

Chapter 5
Alcohol and drug use

phn ACT
An Australian Government Initiative
Capital Health Network
Partnering for better health

Chapter 5 Alcohol and drug use

Introduction

Alcohol and other drugs (AOD) are a major cause of preventable illness in Australia. This priority area focuses on the health and wellbeing of people who have been affected by alcohol and other drug use issues, and the impact that alcohol and other drugs can have on people and the ACT community. The role of the primary care sector in treating alcohol and other drug issues was analysed to identify gaps and needs facing people in this population.

Use of multiple substances in the ACT was analysed under the alcohol and other drugs umbrella – alcohol, tobacco, e-cigarettes/vaping, illicit drugs and prescription drugs – to identify issues and challenges related to different substances. There are subsets of the population where harm from alcohol and other drugs may have significant overlap and cause substantial harm. These populations include children (<18 years) and young adults (18-25 years), people with mental health issues and who are homeless or at risk of homelessness.

As the PHN of the ACT region, CHN aims to reduce harm from alcohol and other drugs by providing appropriate and effective primary care. It is important to promote a 'no wrong door' approach by supporting and educating primary care providers so that they are confident providing AOD services and managing and treating consumers with alcohol and other drug concerns, particularly people with comorbidities. Integration of services, defined care pathways and coordinated care for primary care services are integral in this sector, where timely and appropriate care is vital. CHN aims to reduce the impact that alcohol and other drugs on the health and wellbeing of the ACT population by supporting primary care providers in these areas.

Health needs

Alcohol

Alcohol consumption is widespread across Australia and is associated with many social or cultural activities. The sale and consumption of alcohol is legal for adults; however, in the ACT, it is illegal for individuals under the age of 18 to possess or consume alcohol in public places or licensed premises. This law also prohibits adults from supplying alcohol to minors in these locations. Licensed premises can allow minors only in non-alcohol areas, unless supervised by a responsible adult (1).

Excessive alcohol consumption can harm both short and long-term health. Short-term effects include loss of coordination, impaired memory and judgment, nausea, and vomiting. Long-term consequences can be severe, including increased risks of cancer, liver cirrhosis, brain damage, and certain heart diseases (2). According to the Australian Burden of Disease Study 2018, alcohol use was responsible for 4.5% of the total national burden of disease and injury, making it the fifth leading risk factor contributing to disease burden (3).

Alcohol consumption

In the ACT in 2022-23, 4.6% of people reported drinking alcohol daily, while one in five (20%) had not consumed alcohol in the past year (2). Males were more likely to be regular drinkers than females, with 5.8% of males drinking daily and 40.3% drinking weekly. The number of people drinking daily or weekly in the ACT has dropped over the past 10 years, from 51.1% in 2013 to 39.5% in 2022-23 (2).

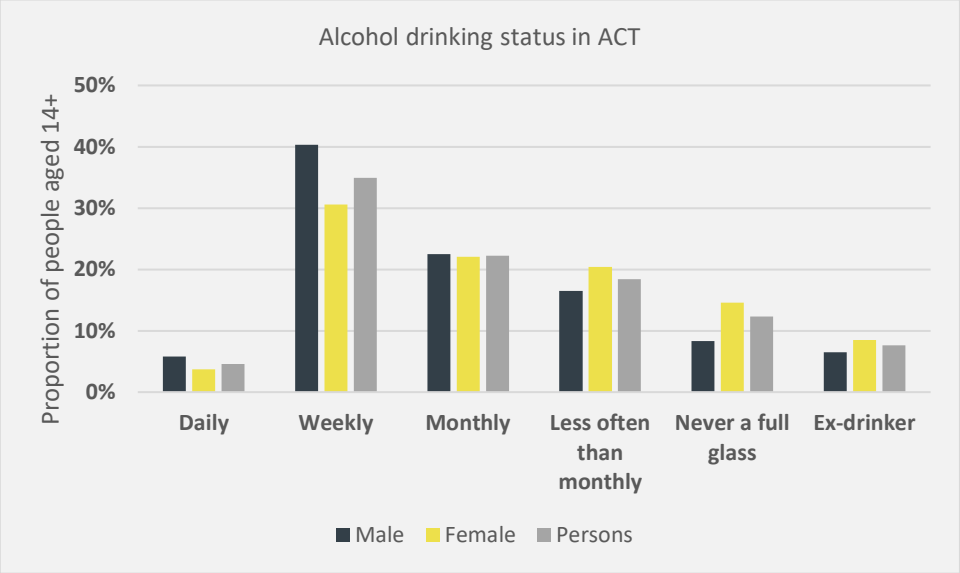


Figure 56: Drinking status of 14+ year olds in ACT, 2022-23; (AIHW - 2022-23 National Drug Strategy Household Survey)

In the ACT, slightly more than one in four people aged 14+ years (26.8%) consumed alcohol at risky levels, with over half (53.2%) consuming alcohol at levels that posed no health risks (2). This is lower than the national rate of risky consumption (30.7%). However, there were lower rates of people abstaining from alcohol in the ACT compared to the whole of Australia.

Males in the ACT were more likely to consume alcohol at risky levels (one in three, 33.3%) than females (one in five, 21.1%), in line with national trends (2).

