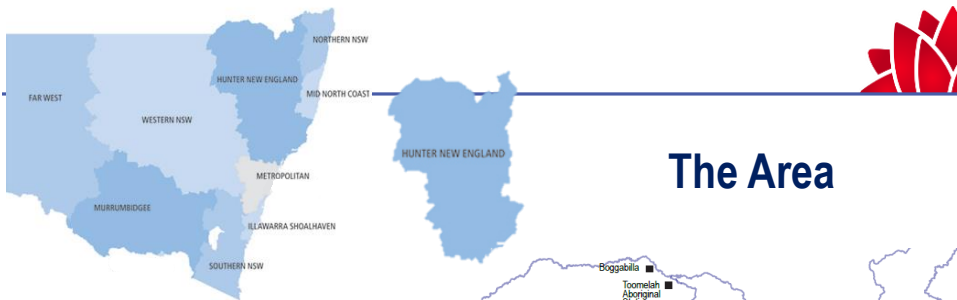


# Establishing a New England Aboriginal Drug and Alcohol Network (NEADAN)

Lyn Gardner, Michael Campbell-Smith, Brent Harvey, Martin Nean,  
Amanda L. Brown, Alison Ward, Adrian Dunlop



## The Area

People identifying as Aboriginal/Torres Strait Islander	
General Population	
Australia	2.8%
NSW	2.9%
• Moree	21.6%
• Tamworth	10.1%
• Inverell	8.5%
Hunter New England Health (HNEH)	
HNEH	4.6%
HNEH D&A Services	21.4%
NE Region of HNEH D&A Services	37.7%



NB: Obtained from ABS & HNEH 2016/2017 data

Adapted from NSW Health

## The NEADAN Project



- Limited access to effective, integrated & culturally sensitive D&A services particularly within rural settings
- Develop integrated service models that enhance access & ensure D&A issues are responded to appropriately
- Community consultation (2007-2008)
- Established within existing D&A services (Govt. Health & ACMS)
- Compliment current service models & provide clinical oversight



## Retrospective Chart Review (2012-2017)



Treatment episodes N=146		
Aboriginal, n (%)	131 (90%)	
Median Age (IQR)	39 yrs (29-45)	
Gender, n (%)	Male - 95 (65%)	Female – 51 (35%)
Drug of Concern, n (%)	Alcohol – 83 (57%)	Amphetamines – 24 (16%)
	Opiates – 19 (13%)	Cannabis – 18 (12%) (18)
Main Service Provided, n (%)	Outpt Consultation – 52 (36%)	Counselling – 36 (25%)
	Assessment Only – 36 (25%)	
Main Locations , n (%)	Inverell – 56 (38%)	Moree – 39 (27%)
	Tamworth – 15 (10%)	

IQR = Interquartile Range



## Recent Patient & Staff Experience/Insights



- Patient Experience Tracking System (Feb-Mar 2017)
  - Questions focused on respect, staff responsiveness, involvement in treatment & recommendation of service to others
  - 20 patients responded
  - 99.2% overall satisfaction rating
- Staff
  - Improving the skills of workers in ACMS
  - Assessment of patients with complicated clinical picture
  - Introduction of patients to HNELHD D&A
  - Assistance in the clinical pathway for clients within Aboriginal Rehab



## Conclusions



Persistence is the Key  
 NEADAN has provided services for a sub-population of Aboriginal people who may not have previously accessed or engaged in treatment.  
 It has also allowed for a range of consultations in non-government based services.  
 Education and clinical input has enhanced retention of staff within ACMS.  
 Ongoing funding a significant factor



# THANK YOU

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- Staff involved within Hunter New England Local Health District
- Aboriginal people who trusted us enough to engage in the process