

# Drug Health Services Strategic Plan

2023–2026

April 2023



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# Foreword

Drug Health Services in Sydney Local Health District (the District) aims to reduce the harms associated with substance use for individuals, families and communities and to prevent drug misuse. Drug health issues pose considerable challenges to the community, requiring a comprehensive and cross-sectoral set of strategies. We are pleased to introduce Sydney Local Health District’s *Drug Health Services Strategic Plan 2023–26* which provides a blueprint for how we plan to respond to patterns of substance use, new approaches to treatment and community concerns.

The pattern of substance use in the community changes over time. While tobacco smoking rates have reduced, smoking remains a major public health issue and alcohol remains the major drug-related reason for hospital admission. In the past decade, we have also seen significant increase in the use of prescription opioids, crystalline methamphetamine (also known as ‘ice’) and synthetic cannabis. The association between alcohol use and violence has also been of concern.

Misuse of drugs, including alcohol, tobacco, illicit drugs or prescription drugs, incurs considerable social and economic costs to individuals, families, local communities and broader society. Substance use can affect the health of the individual and their family through illness, disease, injury (including road accidents), and early mortality. Other impacts include workplace absenteeism and reduced productivity, violence, crime and community and family breakdown.

It is noteworthy that the economic and social burden of substance use is not only borne by substance users but, also by other non-substance users – children, families, friends, colleagues, victims of crime, and the general community.

At the time of writing, the COVID-19 pandemic has a significant impact on everyone’s health and access to services, and appears likely to remain a prominent issue for the immediate future. Consequently, service responses must continue to prevent transmission while maintaining important health care services. This is considered in the Strategic Plan.

The social cost of drug use in Australia has been estimated by the Australian Institute of Health and Welfare at:

\$136.9 bn  
for **tobacco** (2015–16)

\$15.76 bn  
for **opioid** use both illegal and non-prescribed (2015–16)

\$4.5 bn  
for **cannabis** use (2015–16)

\$5 bn  
for **methamphetamine** (2013–14)

\$66.8 bn  
for **alcohol** misuse (2017–18)

Sydney Local Health District’s *Drug Health Services Strategic Plan 2023–26* identifies actions for addressing substance use in the District through:

- continuous service improvement and high quality clinical care
- service integration through collaboration with affiliated District services
- partnerships with primary healthcare, community, government and non-government organisations and professional associations
- targeted strategies for high priority population groups
- expansion of outreach teams to engage and provide treatment in the community
- effective corporate and support services management
- enhanced research and education activity.

Drug Health Services also undertakes regular consultations with our patients about their experiences of our various services, and with the wider community through ongoing participation in collaborative working groups. Our consultations include: face to face interviews and telephone interviews employing a combination of structured Patient Reported Experience Measures (PREMS) and open-ended questions; and attendance at various inter-sectoral meetings and working groups. Feedback and recommendations from recent consultations have been considered in the development of this Strategic Plan.

The Plan outlines how Drug Health Services will support the District vision for excellence in health and healthcare for all. Our strategic focus areas have been informed by the core values, foundational principles and seven strategic focus areas reflected the *Sydney Local Health District Strategic Plan 2018–23*.

Prioritising these seven strategic focus areas aligns Drug Health Services’ plan with our District vision. It also provides clear direction for our initiatives and services to prevent drug misuse and reduce harms associated with substance use of individuals, families, and communities.

**Our strategic focus areas**



Our communities, partnerships and environment



Our patients, families and consumers



Our services



Our facilities



Our staff



Our research



Our education



Judy Pearson  
General Manager  
Drug Health Services



Professor Paul Haber AM  
Clinical Director  
Drug Health Services

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# Our service at a glance

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Sydney Local Health District's vision is for 'excellence in healthcare for all'. In the context of Drug Health Services, 'excellence' is seen as 'reduced alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities'. These service objectives are aligned with the Australian Government's National Drug Strategy 2017–2026 and National Alcohol Strategy 2019–2028.

Drug Health Services is a facility within Sydney Local Health District's Directorate of Clinical Services Integration and Population Health, which includes the following services:

- Drug Health Services
- Population Health
- Community Health Services
- Oral Health Services and Sydney Dental Hospital
- Community Health Centres (Redfern, Croydon and Marrickville)
- Non-Government Organisations (NGO) Program
- Integrated Care
- HealthPathways
- Health Equity Research Development Unit (HERDU)

The Directorate provides an opportunity for strong and integrated relationships to improve the health and wellbeing of the population of the District and beyond.

## Principles of drug health service provision

### 1 Harm reduction

We focus on limiting the adverse effects of substance use on individuals, families and communities.

### 2 Equity

We provide culturally appropriate and accessible care which meaningfully takes into account a person's demographic, socioeconomic or geographical background.

### 3 Patient and family-centered care

We provide care that respects the social, emotional, spiritual and physical context of our patients' lives and acknowledges their past experiences and strengths.

### 4 Partnership

We work with our patients, families, communities and service partners to achieve our goals, acknowledging participation is always voluntary.

### 5 Evidence-based practice

We develop and deliver models of care in line with the best evidence and use continuous evaluation to monitor their effectiveness.

### 6 Early intervention and prevention

We engage with individuals and communities to prevent substance related harms. We do this by providing information, brief interventions and referrals.



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## Our mission

To deliver evidence-based and patient-centered care in collaboration with other health and non-health partners to improve the health outcomes of individuals, their families and broader community.