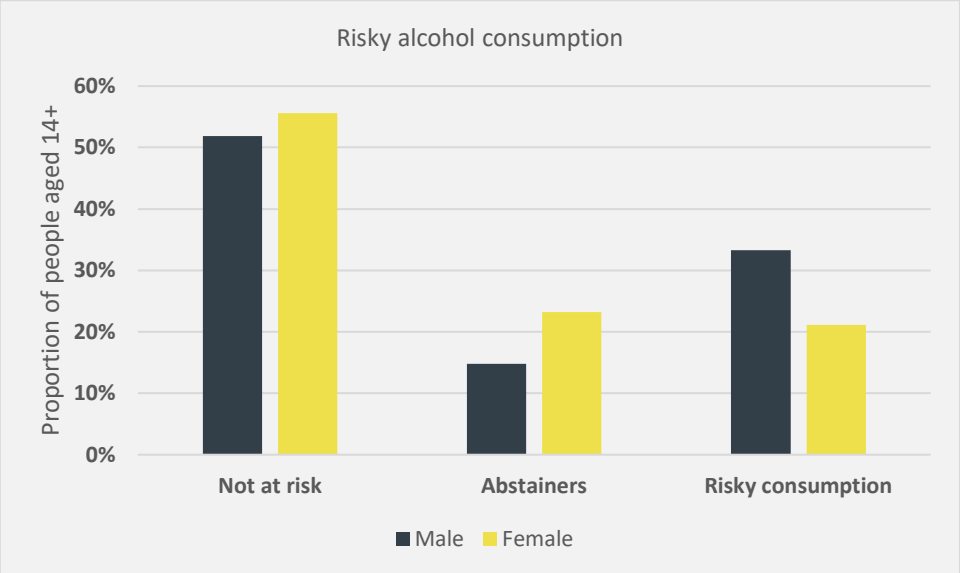
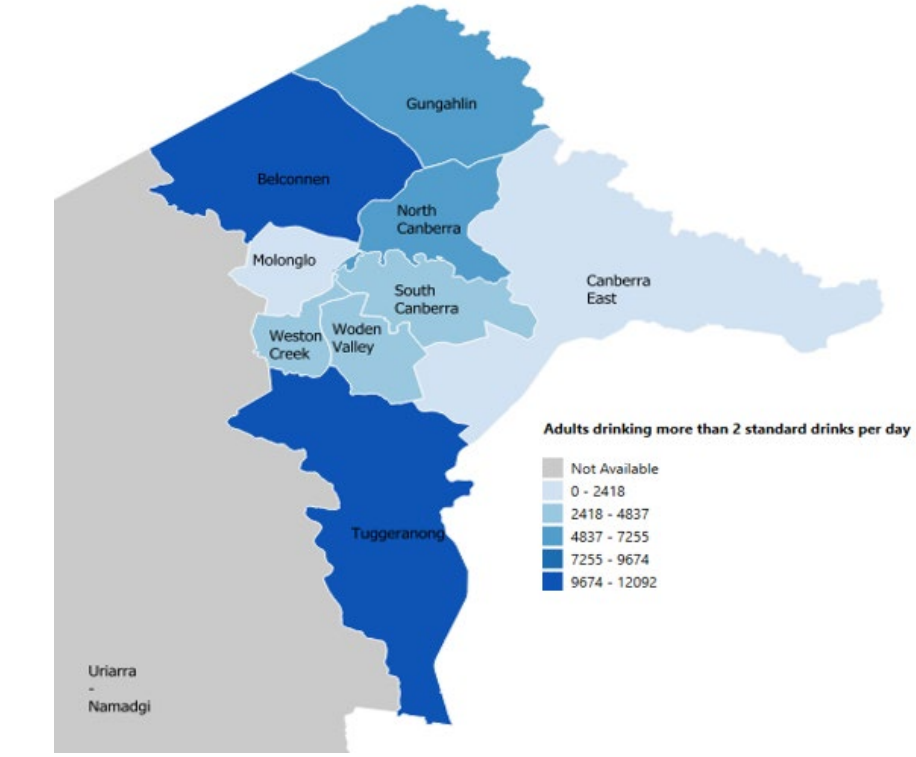
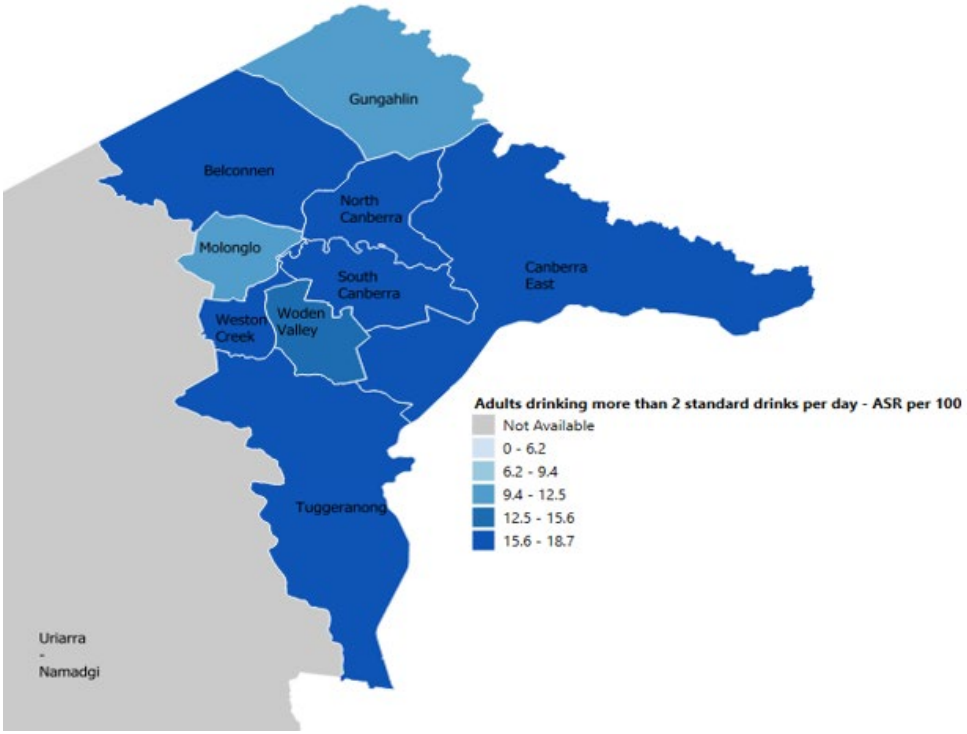


Figure 57: Risky alcohol consumption of 14+ year olds in ACT 2022-23; (AIHW - 2022-23 National Drug Strategy Household Survey)

2017-18 estimates calculated an aged, standardised rate of 15 per 100 adults aged over 18 years in the ACT consumed more than two standard drinks per day on average.





