



Dr Mike Freeland MP
Chair
The House of Representatives Standing Committee on Health, Aged Care and Sport



[Submission via website](#)

30 September 2024

Dear Dr Freeland,

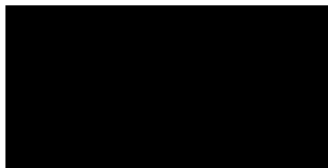
Inquiry into the health impacts of alcohol and other drugs in Australia

Please find attached our Victorian Tasmanian PHN Alliance (VTPHNA) response to the 'Inquiry into the health impacts of alcohol and other drugs in Australia'.

The purpose of this VTPHNA response is to highlight issues and learnings specific to the Victorian and Tasmanian PHN context of planning, designing, and commissioning alcohol and other drugs initiatives.

Please feel free to contact the VTPHNA General Manager, Dr Danielle Couch
(danielle.couch@vtpdna.org.au) for further information if needed.

Yours sincerely,



Quinn Pawson
2024 Chair, Victorian Tasmanian PHN Alliance
CEO, South Eastern Melbourne PHN

Table of Contents

1. Introduction	3
2. TOR a).....	4
3. TOR b).....	6
4. TOR c).....	7
5. TOR d).....	8
6. Recommendations for action.....	9
7. Key contact.....	9
8. Appendix	10

1. Introduction

Primary Health Networks (PHNs) are independent organisations that are funded by the Australian Government Department of Health and Aged Care (the Department) to coordinate primary health care in their designated region. PHNs assess the needs of their community and commission health services so that people can get coordinated health care where and when they need it.

Formed in 2016, the Victorian and Tasmanian PHN Alliance (VTPHNA) comprises six Victorian PHNs and one Tasmania PHN: Eastern Melbourne PHN, Gippsland PHN, Murray PHN, North Western Melbourne PHN, Primary Health Tasmania, South Eastern Melbourne and Western Victorian PHN. VTPHNA has strong working relationships, having collaborated on many initiatives to achieve the best possible outcomes for local communities.

PHNs hold responsibility for planning, designing, and commissioning various AOD services within their catchments, informed by specific schedules provided by the Department. In various instances PHNs also commission services and support responses for AOD issues through additional schedules and activities such as First Nations social and emotional wellbeing programs.

PHNs also hold a significant role in supporting primary care to build capacity to support the needs of their communities, such as supporting general practice and community pharmacists to be trained in the legislative requirements and skills to prescribe and dispense pharmacotherapy for opioid dependence, and better integrating AOD support services with General Practitioners.

This submission is presented from the perspective of the VTPHNA PHNs to inform the ‘Inquiry into the health impacts of alcohol and other drugs in Australia’.

This response presents the key themes identified by PHNs related to the Inquiry’s Terms of Reference (ToR), to:

- a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society
- b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services
- c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia
- d) Draw on domestic and international policy experiences and best practice, where appropriate.

2. TOR a)

Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society

PHNs play a critical role in commissioning services that address the needs of diverse communities, with a focus on equity, value for money, and achieving positive outcomes for individuals and families affected by alcohol and other drugs in Victoria and Tasmania.

PHNs are expected to address inequity in access to healthcare services. Central to the requirements placed upon them is ensuring that service provision does not duplicate other services, but rather enables service access for individuals who face access barriers, and experience poor health outcomes.

PHNs understand equity issues through their needs assessment and annual planning activities and have flexibility in targeting services to meet local needs and reduce health inequalities. In this way, PHNs bring value by working to improve health outcomes for people who are otherwise disadvantaged.

PHN work is focused on three key areas as identified in the [National PHN Strategy](#).

1. Coordinating data collection and community information

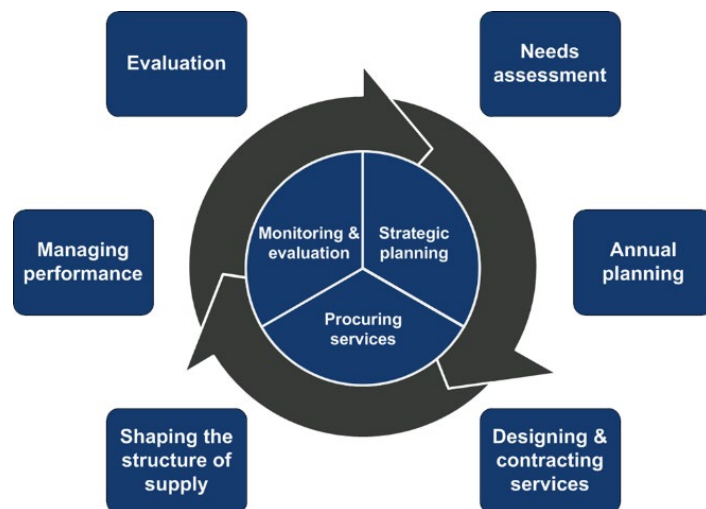
PHNs conduct needs assessments and engage with communities to understand barriers and enablers in accessing AOD services, particularly for disadvantaged and priority groups. In regional and metro Victoria, where alcohol misuse contributes to high rates of ambulance attendances and hospital admissions, the PHNs identified gaps in access to AOD services. This informed the design of tailored service models aimed at improving equity.

