



**RURAL APPLIED DRUG AND ALCOHOL RESEARCH**

# THE DEVELOPMENT OF RURALLY BASED RESEARCH CONSORTIUM

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Clinical Director WNSLHD

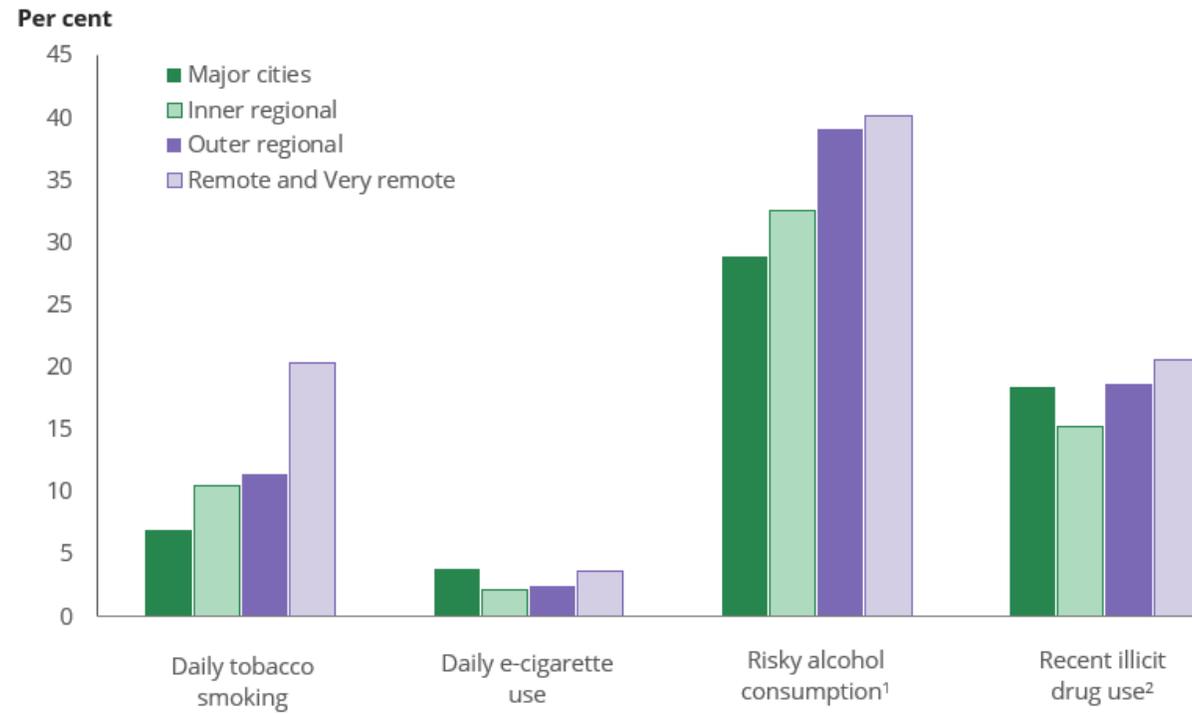
# ACKNOWLEDGEMENT OF COUNTRY



- AIHW in their NDS Household survey (2019) found that:
  - People in Remote and very remote areas were twice as likely as those in Major cities to smoke daily (19.2% compared with 9.8%).
  - People in Remote and very remote areas were about 1.6 times as likely as those in Major cities to consume alcohol at levels that exceeded both the lifetime risk guideline and the single occasion risk guideline.

