

Alcohol and Other Drugs Area Profile

Data as at November 2017

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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1 ALCOHOL AND OTHER DRUGS AREA PROFILE

Summary

- Lower socio-economic areas, such as Brimbank, Hume and Melton exhibit relatively high rates of people who abstain from drinking and relatively low per capita rates of high risk drinking, when compared to other greater Melbourne Local Government Areas. However, these regions have proportionally higher rates of alcohol related societal harms than less disadvantaged municipalities.
- The Melbourne and Yarra municipalities have elevated levels of assault and violence related to alcohol use, partly driven by the high concentration of night time entertainment venues in these areas.
- Domestic violence, either definitely or potentially attributable to alcohol, is also present in relatively high rates within the NWMPHN catchment, in particular Hobsons Bay, Moorabool, Melbourne and Melton.
- Broad patterns of alcohol and other drug therapeutic service usage are:
 - Alcohol – very high rates in Melbourne and Yarra, with mildly elevated rates throughout suburban LGAs. Lower rates are present in the growth areas
 - Illicit - very high rates in Melbourne and Yarra, elevated throughout catchment except for peri-urban localities
 - Amphetamines – Yarra, Melton, Moreland and Hume exhibit very high rates of referrals extracted from Victorian Government Alcohol and Drug Information System (ADIS)
 - Heroin – Inner city LGAs of Melbourne, Yarra and Maribyrnong as well as Brimbank, Darebin and Hobsons Bay display very high rates of referrals
 - Cannabis – Melton, Hobsons Bay, Brimbank and Yarra possess the highest rates of referral
- Newly announced initiatives of the Victorian and Australian governments are aimed at reducing the prevalence of alcohol and drug misuse as well as the health harm associated with misuse. These include:
 - implementing the real-time prescription monitoring program in Victoria
 - making medicines containing codeine only be available by prescription from February 2018
 - a two-year trial of a medically supervised injecting room at the North Richmond Community Health Centre

2 ANALYSIS NOTES

Throughout this profile, colour schemes have been added to tables to provide a ranking within a comparison population. In most analyses where Local Government Area (LGA) values or rates are displayed, the colours correspond to the decile of the value within the distribution comprised of Greater Melbourne LGAs.

In other words, the 31 Greater Melbourne LGA's are ranked in order and arranged into approximately 10 groups (~3 in each). For purposes of consistency, if an LGA within the NWMPHN catchment is performing worse than the median Greater Melbourne LGA it is red, the deeper the red the worse it is. The better performing LGAs are coloured varying shades of green.

3 ABOUT ALCOHOL AND OTHER DRUGS

The problematic use of alcohol and other drugs is a continued challenge for the Australian health care system. The harms to individuals, families, and communities from alcohol, tobacco and other drugs is well known:

- The cost to Australian society of alcohol, tobacco and other drug misuse in 2004–05 was estimated at \$56.1 billion, including costs to the health and hospitals system, lost workplace productivity, road accidents and crime. Of this, tobacco accounted for more than half of the total cost.
- Excessive consumption of alcohol is a major cause of health and social harms. Short episodes of heavy alcohol consumption are a major cause of road and other accidents, domestic and public violence, and crime. Long-term heavy drinking is a major risk factor for chronic disease, including liver disease and brain damage, and contributes to family breakdown and broader social dysfunction.
- Tobacco smoking is one of the top risk factors for chronic disease including many types of cancer, respiratory disease and heart disease.
- Illegal drugs not only have dangerous health impacts but they are a significant contributor to crime. They are a major activity and income source for organized crime groups. Like alcohol, illegal drugs can contribute to road accidents and violent incidents, and to family breakdown and social dysfunction. Unsafe injecting drug use is also a major driver of blood-borne virus infections like hepatitis C and HIV/AIDS.
- Alcohol, tobacco and other drug use can contribute to and reinforce social disadvantage experienced by individuals, families and communities. Children living in households where parents misuse drugs are more likely to develop behavioural and emotional problems, tend to perform more poorly in school and are more likely to be the victims of child maltreatment.¹

The National Drug Strategy Household Survey (NDSHS) provides data on the overall level of alcohol and drug consumption. In 2016:

- Fewer people drank alcohol in quantities that exceeded the lifetime risk guidelines compared with 2013 (17.1%, down from 18.2% in 2013). But there was no change in the proportion exceeding the single occasion risk guideline.
- Young adults were drinking less—a significantly lower proportion of people aged 18-24 years consumed five or more standard drinks monthly (from 47% in 2013 to 42% in 2016).
- Although the proportion using any illicit drug did not significantly increase from 2013 to 2016, there has been a gradual increase in use since 2007 (from 13.4% to 15.6% of the total population) and the number of people illicitly using drugs has increased from about 2.3 million to 3.1 million.

¹ MCDS (Ministerial Council on Drug Strategy) 2011. The National Drug Strategy 2010–2015. Canberra: Commonwealth of Australia

Table 1: Summary of drug use, by age, for Australian population 2016 (per cent)

	14–19 yr	20–29 yr	30–39 yr	40–49 yr	50–59 yr
Daily smoker	3.0 [#]	14.8	14.0	16.9	14.3
Monthly risk of single occasion harm from alcohol	18 [#]	39.9	31.1	29.7	24.6
Any illicit use in previous 12 months	15.9	28.2	18.1	16.2 [#]	11.7
Marijuana/cannabis in previous 12 months	12.2	22.1	12.7	10.7	7.2
Ecstasy in previous 12 months	3.2	7	2.6	1.0	0.4 [*]
Cocaine in previous 12 months	1.0 [*]	6.9	4.6 [#]	2.2	0.5
Meth/amphetamine in previous 12 months	0.8 [*]	2.8 [#]	2.4	2.0	0.6

Note: ^{*} Estimate has a relative standard error of 25% to 50% and should be used with caution. [#] statistically significant change between 2013 and 2016

4 TARGET POPULATIONS

Table 1 provided data on the age distribution of the overall population with problematic alcohol and other drug use. The National Drug Survey also identified that some population subgroups are at greater risk of problematic drug use including:

- Use of illicit drugs in the last 12 months was far more common among people who identified as being homosexual or bisexual; ecstasy and meth/amphetamines use in this group was 5.8 times as high as heterosexual people.
- People who live in remote and very remote areas, unemployed people and Indigenous Australians continue to be more likely to smoke daily and use illicit drugs than other population groups.
- The proportion of people experiencing high or very high levels of psychological distress increased among recent illicit drug users between 2013 and 2016—from 17.5% to 22% but also increased from 8.6% to 9.7% over the same period for the non-illicit drug using population (those who had not used an illicit drug in the past 12 months).

An understanding of the population profile for some of these target groups is an important element in planning for the delivery of health care services.

4.1 Population growth

The NWMPHN area contains several of the fastest growing Local Government Areas (LGAs) in Australia, such as Hume, Wyndham and Melton (See Mental Health and other Area Profiles for more information). These areas are also earmarked for future expansion as part of Melbourne's Western Growth Corridor. Continued rapid growth in population, particularly in the younger age brackets, indicates that alcohol and other drug use and misuse could be an ongoing and growing issue.

Figure 1: NWMPHN LGAs Population and growth of 20 to 49yr from 2011 to 2016, and estimated additional persons in 2021

	LGA Name	Popn 2011	Popn 2016	Growth 2011-16	% Growth 2011-16	Est. Growth 2016-21	% Growth 2016-21
Victoria		2,403,959	2,659,128	255,169	10.6	102,635	3.9
NWMPHN		729,794	861,190	131,396	18.0	51,305	6.0
Inner City	Maribyrnong (C)	41,599	48,687	7,088	17.0	5,053	10.4
	Melbourne (C)	69,238	102,541	33,303	48.1	7,502	7.3
	Yarra (C)	48,489	56,968	8,479	17.5	- 34	-0.1
Suburban	Brimbank (C)	87,033	91,861	4,828	5.5	-168	-0.2
	Darebin (C)	72,094	78,109	6,015	8.3	4,347	5.6
	Hobsons Bay (C)	39,651	40,785	1,134	2.9	1,241	3.0
	Moonee Valley (C)	51,098	55,424	4,326	8.5	950	1.7
	Moreland (C)	78,906	89,855	10,949	13.9	5,930	6.6
Growth Area	Hume (C)	78,440	92,125	13,685	17.4	5,962	6.5
	Melton (C)	53,834	65,097	11,263	20.9	9,534	14.6
	Wyndham (C)	82,435	110,524	28,089	34.1	9,962	9.0
Peri-Urban	Macedon Ranges (S)	15,835	16,874	1,039	6.6	336	2.0
	Moorabool (S)	11,142	12,340	1,198	10.8	690	5.6