2. Commissioning new models to meet community needs:

Whilst commissioning is a term that is becoming increasingly familiar in the Australian context, it is still poorly understood across the health sector and in some areas of government. Commissioning is often conflated with procurement, but it is an approach that goes beyond the procurement of services, to better meet the needs of health consumers and deliver stronger outcomes.

Central to PHNs' purpose and remit is the role of commissioners of healthcare services, with their commissioning approach strongly influencing and supporting system reform and integration. 'Commissioning' is a continual cycle to develop and implement services based on needs assessment, planning, co-design, funding, monitoring, and evaluation. The commissioning approach employed by PHNs is detailed in the Figure 1 below.

Figure 1: PHN Commissioning Framework (DOHAC)



One commissioning example is the **Short Term AOD Intervention Program (STIP)** commissioned by a regional PHN to provide immediate support to high-risk populations. The program has effectively bridged service gaps by offering home visits and early intervention, helping individuals manage AOD-related risks whilst awaiting long-term counselling. This case study exemplifies how a client with severe alcohol misuse issues was able to access detox and rehabilitation within two weeks of program enrolment, resulting in positive outcomes including improved mental health, debt resolution, and sustained sobriety (please refer to pg. 10 for more information).

3. Capacity building of, via new models, to support service providers and the health system

The iterative nature of the PHN commissioning cycle provides regular opportunities for planning the delivery of services in line with community needs, in a way that is cognisant of and promotes linkages and integration between providers. Working closely with service providers also allows PHNs to develop a good understanding of capacity building needs and opportunities.

In metro Victoria, PHN commissioned programs like **Rainbow Recovery** (pg. 12), cater to LGBTIQ+ communities by offering peer-led, culturally appropriate AOD interventions. These services are designed to address the unique challenges faced by different cohorts within the LGBTIQ+ community, such as chemsex-related issues among queer men or substance use among trans and gender-diverse individuals. The program's holistic approach includes family support, primary care integration, and partnership building with mental health, homelessness, and justice services, ensuring comprehensive care for marginalized groups.

Bendigo District Aboriginal Cooperative (BDAC) was commissioned to pilot **Therapeutic Day Rehabilitation (TDR) programs** to provide individuals with access to intensive alcohol and other drug treatment whilst remaining in their communities. Local Aboriginal people reported that the mainstream TDR had a lack of knowledge and inclusion of First Nations healing, community healing, trauma informed care, men's and women's business and sorry business. The commissioned TDR model supports people that cannot access traditional residential rehabilitation due to physical and mental ill-health, family, parenting and caring responsibilities,

disability, employment, and financial commitments. The inclusion of local Aboriginal and Torres Strait Islander people's art program, learning on Country, men's and women's groups, involvement with Elders has meant that there has been additional benefit to participants and community, who report reduced AOD misuse or cessation altogether. More importantly, participants have highlighted improved connection to culture, return of children, engagement in study and employment.

These examples demonstrate that PHN-commissioned services focus on community codesign, equity, and cost-effective care models that align with the needs of specific populations. Data driven, adaptive models nuanced to place-based needs and contexts, like those developed and/or commissioned by PHNs are required for effective AOD programs.

3. TOR b)

Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services

PHN engagement with communities has highlighted the importance of integrated care to health consumers. Individuals often experience mental health issues, trauma, homelessness, poverty, and social isolation, which contributes and complicates their AOD use and recovery. The lack of alignment between State and Commonwealth services and the resulting fragmentation has been a recurrent concern. Demand for AOD services frequently exceeds supply, and many consumers feel judged or stigmatised when seeking help, increasing the risk of disengagement.

Below are examples of Victorian and Tasmanian PHN-commissioning of new models to meet community feedback and needs.