Figures 58 and 59:Maps of adults drinking more than two standard drinks per day, total number and age standardised rates

Alcohol.related.harm

Drinking alcohol is associated with increased risk of illness, injury and death. In 2018, alcohol use was responsible for 4.5% of the total national burden of disease and injury (3). In the ACT, there were 2.0 disability adjusted life years (DALY) per 1,000 population, slightly lower than national rates (3). DALY life years are a measure of overall disease burden. They combine years of life lost due to early death and years spent living with disability due to health issues. Essentially, 2.0 DALYs per 1,000 people means that, due to alcohol-related health issues, the population lost the equivalent of two years of healthy life for every 1,000 residents.

According to the 2022-23 National Drug Strategy Household Survey (NDSHS), just under one in four (23.2%) people aged over 14 years in the ACT experienced alcohol related harm in the previous 12 months (4). This includes verbal abuse, physical abuse or fear for their safety. Rates of alcohol related harm decreased in the ACT over the past 10 years. However, there was an increase between 2019 and 2022-23 (4). Further analysis and monitoring are suggested to determine whether these rates will continue to decline or if this marks the start of a new upward trend.

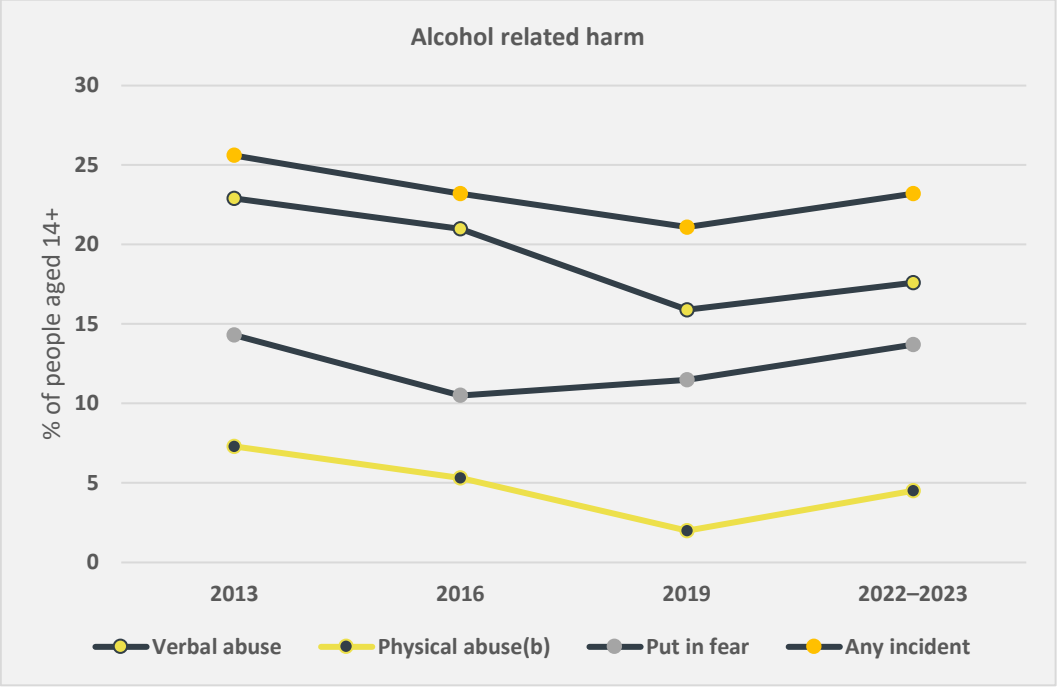
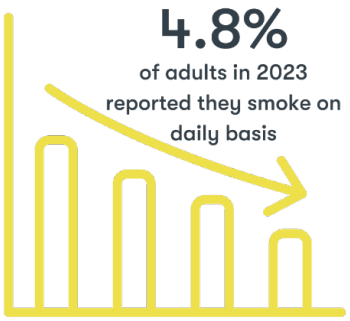


Figure 60: Experience of alcohol related harm 14+ year olds in ACT, 2013-23; (AIHW - 2022-23 National Drug Strategy Household Survey)

Across this same period, nationally, a small percentage of alcohol consumers experienced direct physical harm, with 1.7% sustaining an injury while under the influence of alcohol, and 0.8% requiring hospitalisation (4). However, risky alcohol consumption carries broader risks and remains a significant cause of death in Australia. In 2023, ABS data attributed 1,667 deaths to alcohol, with 90.2% linked to the chronic effects of alcohol (5). There were 183,131 deaths in 2023, a 4.1% decline from 2022. Additionally, the Penington Institute's 2023 Annual Overdose Report revealed 37 unintentional alcohol-related deaths in the ACT from 2017-2021, doubling the number of deaths seen ten years earlier in 2007-2011 (6).

Tobacco

Tobacco is the leading preventable cause of mortality and morbidity in Australia. In 2018, it was responsible for 8.6% of the total national burden of disease and injury (3). Tobacco use is the leading cause of cancer in Australia and contributes significantly to the burden of disease of respiratory diseases, cardiovascular diseases, infections and endocrine disorders (2).



While tobacco use is legal in Australia, supply and consumption are now subject to strict regulations and advertising is prohibited due to greater understanding of the detrimental health effects (2).

Tobacco use in the ACT

Recent NDSHS figures indicated that the proportion of daily smokers in the ACT is decreasing (4). In 2022-23, 4.8% of people aged 14+ years reported being daily smokers, while 70.7% had never smoked (4).