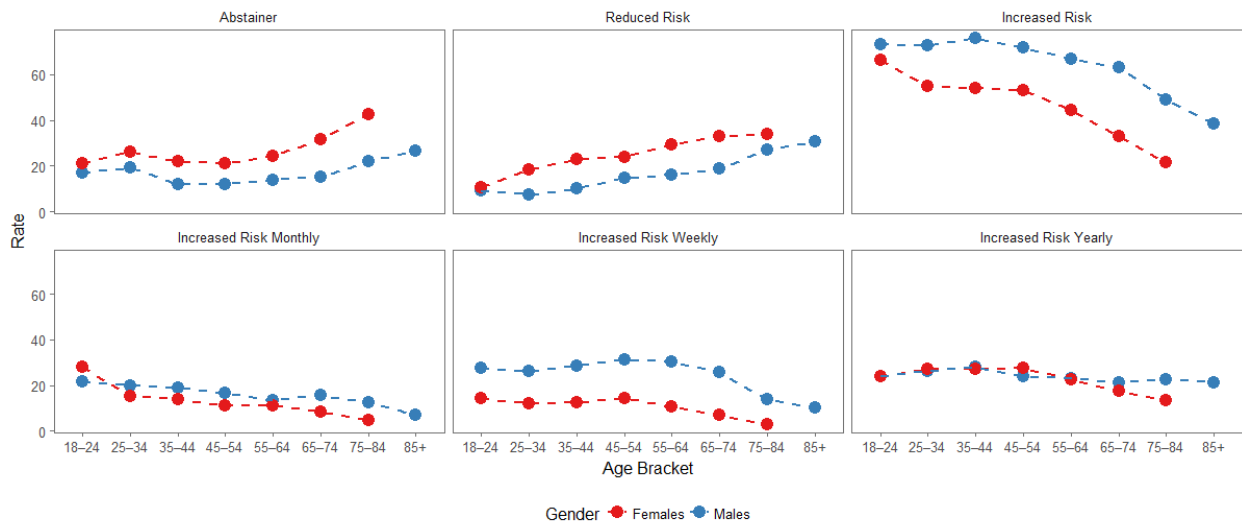
Source: ABS Census 2011, 2016, Victoria In Future 2016 - Victorian DEWLP

4.2 Alcohol

Alcohol consumption is common across all age groups, however drinking at risky levels is more common in males and peaks in the 18 to 55 year old segment before declining. Approximately 70 per cent of males and 50 per cent of females in these age groups are drinking at risky levels (Figure 2, below).

The decline in risky drinking is largely related to the decline in the cohort that drinks at risky levels on a weekly basis.

Figure 2: Risk associated with single occasion alcohol consumption by age and gender from the Victorian Population Health Survey 2014.



4.3 Adolescents and Young Adults

Adolescence and the transition to adulthood remain important periods of development. During this period, young people undergo major brain development, seek out new experiences with increased risk-taking behavior and encounter stresses such as peer pressure and poor mental health.

Manifestly, these factors make this group susceptible to developing risky alcohol and drug consumption behaviours and the related chronic health conditions.

5 ALCOHOL AND OTHER DRUGS IN NORTH WESTERN MELBOURNE PHN

5.1 Determinants of Alcohol and Other Drugs use

Many individual, societal and community factors are key determinants which can influence alcohol and illicit drug use and misuse. Age, gender, employment, social disadvantage and social norms towards alcohol and other drugs are some of the potential influencers.

The relationship between alcohol and other drug use and socio-economic status (SES) is complex and bi-directional.² SES can influence levels of drug use and drug use can in turn affect the status of an individual, reinforcing the adverse effects. For example, drug use can lead to relationship breakdown which could lead to further drug use and then to loss of employment.

Vulnerable populations, such as Aboriginal and Torres Strait Islanders, culturally and linguistically diverse (CALD) and LGBTQI communities may also be additionally exposed to marginalisation, stigma, discrimination and face inequity in their ability to access programs that are culturally sensitive and appropriate.³

Individuals from low SES locales are typically more likely to be drinkers and to drink more frequently than higher SES. European research has consistently found that acute and chronic alcohol related harms (including mortality) are more common among disadvantaged individuals⁴. Australian research similarly indicates a disproportionate burden of alcohol-related harms among disadvantaged populations.⁵ Lower SES groups may have less access to, or lack awareness of services that provide benefit to alcohol and other drug misuse problems.

Further research has identified Victorians living in regional areas having higher consumption levels for both single occasion and lifetime risk consumption measures⁶

² Spooner C, Hetherington K. Social Determinants of Drug Use (Technical Report 228). National Drug And Alcohol Research Centre. UNSW. 2004

³ Roche A, Kostadinov K, Fischer J, Nicholas R. Evidence Review: The social determinants and inequities of alcohol consumption and alcohol related health outcomes. VicHealth 2015

⁴ Alcohol-related mortality as a function of socio-economic status. *Addiction*. 1999;94(6):867–86.

⁵ Increasing socioeconomic inequalities in male cirrhosis of the liver mortality: Australia 1981–2002. *Drug and Alcohol Review*. 2007;26(3):273–78

⁶ Heilbronn C, Matthews S, Lloyd B. Social Determinants, Drinking and Chronic Disease. Turning Point. September 2014

6 PREVALENCE OF ALCOHOL AND OTHER DRUGS

6.1 Alcohol

Alcohol has a complex role in Australian society. Most Australians drink alcohol for enjoyment, relaxation and sociability and at levels that cause few adverse effects. However, a substantial proportion of people drink at levels that increase their risk of alcohol-related harm.

In many countries, including Australia, alcohol is responsible for a considerable burden of death, disease and injury. In addition to health risks, the harmful consumption of alcohol inflicts a significant social and economic burden on individuals, families, bystanders and the broader community.

6.1.1 Single Occasion Risky Consumption

High risk single occasion drinking is classified as five or more drinks within one sitting, and is considered an indicator of likelihood for shorter term harm – assault, injuries and acute hospitalisation.

Data from the Victorian Population Health Survey has identified the variation in prevalence across municipalities with:

- High risk single occasion drinking, compared to the rest of Greater Melbourne, is most prominent in Yarra, with elevated levels also observed in Melbourne and Moorabool.⁷
- Yarra and Melbourne, in particular, have thriving night-time economies so there may be a connection between entertainment precincts and higher prevalence.
- Hume and Melton have the lowest levels of risky single occasion drinking within NWMPHN catchment, with Melton and Brimbank displaying proportions of abstainers or ex-drinkers in the highest decile for Greater Melbourne.

Table 2 Proportion of population by LGA with single occasion alcohol consumption (VPHS, 2014)

	LGA Name	Abstainer Rate	Reduced Risk Rate	Increased Risk Rate
Inner City	Maribyrnong (C)	21.3	34.5	42.5
	Melbourne (C)	19.5	32.2	47.7
	Yarra (C)	18.3	25.6	55.1
Suburban	Brimbank (C)	33.0	32.0	33.8
	Darebin (C)	28.1	33.4	37.1
	Hobsons Bay (C)	17.7	35.0	46.2
	Moonee Valley (C)	19.6	38.8	40.4
	Moreland (C)	29.2	26.8	43.8
Growth Area	Hume (C)	31.2	40.0	27.6
	Melton (C)	35.2	35.8	27.5
	Wyndham (C)	25.0	39.3	34.7
Peri-Urban	Moorabool (S)	13.1	32.9	53.7
	Macedon Ranges (S)	22.7	32.1	44.3
Greater Melbourne Metropolitan (LGA Median)		21.4 (19.5)	36.8 (36.2)	40.9 (43.6)
Victoria		20.8	35.8	42.5

⁷ <http://aodstats.org.au> Turning Point supplied from various sources

6.1.2 Lifetime Risky Consumption

High risk lifetime drinking is classified as three or more drinks in one sitting and is considered an indicator associated with longer term alcohol related damage – such as cardiovascular disease, cancer, liver disease and mental health conditions.