1. **Innovative service model:** The **Step Thru Care** model (pg. 16), commissioned by a regional PHN, was designed to offer integrated AOD and mental health support for people with dual diagnoses. Co-designed and based on research and international best practices, this program reduces care fragmentation by providing seamless access to both AOD and mental health services. Clients report positive outcomes, such as a reduced need for acute mental health services, improved management of alcohol use, and greater confidence in handling their health challenges.
2. **Dual Diagnosis and Peer Support:** By involving peer workers in programs like **Step Thru Care**, the initiative promotes recovery and helps reduce stigma associated with seeking AOD and mental health care. This focus on consumer-led support empowers individuals and enhances the program's overall effectiveness.
3. **Early Intervention for Young People:** providing outreach AOD and mental health supports to young people who are experiencing cooccurring AOD misuse and psychological distress in rural Victoria. Utilising an outreach model, this intensive program travels to underserved areas within the Murrindindi and Mitchell Local Government Areas.
4. **First Nations Dual Diagnosis Programs:** Six Aboriginal Community Controlled Organisations (ACCOs) have been commissioned in rural Victoria to deliver integrated support services for

First Nations people presenting with mental health problems occurring at the same time as problematic drug and alcohol use. These services work with community members experiencing complex needs who require intensive support. Each model of care is different, reflecting the needs of the local community as determined by the ACCO. All programs provide intensive case management, harm reduction, AOD education and therapeutic interventions with the aim to stabilise clients so they can then engage in other treatment supports, such as Residential or Day Rehabilitation, general AOD counselling, and Social and Emotional Wellbeing (SEWB) supports. Key to this model is flexibility; outreach services, transport and brokerage are some examples of the flexibility that makes these programs successful.

4. TOR c)

Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

Addressing AOD-related harm requires collaboration across sectors beyond health, including education, employment, housing, and justice systems. Victorian and Tasmanian PHNs emphasise holistic care models that integrate multiple services to create a more supportive environment for recovery.

Below are examples of Victorian and Tasmanian PHNs commissioning new models to support service and system integration.

1. **Culturally appropriate services:** The **Indigenous Dual Diagnosis Service (IDDS)**, delivered in a regional PHN, provides culturally safe care for Aboriginal and Torres Strait Islander communities. The program combines mental health and AOD interventions through partnerships with local service providers. IDDS incorporates Indigenous healing practices and prioritises community engagement, contributing to the reduction of AOD harm whilst improving health outcomes (pg. 11).
2. **Religious and community-led initiatives:** In a metro PHN area, the **Muslim Youth and Family (MYAF)** program provides AOD services that are culturally sensitive to Muslim communities. MYAF's holistic approach includes physical, mental, and spiritual support, addressing family dynamics, community connections, and religious practices. This model of care leverages partnerships with religious leaders, creating trust and ensuring better outcomes for both individuals and their families. MYAF demonstrates how faith-based approaches can reduce AOD harm by promoting engagement and reducing stigma in marginalized communities (pg. 13).
3. **Cross-sector partnerships:** PHN-commissioned programs like MYAF and the IDDS actively collaborate with sectors such as housing, social services, and justice to deliver comprehensive care. These partnerships help address the broader social determinants that contribute to AOD misuse, such as homelessness, unemployment, and family violence.
4. **Service Navigators integrated into psychosocial services delivery model:** A 2023 review of psychosocial services in one of our regional PHNs identified that consumers engaged with psychosocial services experiencing co-occurring AOD use disorders were a priority needs group. Service Navigators were funded to develop networks and relationships with a range of support services, including health, financial services and housing, to ensure consumers could connect to

the right AOD supports if required. In one subregional area within the PHN, the psychosocial service provider is co-located with the housing and homelessness service.

5. TOR d)

Draw on domestic and international policy experiences and best practice, where appropriate.

Victorian and Tasmanian PHNs recognise the need to continuously evolve services by incorporating best practices from both domestic and international contexts. The below PHN commissioned programs are designed to be contemporary, informed by emerging evidence, and aligned with national, state and global policies and strategies.