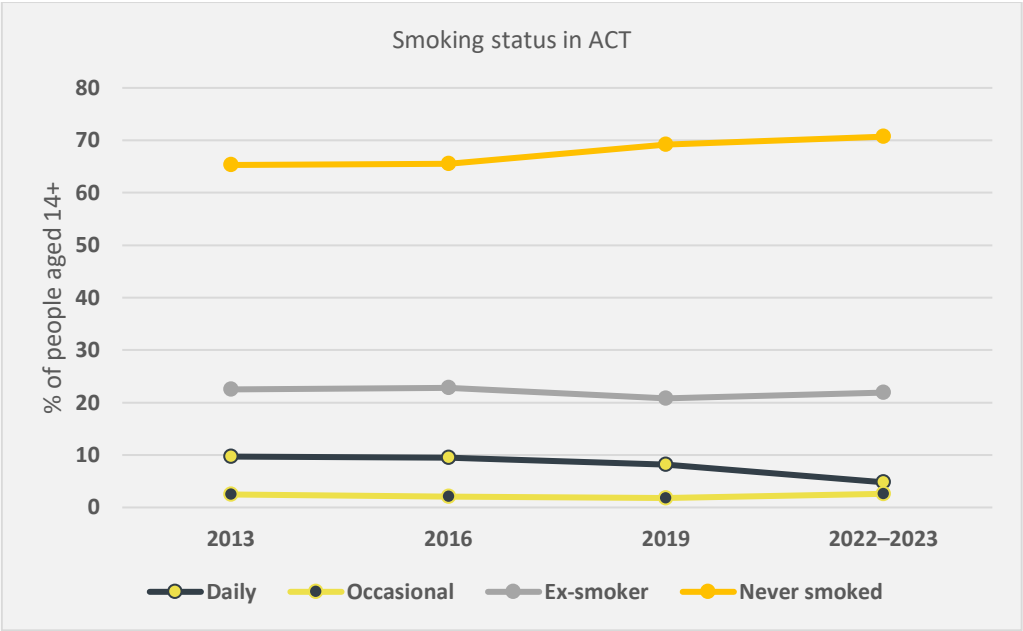


Figure 61: Smoking status of 14+ year olds in ACT, 2013-2023; (AIHW - 2022-23 National Drug Strategy Household Survey)

Similar figures were reported in the 2022 National Health Survey, with 5.9% of all people in the ACT smoking daily (7), and the 2022 ACT General Health Survey, which reported 10.5% of adults in the ACT smoked daily or occasionally (8).

Electronic cigarettes

Electronic cigarettes (also known as e-cigarettes or vapes) are devices that simulate smoking, delivering nicotine and/or other chemicals via a vapour that is inhaled (AIHW AOD). While the long-term health effects of vaping are unclear, recent changes in regulations have restricted access to vapes in Australia.

Conversely to tobacco rates, vape use has increased over recent years, particularly for children and young adults. The 2022-23 NDSHS showed that 5.7% of people aged 14+ years living in ACT used vapes, an increase from 2% in 2019 (4). This equates to around 20,000 people in the ACT who used vapes in 2022-23.

The ACT General Health Survey 2022 shows a similar trend, with approximately four in five adults (79.9%) having never vaped, with the rates of daily users rising sharply from 2.3% in 2020 to 7.1% in 2022 (8). Usage was more prevalent in younger age groups, with 28.7% of 18–24-year-olds using vapes, while only 36.7% in this age group had never used a vape (8).

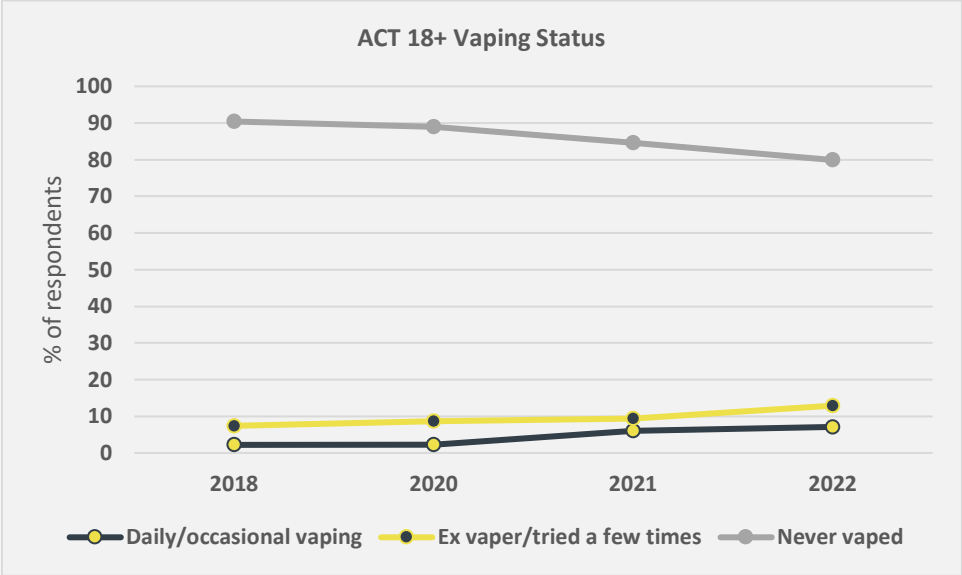


Figure 62: Vaping status of 18+ year olds in ACT, 2018-22; (ACT General Health Survey 2022)

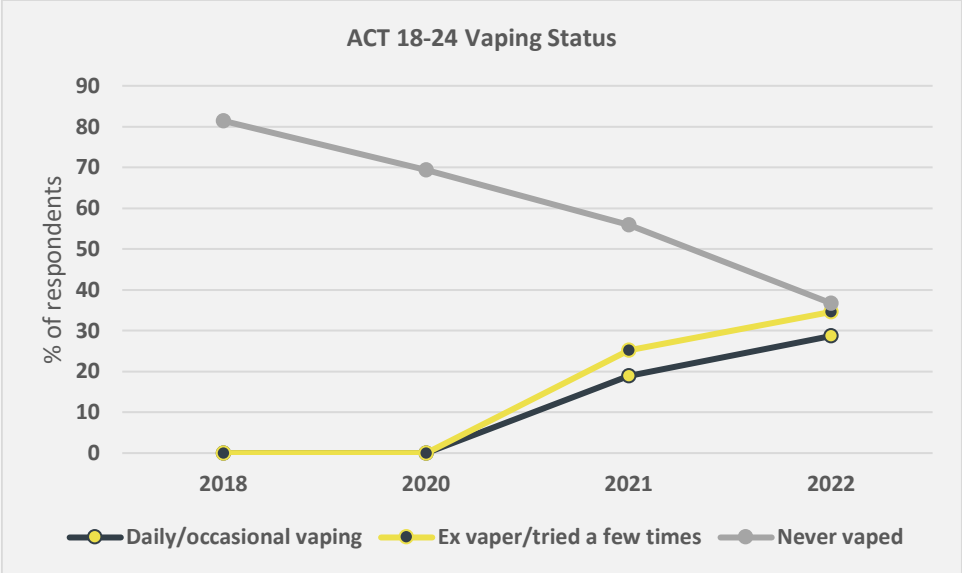


Figure 63: Vaping status of 18-24 year olds in ACT, 2018-22; (ACT General Health Survey 2022)