The lifetime risk of death from alcohol-related disease more than triples when consumption increases from two to three standard drinks a day. At higher levels of drinking, large differences by gender are seen, with the risk for women being significantly higher than that for men.⁸

Data from the Victorian Population Health Survey has identified the variation in prevalence of lifetime risky drinking across municipalities with higher rates in Melbourne, Yarra and Moorabool (Table 3, below).⁹

Table 3: Proportion of population by LGA with lifetime risk alcohol consumption (VPHS, 2014)

	LGA Name	Abstainer Rate	Reduced Risk Rate	Increased Risk Rate
Inner City	Maribyrnong (C)	21.3	15.6	60.9
	Melbourne (C)	19.5	10.3	69.1
	Yarra (C)	18.3	13.5	64.9
Suburban	Brimbank (C)	33.0	20.7	43.2
	Darebin (C)	28.1	18.1	53.0
	Hobsons Bay (C)	17.7	20.2	60.1
	Moonee Valley (C)	19.6	21.0	57.9
	Moreland (C)	29.2	13.2	57.3
Growth Area	Hume (C)	31.2	19.6	47.0
	Melton (C)	35.2	24.3	38.6
	Wyndham (C)	25.0	22.2	51.7
Peri-Urban	Moorabool (S)	13.1	17.2	68.6
	Macedon Ranges (S)	22.7	16.2	59.3
Greater Melbourne Metropolitan		21.4	19.0	58.0
Victoria		20.8	18.3	59.2

⁸ NHMRC. (2009) Australian Guidelines to Reduce Health Risks from Drinking Alcohol

⁹ <http://aodstats.org.au> Turning Point supplied from various sources

6.1.3 Alcohol Societal Harms

Turning Point provides analysis of alcohol related societal harm through examining the consequential assault, road injury and domestic violence. Table 4 provides a summary of the per capita rates by local government area. These data illustrate that overall, the Greater Melbourne Metropolitan area has lower rates than the overall Victorian community.

While the Greater Melbourne area has lower overall rates, some areas have consistently higher rates of assault, road injury and family violence:

- The LGAs with high rates of single occasion drinking, Yarra and Melbourne, possess across the board high levels of alcohol societal harms related to assaults, across high, medium and low alcohol hours (HAH – Friday or Saturday between 8pm and 6am; MAH – Sunday through Thursday between 8pm and 6am; and LAH – On all days between 6am and 8pm) and family violence.
- Raised rates of alcohol related assaults are also prevalent in Hume and Melton.
- Definite and potential alcohol related family violence is elevated in inner western LGA of Hobsons Bay and the growth corridor LGAs of Hume and Melton, as well as the peri-urban municipality of Moorabool.
- Serious road injuries (SRI) during HAH occur at an elevated rate in Melbourne, Yarra and Brimbank as well as the peri-urban municipalities of Macedon Ranges and Moorabool.
- The LGAs with high rates of single occasion drinking, Yarra and Melbourne, have high levels of alcohol societal harms related to assaults and family violence.

Table 4: Rates per 10,000 persons for alcohol related societal harm measures by LGA, 2014-15 (Turning Point)

	LGA Name	Assault HAH	Assault LAH	Assault MAH	SRI HAH	Definite alcohol related Family Violence	Possible alcohol related Family Violence
Inner City	Maribyrnong	6.0	29.2	10.5	2.0	7.6	11.6
	Melbourne	49.3	73.4	34.0	7.1	12.7	14.0
	Yarra	17.7	36.4	16.4	3.9	10.5	13.8
Suburban	Brimbank	9.3	38.6	13.5	4.5	6.0	10.1
	Darebin	6.7	30.8	11.1	2.8	7.9	10.1
	Hobsons Bay	7.1	35.2	12.1	2.7	14.2	12.3
	Moonee Valley	8.0	27.2	9.3	1.9	7.3	7.6
	Moreland	7.5	32.5	11.3	2.6	6.5	7.3
Growth Area	Hume	11.2	41.7	16.5	2.7	7.6	12.3
	Melton	8.8	40.2	12.5	2.9	6.8	15.0
	Wyndham	6.2	28.6	9.5	2.4	6.5	10.1
Peri-Urban	Macedon Ranges	5.4	26.8	6.5	5.6	6.3	6.5
	Moorabool	8.1	23.6	9.1	5.5	14.2	10.7
Greater Melbourne Metropolitan		7.5	27.1	9.4	2.7	7.8	10.1
NWMPHN (Derived Estimate)		9.1	27.5	10.5	3.3	8.2	11.0
Victoria		9.3	32.8	12.1	3.3	11.3	12.2

Note: HAH= High Alcohol Hours; LAH= Low Alcohol Hours; SRI=serious road injury

7 SERVICE RESPONSE

Information on the usage of services for alcohol and drug issues is available from three key sources:

- Ambulance service data: provides information on the frequency and location of ambulance attendances, by location of the incident.
- Hospitalisation: provides information on the frequency and location of hospital admissions for specific alcohol and drug reasons, by residential location of the patient.
- Alcohol and Drug Information System (ADIS): this is the primary source of data for a number of State funded alcohol and drug treatment service programs including Alcohol and other Drug Treatment Services, Alcohol and other Drug Primary Health Services, and the Drink Driver Education Program.

7.1 Alcohol

Ambulance attendance rates are very high within inner city LGA's, and mildly elevated in the suburban LGAs. This is considered to be related to the large number of nightclubs, hotels and other licensed venues in these areas.

ADIS episodes from Maribyrnong and Yarra are in the second highest decile for Greater Melbourne LGAs with Moreland also elevated. Alcohol related hospitalisations are low to very low across the catchment except for Yarra.

With consideration of the geographical distribution of existing alcohol counselling and harm reduction services and the high societal harm event rates, Melbourne and Yarra are in greatest need with the inner suburban LGAs of Darebin, Moreland and Maribyrnong also likely to require a greater level of service.

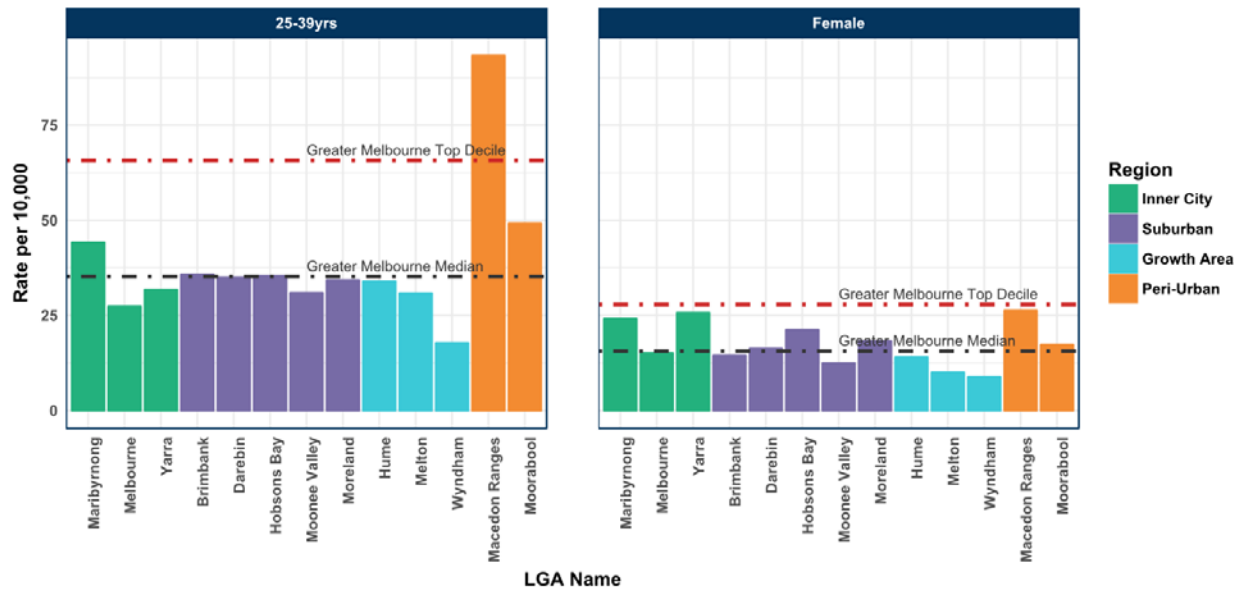
Interestingly, Brimbank, Darebin and Moreland have elevated ADIS episode rates but relatively low risk profile of lifetime and single occasion risk drinking behaviour. An explanation for this observation could be increased community willingness to seek or direct person to help coupled with presence and community awareness of therapeutic services.