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## About Sydney Local Health District Drug Health Services

People with substance use problems can access the following support through District Drug Health Services:

- community outreach teams
- counselling
- court diversion program
- hospital consultation
- inpatient and outpatient withdrawal management (detoxification) programs
- medical consultation
- needle syringe and other harm reduction programs
- opioid treatment program (OTP) and other pharmacotherapies
- prevention and community engagement
- programs for pregnant women.

Services are provided at Canterbury, Concord Repatriation General and Royal Prince Alfred Hospitals and at Canterbury, Marrickville and Redfern Health Centres. Medical consultations are occasionally provided to Balmain Hospital through telephone consultation. In 2020, Drug Health Services operated with over 140 full time equivalent staff and a budget of just over \$17 million.

Drug Health Services regards community concerns and public amenity issues relating to drug use in the community and treatment provision as a strategic priority. Staff participate in a wide range of community engagement activities to address these issues including attending three Community Drug Action Teams (CDATs) in Redfern/Waterloo, Canterbury and Inner West, and three Neighbourhood Advisory Boards (NABs) in Redfern, Waterloo and Glebe.

Drug Health Services also participates in key inter-sectoral collaboration groups and issues-based community working groups involving other government agencies, local councils, non-government organisations and police representatives.

Drug Health Services supports ten drug and alcohol non-government organisations (NGOs), which receive funding from the NSW Ministry of Health through Sydney Local Health District. In 2020, approximately \$4 million was distributed to these organisations. A range of services are provided by these organisations including residential rehabilitation, counselling and casework. Drug Health Services maintains clinical partnerships and referral pathways with these key NGOs across the District.

# Our priorities at a glance

## Strategic focus areas



### 1 Our communities, partnerships and environment

- 1.1. Continue to collaborate with District services including emergency department, mental health, gastroenterology, chronic care, dental, maternity, child and family health and others to promote excellent integrated care.
- 1.2. Strengthen existing partnerships with primary healthcare, community organisations, government and non-government organisations and professional associations.
- 1.3. Actively engage with communities where drug use is an identified concern and work with these communities and other stakeholders to develop and implement strategies to address issues.



### 2 Our patients, families, carers and consumers

- 2.1. Partner with patients, carers and families to plan, deliver and evaluate safe and evidence-based services to ensure care is patient-centred.
- 2.2. Ensure that quality, safety and risk management frameworks underpin all the work we do to provide high-quality clinical care.
- 2.3. Provide equitable access to care for priority groups.



### 3 Our services

- 3.1. Continue to review clinical service models and harm reduction initiatives to ensure they are contemporary, evidence-based, effective, efficient, and address the needs of the community.
- 3.2. Build strategies to ensure equitable healthcare for all high-priority population groups and those within areas of socio-economic disadvantage.
- 3.3. Continue to oversee the NSW Drug and Alcohol Health Services Library, the National Poison Register and provide support to the Australian National Liver Transplantation Unit.



### 4 Our facilities

- 4.1. Participate in design and planning of new and upgraded facilities within acute hospital and community settings, to ensure Drug Health Services is integrated into wider facility operations and processes.
- 4.2. Manage our current facilities and infrastructure to enable the best care and services possible.





## 5 Our staff

- 5.1. Promote health and wellbeing initiatives for staff.
- 5.2. Promote staff engagement and high-quality employee performance.
- 5.3. Provide opportunities for succession planning, professional development and career advancement for staff across all Drug Health Services.



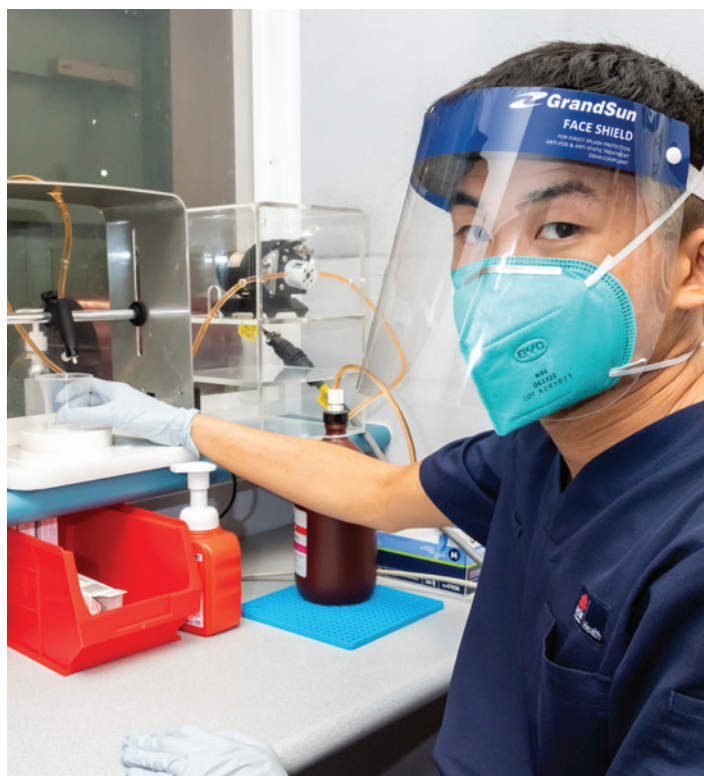
## 6 Our research

- 6.1. Continue to promote a positive research culture within Drug Health Services aligning with the NSW Ministry of Health's Strategic Prioritisation Framework for Alcohol and Other Drugs Research and Evaluation: 2020–24.
- 6.2. Increase clinical research capacity in the alcohol, drugs and toxicology fields with the establishment of the Edith Collins Centre for Translational Research in Alcohol, Drugs and Toxicology.
- 6.3. Focus on translational research that is patient-centred and dedicated to improving health.