1. **Intersectional care models: The Zone Alliance** program (pg. 15) in one metro PHN illustrates how international best practices can be adapted to serve young people from African, Pasifika, and LGBTQIA+ communities. The program incorporates a bio-psycho-social-cultural model of care that acknowledges the intersectional needs of its target populations. Care coordinators specialize in specific cultural contexts to provide tailored services that are culturally safe and trauma-informed.
2. **Best practice documentation: The Zone Alliance** has developed a best practice framework to ensure that intersectional care is delivered effectively. This includes documenting practices around cultural safety, empowerment, and resource utilisation. Additionally, ongoing developmental evaluations ensure that the program remains responsive to community needs and improves over time.
3. **Partnership models:** Many of the commissioned programs used as examples throughout this response emphasise partnerships with other sectors, such as education and justice, to ensure that clients receive comprehensive, wrap-around support. These partnerships draw on international best practices that highlight the importance of multi-sectoral engagement in reducing AOD-related harm and improving health and social outcomes.
4. **Baringurrak – First Nations Therapeutic Day Rehabilitation (TDR) Program:** this program in Central Victoria supports Aboriginal people to make positive changes toward a sustainable recovery. Baringurrak drives a self-determined harm minimisation model of care that empowers Aboriginal people to heal and recover from their substance use issues, ensuring that Aboriginal people have access to culturally safe rehabilitative care that addresses the underlying factors that contribute to substance use. Baringurrak recognises healing, culture and connection to country as preventative and protective factors for Aboriginal people and harnesses these within their uniquely designed and delivered harm minimisation model of care. Baringurrak delivers TDR holistically, which embraces Aboriginal ways of knowing, doing and being. [Baringurrak Evaluation Report](#)

6. Recommendations for action

The examples provided demonstrate that the Victorian and Tasmanian PHNs are supporting the alcohol and other drugs (AOD) sector to deliver equitable, cost-effective services that improve health, social, and economic outcomes. However, challenges remain in addressing service fragmentation and ensuring equitable access across different populations. There is also growing recognition of the need for more cross-sector collaboration and the adoption of international best practices to enhance care delivery and outcomes for all the community.

VTPHNA's key recommendations are:

1. **Commonwealth and State governments make concerted efforts to enable co-designed service systems and models and encourage service and system integration.** This will inspire a one system approach and decrease the fractured service system, that is aligned to community needs and expectations.

To support this recommendation appropriate governance structures, shared strategies, frameworks and outcomes would be developed. This work would cover the broad considerations across AOD workforce, funding and investment, and cross- and intra-sector integration and capacity building. This would allow for a consistent, sustainable and impactful AOD strategy across tiers of government, at a system level, and at a local service level.

2. **The AOD sector, and funders of AOD services, are encouraged to maintain contemporary service models that continue to adapt with a quality improvement and learning mindset that is based on data analysis, client and program outcomes, community expectations, and research of current and emerging best practice.**

To support this recommendation longer term funding for the sector with an increased investment of funding would be of benefit. An agreed to national outcomes framework would allow for analysis to understand the impact of models and the effective use of funds.

We would welcome the opportunity to further discuss this response, and the work of PHNs in this sector, in more detail.

7. Key contact

For further information, please contact Dr Danielle Couch, VTPHNA General Manager
danielle.couch@vtpdna.org.au

8. Appendix

The following section includes detailed case studies of those included in this submission. The case studies highlight successful models of alcohol and other drugs programs and services PHNs have commissioned to address local needs, and which highlight best practice models to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services.

Title	Short Term AOD Intervention Program (STIP)
PHN	Gippsland PHN

Program outline and aim

As part of the ongoing support to the Gippsland community for alcohol and other drug (AOD) services in the region, Gippsland PHN identified the need to increase access to AOD services for vulnerable and at-risk persons and provide short term interventions whilst clients await referral for counselling services, to minimise AOD harms during this waiting period.

A multimodal Short Term AOD Intervention Program (STIP) has been commissioned, increasing service delivery capacity (AOD) for high risk and vulnerable populations, creating accessible points of referral and increasing access to AOD treatment services.

This program integrates and complements the existing AOD service sector in the region to reduce the impact of substance misuse on individuals, families, carers and communities, and to improve the overall health and wellbeing of people living in Gippsland.

Outcomes

During 2023-2024, 1,351 interventions have been provided to high risk and vulnerable populations within the Gippsland community.

The Short Term AOD Intervention Program (STIP) Home Visits program has increased access for high risk and vulnerable members of the community allowing them improved access to AOD services in the region and bridging the gap between service engagements. The program has highlighted the important role early intervention can play in reducing AOD harm and improving outcomes for the most vulnerable in our communities.

The following case study was received from the provider about a client who participated in the STIP program:

43-year-old male referred to the Short-Term Intervention Program following an intake that identified very high risk of AOD harm with many complexities that deemed him unsuitable to be waitlisted at his local treatment agency.