Table 5: Rates per 10,000 persons for alcohol related ADIS episodes, hospitalisations and ambulance attendances, 2014-15 (Turning Point)

	LGA Name	ADIS	Hospital Admission	Intoxication-Ambulance	Alcohol Only - Ambulance
Inner City	Maribyrnong	34.8	51.1	49.7	42.3
	Melbourne	25.2	51.9	177.2	158.0
	Yarra	40.9	74.3	79.2	64.5
Suburban	Brimbank	26.3	38.3	28.7	23.9
	Darebin	26.2	41.0	30.4	24.5
	Hobsons Bay	23.5	48.6	32.4	27.4
	Moonee Valley	20.6	44.4	35.6	29.7
	Moreland	29.8	39.8	32.2	25.9
Growth Area	Hume	23.1	29.2	26.5	21.6
	Melton	20.9	28.1	25.7	20.7
	Wyndham	17.7	24.5	21.0	17.0
Peri-Urban	Macedon Ranges	27.1	30.9	18.3	14.3
	Moorabool	18.6	36.2	25.2	17.5
Greater Melbourne Metropolitan		23.3	56.4	36.9	30.7
Victoria			55.0	37.0	30.7

Further analysis of the ADIS referral rates uncovers an extremely high referral rate in the 25-39 yrs category within Macedon Ranges, more than double most other LGAs. (Figure 3) Additionally, a major contributor to this appears to originate from female referrals within the region, with the rate for female ADIS referral within Macedon Ranges close to the top decile for Greater Melbourne LGAs, while the male rate is just above median. (see Figure 4 in Appendix)

Figure 3: ADIS episodes of care rates per 10,000 population for alcohol, aged 25-39 years (2014-15)



7.2 Illicit drugs

Per capita rates of illicit drug ADIS referrals and ambulance attendances are high across the urban LGAs, with Maribyrnong and Yarra in the highest decile for ADIS referrals, while ambulance attendances due to illicit drugs is the highest in Melbourne and Yarra.

In contrast to the alcohol geographic distribution, the growth area municipalities of Melton, Hume and Wyndham display above median rates of ADIS referral. Taking the forecast population growth into consideration, these areas would be expected to provide a continued high demand for drug therapy services.

Table 6: Rates per 10,000 persons for any illicit drug related ADIS referrals, hospitalisations and ambulance attendances, 2014-15 (Turning Point)

	LGA Name	Illicit (any) ADIS	Illicits (any) Ambulance	Illicits (any) Hospital
Inner City	Maribyrnong	55.7	33.7	27.4
	Melbourne	35.5	74.1	29.6
	Yarra	74.8	71.3	27.4
Suburban	Brimbank	50.9	20.4	28.8
	Darebin	40.9	21.9	22.0
	Hobsons Bay	41.2	15.9	22.1
	Moonee Valley	33.9	16.7	22.1
	Moreland	42.9	15.2	23.1
Growth Area	Hume	41.6	12.8	18.8
	Melton	48.3	12.9	20.4
	Wyndham	36.2	10.0	14.3
Peri-Urban	Macedon Ranges	17.6	4.9	13.6
	Moorabool	18.0	9.7	18.4
Greater Melbourne Metropolitan		33.0	16.7	26.1
Victoria		-	15.5	25.3

7.3 Amphetamines and Crystal Methamphetamine

There is growing public awareness and alarm regarding the use of amphetamines and crystal methamphetamine ('ice'). Meth/amphetamine has overtaken excessive drinking of alcohol as the drug of most concern to Australians.¹⁰ The areas of Melbourne and Yarra have very high ambulance attendance rates related to meth/amphetamines, possibly due to the presence of night time recreation and entertainment venues in these areas.

Hume and Melton pose current and future challenges with elevated ADIS referral and ambulance attendance rates, coupled with a large existing population and rapid projected growth. Meth/amphetamine is responsible for almost half the illicit drug referrals from these regions.¹¹

Brimbank, Maribyrnong and Moreland also have ADIS referral rates in the third highest decile of Greater Melbourne LGAs.

Table 7: Rates per 10,000 persons for meth/amphetamine related ADIS referrals and ambulance attendances, 2014-15 (Turning Point)

	LGA Name	Amphetamines ADIS	Amphetamines Ambulance	Crystal Methamphetamine Ambulance
Inner City	Maribyrnong	17.5	7.9	6.6
	Melbourne	11.2	17.8	12.4
	Yarra	25.6	11.4	8.7
Suburban	Brimbank	17.8	7.2	5.9
	Darebin	14.1	7.0	5.2
	Hobsons Bay	12.8	4.6	3.8
	Moonee Valley	15.0	6.8	4.9
	Moreland	20.1	5.7	4.5
Growth Area	Hume	20.0	6.0	5.0
	Melton	21.2	5.6	4.2
	Wyndham	16.2	4.2	3.5
Peri-Urban	Macedon Ranges	6.9	2.0	1.8
	Moorabool	8.9	4.2	3.2
Greater Melbourne Metropolitan (LGA Median)		12.9 (13.1)	5.3 (4.2)	4.1 (3.4)
Victoria		-	4.9	3.9

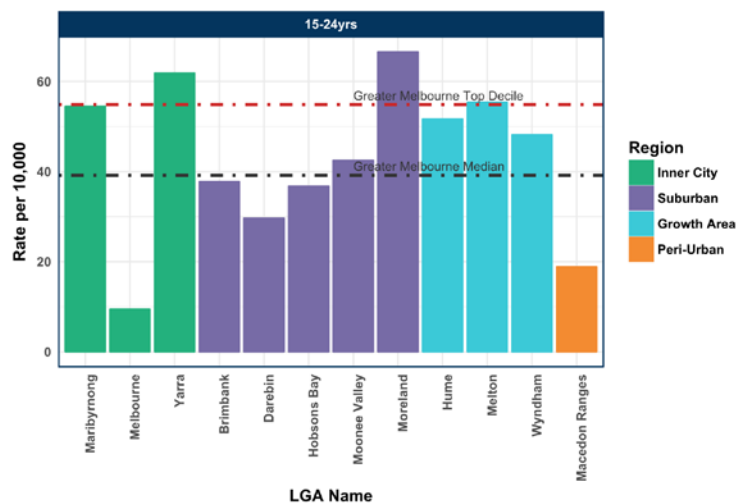
Analysing the segments that contribute to amphetamine ADIS referrals shows the main source to be in the 15-24 yr age category (see Figure 9 in Appendix for other segments). The 15-24 yr age group findings largely reflect the overall distribution as displayed in Figure 4 (p.14), although Moreland has extremely high rates within the 15-24 yr age bracket, well above Yarra, Maribyrnong and Melton which are also within the top decile for Greater Melbourne LGAs.

The age distribution in Melbourne is heavily skewed towards a younger population, in particular the 25-39 yr age group, so the referral rates within the 14-24 yr age bracket for Melbourne need to be interpreted with caution.

¹⁰ <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/illicit-use-of-drugs>

¹¹ <http://aodstats.org.au> Turning Point supplied from various sources

Figure 4: ADIS episodes of care rates per 10,000 population for amphetamines, aged 14-24 years (2014-15)



7.4 Heroin

Heroin service usage is predominantly centred on known hotspots of Yarra and Maribyrnong, with Yarra displaying ADIS episode of care rates almost five times the Victorian rate and over 10 times for the ambulance attendance rate. Maribyrnong has more than triple the Victorian ADIS referral rate and four times the Victorian ambulance attendance rate.¹²

Brimbank, Darebin and Hobsons Bay also reported well above the Greater Melbourne median with rates in the third highest decile for ADIS referrals and overdose related ambulance attendance. Brimbank is more than double the Victorian rates.

The announcement of the initial two-year trial of a medically supervised injecting room at the North Richmond Community Health Centre is a key initiative aimed at reducing the large number of overdoses and ambulance attendances in the North Richmond (Yarra LGA) area.¹³

The ADIS heroin episode of care rate for 40-64 year old's display a somewhat discordant pattern to the 25-39 year picture specifically, Maribyrnong and Brimbank. While Yarra has extremely high rates across both age brackets, Maribyrnong and Brimbank show substantial drop offs in the older age bracket. Maribyrnong remains very high at half the rate of Yarra, whereas Brimbank declines from the highest rate in the younger age bracket to almost median in the older age group. (Figure 5, p.15)

The age distribution in Melbourne is heavily skewed towards a younger population, in particular the 25-39 year age bracket, so the referral rates within this age bracket for Melbourne need to be interpreted with caution.