## REASON FOR THE DEVELOPMENT OF RADAR

Figure 1: Use of drugs among people aged 14 and over, by Remoteness Area, 2022-2023

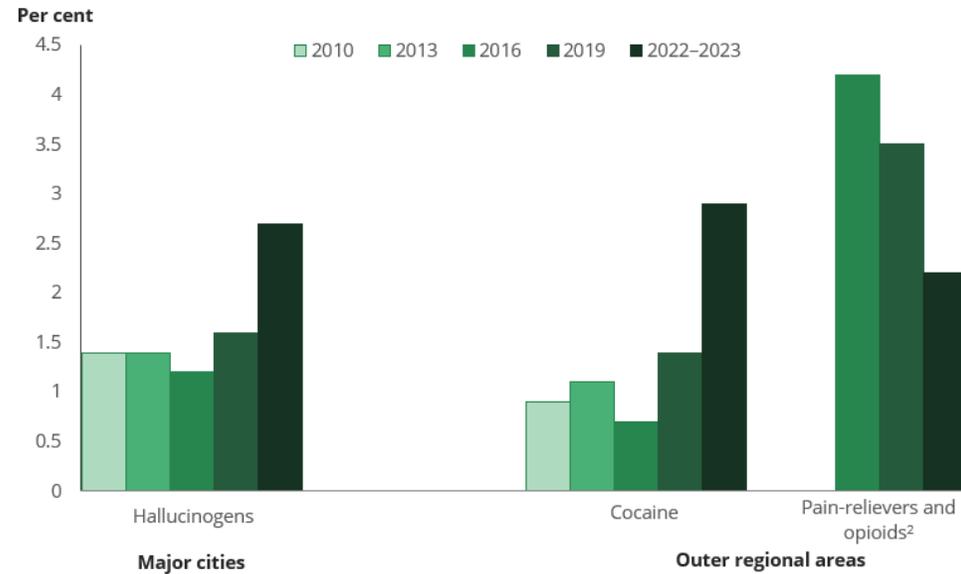


Notes

1. Derived from 2020 NHMRC alcohol guideline 1: Had more than 10 standard drinks per week or more than 4 standard drinks on a single day at least once a month on average.
2. Used at least 1 of 17 classes of illicit drugs in the previous 12 months in 2022-2023.

Source: Tables 3.11 and 9a.12.

Figure 2: Recent<sup>1</sup> illicit use of selected drugs in *Major cities* and *Outer regional areas*, 2010 to 2022–2023



Notes

1. Uses in the previous 12 months.
2. For non-medical purposes.

Source: Table 9a.12.

When examined by drug type, there were some changes between 2019 and 2022–2023 (Figure 2):

- *Major cities* saw an increase in the proportion of people who recently used [hallucinogens](#), from 1.6% in 2019 to 2.7% in 2022–2023.
- *Outer regional areas* saw an increase in the proportion of people who recently used [cocaine](#), from 1.4% to 2.9%.
- *Outer regional areas* saw a decrease in the proportion of people who recently used [pain-relievers and opioids for non-medical purposes](#), from 3.5% to 2.2%.

# REASON FOR THE DEVELOPMENT OF RADAR



No specific rural data available to provide rationale to enhance D&A services



Research tended to be based in metro areas- Sydney, Newcastle and Wollongong



So...



