery capacity will be increased for drug and alcohol counselling services through:

- Co-design of additional activity with providers – pending successful applicant process – to increase specialist workforce capacity to support delivery of additional drug and alcohol services in targeted areas of need across rural and remote country areas; and
- Upskilling across existing drug and alcohol programs by facilitating and supporting evidence-based treatment for clients using a range of substances

Through the Mental Health and Alcohol and Other Drugs (MHAOD) ITA process, CSAPHN will seek to commission additional intervention related services aimed at providing the client with the necessary psychological and physical resources to change drug and alcohol related behaviour.

This intervention is considered a specialist drug and alcohol intervention and includes case management, motivational interviewing, relapse prevention, cognitive behaviour therapy and other psychological therapies as required by the client to address alcohol/drug use and associated harm.

Deficit of Residential and non-residential rehabilitation options for Drug and Alcohol

Market response and capability to deliver additional non-residential rehabilitation services under the current service model arrangements will be assessed, including consideration of access to:

- Addiction medicine specialists;
- Upskilling of and access to GPs with drug addiction skills;
- Specialist counselling and support through drug and alcohol workers and allied health professionals; and
- Day Stay and other intensive non-residential programs.

Residential Treatment and Rehabilitation services in country South Australia:

- Commence work to establish the base case for residential rehabilitation service demand in country South Australia through service planning and modelling;
- Encourage and nurture cross-sector referral and integration within CSAPHN MHAOD comorbidity reform agenda; and
- Undertake further market analysis of bed based treatment and rehabilitation models that could meet specific needs of rural and remote clients (informed by planning and service modelling).

This activity will target Youth and Adults – Indigenous and non-Indigenous – who have been assessed and referred for specialist treatment and rehabilitation as the result of problematic alcohol and/or other drug use.

Services will also focus on people with co-occurring mental health and drug and alcohol conditions through adherence to evidence based National Co-Morbidity Treatment Guidelines.

Drug and Alcohol Attributable Hospital Separations

Aimed at investigating discharge planning processes across the acute sector and research best practice models to inform project design, enabling improvement in the continuity of care.

Analysis of all rural and remote hospital admissions and separations and readmissions that identify alcohol and problematic drugs as the main attributable factor will be conducted to:

- Establish baselines hospital admission/separation rates for whole of CSAPHN region as well by regional areas;
- Identify, analyse and investigate any significant variations by region population age, sex, Indigenous or non-Indigenous; and
- Based on data analysis, develop a project plan to review and improve discharge planning processes targeting key area of high rates in the first instance.

Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Improved consultation and engagement with Aboriginal and Torres Strait Islander specific Drug and Alcohol sector

Work with Aboriginal and Torres Strait Islander community organisations and Aboriginal Community Controlled Health Organisations (ACCHOs) to identify any shortcomings and discuss and develop potential strategies to support ACCHOs to promote greater competitiveness in tendering for commissioned services.

In consultation with ACCHOs, develop and implement a Stakeholder Engagement Framework for CSAPHN.

Establish a joint high level drug and alcohol annual planning forum between CSAPHN, SA Aboriginal Health Council and Country Health SA Local Health Network to identify shared high level priorities for service delivery.

This will address priority by working towards and commissioning activity with integration of clinical services with cultural competency and vice versa.

Key objectives:

- Address the increased demand for access to methamphetamine, alcohol and other drug treatment – through needs based and targeted planning in response to the changing needs of the community; and



- Facilitate and support evidence-based treatment for clients using methamphetamine, alcohol and other drugs, as well as flexible and stepped care models tailored to individual need and stage of change.

Brief intervention, withdrawal management and counselling with alcohol and amphetamine focus

Further needs based and targeted planning will be undertaken in response to changing needs of community with due regard to currently funded service capacity and ability to meet emerging service demands.

Identify, in consultation with Aboriginal Community Controlled Health Organisations (ACCHOs) sector and other organisations providing services for Indigenous people, what additional service delivery capacity is required to meet the demand for amphetamine, alcohol and other drug treatments, including:

- Early intervention services (screening and brief intervention);
- Treatment services, including:
 - » Counselling;
 - » Withdrawal management;
 - » Residential Rehabilitation;
 - » Day Stay (other non-residential programs); and
 - » Case management
- Relapse prevention – Aftercare support

This will address the priority area by supporting to build capacity and capability of the drug and alcohol treatment service system, including within the Aboriginal and Torres Strait Islander controlled services and their workforce.

It will support region specific, cross-sectoral and integrated approaches to methamphetamine, alcohol and other drug treatment services based on identified need.

It will promote improved access to culturally responsive and appropriate programs to address problematic drug and alcohol use, including amphetamines/methamphetamines.

It will strengthen partnerships and collaboration between Aboriginal and Torres Strait Islander controlled services, government and mainstream providers and health organisations in planning, delivery and evaluation of services.