Illicit drugs

Illicit drug use is considered as:

- Using illegal drugs (such as methamphetamine and cocaine
- using pharmaceutical drugs for non-medical purposes (for example, codeine or benzodiazepines without a prescription)
- using other psychoactive substances in a harmful way (for example, synthetic cannabis, inhalants such as petrol).

Illicit drug use can have numerous health, social and economic effects on people and communities (9).

The rate of illicit drug use in the ACT has remained relatively steady over time, with recent NDSHS reports indicating that 14.1% of people aged 14+ years had used illicit drugs in the previous year (2). This remains below the national rate of 17.9%. Cannabis was the most widely used drug, followed by cocaine, methamphetamine and ecstasy (2).

In 2022-23, almost one in ten (9.2%) people aged 14+ years in the ACT reported experiencing illicit drug related harm, including verbal abuse, physical abuse or being fearful for their safety (4).

Personal possession of small amounts of the most commonly used illicit drugs were decriminalised in the ACT from 28 October 2023. Instead of criminal charges, people found with small amounts of heroin, ice, cocaine and other commonly used substances receive a $100 fine or are referred to a one hour drug education course and health assessment. Anecdotal evidence, including from the ACT police suggest that decriminalisation has not significantly change in behaviour or drug related crime (11).

The Penington Institute's Annual Overdose Report 2023 showed that the rate of unintentional drug induced deaths per 100,000 population increased for all drug types over the last 10 years, both nationally and in the ACT (6). Table 8 shows the rates of drug induced deaths in the ACT over the last 10 years.

	2007-2011	2012-2016	2017-2021
Unintentional drug induced deaths	5.4	5.1	6.4
Drug induced suicides	1.4	1.4	3.6
Total drug induced deaths	7.4	6.7	10.6

Table 8: Rates of drug induced deaths in ACT, 2007-2021; (Penington Institute Annual Overdose Report 2023)

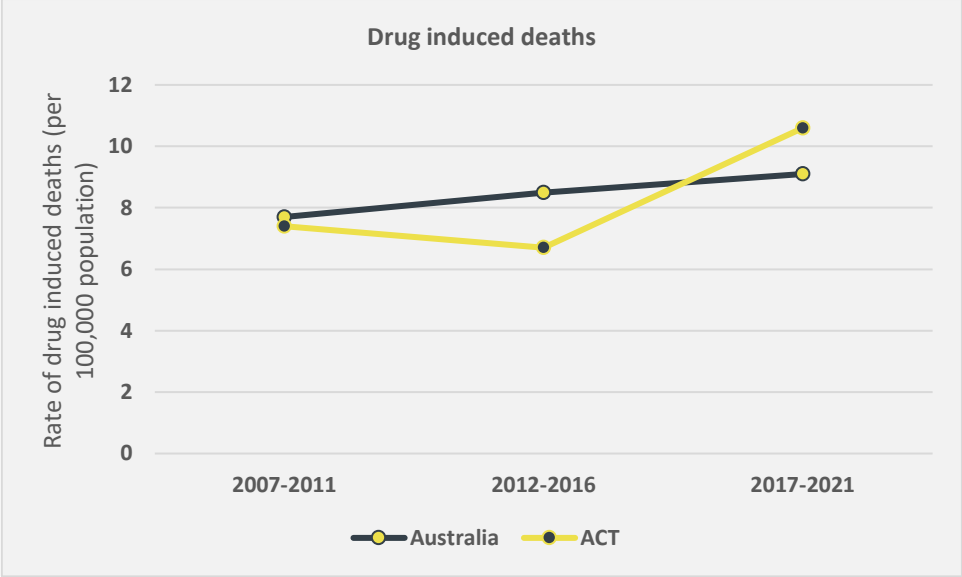


Figure 64: Rates of drug induced deaths in ACT and Australia, 2007-2021; (Penington Institute Annual Overdose Report 2023)

Prescription drugs

The non-medical use of pharmaceutical drugs, including opioids, stimulants, and sedatives such as benzodiazepines and gabapentinoids, remains an ongoing concern in Australia and internationally. These drugs may be misused to achieve euphoria, enhance the effects of other drugs, self-medicate, prevent withdrawals, or improve performance (2). However, data from the Pharmaceutical Benefits Scheme (PBS) for 2021–22 revealed that in the ACT, the medical prescription rates of opioids, benzodiazepines, and gabapentinoids were lower than the national average. The number of patients prescribed these medicines has remained steady since 2015, with a slight decrease in the rate per 100,000, in line with national trends (2).

	Patients	Patient ASR/ 100,000
Opioids	44,131	9,524
Benzodiazepines	8,839	4,068
Gabapentinoids	8,576	1,860

Table 9: Number of patients and rate of PBS prescriptions by drug type in ACT, 2021-22; (AIHW 2024 Alcohol, tobacco and other drugs)

Data from the Penington Institute in 2023 reported that benzodiazepines were responsible for the most unintentional drug induced deaths of all substances between 2017-2021, with 52 deaths (6).

	Number	Rate per 100,000 population
Benzodiazepines	52	2.4
Pharmaceutical opioids	39	1.8
Other pharmaceuticals	49	2.3

Table 10: Number of drug induced deaths in ACT by drug type, 2017-2021; (Penington Institute Annual Overdose Report 2023)

Summary of health needs

Public data shows that while alcohol consumption and tobacco use has decreased in recent years, there is still a substantial number of Canberrans who have experienced harm or health problems due to those substances. Vape rates have risen, and there is particular concern about usage rates by children and young adults. While illicit drug use and prescription drug misuse are less prevalent in Canberra than nationally, deaths associated with these substances increased, affecting the health of the community.