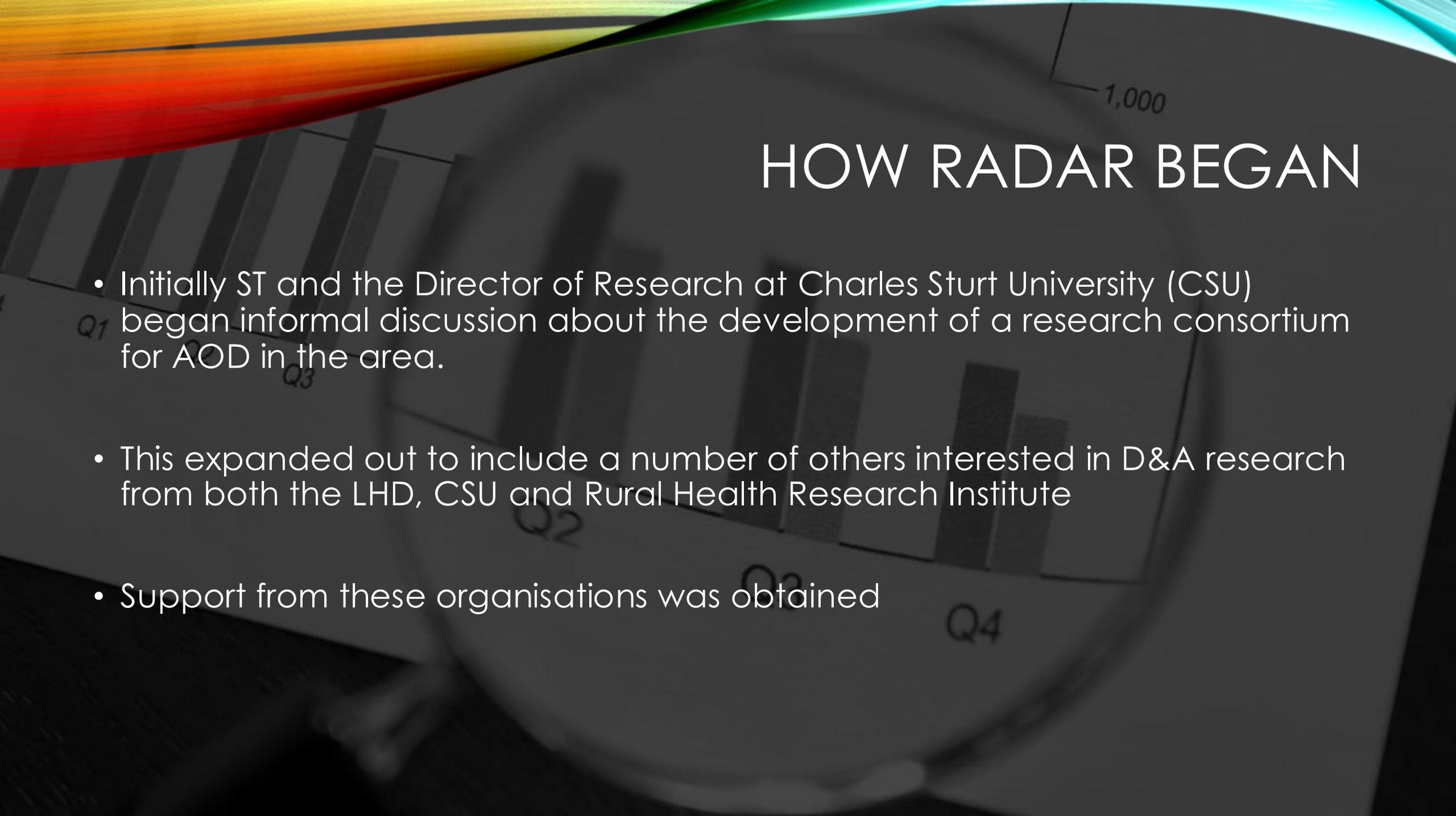
RADAR came into being to enable rural specific research



Increase research capability within our rural area.



Increase collaboration with other research organisations



# HOW RADAR BEGAN

- Initially ST and the Director of Research at Charles Sturt University (CSU) began informal discussion about the development of a research consortium for AOD in the area.
- This expanded out to include a number of others interested in D&A research from both the LHD, CSU and Rural Health Research Institute
- Support from these organisations was obtained

# THE TEAM

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**Professor Julaine Allan**, who specializes in Mental Health and Addictions at the Rural Health Research Institute, Charles Sturt University, and serves as a Senior Visiting Fellow at the National Drug and Alcohol Research Centre, University of New South Wales (UNSW).

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**Lynette Bullen**, Senior Drug and Alcohol Clinician at the Involuntary Drug and Alcohol Treatment Unit, Orange Health Service, Bloomfield, and a member of the WNSWLHD Ethics Committee, who graduated from the HETI Rural Research Capacity Building Program in 2019.

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**Dr. Brendan Cantwell**, Director of Curriculum at Charles Sturt University, School of Rural Medicine.

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**Dr. Meredith Eagle**, a participant in the Rural Research Capacity Building Program in 2023, representing Western NSW LHD in D&A services, and

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**Dr. Catherine Keniry**, Director of Research and Evaluation at the CSU School of Rural Medicine.

