



Addictions

DID YOU KNOW?

Alcohol is consumed at *risk and **high risk levels in the Blue Mountains across all sectors of the population equal to NSW averages (NSW population health profile 2009).

66% of young men aged 16-24 years consume alcohol at risky levels, and 51% at high risk levels, which are significantly higher than NSW averages and of considerable concern (NSW Population Health Survey 2005-2007).

- **the nearest drug & alcohol support service for young people is in Penrith** (Nepean Youth Drug and Alcohol Service) an hour's train trip away.

Latest data available (2008-09) shows alcohol was a factor in 19.3% of fatal motor accidents and in a further 25.2% of non-fatal crashes; though the 10 year trend for overall liquor-related offences is down (4.2% per year), and the rate per 100,000 population of 83.9 is significantly lower than the NSW average of 196.1.

There is an increase in the presentation of people with co-existing drug, alcohol and mental health issues in the Blue Mountains.

Approximately 3% of the population are problem gamblers - ranging from binge gambling to pathological gambling. Most gamblers experience high levels of depression and anxiety and are likely to co-exist with other mental health issues and addictions. Gambling is the "silent" addiction as it is often hidden until the gambler and their family are in extreme financial stress.

There are only three community health drug & alcohol workers, and one gambling counsellor, to cover the Greater Blue Mountains area (from Emu Plains to Mount Victoria).

The only residential treatment service for men in the Blue

Blue Mountains crime statistics (2007) indicate that a high proportion of all reported assaults were flagged as alcohol related

Mountains area was closed in June 2014:

- the nearest residential treatment services for men are 2-3 hours away;
- there is only one women's specific non-residential community based treatment service (Dianella Cottage) which runs an intensive day treatment program for women with co-existing drug, alcohol and mental health issues) to service the whole of the NBM LHD. This service is funded until June 2015 by the Federal Government.
- there are no drug & alcohol-specific services for Aboriginal and Torres Strait Islander people, or for people who identify as LGBTIQ;
- there is no residential treatment service for women, or for young people.

Data on drug patterns (other than alcohol) is difficult to access; though possession and/or use of cannabis had a 20% increase over the 2005-09 period

- 2 year trend for drug offences incidents to Sept. 2014 is reported as stable, with a rate per 100,000 BM population of 378.7, compared to the NSW average of 681.6 (NSW Bureau of Crime Statistics & Research).

Emergency Department visits associated with alcohol **have increased steadily over the past 10 years**

- **in 2006-07, alcohol-related hospitalisations for the BM were significantly higher than the NSW average;**
- **and have risen again since 2010.**

DID YOU KNOW?

Many families in Australia have been impacted by addictions in some way or another. While it is a common issue, it is still one that is not commonly talked about. According to Dianella Cottage (women's drug and alcohol service in Katoomba), there has been an increase in representation of women in the 36-45 year old age group presenting for treatment (2014). The top three substances of concern are: alcohol; the misuse of prescription and over-the-counter medications; and cannabis.

Our Goals

- Increased support and treatment options for individuals & their families experiencing issues with alcohol, other drugs, & gambling.
- Provision of holistic support services that recognise dependencies within the context of the whole of a person's life.
- Recognition that trauma impacts on misuse of substances; and support for services which adopt trauma-informed practices.

- 👁️ Community awareness campaigns:
 - to provide information about the impact of alcohol, tobacco, cannabis, the misuse of prescription & over-the-counter medications and other psycho-active substances on mental and physical health; and
 - challenge stereotypes and myths surrounding those who struggle with dependency.
- 👁️ Recognition of the specific needs of individuals and communities when accessing drug and alcohol treatment, especially people who are:
 - Aboriginal; LBGTIQ; refugees or new arrivals to Australia/ CALD background; people with disabilities (including Acquired Brain Injury).
- 👁️ A commitment to working collaboratively to increase the quality of services and improve the outcomes for the individual and the community in which they live.

📌 What We're Doing to Achieve Our Goals

📌 **Blue Mountains CDAT (Community Drug Action Team)** commenced in 2011 in response to the need for greater collaboration and information sharing about Drug and Alcohol specific issues in the Blue Mountains Community. Early 2012 the newly established Blue Mountains CDAT held a Drug Summit to bring organisations and community members together to provide strategic direction for local actions that could be taken by the CDAT. This was a productive and popular event that brought together representatives from a wide range of organisations (including NSW Police Local Area Command, Department of Education & Communities, Nepean & Blue Mountains Local Health District, BMCC, Katoomba & Springwood Community Health Centre Drug and Alcohol Counsellors, Mountains Youth Services Team, *Healthy for Life* program, Family Drug Support, The Salvation Army Rehabilitation Service, Aboriginal Culture and Resource Centre, as well as other key stakeholders). CDAT has subsequently produced a poster to help services understand the range of drug and alcohol services locally available.

📌 **Smoking Cessation project** was a collaboration between two Community Health Centre teams and four NGOs and was funded by the NSW Cancer Council's *Tackling Tobacco* project. In each group over 50% of clients gave up smoking. The State average is 30% of clients ceasing smoking with an intervention. The project was reviewed as very successful,

and the Cancer Council went on to use two of the participants to represent the initiative through their media campaign.

📌 *Graham had been physically and sexually abused for much of his childhood and youth. With extremely low self-worth he had used gambling and alcohol to escape his painful memories. When his marriage broke down, Graham tried unsuccessfully to complete suicide. Homelessness followed, as he did not believe he deserved to be helped. Through counselling, Graham has now secured permanent housing, re-entered the work force, and is free of gambling and alcohol. He is endeavouring to re-engage with his children.*

📌 *iDrinkSmart* project was a youth peer education program using digital media to address issues of high-risk alcohol consumption. Students from Years 10 & 11 from five local high schools participated in the program. Participants were trained in video production on iPhones as well as health education, before creating 30 second videos in response to the message "Binge drinking is never OK". The project was very successful, with the students very engaged, and members of the winning team (Springwood High School: <http://idrinksmart.com.au/ids2012/>) receiving an iPhone. The *iDrinkSmart* project was a joint initiative of Mountains Youth Services Team (MYST), Blue Mountains Women's Health & Resource Centre, and the BM Youth Mental Illness and Substance Abuse Network (YMISA) and was funded by DEEWR.

✓ How is State Government Contributing to These Achievements?

The most identifiable initiatives funded by the State Government through the Mental Health Alcohol and Drug Office (MHDAO) are:-

- ✓ 3 community health drug and alcohol positions (two at Katoomba and one at Springwood);
- ✓ The Nepean Withdrawal unit at Kingswood; and
- ✓ Opiate Treatment Programs at Blue Mountains and Nepean Hospitals.