Service needs

AOD treatment services

In 2022-23, there were 17 agencies in the ACT that provided publicly funded treatment for AOD issues (10). As seen in Figure 65, these services were concentrated close to the CBD, with 44% located in North Canberra or South Canberra regions, and only one service in each of Tuggeranong and Gungahlin.

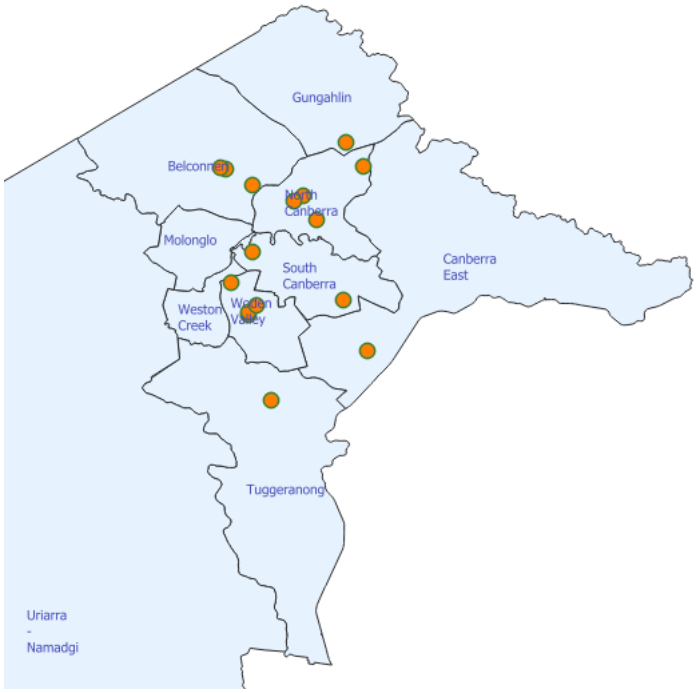


Figure 65: Location of AOD services in ACT by SA3; (CHN local data)

AOD.treatment.type

These services provided 5,005 treatment episodes to an estimated 3,019 consumers living in the ACT in 2022-23 (10). Of these services, information and education (25.1%) was the most common treatment type provided, followed closely by counselling (24.4%).

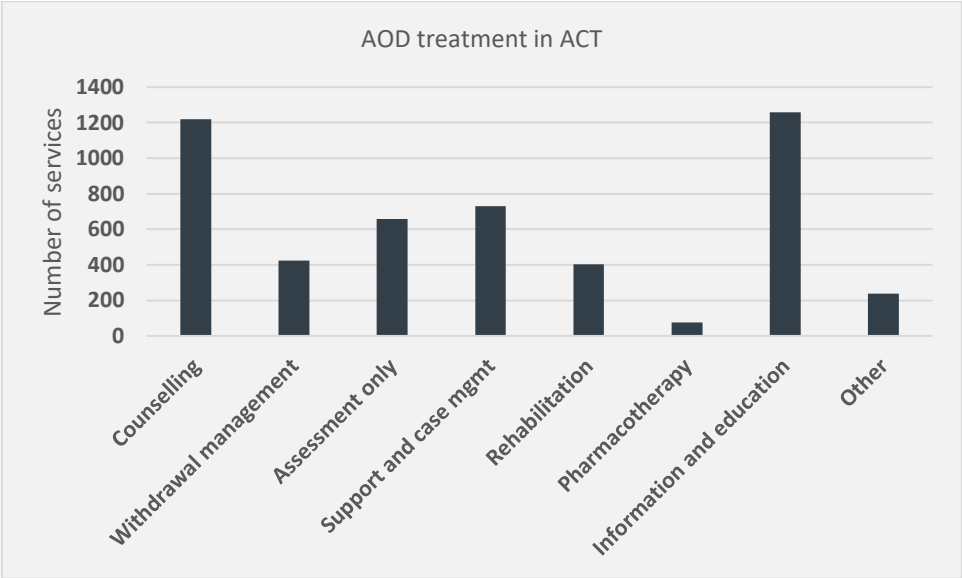


Figure 66: Number of closed episodes by AOD treatment type in ACT, 2022-23; (AIHW - Alcohol and other drug treatment services in Australia – PHN)

The ACT delivers the highest number of information and education treatment services of all PHNs, accounting for 22.1% of services nationally, despite representing only 2.1% of the total national AOD treatment services (10). Although these services are based in the ACT, they are accessible to people who live or work in the region.

Slightly fewer than two in three of all services (64.7%) are provided at a non-residential treatment facility, with outreach services accounting for 23.3% and 9.7% delivered in a residential treatment facility.

AOD.consumers

AOD services in the ACT provided treatment to an estimated 3,019 consumers in 2022-23, with 62.7% of consumers male, 11.6% First Nations Australians. Adults aged 30-39 years accounted for over one quarter (27.6%) (10). This discrepancy in service uptake may be due to a combination of factors, including the limited scope of publicly funded AOD agencies in the ACT, a lack of awareness about the risks of alcohol consumption, reluctance to seek treatment, and potential capacity limits within ACT services. This gap highlights an opportunity to address service accessibility, capacity, and public awareness to improve support for individuals at risk due to alcohol and drug use.