Client was an extremely heavy drinker, in a very dark place mentally, with childhood trauma, relationship breakdown, recent family death and loss of job leaving him reluctantly needing to sell his home to pay off debt. Weight gain had also impacted his physical and mental health, and he presented with very low self-confidence. He reported being unable to leave the house to do shopping, as feared embarrassment when running into people he knew.

The Short-Term Intervention Program worker completed client's assessment, and referral was made to detox and residential rehabilitation the following day. Throughout engagement, emotional support and harm minimisation was provided. Coordination with other services to attain necessary medical, legal, and mental health information and history was obtained and client was accepted and admitted to detox 2 weeks later. The Short-Term Intervention Program worker had also coordinated a transfer straight to rehab from detox, and so it left no risk of lapse in between admissions.

Following successful completion of 5 months of rehabilitation, client reached out to Short Term Intervention Program worker on exit to thank her for everything she had done. He was communicating better than ever, venturing out to meet up with old friends and is finding enjoyment in life living a much healthier lifestyle. He reported to be debt free, back at work and had absolutely no desire to drink again.

Title	Indigenous dual diagnosis service
PHN	Gippsland PHN

Program outline and aim

As part of the ongoing support to First Nations communities across the Gippsland region, Gippsland PHN identified the need to increase access to culturally appropriate, evidence based mental health and alcohol and other drug (AOD) services for Aboriginal and Torres Strait Islander persons.

Improving awareness of mental health and AOD services available within the region, was identified as crucial to reducing harms associated with drugs and alcohol in the Indigenous community and improving the overall health and wellbeing of Aboriginal and Torres Strait Islander people living in Gippsland.

It was also identified that there was a need to increase workforce capacity in the Aboriginal Community Controlled Organisation (ACCO) sector, to respond and work with Aboriginal and Torres Strait Islander people who have mental health and AOD needs, and to strengthen linkages within the mental health stepped care model to improve response, treatment and outcomes for Gippsland Indigenous communities.

Outcomes

The Gippsland PHN Indigenous Dual Diagnosis Service (IDDS) Program delivers culturally appropriate mental health supports to Aboriginal and Torres Strait Islander individuals, their families and communities impacted by mental illness within a stepped care approach through the provision of evidence-based, mental health interventions which are appropriate to the level of need people are experiencing; mild, moderate or severe mental illness.

The program also provides AOD interventions to these individuals, families and communities impacted by substance abuse.

Services are provided by Dual Diagnosis Clinicians, Peer Mental Health Workers and Intake Workers, via face-to-face contacts and telehealth services, and service establishes strong partnerships with local service providers to ensure respectful and culturally appropriate service delivery, and a holistic and integrated model of care.

The IDDS program continues to improve the overall health and wellbeing of First Nations communities living in Gippsland by providing a patient-centred, culturally appropriate intervention reducing mental health and AOD harm and improving health outcomes for Indigenous communities in Gippsland.

The following case study was received from the provider about a client who participated in the IDDS program:

The IDDS clinician has worked with a person for 8 months who presented with isolation, depression, and anxiety and AOD misuse. The client was at a great risk of relapse upon entry to the program however with the help of the clinician and the use of narrative practice the client is now volunteering with in community and rates their mental health a 10/10

Title	Rainbow Recovery
PHN	North Western Melbourne PHN

Program outline and aim

Rainbow Recovery is a program focused on improving the health and mental well-being of individuals from LGBTIQ+ communities. As part of the AOD component of the Wellness Hub of a local LGBTIQ+ health service, it enhances access to AOD care for marginalized groups within these communities. The program highlights the importance of tailored interventions that meet the unique needs of LGBTIQ+ communities, promoting both health and well-being. Services are specifically designed to address the nuances and specific challenges faced by different cohorts. In codesign with the community the programs aims to increase the individual health and wellbeing of LGBTIQ+ people experiencing substance misuse through the provision of non-residential AOD treatment options; provide service options for impacted family members of LGBTIQ+ people experiencing problematic substance use; and enhance sector and community knowledge on culturally specific AOD treatment options for people living in the Inner and West Melbourne catchments.

Rainbow Recovery program highlights the relevance of peer-led, community-based interventions to effectively support the nuances of different cohorts within LGBTIQ+ communities. The program offers a variety of group programs, each designed to provide a safe, inclusive space for participants to examine their relationship with substances. These include:

- Men (inclusive) who participate in chemsex
- Queer men and their relationships with alcohol
- Queer women and their relationship with alcohol

- Trans and gender-diverse people addressing substance use

These groups help participants increase awareness of their substance use, develop healthier coping strategies, and foster a stronger sense of community and support. The program also offers Dual Diagnosis Outreach Counselling (DDOC) and Intensive Case Management (LAICM), roles created to reduce access barriers for LGBTIQ+SB individuals, particularly those from historically underserved groups. Additionally, the program acknowledges the role families (chosen or inherited) can have as part of supporting a person's wellness journey, and includes family-focused interventions, support and counselling, as part of its holistic care package.