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**Dr. Alice Munro**, Research Director at Western NSW LHD.

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**Associate Professor Stanley Theodorou**, Clinical Director of Drug and Alcohol Services at WNSWLHD (since 2019) and Associate Professor at the School of Rural Medicine, Charles Sturt University.

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**Ms Marianne Olk**, Consumer representative, joined in 2024

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**Dr Nicole Snowden**, Post doc researcher and social worker, joined in 2024



# RADAR

- In the latter half of 2023 the group came together and met regularly on a monthly basis.
- The Aims of the Group are to:
  1. Target D&A research for Remote and Rural areas
  2. Improve data surrounding the needs of the rural population including the Aboriginal and CALD populations
  3. Increase research in the region with a view to translating our findings to the clinical sphere
  4. Aim to increase both applied and basic science research in the area.
  5. Develop partnerships with other interested parties to improve the outcomes of people with D&A issues

# SO FAR..

- With the help of CSU we were able to obtain the support of a Research Co-Ordinator (a requirement of joining DACRIN -JA) 0.2 FTE which allowed us to become members of the organisation
- This led to the involvement of the WNSWLHD in the RELEASE Study (outcomes presented yesterday presented by Professor Adrian Dunlop at this conference)
- We were also successful in obtaining 2 RHRI grants
  - Enhancing Access to Drug and Alcohol Services (EADAS)
  - Evaluation of the Buprenorphine Intervention Program in Bourke
- This allowed the employment of a 1.0 FTE Research Assistant (ME)

# EADAS

- A collaboration between Charles Sturt University and Western NSW Local Health District utilising a co-design approach with AOD staff has been funded by RHRI to develop 3 research projects which could be undertaken by medical students as part of their degree.
- A process of co-design to develop these research proposals with the staff working within WNSWLHD was undertaken to:
  - Develop staff engagement with the research
  - To study questions which the staff thought were relevant to their practice
  - To increase collaboration between the medical students and clinical staff

# WHY A CO- DESIGN MODEL?

- Evidence suggests that programs that build capacity improve the implementation of evidence based practice including in the research space
- A collaboration between Charles Sturt University and Western NSW Local Health District utilising this approach has been funded by RHRI to develop 3 research projects which could be undertaken by medical students as part of their degree.
- A process of co-design to develop these research proposals with the staff working within WNSWLHD was undertaken to:
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Phase 1: Routine data audit

Collation and analysis of LHD substance treatment routine data collection



Phase 2: Clinician Survey

LHD clinician survey on research needs, gaps, participation and implementation of evidence



Phase 3: Co-design workshops

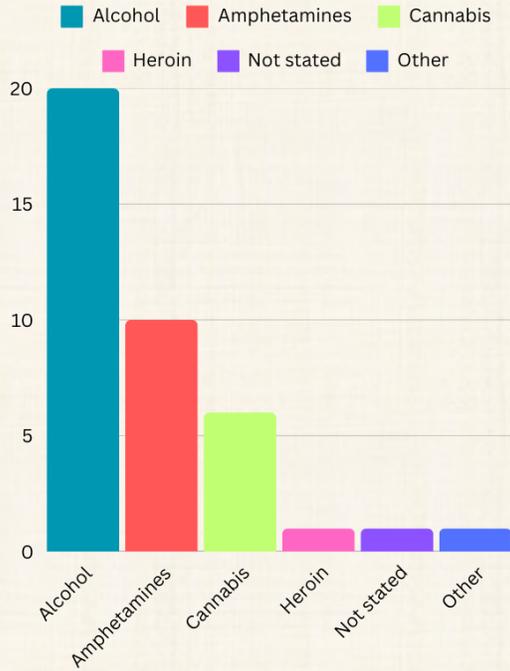
Nominal Group Technique process to identify research projects