## 7 Our education

- 7.1. Promote continued professional development to build a skilled and diverse workforce.
- 7.2. Engage with the next generation of health professionals through relationships with universities and by offering enhanced placement opportunities.
- 7.3. Engage other District clinical specialities aligned to Drug Health Services to enhance interdisciplinary collaboration and learning opportunities.



# 1 Our communities, partnerships and environment



## Our communities and environment

Sydney Local Health District is located in the centre and inner west of Sydney, made up of the local government areas of the City of Sydney (western part), Inner West Council, Canterbury-Bankstown (Canterbury part), Canada Bay, Burwood and Strathfield. The District is responsible for providing care to more than 670,000 local residents and a large number of people who travel to the District to use its tertiary and quaternary services. Drug Health Services are provided District-wide.

### Population growth

The District population is growing rapidly, with an expected population growth rate of 40 per cent between 2016 and 2036 compared with 28 per cent for NSW as a whole.

### Mothers and babies

Each year, approximately 8,500 babies are born to mothers residing in the District, with just under 6,900 births occurring in the maternity units at RPA and Canterbury Hospitals.

### Children

The 2016 Australian Census found that around 13 per cent of the District's population were children aged 0 to 12 years, an increase of 25 per cent over the past decade.

### Young people

The 2016 Australian Census found that around 15 per cent of the District's population were young people aged between 12 and 24, an increase of 8 per cent over the past decade.

### Ageing population

The District population is ageing, with the current number of residents aged over 70 projected to increase by 65 per cent by 2031.

### Disability

In 2016, around 5 per cent of District residents reported needing assistance with core activities. Meanwhile, 10 per cent of District residents reported providing unpaid assistance to a person with a disability.

### Aboriginal community

Aboriginal people make up 0.9 per cent of the District's population, compared with 2.5 per cent of the NSW population.<sup>1</sup> A very significant Aboriginal population resides within Sydney Local Health District especially in the Redfern/Waterloo area, in the City of Sydney and in Marrickville. The Inner West and City of Sydney Councils have the highest number of Aboriginal residents. Consistent with state and national figures, the age profile of Aboriginal people in the District is younger than the non-Aboriginal population.

### Culturally and linguistically diverse (CALD) communities

Approximately 44 per cent of the District's residents were born overseas with around 55 per cent of residents speaking a non-English language at home. Major languages spoken at home include Chinese languages, Arabic, Greek, Korean, Italian and Vietnamese.

### Gender and sexuality diverse communities

The District is home to diverse and proud lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and questioning (LGBTIQA+) communities. A number of suburbs in our District have the highest proportions of same-sex couples in Australia.<sup>2</sup> The District is also home to a significant population of gender and sexuality diverse young people.

### Socio-economic factors

The District is characterised by socioeconomic diversity, with pockets of both extreme advantage and extreme disadvantage. A high proportion of the District's dwellings are social housing compared to NSW as a whole, with the majority located in Waterloo-Beaconsfield, Redfern-Chippendale, Riverwood and Glebe-Forest Lodge. 40 per cent of NSW boarding homes are located in the District and The District is also home to a large homeless population.

<sup>1</sup> Sydney Local Health District Aboriginal Health Strategic Plan 2018–22

<sup>2</sup> 2017/0 Census of Population and Housing: Reflecting Australia—Stories from the Census, 2016: Same Sex Couples in Australia, 2016: Australian Bureau of Statistics.







## Patterns of alcohol and other drug use in the community

Over the past two decades there have been significant changes in the patterns of drug use in the community.

**Tobacco** smoking has become less common within the District and within the general population due to assertive government action. However, tobacco smoking remains a major public health issue, incurring significant costs to the community. More intensive cessation interventions are needed with remaining smokers. While so-called ‘electronic cigarettes’ which deliver nicotine vapour are increasingly available and used in the community, the evidence regarding their safety is not yet conclusive.

**Alcohol** remains a drug of considerable impact in the community with over half of all requests to the Drug Health Services inpatient consultations in Sydney Local Health District hospitals related to use of alcohol. Pharmacotherapies for alcohol use disorders could be more highly utilised.

**Cannabis** is the most widely used illicit drug with approximately 35 per cent of Australians reporting lifetime use. Use of synthetic cannabinoids (with high potency) and amphetamine-type stimulants continue to increase in the community, with an unknown toxicity profile due to unregulated manufacture.

**Amphetamines** have overtaken excessive drinking of alcohol as the drug of most concern to Australians. Since 2011, there has been a nearly ninefold increase in hospitalisations in the District due to stimulants. The death of several young people at summer music festivals from their use of illicit ‘pills’ (sold as ‘ecstasy’ – methylenedioxymethamphetamine or MDMA – but containing more dangerous substances) has also provoked community concern regarding prevalence of stimulant use. Mental health problems and social aggression associated with ‘ice’ and steroid use are also major social issues. With no substitution therapy available for these substances, engagement and treatment is challenging.