Outcomes

The Rainbow Recovery providers actively seek to integrate primary care linkages with the Rainbow Recovery program. This is implemented in multiple ways, connecting consumers to sexual health clinics within Thorne Harbour Health, as well as supporting warm referrals to external general practices a comprehensive, wrap-around service by offering linkages and referrals to complementary services.

The program emphasizes the importance of building stronger relationships with various sectors, including general practice, homelessness services, family violence support, justice, and mental health services. This collaborative approach aims to improve referral pathways and ensure a comprehensive and holistic consumer experience.

Some consumer comments are below.

"I feel supported in a very sort of nurturing way. The environment is very respectful, and I think it has a lot to do with the people who have developed it to the point that it is now. And also, the people who are sort of carrying the torch forward now, their experiences and their knowledge about, I guess about addiction and meth. And it's made all the more meaningful, I suppose, by the fact that it is peer facilitated and that everybody who attends is there for the same reason. Whether it's abstinence or harm minimization, we are there for support and connection. Honestly, the camaraderie is something else."

"For me, it's because in the beginning, it was precarious with just twigs getting into place... And they were providing me with the tools to make it happen. And I feel like I'm at this point where I can maybe support myself way better versus where I was a year ago, completely in tatters. So, yeah, I just feel like it started off from literally scraps, and now it's in a place where it can offer a certain form of warmth and comfort and stability."

Title	Muslim Youth and Family
PHN	North Western Melbourne PHN

Program outline and aim

The Muslim Youth and Family (MYAF) program was established through leadership of local religious leaders recognising the impacts of AOD and substance misuse within the community. The service offers specialized support for young people, adults, and families within Muslim communities. The program provides culturally sensitive AOD services tailored to support individuals' cultural and religious needs. The holistic approach to AOD care offers people of the Muslim community an alternative to accessing Mainstream services in the knowledge that the service is supported by faith leaders. The program aims are delivering an accessible service response that provides cultural and religious sensitive AOD

treatment through site-based and outreach approaches; A holistic approach to AOD and Psychosocial support service to address the comorbid needs of AOD clients; Becoming a reference and resource for AOD mainstream services working with Muslim clients experiencing AOD issues; Building and strengthening relationships with aligning services to meet the intersectional needs of clients, including physical health, spirituality health, family health, and mental health of the client; And providing a safe space for young people and families to address drug and alcohol concerns, including health promotion for people to address drugs and alcohol concerns.

The program operates through a holistic, culturally tailored model of care, designed to address the intersectional needs of individuals and families from the Muslim community dealing with alcohol and other drug (AOD) concerns. It addresses physical health, spirituality, family dynamics, and mental health comorbidities to ensure a comprehensive response. Staff are culturally diverse, multilingual, and members of the Muslim community, providing specialist support through a faith-based lens. This approach creates a wrap-around service that is both inclusive and responsive to the specific needs of Muslim individuals and families, ultimately improving outcomes for both individuals and society. MYAF is deeply integrated into the community through partnerships with a board of Imams and participation in CALD-specific training sessions. This engagement helps tailor the program to meet cultural and religious needs effectively. The MyCentre Mosque, the largest mosque in the region, plays a crucial role in facilitating access to AOD care, building trust, and connecting individuals with the support they need. In addition to this, program staff frequently engage with a board of Imams and attend CALD-specific training sessions to further develop micro-skills and provide cultural/religious treatment objectives.

The program is designed for people of the Muslim faith, though it's important to note that many cultures follow this faith and therefore the program can be deemed as multicultural. This is seen in two different ways; consumers who engage with the program and the staff themselves. Having staff who identify with the same faith, ensures the program is culturally and spiritually appropriate, whilst also understanding the dynamics between different cultures.

Outcomes

As the only dedicated Muslim-focused AOD program in Victoria, MYAF serves as a crucial resource hub for both individuals and mainstream services. The program provides health literacy promotion, education, and a supportive environment for discussing AOD issues. It also acts as a key reference point for mainstream AOD services, offering guidance to ensure that their programs are culturally safe and responsive.

