

**THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES**

**Responses to Questions on Notice – 5 April 2018 Hearing**

[The Hon. PAUL GREEN] —

**QUESTION 1**

Given that the Shoalhaven has no services to deal with acute detox issues, you say that people go to the local hospital. Are you able to provide the Committee with statistics over the past few years of how many beds were occupied by people undergoing acute detox in our local hospital?

Ms MAINS: We have the figures with us about the admissions to Shoalhaven District Hospital and Wollongong for methamphetamine use per 1,000 general admissions, but we would have to take that on notice to provide the rest.

The Hon. PAUL GREEN: It would be helpful to the Committee if you could break down those statistics.

**ANSWER**

The number of people undergoing detoxification at the Shoalhaven District Memorial Hospital are as follows:

<b>Year</b>	<b>Number of People</b>	<b>Primary drug</b>	<b>Rate per 1,000 admissions</b>
<b>2015</b>	32	<ul style="list-style-type: none"> <li>• Alcohol 26</li> <li>• Cannabis 1</li> <li>• Opioids 2</li> <li>• Sedative/Hypnotics 2</li> <li>• Multiple 1</li> </ul>	1.53
<b>2016</b>	43	<ul style="list-style-type: none"> <li>• Alcohol 33</li> <li>• Cannabis 1</li> <li>• Opioids 3</li> <li>• Sedative/Hypnotics 1</li> <li>• Multiple 2</li> <li>• Methamphetamine 3</li> </ul>	1.96
<b>2017</b>	37	<ul style="list-style-type: none"> <li>• Alcohol 34</li> <li>• Cannabis 0</li> <li>• Opioids 1</li> <li>• Sedative/Hypnotics 0</li> <li>• Multiple 2</li> </ul>	1.82

[The Hon. PAUL GREEN] -

**QUESTION 2**

Given that the Shoalhaven has no services to deal with acute detox issues, you say that people go —the worst of what we see in an ice situation that demands a lot of resources. My question is: Should we be looking at presenting, in regional and rural areas, a different scenario that the local hospital just does not have the resources, all the time, to cope with that? Should we be resourcing regional and remote areas differently to deal with that, rather than using the hospital and the police in every situation? Is there another way to do that, rather than draining an already strained system across regional areas?

Mr REID: I have to say that I have not given that much thought. I could not answer that.

Ms MAINS: We would need to take that away.

**ANSWER**

The Illawarra Shoalhaven Local Health District (ISLHD) has a broad range of services to address problematic and complex drug and alcohol use in the Shoalhaven area. This is an optimal model that targets service delivery to the individual's level of need and complexity. The client's needs are identified in a comprehensive assessment process and then through the development of a management plan.

The range of services include from outpatient to inpatient, and then referral to the Involuntary Drug and Alcohol Treatment program (IDAT) if required. The Local Health District has been funded for a Stimulant Treatment Program to provide treatment and counselling for methamphetamine users. We also have Consultation and Liaison Nurses who support hospital staff in the management and treatment of methamphetamine presentations.

Considering that the greater proportion of drug and alcohol clients can be managed in the community setting and not as inpatients, ISLHD has the necessary service models, however, that does not preclude the use of Non-government / community or other providers from delivering more community based services including residential care.

[The Hon. Greg Donnelly (Chair)] -

**QUESTION 3**

Mr REID: If I use the expression "occasions of service", which basically means an activity that we would provide for a person, an individual might have half a dozen or 10 occasions of service. In 2017 we performed 50,600 occasions of service.

The CHAIR: Is this for the 2016-17 financial year?

Mr REID: This is the calendar year of 2017.

The CHAIR: What was that number again?

Mr REID: From 50,217 occasions of service.

The CHAIR: That is an individual—

Mr REID: That is about the amount of activity that we are providing as a service, if you take a step back and say that this is all the activity that the whole service provides.

The Hon. Dr PETER PHELPS: Among how many unique individuals?

Mr REID: That is a good question.

The Hon. Dr PETER PHELPS: You can take it on notice if you want to.

Mr REID: It is about 3,500, I think, but I—

The CHAIR: Could you take that on notice?

Mr REID: Yes.

### **ANSWER**

In the 2017 calendar year, 3,236 unique clients attended the ISLHD Drug and Alcohol Service for assistance with substance use issues. This represents 50,647 individual occasions of service. By way of explanation, clients in the Opioid Treatment Units who would see a case manager or doctor on a regular basis to review their methadone dose, may have 30 occasions of service in a year, while a client seeing a counsellor for relapse prevention may have on average seven occasions of service per year.