**Table 1: Alcohol and drug use and related harms, Sydney Local Health District and NSW**

Indicator	Sydney Local Health District		NSW	
	Indicator	Trend	Indicator	Trend
Methamphetamine related hospitalisations 2018–19	144.1 per 100,000	8.8 x increase since 2011	142.7 per 100,000	10 x increase since 2011
Opioid related hospitalisations 2018–19	344.4 per 1000,000	14% decrease since 2011	343.2 per 100,000	15.6% increase since 2011
Alcohol consumption at levels posing long-term risk to health by Local Health District, persons aged 16 years and over, NSW 2019	36.2%	7% increase since 2002	32.8%	1% increase since 2002
Current smoking, persons aged 16 years and over, 2019	9.1%	48% decrease since 2002	11.2%	31% decrease since 2002
Use of cannabis	N/A	N/A	11.0%	21% increase since 2016

Source: HealthStats NSW, 2019



**Prescription opioid drugs** has risen over the past decade and with it, the risk of harms including fatal and non-fatal overdose and dependence. Unfortunately there is little evidence of reduced burden of pain, the key reason for the growing use of these medications. While a slight decline

in opioid hospitalisations was noted overall in 2019–20, the highest rates of opioid related hospitalisations were in males, Aboriginal people, people aged 35 to 44 years and people in the most disadvantaged socio-economic group.<sup>3</sup> Presentations for poisoning have

also grown substantially in the past decade with rising hospitalisation and deaths. Some of these reflect deliberate self-harm, with mental health issues needing to be addressed in parallel with toxicology and substance use disorders.

## Priority groups

**Aboriginal people** are widely recognised as having poorer health and poorer access to appropriate health services with drug and alcohol

use identified as key social and environmental impacts on the health of Aboriginal people.

In 2019–20, a summary report of District Drug Health Services patient data showed that:

14%

of people accessing Drug Health Services identified as Aboriginal or Torres Strait Islander

43%

of Aboriginal people accessing Drug Health Services identified heroin as their primary drug of concern

18%

identified alcohol as a drug of concern

15%

identified amphetamines as a drug of concern

The 2019 National Drug Strategy Household Survey found that Aboriginal people are:

2.5 times

as likely as non-Aboriginal people to smoke daily

4 times

more likely to smoke at all during pregnancy compared to non-Aboriginal mothers

1.4 times

more likely to use illicit drugs

1.3 times

more likely to use cannabis

2.4 times

more likely to use methamphetamines

1.9 times

more likely to use a pharmaceutical for non-medical use

<sup>3</sup> Methamphetamine-related hospitalisations, Sydney Local Health District, Health Stats NSW [healthstats.nsw.gov.au](http://healthstats.nsw.gov.au)

**LGBTIQ+ communities** also experience high levels of health disparities including higher rates of poor mental health and higher smoking rate. Men who have sex with men are disproportionately represented in HIV and STI diagnoses, with the District being home to the highest numbers of residents living with HIV in Australia.

The 2019 National Drug Strategy Household Survey (NDSHD) found that in comparison to heterosexual people, gay, lesbian or bisexual people were:

1.5 times  
more likely to smoke daily

1.5 times  
as likely to exceed the lifetime risk guideline to reduce the harm from drinking alcohol

9 times  
as likely to have used inhalants in the previous 12 months

3.8 times  
as likely to have used methamphetamines in the previous 12 months

2.6 times  
as likely to have used ecstasy in the previous 12 months.

**People who inject drugs** are also another identified priority group. Among people who inject drugs, Australia has one of the lowest rates of HIV in the world due to the continuing implementation of a successful Needle Syringe Program, but Hepatitis C continues to be a significant health burden for injecting drug users<sup>4</sup>. Our harm reduction services have a role to play in encouraging broader testing for blood borne viruses amongst people who inject drugs and subsequent support to access treatment if required.

Infectious disease notification rates are also particularly high in the District.<sup>5</sup> Between 2013 and 2017, the average annual notification rate for chlamydia in the District was twice the rate for NSW, mostly in the 25–34 year age group. During the same period, notification rates for gonorrhea and syphilis were 3 times higher in the District compared to the average notification rates across NSW. As substance use can be associated with a variety of adverse sexual health outcomes, harm minimisation interventions provided by Drug Health Services recognises and addresses this associated risk.

Drug Health Services continues to expand clinical and community partnerships to address drug and alcohol related harms in priority populations.

4 Degenhardt et. al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV and HCV in people who inject drugs: a multistage systematic review. *Lancet Global Health*, 2017;5:e1192-1207. [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(17\)30375-3.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30375-3.pdf)

5 Quinn, E. Najjar, Z. & Gupta, L. Sydney Local Health District Sexually Transmitted Infections report 2013–2017, Sydney Local Health District Public Health Unit, March 2018

### Our partnerships

Complex and intersecting factors relating to individual, social and community factors contribute to the uptake and maintenance of substance use. In order to provide holistic care to patients, Drug Health Services works with a broad range of partners. These include other clinical services and primary care providers in the management of individual physical and mental health issues; government and non-government agencies; and the community for the management of broader social issues.

#### Sydney Local Health District Health Services clinical partnerships

Emergency Department	Mental Health Services
RPA Virtual	Gastro Liver Services
Oral and Dental Health	Population Health
Aged Care, Chronic Care and Rehabilitation	Maternity and Neonatal Services
Community Health including Child and Family, Sexual Health and Youthblock	Aboriginal Health
	ClinConnect





Affiliated Sydney Local Health District partners include Mental Health Services, Gastro Liver Services, Emergency Departments, Maternity Services, Population Health, Community Health Services (including Child and Family Health, Sexual Health and Youthblock), Oral Health, Aged Care, Chronic Care and Rehabilitation services.

Drug Health Services collaborate with our District partners in a variety of ways. For example:

- establishing Secondary Needle Syringe Programs (NSPs) at Youthblock and Sexual Health at Royal Prince Alfred Hospital
- partnering with ClinConnect to organise student placements across the District
- supporting **rpavirtual** to provide telehealth counselling services in the District.

Drug Health Services also has representation on the District's Aboriginal Health Steering Committee and facilitates its own Aboriginal Health Working Group, co-chaired with the District's Aboriginal Health Unit to support implementation of the strategies identified within the District's *Aboriginal Health Strategic Plan 2018–22*.