The partnership approach of MYAF has expanded its service offerings and reach within the Muslim community. By collaborating with various organizations, both within the consortia and external organisations, MYAF has been able to enhance its services and deliver a more comprehensive response to AOD issues. This partnership model promotes the sharing of best practices, improves service delivery, and supports the continuous development of culturally sensitive approaches.

Title	The Zone
PHN	North Western Melbourne PHN

Program outline and aim

The Zone program offers services tailored to address the intersectional needs of young people and their families from African, Pasifika, and LGBTQIA+ communities. The program adopts a bio-psycho-socio-cultural model of care, the program acknowledges the complex interplay between physical, mental, and social factors in overall health. It emphasizes the cultural context of its priority populations—African, Pasifika, and LGBTQIA+—and aims to improve health outcomes equitably by providing targeted and culturally responsive support.

The program uses a blend of site-based, outreach, and outpost techniques to strengthen community engagement and acceptability to support equitable access. Delivered by 3 organisations, the Zone program functions as a distinct entity, known as the Zone Alliance, to ensure consistent service delivery is achieved. The staff structure includes an AOD practitioner and Youth worker stationed in regions across the PHN catchment, with specialty roles such as Family and Care Coordinators having oversight across all five regions.

Care Coordinator Practice Leads, each specializing in one of the target cohorts, ensure that cultural contexts are embedded in service delivery. They work closely with the community, building relationships with key leaders and members to provide culturally safe and effective AOD responses. Their role also includes providing culturally inclusive training and education to internal practitioners and partner organizations, supporting community resilience, and improving service efficacy.

Senior Family and AOD Practitioners work across the regions, integrating family dynamics into care plans. They collaborate with Care Coordinators during assessments to address family needs, thus enhancing the capability of Senior AOD and Youth Practitioners to incorporate family engagement into their practices. This holistic approach ensures that family systems are strengthened throughout the consumer's journey.

The Level-Up program is a mobile initiative designed for outreach settings, such as secondary schools and youth community centres. It builds on the core principles of the Zone program, adapting them to engage young people where they are most accessible. The program focuses on empowering individuals to build resilience and take control over substance use through capacity-building interventions.

Outcomes

The Zone Alliance has created a best practice framework and guide to document and share best practices for intersectional care. The practice guide includes elements such as cultural safety, trauma responsiveness, empowerment, and Resource Utilization to help young people, and families develop and utilise internal and external resources, to enhance individuals' self-regulation and control over substance use. Empowerment has been identified as a critical element in supporting people to reduce AOD-related health, social, and economic harms. Additionally, the partners have almost completed two phases of a developmental evaluation, to ensure the program is meeting the needs of the communities it's targeting.

NWMPHN has supported a partnership brokerage model to enable the three organisations to leverage their unique expertise across a range of different areas encompassing AOD treatment and culturally inclusive practice to develop this innovative and inclusive response.

Some consumer comments are below.

“[The Zone are good at] listening to us and understanding what our priorities are and what we specifically need.” – Family member

“I find that it’s way less clinical...it’s friendlier and more homely...you just feel at home...it’s more like a conversation and less like orders from a psychiatrist.” -Young person

“We all have our own person to go to, we used to have a case worker for the whole family and that was more difficult.” -Family member

“The fact that our practitioner hasn’t said, ‘Ok, we have to sign off now’...I just feel so alone when services say that. I think that’s the best part of it so far, we haven’t been told ‘we can’t help you anymore,’ it’s really comforting.” -Family member

Title	Step Thru Care
PHN	Western Victoria PHN

Program outline and aim

In 2023, Western Victoria PHN commissioned a new model of care for integrated treatment of co-occurring alcohol and other drug (AOD) and mental health issues, based on the findings of the Royal Commission into Victoria’s Mental Health System and supported by research, international best practice models of care and a local co-design process. Historically, AOD and mental health services have been funded separately, often leading to fragmented and inefficient care. Integrated treatment has been shown to yield better outcomes for individuals with dual support needs.

The new program, ‘Step Thru Care’ combines AOD and mental health supports for clients with co-occurring needs, whilst still providing support for individual AOD and mental health needs. It emphasizes a partnership lead approach with collaboration between service providers, holistic care, and support for both individuals and their natural supporters. Key components include a place-based approach, flexible funding, an outcomes-focused approach, peer support integration, and partnerships with diverse services to address the needs of priority populations. Step Thru Care aligns with broader national and state strategies to improve access, care continuity, and innovative service delivery.