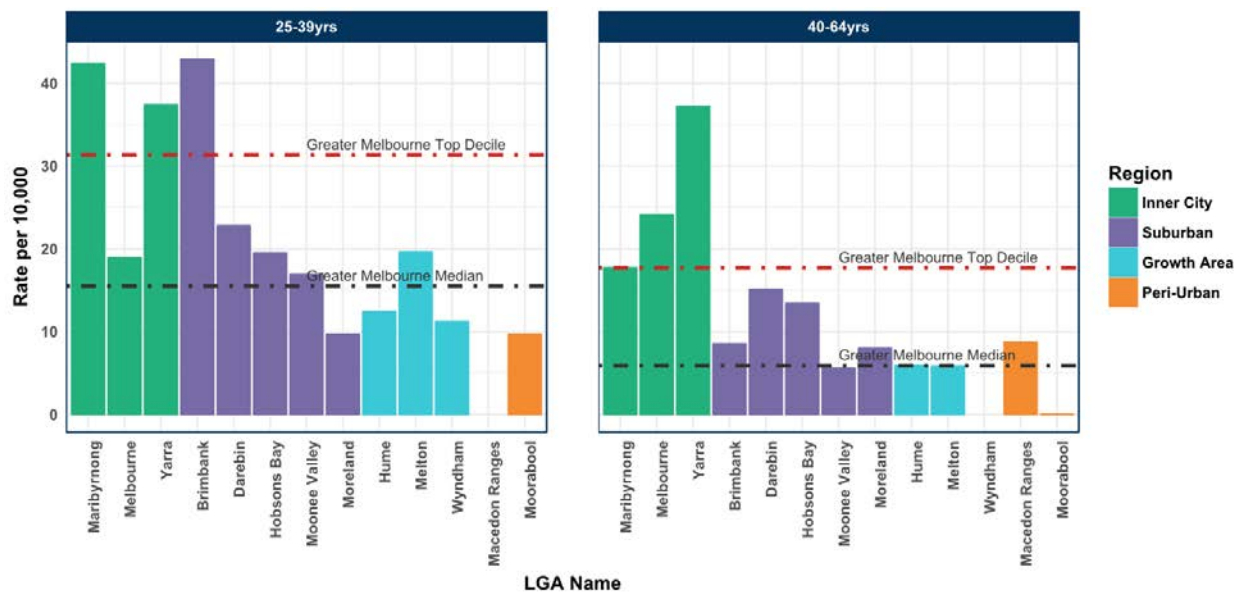
¹² <http://aodstats.org.au> Turning Point supplied from various sources

¹³ <https://www.premier.vic.gov.au/more-rehab-beds-better-treatment-and-safer-streets/>

Table 8: Rates per 10,000 persons for heroin related ADIS referrals, hospitalisations and ambulance attendances, 2014-15 (Turning Point)

LGA Name		Heroin ADIS	Heroin Overdose Ambulance	Other Heroin Ambulance	Heroin Hospital
Inner City	Maribyrnong	21.9	10.4	7.3	21.9
	Melbourne	12.8	6.0	10.0	12.8
	Yarra	29.7	26.5	22.8	29.7
Suburban	Brimbank	14.6	5.5	4.6	14.6
	Darebin	11.5	4.0	3.6	11.5
	Hobsons Bay	9.6	2.2	2.2	9.6
	Moonee Valley	6.3	2.3	3.0	6.3
	Moreland	6.0	0.7	1.8	6.0
Growth Area	Hume	5.1	0.7	0.8	5.1
	Melton	8.4	0.7	1.7	8.4
	Wyndham	4.2	0.9	0.9	4.2
Peri-Urban	Macedon Ranges	4.3	NA	0.0	4.3
	Moorabool	1.7	NA	NA	1.7
Greater Melbourne Metropolitan		5.6	2.4	2.5	0.4
Victoria			1.9	3.9	0.4

Figure 5: ADIS episodes of care rates per 10,000 population for heroin, aged 25-39 and 40-64 years (2014-15)



7.5 Cannabis

Cannabis continues to be the most widely used illicit drug, with approximately 10 per cent of the Australian population using the drug in the previous 12 months.¹⁴ While it is often thought of as relatively harmless, there are many serious mental health problems that can be exacerbated or caused by cannabis usage.¹⁵

The population of the NWMPHN catchment has higher than average cannabis usage across most LGAs for ADIS episodes of care except for the peri-urban regions of Macedon Ranges and Moorabool.¹⁶

Table 9: Rates per 10,000 persons for cannabis related ADIS referrals, hospitalisations and ambulance attendances (2014-15)

	LGA Name	Cannabis ADIS	Cannabis Ambulance	Cannabis Hospital
Inner City	Maribyrnong	15.4	6.5	8.6
	Melbourne	10.7	11.2	6.1
	Yarra	18.7	7.1	7.9
Suburban	Brimbank	17.6	4.2	9.6
	Darebin	14.0	5.6	7.3
	Hobsons Bay	18.0	5.1	7.4
	Moonee Valley	11.8	4.6	7.7
	Moreland	16.1	4.2	7.0
Growth Area	Hume	14.8	4.3	6.8
	Melton	18.0	3.7	6.2
	Wyndham	15.2	3.6	5.5
Peri-Urban	Macedon Ranges	6.2	2.0	7.2
	Moorabool	7.1	2.6	7.4
Greater Melbourne Metropolitan		12.3	4.3	8.0
Victoria			4.5	8.2

Cannabis referrals are concentrated in the 15-24 years age bracket and in males (see Figure 11 in Appendix). The referral rates from Melton, Hobsons Bay and Wyndham are high, while Yarra is relatively under-represented within this age group compared to others.

¹⁴ <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/illicit-use-of-drugs>

¹⁵ <https://www.healthdirect.gov.au/marijuana-and-mental-health>

¹⁶ <http://aodstats.org.au> Turning Point supplied from various sources

7.6 Pharmaceuticals

In the context of illicit drug use, a pharmaceutical is ‘a drug that is available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse’.¹⁷

Misuse includes use for non-medical purposes or in doses or frequencies other than those prescribed. In terms of recent use (last 12 months), pain-killers/opiates were the second most commonly used drug after cannabis at 3.6 per cent of the population.¹⁸

Interestingly, the pattern of pharmaceutical misuse differs from other illegal illicit drugs. The inner city LGAs of Melbourne, Yarra and Maribyrnong continue to display ADIS episode rates and ambulance attendance rates in the highest two deciles for Greater Melbourne LGAs. This is not reflected in Brimbank which has elevated illicit demand for therapeutic services but low demand for pharmaceutical therapeutic services.¹⁹

Additionally, Moonee Valley, Moreland and Darebin exhibit high service usage for pharmaceutical misuse.

Table 10: Rates per 10,000 persons for pharmaceutical related ADIS episodes, hospitalisations and ambulance attendances (2014-15)

	LGA Name	Pharmaceuticals (any) ADIS	Pharmaceuticals (any) Ambulance	Pharmaceuticals (any) Hospital
Inner City	Maribyrnong	6.1	19.4	12.3
	Melbourne	3.1	26.2	20.1
	Yarra	4.0	26.1	17.0
Suburban	Brimbank	2.8	15.2	10.7
	Darebin	3.2	18.0	16.1
	Hobsons Bay	2.1	14.7	12.4
	Moonee Valley	3.7	14.2	16.5
	Moreland	3.2	15.5	15.5
Growth Area	Hume	2.8	16.6	11.1
	Melton	2.7	18.7	13.0
	Wyndham	1.8	12.7	10.1
Peri-Urban	Macedon Ranges	2.2	11.9	7.6
	Moorabool	NA	19.7	10.4
Greater Melbourne Metropolitan		2.8	16.4	16.2
Victoria			17.0	16.1