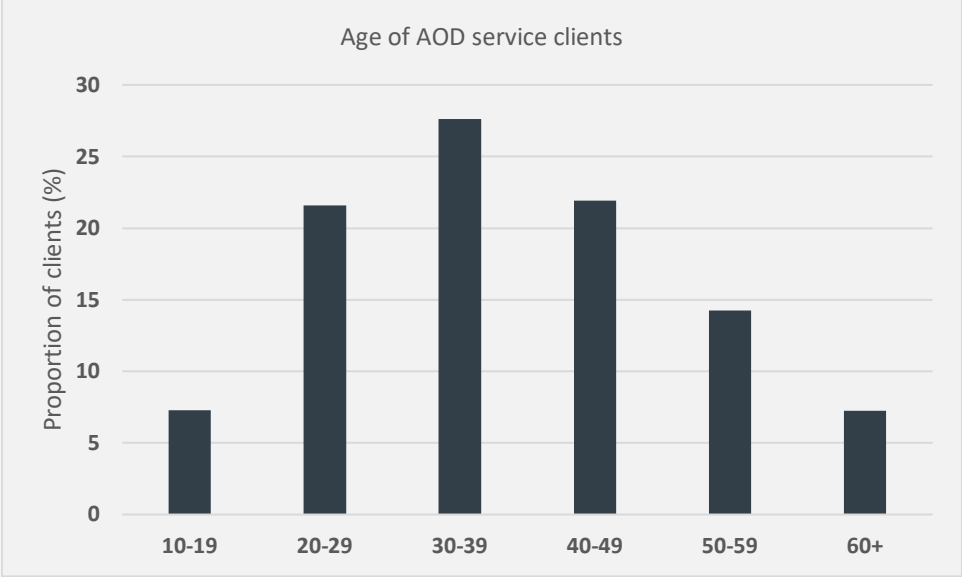


Figure 67: Age of AOD services clients in ACT, 2022-23; (AIHW - Alcohol and other drug treatment services in Australia – PHN)

The most common principal drug of concern was alcohol, accounting for 2,256 episodes in 2022-23 (46.3% of all episodes). Other common drugs requiring treatment were amphetamines, heroin and cannabis. Despite causing a relatively high number of drug induced deaths, only 47 episodes (0.84%) were for treatment of benzodiazepines (10).

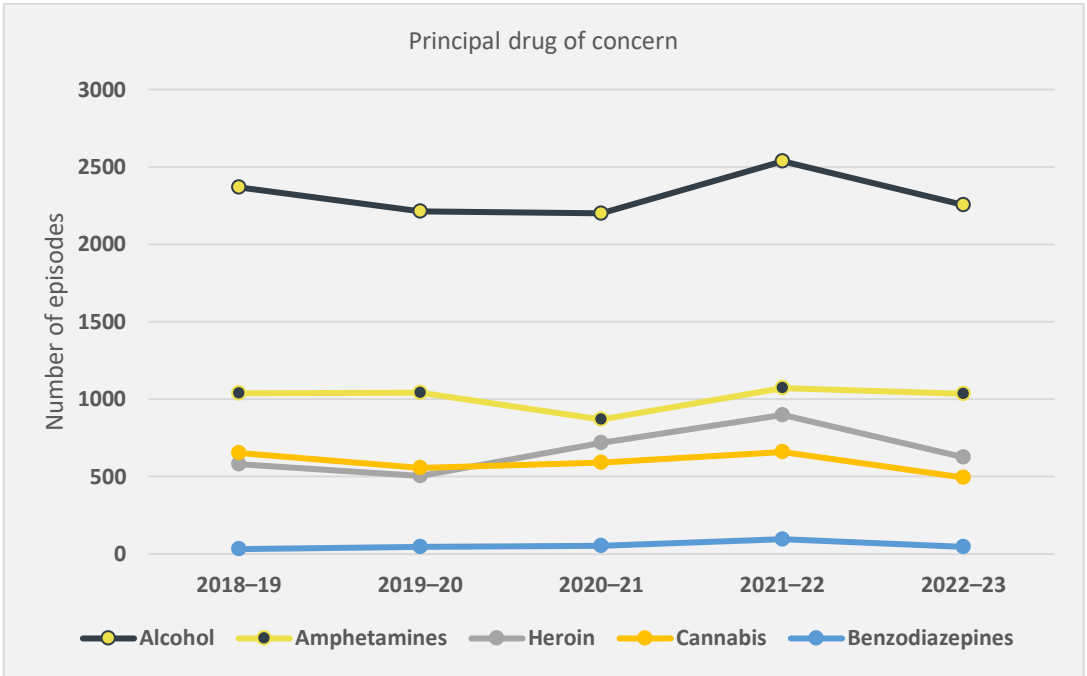


Figure 68: Number of closed episodes by drug type in ACT, 2018-2023; (AIHW - Alcohol and other drug treatment services in Australia – PHN)

Treatment of alcohol and drug misuse

Ambulance attendances

The acute effects of alcohol and drug use can require medical care, leading to ambulance attendances, emergency department presentations and, potentially, hospitalisation. Across Australia and in the ACT in 2022, the highest number and rate of drug related ambulance attendances were for alcohol intoxication (2). Most attendances for alcohol intoxication and illicit drug use were for males. However, 70% of ambulance attendances related to pharmaceutical drugs were for females. Nationally, ambulance attendances for antidepressants were predominantly for females aged 15-34 years (2).

	Number	Rate/100,000	% Males
Alcohol	2149	47.8	55%
Illicit drug use	838	18.8	58%
Pharmaceuticals	910	20.3	30%

Table 11: Number, rate and gender of ambulance attendances by drug type; (AIHW - Alcohol, tobacco and other drugs in Australia. (Sourced from National Ambulance Surveillance System))

ACT had the lowest rate of transport to hospital for ambulance attendances of all states and territories where data is available. Adjusting for age and gender, between 68% and 77% of all AOD related ambulance attendances in ACT required transport to hospital (2).

Emergency department presentations

Across Australia in 2022-23, there were 73,877 alcohol and other drug related presentations to the emergency department. Of these, 26% were classified as GP-style presentations when triaged. CHN does not have access to specific data is for alcohol and other drug related emergency department presentations in the ACT.

Hospitalisations

In 2021-22, hospitalisations with a drug-related principal diagnosis accounted for 1.3% of total hospital admissions in Australia (2). Of these, there were around 19% more admissions for males than females, with the highest rates of hospitalisation for 45–54-year-olds (2). CHN does not have access to specific data is for alcohol and other drug related hospitalisations in the ACT.