Step Thru Care aims to improve the client’s experience of care by simplifying intake processes and reducing the need for clients to retell their story. The model was developed after a year of co-design with the local community. As a regional model it aims to support priority groups where there are service gaps across towns. As there are multiple Step Thru Care hubs the priority groups are adapted to each region’s specific needs e.g. People experiencing short-term displacement or homelessness; People with an intellectual disability and who are experiencing AOD and/or mental health issues who encounter

barriers when accessing care; People experiencing or at risk of domestic violence; People who identify as LGBTQIA+; Aboriginal and/or Torres Strait Islander peoples. As needs of areas change, so will Step Thru Care and the priority groups to be seen

Outcomes

Within its first year of service delivery, Step Thru Care providers have reported a positive reaction to the service, and excellent client outcomes from a blended model of care. K10, DUDIT, AUDIT consumer outcomes measures have shown significant improvements for individuals with AOD concerns alone or dual mental health and AOD concerns. The model also assesses for the health of the partnership between Step Thru Care providers and these partners with the broader sector i.e. general practices, public health service and other not for profits. Early data shows strengthening of referral pathways, warms consumer transitions between the health systems, and a greater system of care as consumers are linked in across other sectors i.e. housing

The following case study was received from a Step Thru Care clinician about a client with dual AOD and mental health concerns.

42-year-old male, diagnosis of bipolar with extensive history of admission into acute mental health services and binge drinking during episodes of mania. Has been attending weekly sessions with the Step Thru Care clinician to address concerns around management of mania/depressive periods, along with alcohol use.

Weekly sessions have been focused on safety planning for these episodes and adaptation of regular routine to effectively manage this cyclic pattern (every 5-6 weeks).

Strategies discussed with client around urge surfing and identification of triggers in relation to alcohol which has resulted in client having a reduction in amount of alcohol consumed and periods where cravings are effectively managed. Client is more confident in their ability to manage these episodes associated with bipolar and has a strong commitment to attending weekly sessions. Client has not needed to access acute mental health services recently and case management work is being undertaken with the client to link in with a psychiatrist for medication review.

Title	Long-Acting Injectable Buprenorphine (LAIB) – commissioning for primary care to take a greater role
PHN	Western Victoria PHN

Program outline and aim

The use of pharmacotherapy substitution treatment, also known as Medication Assisted Treatment for Opioid Dependence (MATOD), is an established and effective therapy for Opioid Use Disorder (OUD). The most widely used medications, oral methadone and buprenorphine, aim to reduce the harms related to drug use as well as reduce cravings and withdrawal symptoms. This treatment, however, comes with significant cost, stigma and the inconvenience of daily supervised dosing.

In 2019, two forms of Long-Acting Injectable Buprenorphine (LAIB - depot buprenorphine) were made available on the Medicare Benefits Schedule (MBS) with access initially restricted to specialist settings. In April 2020, the Therapeutic Goods Administration (TGA) approved the availability of these products to a broader group of primary health care professionals. At the same time, the impact of COVID-19 highlighted the challenges in MATOD service delivery with current models needing to move to novel and emerging models of care specific to the WVPHN region health service landscape and community needs.

As an established commissioning organisation, in 2021 WVPHN commenced a commissioning a model that could leverage off already established AOD services whilst also exploring new and pioneering MATOD programs with the primary care sector i.e. general practitioners and community pharmacists. This approach was to overcome barriers to initial and ongoing LAIB service provision. This included further MATOD education, providing experience in LAIB administration, supporting additional clinical time and close monitoring of clients transitioning to LAIB, and decreasing stigmatisation in the primary care sector. These commissioned LAIB clinics have significantly increased access to treatment for individuals that would have otherwise travel from regional areas to the state's capital city.

Outcomes

After 30 months of service provision, all LAIB clinics report positive client outcomes including reduced cost, less time travelling to a dispensing point and more independence and normality in their lives. The LAIB clinics have reported consumers moods being more stable and engagement more appropriate with health professionals. The clinics are well received within the community and are building on partnerships for continuity of care and wrap-around services.

Some consumer comments are below from the over 600 consumers that have accessed the LAIB clinics.

"Once I got on the program and started LAIB, my mind's focus went from how and when I could get heroin to how I could fill my day in. I started finding ways to keep my mind active and body healthy."

"I am so thankful and grateful for this service; it has made life easier by not having to attend a pharmacy for dosing each week and has also saved me approximately \$120 each month."

"I can now travel overseas for more than 4 days Thank - you. I appreciate the doctor fully explaining listening to me + my concerns + state. The GP has made this change over as comfortable as possible"