## Memorandums of Understandings (MOUs) and Interagency Partnerships

<b>Aboriginal Medical Service Redfern</b> Staff specialist clinic	<b>Redlink</b> Outreach AWG and Men's Cave
	<b>Weave</b> Youth outreach
<b>Marrickville Legal Centre</b> Canterbury legal clinic	<b>Ozharvest</b> Food aid
<b>Redfern Legal Centre</b> RPA legal clinic	<b>Haymarket Foundation</b> Vaccination clinics
<b>We Help Ourselves</b> Clinical pathways	<b>Common Ground</b> Outreach
<b>Gender Centre</b> Secondary NSP	<b>External providers</b> Clinical supervision
<b>Barnardos</b> Secondary NSP	<b>Lebanese Muslim Association</b> Tobacco control
<b>NSW Land and Housing Corporation</b> Outreach	

Drug Health Services has formal memorandums of understanding and interagency service agreements with a range of partners. One of these is a long-standing clinical partnership with the Aboriginal Medical Service (AMS) Redfern, where Drug Health Services provide a drug and alcohol specialist clinic one day per week and a range of drug and alcohol treatments and support to patients of the service. AMS medical officers also prescribe opioid pharmacotherapies for patients who come to the Royal Prince Alfred Opioid Treatment Program for dosing. This partnership facilitates an ongoing exchange of knowledge and skills between staff of the AMS and Drug Health Service which overall, improves patient care through an integrated and collaborative approach.

Drug Health Services support:

- a drug and alcohol specialist clinic at We Help Ourselves (WHOs)
- a specialist nurse practitioner conducting youth outreach at Weave Youth and Community Services
- outreach services and facilitation of Aboriginal men's and women's groups at Redlink, an integrated support and services hub involving over 40 government departments and NGOs
- vaccination clinics at the Haymarket Foundation
- outreach services for Common Ground and for identified areas of concern in Redfern and Waterloo
- funding for tobacco control programs at the Lebanese Muslim Association (LMA) in our District's inner west

- secondary Needle and Syringe Programs at the Gender Centre and Barnardos
- legal clinics for patients of Canterbury and Royal Prince Alfred hospitals with Marrickville and Redfern Legal Centres
- an agreement with Ozharvest to provide fresh produce to clients of the Harm Reduction service at Redfern
- agreements with a number of external senior clinicians to provide clinical supervision for allied health staff across Drug Health sites.

Drug Health Services also takes advice from the Sydney Metropolitan Local Aboriginal Health Partnership Agreement—a formalised alliance between the Aboriginal Medical Service Redfern, key Local Health Districts (Sydney, Northern Sydney and South Eastern Sydney), St Vincent's Hospital Network and the Sydney Children's Hospitals Network.

### External partnerships

<b>NSW Ministry of Health</b>	<b>NSW Land and Housing Corporation</b>
<b>Community pharmacies</b>	<b>Other Local Health Districts and St Vincent's Health Network</b>
<b>Oral and Dental Health</b>	<b>Central and Eastern Sydney Public Health Network</b>
<b>Private opioid clinics</b>	<b>General practitioners</b>
<b>Local councils</b>	<b>Community groups</b>
<b>Department of Communities and Justice</b>	<b>Justice Health</b>
<b>Neighbourhood advisory boards</b>	<b>Community drug action teams</b>
<b>Alcohol and other drugs NGOs</b>	<b>Other NGOs</b>
<b>Corrective Services NSW</b>	<b>NSW Police</b>
<b>Tresillian Family Care Centres</b>	<b>Research centres and universities</b>
<b>Peer AOD organisations and fellowships</b>	

Drug Health Services works and consults with a broader network including:

- other government agencies, including the NSW Ministry of Health, Justice Health, Corrective Services NSW, and the NSW Land and Housing Corporation (LAHC)
- other local health districts and public health networks including St. Vincent's Health Network and the Central and Eastern Sydney Primary Health Network (CESPHN)
- local councils
- NSW Police
- community groups including alcohol and other drugs (AOD) peer organisations and fellowships
- community consultation groups including local Community Drug Action Teams (CDATs) and Neighbourhood Advisory Boards (NABs)
- general practitioners, community pharmacies and private opioid clinics
- family care centres (Tresillian)
- research centres and universities.

Our academic partnerships provide links to the University of Sydney including Central Clinical School, the Schools of Pharmacology and Pharmacy, the Matilda Centre and the Centenary Institute; The University of New South Wales including the National Drug and Alcohol Research Centre (NDARC); and the University of Western Sydney.

We are also active participants in the NSW-wide Drug and Alcohol Clinical Research and Improvement Network (DACRIN) linking eight local health districts (Sydney, South-East



Sydney, North Sydney, South-West Sydney, Western Sydney, Illawarra-Shoalhaven, Central Coast and Hunter New England), St Vincent's Health Network and the Justice Health and Forensic Mental Health Network.

Drug Health Services participates in three CDATs across the District (Inner West, Redfern/Waterloo and Canterbury); three NABs (Glebe, Redfern, Waterloo); and also participates in the Waterloo Human Services Collaborative which aims to improve service integration and coordination for the benefit of Waterloo residents. The service is also involved in a range of other community consultation groups across the District addressing specific issues as they arise.