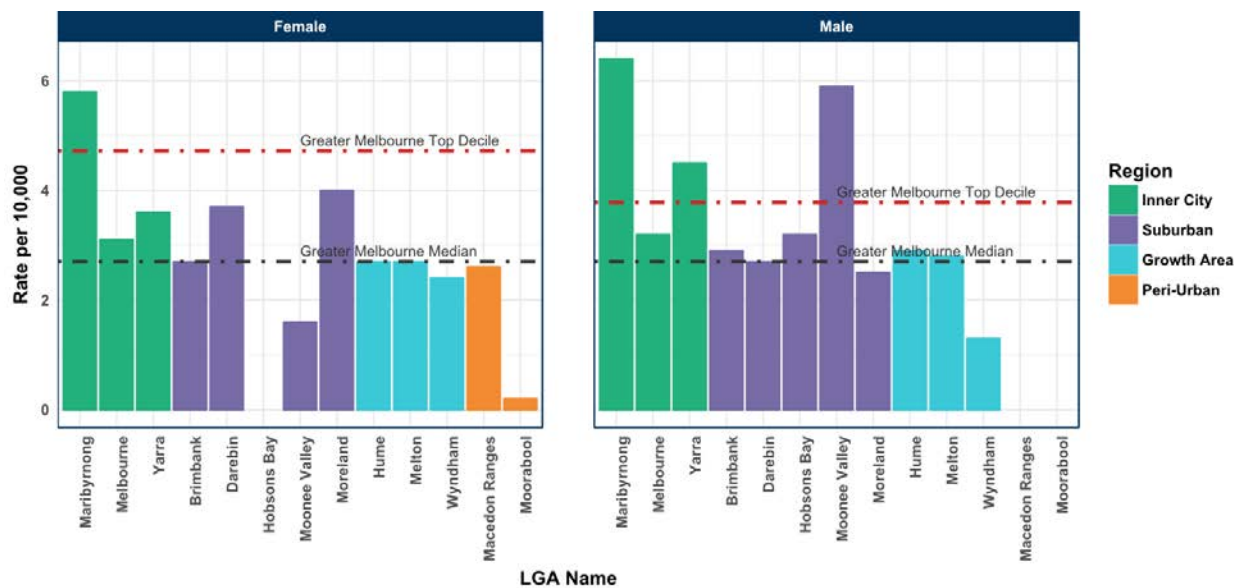
Segmenting the referrals by gender displays a variation that is most noticeable within Yarra and Moonee Valley. Maribyrnong exhibits extremely high rates across both genders, while Yarra and Moonee Valley display relatively higher rates (top decile) for males and only mildly elevated rates for females (Figure 6).

¹⁷ <http://www.nationaldrugstrategy.gov.au>

¹⁸ <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/illicit-use-of-drugs>

¹⁹ <http://aodstats.org.au> Turning Point supplied from various sources

Figure 6: ADIS episodes of care rates per 10,000 population for pharmaceuticals, sex and LGA (2014-15)



7.7 Opioids

Opioid dependence is a chronic, relapsing condition that requires long-term treatment. Treatment is tailored to a person’s individual circumstances, and treatment types may be combined (for example, opioid pharmacotherapy combined with counselling) or varied over time.²⁰

Analysis of PBS and other data²¹ suggests that prescriptions for oxycodone are increasing in Australia, predominantly for low-dose formulations, and for older patients. However, increased availability is linked to increased misuse, medical emergencies and poisoning death.

Elevated ADIS referral rates compared to Greater Melbourne LGAs are widespread throughout the NWMPHN region (Table 11, below). With the exceptions of Hume and notably Melbourne, all other LGAs are above the median rates for Greater Melbourne LGAs. Maribyrnong displays an ADIS referral rate and hospitalisation in the highest 2 deciles.

²⁰ NDARC (National Drug and Alcohol Research) 2004. Treatment options for heroin and other opioid dependence: a guide for frontline workers. Canberra: DoHA for the National Drug Strategy

²¹ Roxburgh A, Bruno R, Larance B et al. 2011. Prescription of opioid analgesics and related harms in Aust. MJA 195(5):280-84

Table 11: Rates per 10,000 persons for opioid related ADIS episodes of care, hospitalisations and amb. attendances (2014-15)

	LGA Name	Opioids ADIS	Opioids Ambulance	Opioids Hospital
Inner City	Maribyrnong	4.4	1.3	11.9
	Melbourne	1.2	2.4	11.4
	Yarra	3.1	2.1	11.2
Suburban	Brimbank	1.8	1.7	10.2
	Darebin	1.7	1.9	6.6
	Hobsons Bay	1.6	1.3	5.8
	Moonee Valley	1.7	1.6	7.7
	Moreland	2.3	1.2	8.1
Growth Area	Hume	1.1	1.9	4
	Melton	1.9	2.1	5.5
	Wyndham	1.5	1.4	3.6
Peri-Urban	Macedon Ranges	1.3	NA	3.1
	Moorabool	NA	1.6	3.2
Greater Melbourne Metro (Median LGA)		1.0 (1.4)	1.7 (1.6)	8.0 (7.6)
Victoria			1.9	7.3

While the overall per capita rates are low in comparison to alcohol and other illicit drugs, there are growing concerns regarding the impact of opioid misuse in that:

- Roughly 25 per cent of patients prescribed opioids for chronic pain misuse them.
- Approximately 10 per cent develop an opioid use disorder.
- About 80 per cent of people who use heroin first misused prescription opioids.²²

Recent initiatives from the Victorian and Australian governments are aimed at reducing the scale and impact of pharmaceutical opioid misuse. These include implementing a real-time prescription monitoring program in Victoria²³ and changes announced by the Therapeutic Goods Administration that will result in medicines containing codeine only being available by prescription only from February 2018.²⁴

²² <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis>

²³ <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/real-time-prescription-monitoring>

²⁴ <https://www.tga.gov.au/final-decision-re-scheduling-codeine-frequently-asked-questions>

ADDITIONAL DATA - APPENDIX

Figure 7: ADIS episodes of care rates per 10,000 population for alcohol, aged 15-64 years, sex (2014-15)

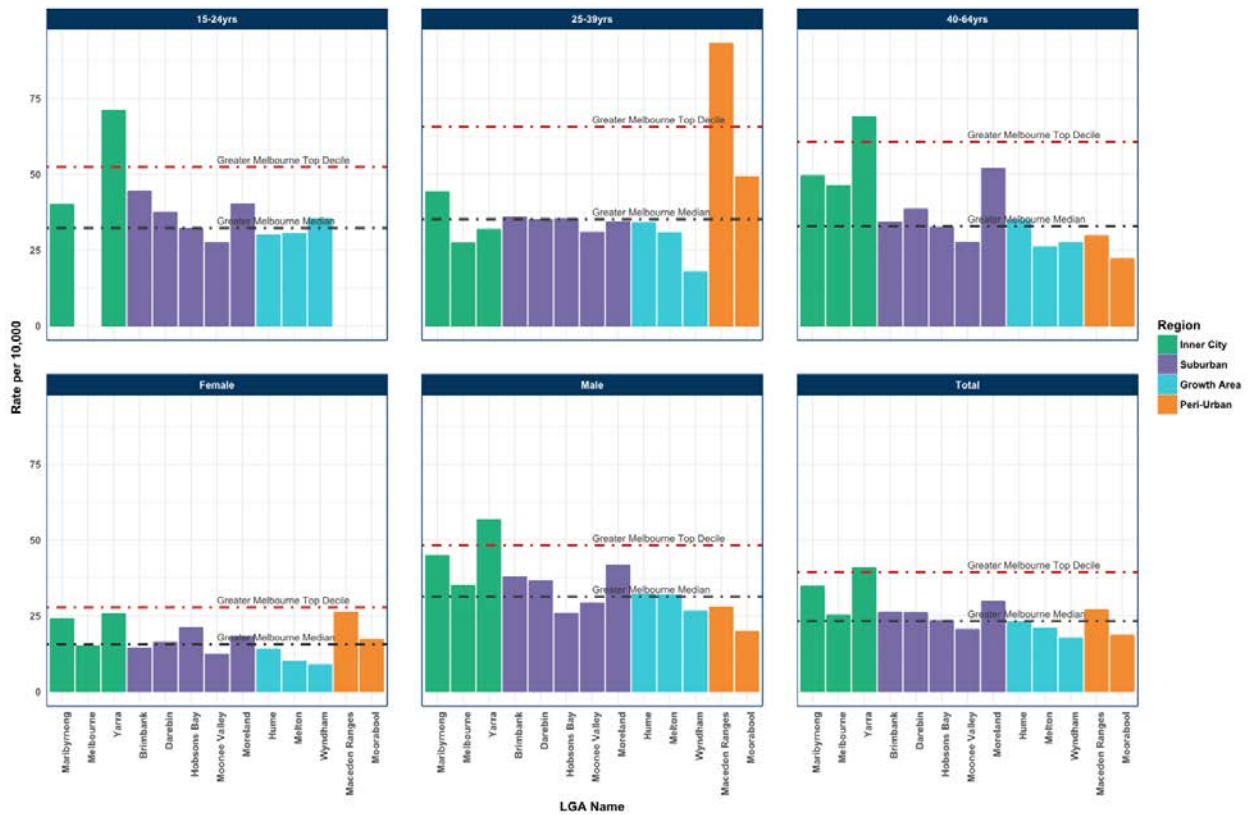


Figure 8: ADIS episodes of care rates per 10,000 population for illicit drugs, aged 15-64 years, sex (2014-15)