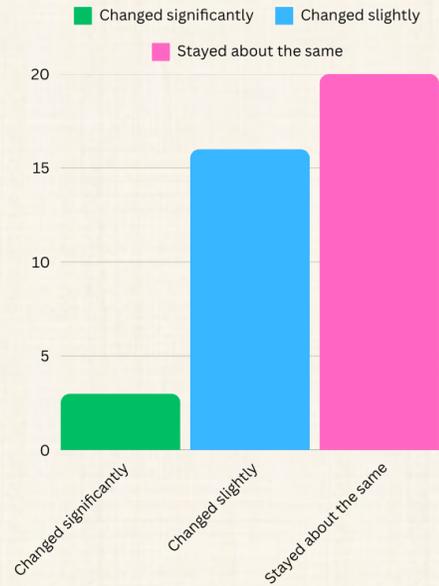
Outcomes and grant preparation

# What we learned - Clinician Survey

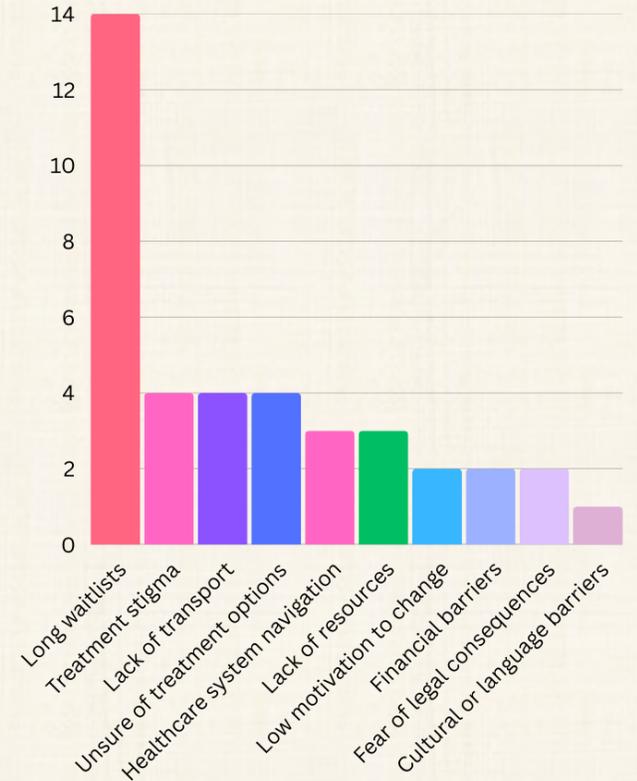
Most commonly used substance



In the last 2-3 years the types of drugs that clients are using has...