### **Funded non-government organisations**

Drug Health Services works collaboratively with ten non-government organisations (NGOs), monitoring funding and performance agreements, and promoting clinical pathways and shared care arrangements to enhance treatment options for individuals, families and communities. The following ten NGOs receive funding from the NSW Ministry of Health via Sydney Local Health District to deliver drug and alcohol services to the community:

**Barnardos**

**Kathleen York House**

**Co.As.It**

**Leichhardt Women's Centre**

**Family Recovery**

**Sydney Women's Counselling Centre**

**Guthrie House**

**Building Trades Group D and A Committee**

**We Help Ourselves**

**The Fact Tree Youth Service**

## **Key priorities for our community, partnerships and environment**

### **1.1**

Continue to collaborate with District services including emergency department, mental health, gastroenterology, chronic care, dental, maternity, child and family health and others to promote excellent integrated care.

### **1.2**

Strengthen existing partnerships with primary healthcare, community organisations, government and non-government organisations and professional associations.

### **1.3**

Actively engage with communities where drug use is an identified concern and work with these communities and other stakeholders to develop and implement strategies to address issues.

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# 2 Our patients, families, carers and consumers

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To ensure we provide integrated, effective, responsive and safe services, Drug Health Services aims to:

- provide collaborative care throughout the patient journey. This can be achieved through open, clear and respectful communication with patients, carers, families and other service providers
- provide treatment in a caring environment where patients, carers and families experience considerate and respectful services, so that optimal health outcomes can be achieved
- work in partnership with patients, carers and families to meet patients' needs and provide holistic treatment, acknowledging that participation is voluntary at all times
- meet National, State and District safety obligations through compliance with patient safety requirements, accreditation standards, clinical and professional competences, and Work Health Safety requirements

## Drug Health Services Integrated Care Model

The Drug Health Services Integrated Care Model encompasses a socio-ecological and holistic understanding of the complex individual, familial and social factors affecting substance use. Interventions are therefore conducted at a range of levels including individual, family, community, policy and systemic levels. This approach facilitates streamlined care across providers and settings, acknowledging the power derived from collaborative cross-agency care and actions.

Components of the Drug Health Services Integrated Care Model include:

- holistic assessment, considering physical and mental health, and social function
- patient and family-centred case management
- respect for patient autonomy and the rights of patients to participate in or decline treatment
- non-judgemental care that acknowledges stigma associated with substance use
- a harm reduction approach that incorporates a spectrum of strategies: Including safe use, managed use, abstinence, self-directed goals and addressing conditions of use along with the use itself

- a continuum of care between community and hospital settings, facilitated through integrated clinical records and conjoint services
- clear integration with affiliated clinical partners including the Emergency Department, Mental Health, Maternity Health and Gastroenterology
- shared guidelines and protocols between affiliated clinical and community partners and Drug Health Services
- evidence-based range of treatment options for patients and families
- trauma informed care and practice
- strong partnerships with primary care providers
- participation in District health promotion projects
- community engagement strategies designed to address the social determinants of health and address issues of concern relating to local drug use.



Drug Health Services will also participate in any systemic integrated responses across the NSW Health system in this period. For example, the planned NSW Health implementation of the Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework. This framework articulates a whole-of-service approach to prevent, identify and respond more effectively to domestic and family violence, adult and child sexual assault and child physical and emotional abuse and neglect.

The National Drug Strategy 2017–2026 identifies priority populations at higher risk of experiencing harms from use of alcohol and other drugs. Priority groups identified in this strategy include:

- Aboriginal and Torres Strait Islander people
- People with co-occurring mental health conditions
- young people aged 12–25 years
- elderly people aged 65 and over
- people in contact with the criminal justice system

- culturally and linguistically diverse (CALD) populations
- people who identify as lesbian, gay, bisexual, transgender or queer (LGBTIQ+).

In addition to the priority groups identified above, Drug Health Services also consider the following groups to be a priority:

- pregnant women and their families
- people who inject drugs
- people with blood borne viruses (hepatitis and/or HIV/AIDS).

## Key priorities for our patients, families, carers and consumers

### 2.1

Partner with patients, carers and families to plan, deliver and evaluate safe and evidence based services to ensure care is patient-centred and trauma informed.

### 2.2

Ensure that quality, safety and risk management frameworks underpin all the work we do to provide high-quality clinical care.