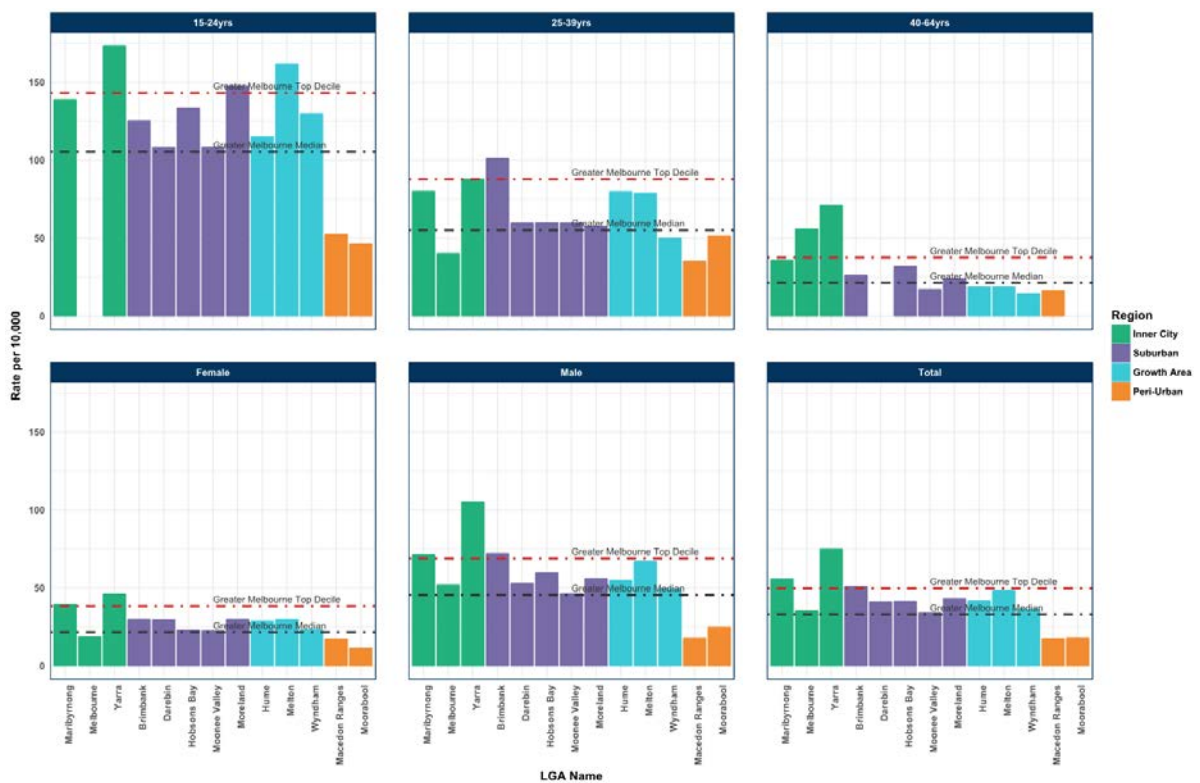


Figure 9: ADIS episodes of care rates per 10,000 population for amphetamines, aged 15-64 years, sex (2014-15)

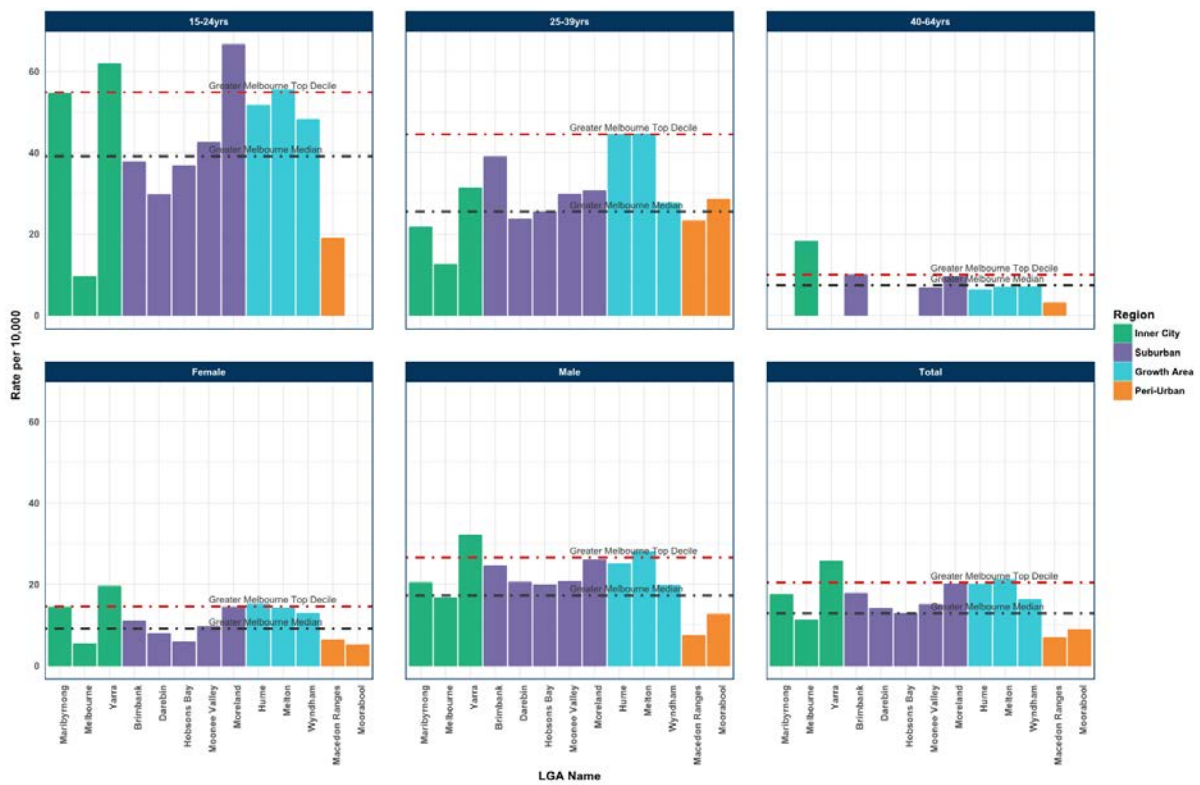


Figure 10: ADIS episodes of care rates per 10,000 population for heroin, aged 15-64 years, sex (2014-15)