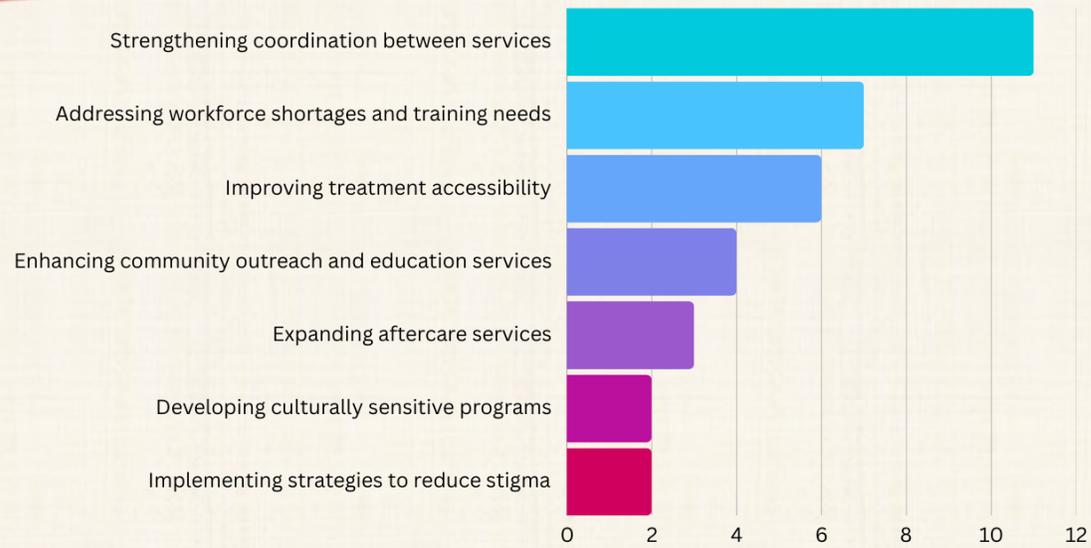
Most common treatment barrier



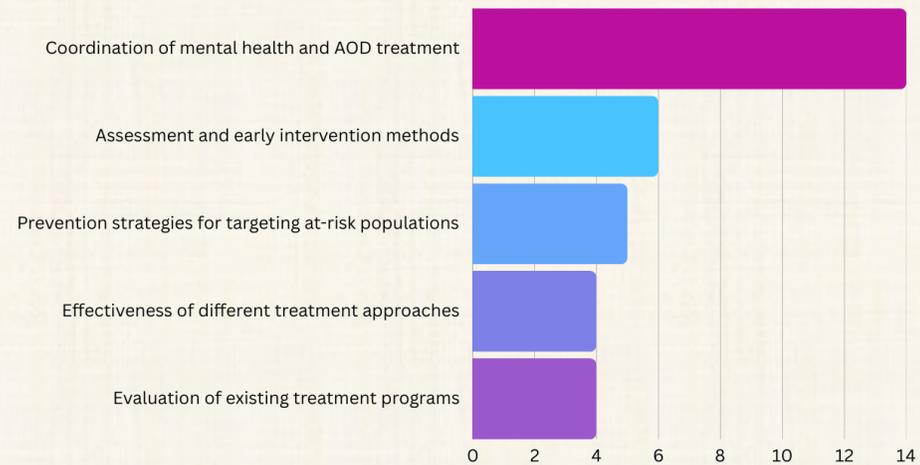
Clinician perspectives often lined up with data, though not in all cases

# What we learned - Clinician Survey

## Priorities for improving access to D&A services

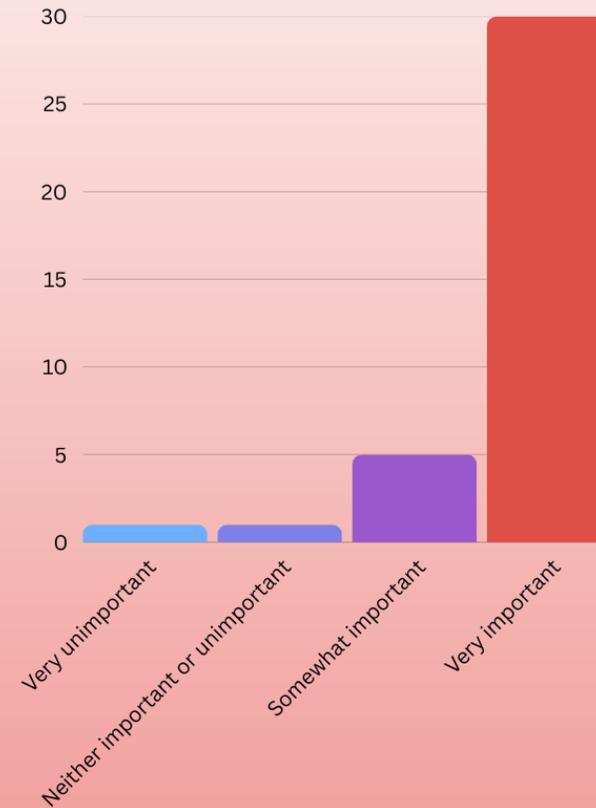


## Priorities for improving D&A Treatment



## What we learned - Clinician Survey

How important is it to prioritise D&A research in the district?



