

ESTABLISHING A NEW ENGLAND ABORIGINAL DRUG AND ALCOHOL NETWORK (NEADAN)

Authors:

LYN GARDNER^{1,2}, MICHAEL CAMPBELL-SMITH¹, BRENT HARVEY¹, MARTIN NEAN^{1,3}, AMANDA L. BROWN^{2,4,5}, ALISON WARD¹, ADRIAN DUNLOP^{2,4,5}

¹Hunter New England Local Health District, Drug and Alcohol Clinical Services, Rural and Regional Health, Tamworth, NSW, Australia, ²Hunter New England Local Health District, Drug and Alcohol Clinical Services, Newcastle, NSW, Australia, ³Aboriginal Drug & Alcohol Network (ADAN), NSW, Australia, ⁴School of Medicine and Public Health, University of Newcastle, NSW, Australia, ⁵Priority Research Centre for Brain & Mental Health Research, University of Newcastle and Hunter Medical Research Institute, Newcastle, NSW, Australia

Presenter's email: lyn.gardner@hnehealth.nsw.gov.au

Introduction/Issues:

Access to effective, integrated and culturally sensitive drug and alcohol (D&A) services for Aboriginal and Torres Strait Islander (ATSI) people, particularly within rural settings is limited. Developing integrated service models that enhance access is vital to ensure issues experienced by ATSI people regarding their own or someone else's D&A use is responded to appropriately.

Method/Approach:

Following community consultation in 2007/08, the NEADAN project was established within rural community settings in Hunter New England Local Health District's northern NSW region. NEADAN was set-up within existing D&A services of government health and Aboriginal Community Medical Services (ACMS) to compliment current service delivery models and provide clinical oversight to clients. Services were offered within both health settings to: engage clinicians and clients; enable sharing of clinical information; provide education and clinical consultation, and ongoing counselling if required. A five year (2012-2017) retrospective chart review of NEADAN associated treatment episodes was undertaken to further our understanding of the population seeking treatment, the main D&A issues and clinical services provided.

Key Findings:

Preliminary analysis demonstrated that of the 146 completed episodes, clients were predominately male (65%; 95/146) with a median age of 39y (IQR=29-45). Alcohol was the main drug of concern (57%, 83/146), with amphetamines representing 16% of presentations (24/146), opiates 13% (19/146), and cannabis 12% (18/146). The main service provided was outpatient consultation (36%, 52/146). Importantly insights and experiences from staff and patients will also be presented.

Discussion and Conclusions:

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.

Implications for Practice or Policy:

Partnerships between government and non-government agencies and ongoing funding in delivering services to Aboriginal communities is a significant factor in the process of engagement.

Disclosure of Interest Statement:

NEADAN funding provided by the Department of Prime Minister and Cabinet. The authors have no other disclosures.