Summary of service needs

Service data shows the breadth of treatment options available across the ACT and Australia for AOD issues. Men are more likely to require these services, with alcohol being the most common substance requiring treatment, followed by illicit drugs. Men were more likely to be hospitalised due to alcohol intoxication, with women more likely due to prescription drug misuse.

Stakeholder perspectives

Several recurring themes related to mental health care were prominent in the stakeholder interactions. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with these key themes summarised below.

Complexity of care and comorbidities

Stakeholders commonly raised challenges faced by services managing complexities associated with AOD consumers who have mental health comorbidities. They agreed there are too few AOD services across the ACT adequately equipped to deal with consumers who also require mental health support, particularly for more severe mental health issues.

- **Holistic care needs:**
  People in the ACT may not receive holistic care to deal with psychosocial needs, underlying trauma, or other factors contributing to AOD concerns. This can lead to consumers bouncing between services, receiving fragmented care, or being placed in 'the too-hard basket', where services feel they cannot provide appropriate care.
- **Dual diagnosis services:**
  There are no dual diagnosis services in the ACT, but stakeholders highlight that services that offer an integrated approach to assessing and treating mental health and AOD issues, would benefit the sector.

Awareness and integration of AOD services

The lack of integration of AOD services across the ACT prevents people from receiving effective, person-centred care.

- **Fragmented service delivery:**
  While not through lack of goodwill, many stakeholders report collaboration within the AOD sector and cross-sector collaboration with other health and social services could improve. Fragmented and siloed service delivery limits services' ability to provide holistic, patient-centred care to people with AOD issues.
- **Awareness and promotion of services:**
  Promoting and raising awareness of services were raised as a possible contributing factor to lack of integration. Some stakeholders felt that many health professionals and service providers are not sure what different services across the ACT provide and how they can collaborate. This creates challenges with navigating services, referrals, and communication with primary care providers and hospitals.

Funding and resources

Funding and resources were regularly raised as challenges for AOD service providers. Across the ACT, stakeholders agreed that service demand outweighs supply, culminating in long waiting lists and pressure on services to increase capacity.

- **Time and resource intensive care:**
  Holistic care for people with AOD issues requires a great deal of time and resources.
- **Short-term and rigid funding models:**
  Short-term and rigid funding models limit services' ability to plan long-term services and increase pressure on existing services aiming to provide holistic care. This, in turn, can create stressors on staff and the workforce.

Costs to the consumer

The cost and financial impacts of accessing AOD treatments were often raised as a persistent barrier for many in the ACT.

- **Costs to accessing AOD services:**
  While many AOD services are offered free or at low cost, demand for services and waiting lists can make paying for private treatment the best option for timely treatment. This creates inequity between people who can afford to pay for services and those who cannot.
- **GPs and health care costs:**
  The low rate of bulk billing by GPs contributes to these costs, making it challenging for many to see a GP for AOD or health-related issues. Costs climb and add up over time for people who need ongoing treatment, so that many people with AOD concerns must choose between paying for health services or for other cost-of-living expenses.

Stigma

Stigma for people experiencing AOD challenges **continues to be prevalent in the ACT**. While stakeholders commented about a shifting mindset towards a society where AOD issues are viewed through a health lens, rather than an addiction lens, improvements are still needed.

- **Privacy concerns:**
  Stakeholders stressed the importance of privacy, commenting that some in the community may hesitate to attend services in the hospital for fear of being seen in a public area.

Gaps in specialist services

While stakeholders reported an overall lack of supply of AOD, some specialist areas where options in the ACT are most lacking were highlighted.

- **Service gaps for young people (<25 years):**
  Only one service (Ted Noffs) provides treatment for clients aged 13-18 years.
- **Sub-acute services:**
  Gaps in sub-acute services for those discharged from the hospital.
- **Lack of a dual diagnosis service**
- **Lack of opioid replacement therapy**
- **Lack of a safe injecting room**

GP and staff training

- **Upskilling health professionals:**
  A greater focus on staff training was highlighted as a potential solution to improve integration and continuity of care. Due to the complexity of managing consumers with AOD concerns and often associated comorbidities, stakeholders felt that some health professionals need more training, including to build confidence, in managing consumers to reduce the load on specialist services, improve the quality of referrals to specialist services, and improve consumers' experiences of care.
- **Barriers in opioid replacement therapy:**
  Medication for opiate replacement therapy can be a barrier, with pharmacies getting stock and the process of being sent to GPs occasionally causing delays. Few pharmacies in the ACT have signed up for the Opioid Dependency Treatment (ODT) Community Pharmacy Treatment to administer injectable buprenorphine. This program could take some burden off AOD services. However, education, capacity, and capability of current processes are posed as reasons for low uptake.

Increase in outreach services

Many stakeholders reported the need for more outreach services to improve access to services. In 2022-23, a total of 22.7% of AOD services in the ACT were provided in outreach settings, the highest proportion of all PHNs in Australia (AIHW AODTS PHN).

- **Benefits of outreach services:**
  Many stakeholders believe increasing outreach services should be a focus due to the benefits of providing services in an outreach setting—including safety, timely services, and reduced travel.
- **Transport barriers:**
  Transport was frequently raised as a barrier to accessing health services in the ACT due to a complex public transport system, with outreach services a suitable response for people who cannot travel for services.

Identified needs

Priority 1

- Support specialised services for youths and young people with AOD concerns.
- Improve the quality, accessibility, and continuity of services for vape usage among children, adolescents, and young adults (12-25 years) in the ACT.
- Increase services in the ACT for clients with cooccurring AOD and mental health issues.
- Improve access to affordable services for people with AOD issues to manage their health and wellbeing.
- Train and upskill GPs to provide opioid replacement therapies and improve management of consumers with AOD concerns.
- Increase AOD outreach services to provide care to consumers.

Priority 2

- Improve support to people who consume alcohol at risky levels in the ACT and are at risk of alcohol related harm.
- Improve awareness of AOD services across ACT and their role within the sector.
- Improve support for people at risk of hospitalisation due to prescription drug misuse.
- Improve awareness and support for people who experience illicit drug related harm in the ACT.

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