### 2.3

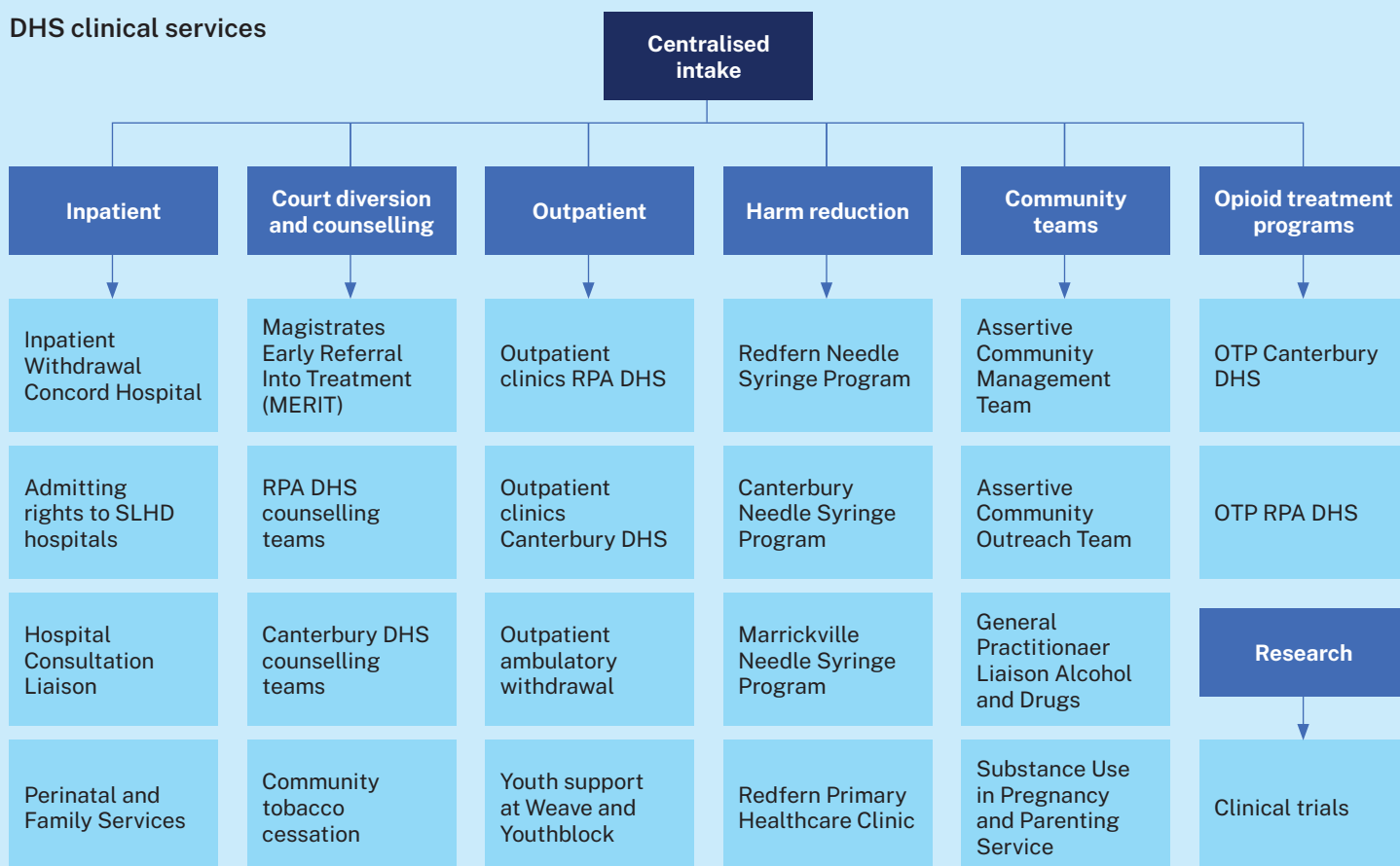
Provide equitable access to care for priority groups.

# 3 Our services



Drug Health Services currently has 35 outpatient clinical teams as well as a range of inpatient services across Sydney Local Health District. A number of statewide and national services are also managed or supported by Drug Health Services.

## DHS clinical services



## State and national services









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## Centralised intake

Healthcare workers and people can use a centralised intake line to access information on available drug and alcohol treatment, access drug and alcohol treatment services offered by Drug Health Services or be referred to, or offered relevant information about other relevant services. Health practitioners familiar with services offered by Drug Health Services may make referrals to individual services directly.

The intake line (1800 793 466) operates 8.30am to 5pm Monday to Friday.

## Inpatient services

Drug Health Services offers inpatient withdrawal management for people with complex physical or mental health comorbidities. Hospital beds in the general medical wards are also available for people who are admitted, usually through emergency departments, with toxicology or overdose and for medical complications relating to substance use. A consultation liaison service is also available at Royal Prince Alfred, Canterbury and Concord Repatriation General Hospitals. The liaison service is staffed by addiction medical and nursing specialists who provide treatment and contribute to discharge planning for patients.

### Perinatal and family services

Royal Prince Alfred Hospital Drug Health Services offers a Perinatal and Family Service team which provides support and assistance to pregnant women who use substances and their families. The team includes multidisciplinary practitioners from Drug Health Services, social work, neonatal services and obstetrics.

## Outpatient services

### Counselling and Tobacco Cessation Support

Counselling can help patients manage some of the complex issues relating to their substance use. It can be undertaken before, after, or concurrently with other drug health treatments. It is also available for family members of people who are drug dependent.

Counselling models include a trauma informed approach: acknowledging that experiences of trauma, including domestic and family violence, can be a root cause for substance use. Service providers are mindful that vulnerable patients can be re-traumatised through their subsequent interactions with the health system. With this in mind, clinical engagement is conducted slowly and carefully, to reduce risk of re-traumatisation.

Counselling services and tobacco cessation clinics are available at Canterbury and Royal Prince Alfred Hospitals and Croydon Community Health Centre. Demand for general drug and alcohol counselling and tobacco cessation support is increasing and Drug Health Services has established a range of therapeutic group programs to assist patients. Priorities for counselling include managing increasing demand by establishing flexible service models, including telehealth, to maintain access to counselling services for the community.

In 2021, a District Drug Health Services Counselling Model of Care was endorsed and will be implemented across all Drug Health Services sites.



## MERIT Program

The Magistrates Early Referral into Treatment (MERIT) program is a partnership program with the NSW Justice Department. MERIT is a voluntary diversion program for adult defendants with illicit drug use issues who are eligible for release on bail and motivated to undertake drug treatment. MERIT is a three-month intervention, reflecting the average local court bail period. Magistrates are provided with a comprehensive report at the end of the treatment period regarding the defendant's participation in treatment so that sentences can better reflect rehabilitation prospects.

MERIT is required to provide timely and specialist drug treatment and advice for patients before the local courts without delaying court proceedings. The service balances the individual's personal and treatment needs, and the needs of the criminal justice system. Access to treatment for marginalised people is strengthened by MERIT's collaborative partnerships with the courts, legal services and police.