Clinicians are interested in being part of research in the district – they see research as important, they have ideas, however don't have time/resources to do it themselves

# WHAT WE LEARNED – FOCUS GROUPS

- **Effect of Stigma on help-seeking behaviour**
  - Research could explore how stigma and preconceived notions about drug and alcohol services affect individuals' willingness to seek help.
- **Effectiveness of Screening Tools**
  - Research could evaluate the effectiveness of screening tools like Assist Light (add Ref) in identifying substance use issues and guiding interventions.
- **Comorbidity and Integrated Care**
  - Research could examine the relationship between substance use and mental health disorders, and the effectiveness of integrated care approaches. Many clients present with comorbid conditions; however, the current system often fails to address these adequately due to a lack of coordinated care.
- **Investigating the Effectiveness of Short Interventions via Virtual Care**
  - There is a need to evaluate whether short interventions conducted virtually are effective for patients, particularly in rural and remote areas. This research could assess the impact of virtual consultations on patient outcomes, and include an evaluation of the effectiveness of brief interventions delivered virtually compared to traditional face-to-face interventions.

# WHAT WE LEARNED – FOCUS GROUPS

- **Assessing the Impact of Buprenorphine Depot on Treatment Outcomes**
  - There are concerns about whether buprenorphine depot improves treatment outcomes, especially for patients with complex needs. An analysis of retention rates and overall well-being of patients on depot buprenorphine versus traditional treatments could be investigated, together with the long-term outcomes of patients on depot buprenorphine, particularly focusing on retention rates and overall treatment success.
- **Understanding the Vicarious Trauma Experienced by Drug and Alcohol Staff**
  - There is a need to explore how staff in drug and alcohol services experience vicarious trauma and the impact it has on their work and well-being. This could lead to better support systems for staff. Research could involve an examination of the effects of vicarious trauma on drug and alcohol service providers and develop strategies to support staff well-being.
- **Evaluation of Community Pharmacy Perceptions of Drug and Alcohol Clients**
  - Investigating community pharmacists' perceptions of drug and alcohol clients may uncover barriers to service provision. Understanding these perceptions could inform strategies to improve collaboration between pharmacists and drug and alcohol services. Research the perceptions of community pharmacists regarding drug and alcohol clients, particularly focusing on barriers to participation in opioid treatment programs (OTPs).
- **Assessing the Quality of Life Outcomes for Clients Post-Treatment**
  - Research could focus on measuring the quality of life for clients before and after treatment, helping to determine the effectiveness of services and inform future interventions.

## WHAT WE LEARNED – FOCUS GROUPS

- **Understanding the Attitudes of Emergency Department Staff Towards Drug and Alcohol Patients**
  - Researching the attitudes of ED staff could reveal biases and barriers that affect the treatment and care of drug and alcohol patients, leading to improved training and protocols. Investigation of the attitudes of emergency department clinicians towards patients with drug and alcohol issues to identify barriers to effective treatment.
- **Evaluation of the Cultural Appropriateness of Drug and Alcohol Services**
  - **There** is a need to revisit the model of care to ensure it is culturally appropriate for Aboriginal and Torres Strait Islander populations, as current data indicates ongoing issues with service access and effectiveness. Explore the effectiveness of current service models for Aboriginal and Torres Strait Islander populations, assessing whether they meet the unique needs of these communities.

# EADAS

- Of interest:
- Stigma and its effect on treatment seeking
  - ED Staff attitudes towards AOD patients
  - Community pharmacist attitudes to AOD patients
- Measurement of Treatment Outcomes
  - QOL Improvements
  - Short term interventions via VC
- Vicarious trauma suffered by staff
- Evaluation of Culturally appropriate treatment

# EADAS

- Development of research proposals utilising information obtained from study
- Publication

# PROBLEMS ENCOUNTERED

- Research needs to include clinicians to be relevant however often clinicians are busy with clinical work
- Research positions needs to have ongoing funding to make research, esp in regional areas viable
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# THE FUTURE

- The support of both the larger metro-based universities as well as regionally based ones is vital
- Collaboration with other rural LHDs important
- MD students' and registrars' involvement in research
- The never-ending search for funding continues