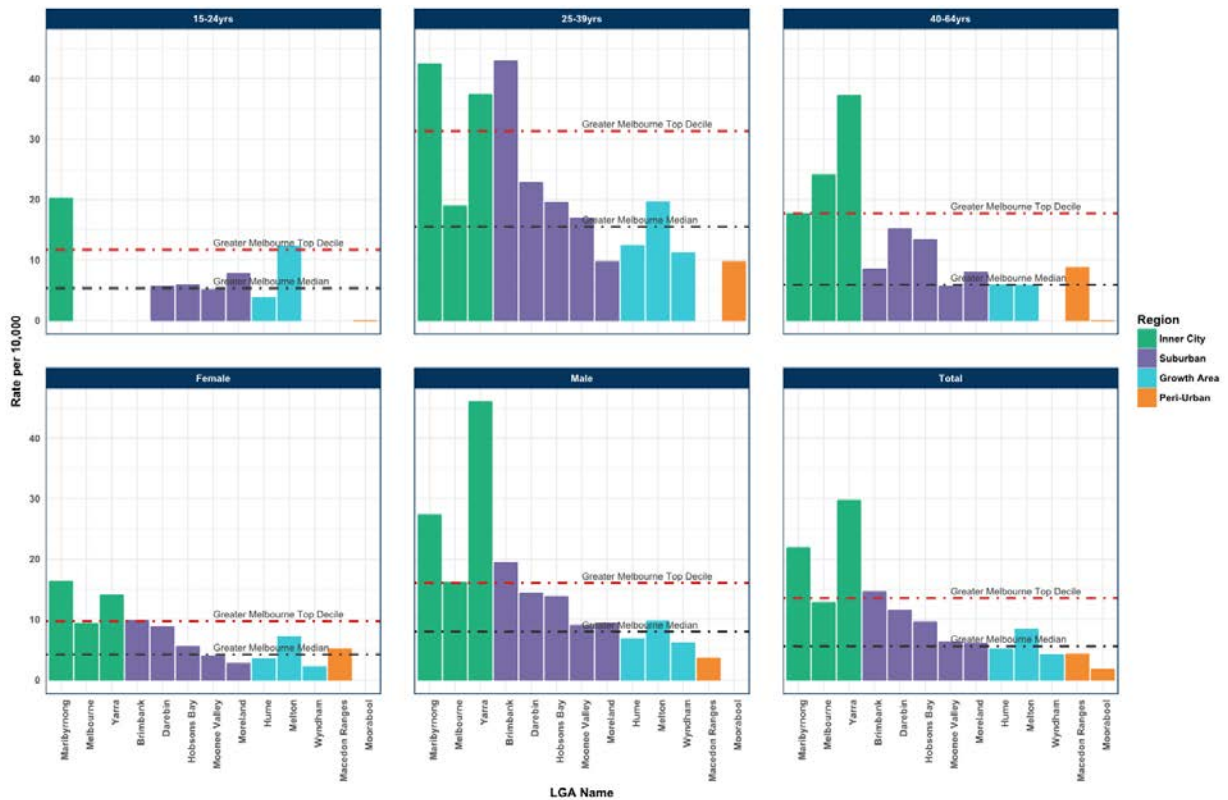


Figure 11: ADIS episodes of care rates per 10,000 population for cannabis, aged 15-64 years, sex (2014-15)

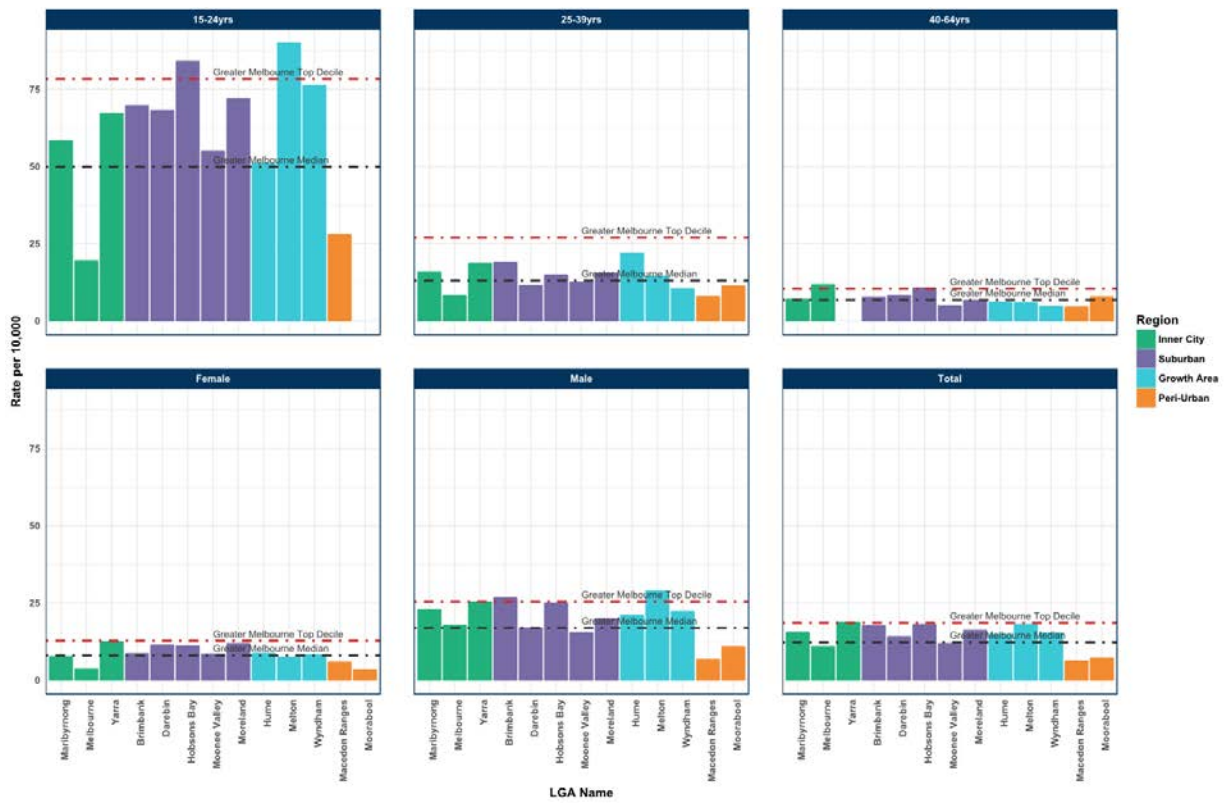


Figure 12: ADIS episodes of care rates per 10,000 population for pharmaceuticals, aged 15-64 years, sex (2014-15)

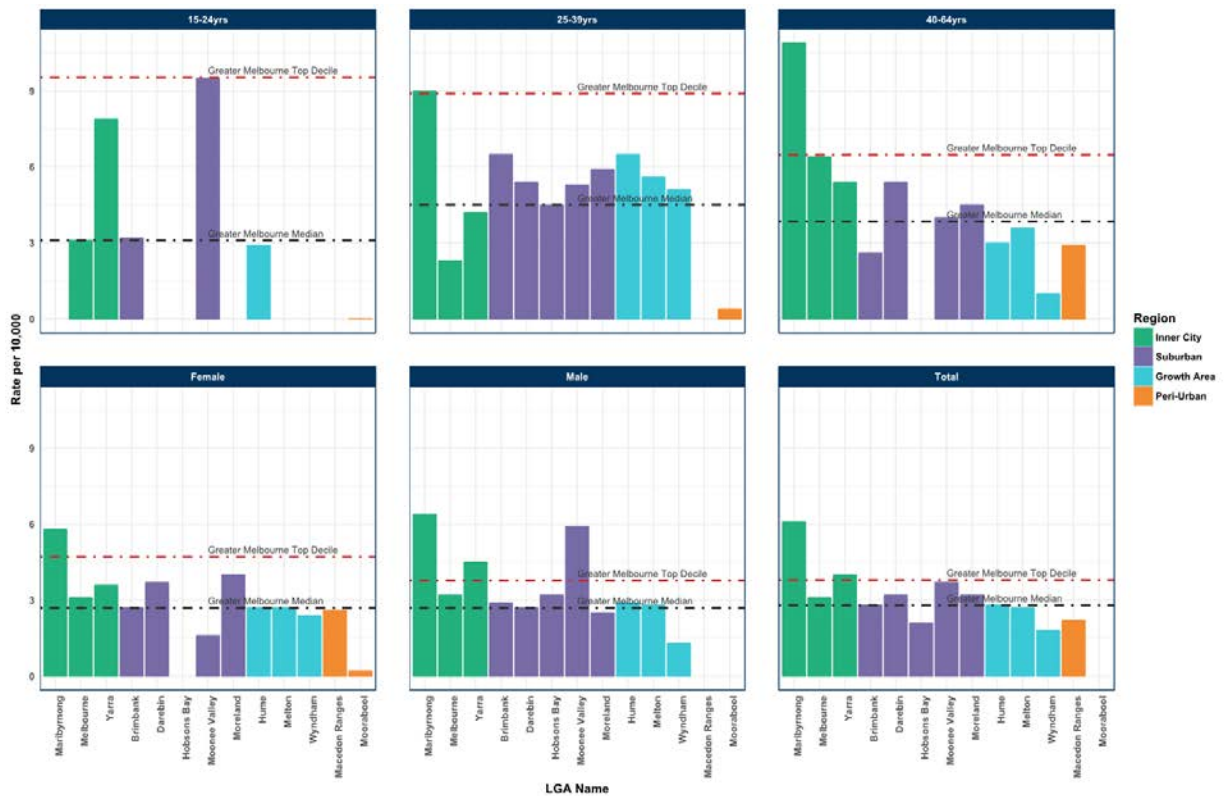


Figure 13: ADIS episodes of care rates per 10,000 population for opioids, aged 15-64 years, sex (2014-15)