## Outpatient medical clinics

A range of other outpatient medical clinics are offered at Canterbury and Royal Prince Alfred Hospitals to assist with issues including:

- ambulatory withdrawal treatment for patients who have no serious concurrent medical or mental health issues
- pain management for patients with chronic pain and concurrent substance use. In most cases, this refers to chronic non-malignant pain with people experiencing difficulty controlling use of strong opioid analgesics due to opioid dependence

- viral hepatitis clinics to increase prevention, vaccination, diagnosis, treatment and disease management
- specialist clinics to support liver clinic (for alcohol-related liver disease) and liver transplantation service and antenatal clinic
- assessment to support GPs and early follow-up from hospital emergency department presentations.

Drug Health Services continues to expand opportunities to partner with other key clinical services such as gastroenterology, maternity services and sexual health to provide outpatient medical clinics to address patients' physical health and wellbeing.

## Youth Support

A specialist senior nurse practitioner works with young people aged 12 to 25 years to engage them in their own general healthcare and manage drug and alcohol use and related problems. This practitioner works in partnership with health teams of local youth agencies to increase engagement with at-risk youth. At present, this service is available at Youthblock in Redfern and at Weave Youth and Community Services in Waterloo.

## Harm reduction services

The Drug Health Services Harm Reduction Program aims to prevent transmission of HIV, Hepatitis B and C and other blood-borne viruses among people who inject drugs. It is often the first point of contact, providing a gateway to the wider health system for this high-risk patient group. Services include:

- primary needle and syringe programs at Turner Street, Redfern; Tudor Street, Canterbury; and Livingstone Street, Marrickville, offering a full range of sterile injecting and safe sex equipment, information, referral and disposal facilities
- primary health care treatment at our Primary Health Care Clinic at Turner Street, Redfern, including care of drug-use-related injuries (wounds and secondary infections), basic health and medical assessments, screening, vaccination and monitoring of chronic hepatitis and HIV infection
- secondary needle and syringe program outlets to provide a limited range of needles and syringes, disposal and referrals services through other agencies where the provision of needles and syringes is not the prime purpose of the service
- six automatic dispensing machines (ADMs) at RPA HealthOne Green Square, Redfern, Croydon and Marrickville Community Health Centres, Royal Prince Alfred Hospital and Concord Hospital offer access to free, sterile, injecting equipment 24 hours a day

- community consultation, training, education, active retrieval of sharps and notification of any reported variable risks including known toxic batches of illicit drugs and non-prescribed drugs in circulation in vulnerable communities.

Distribution of sterile injecting equipment has been increasing steadily each year with just over 1.4 million units of equipment dispensed through our needle exchange programs and ADMs between July 2019 and June 2020. A key challenge is to reduce receptive sharing among people who inject drugs. Another key challenge is to encourage people who inject performance and image enhancing drugs (e.g. steroids) to have regular health checks.

The Harm Reduction service continues to promote the Primary Health Care Clinic at Turner Street, Redfern and increase opportunities for outreach through partnership with non-government agencies. It will also continue to explore opportunities to expand secondary distribution sites and additional ADMs throughout the District.

## Outreach services

### Assertive Outreach Teams

Drug Health Services has two assertive outreach teams – Assertive Community Management (ACM) Team and the Assertive Community Outpatient Team (ACOT). Both teams work with vulnerable people in the community and provide care, support, assessment, case planning and linkage to treatment. Drug Health Services also has specialist clinicians working in partnership with non-government agencies to increase access to treatment in the community.

Both outreach teams are very well-utilised and nearly always at capacity. Expansion of these teams is a priority so that drug and alcohol interventions can continue to be provided in the community for people who are at risk and not engaged in treatment.

### General Practitioner Liaison Alcohol and Drugs

The General Practitioner Liaison Alcohol and Drugs (GLAD) program links General Practitioners (GPs) and speciality Drug Health Services in order to promote collaboration, improve communication and streamline referrals between the two services. GLAD recognises that Drug Health Services patients need GP care in the community, and that GPs need to be able to access specialised Drug Health Services to provide continuity of care for patients. Creating and maintaining links can improve overall care to patients seeking help with substance use.

## Substance Use in Pregnancy and Parenting Service

The Substance Use in Pregnancy and Parenting Service (SUPPS) team is based at Canterbury Hospital and provides care to women with drug dependence who use substances during their pregnancy or are caring for young children, and their significant others. Care is provided by a nurse and social worker. They collaborate to provide holistic care for pregnant women and their families managing issues associated with substance use. Post-natal home visiting and support is available for the first two years following birth.



**The First 2000 Days Framework** has been developed by NSW Health as a strategic policy document outlining the importance of the first 2,000 days in a child's life, from conception to age 5 years. In line with this strategic approach, Drug Health Services (DHS) will continue to develop perinatal and family services and maintain engagement with families through to school age. DHS will work in close partnership with the Sydney Local Health District Healthy Families Healthy Children program and non-government agencies.



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## Opioid treatment program clinics

Opioid Treatment Program (OTP) are public health clinics which provide treatment for people who are dependent on opioids. The primary aim of the clinics is to stabilise new patients onto pharmacotherapy treatments and when patients are stable, refer them to community dosing at private clinics, general practitioner surgeries or pharmacies. Once engaged, patients are supported by OTP clinicians to address associated social problems like employment, legal matters or housing; with some co-ordination of care provided when more than one service is involved.

Demand for opioid treatment continues to increase as the service is obliged to accept priority patients such as those leaving correctional centres, pregnant women, Aboriginal people and people with mental health co-morbidities. The introduction of depot buprenorphine, which requires a monthly injection rather than daily administration, will enable more people to access the program. In 2018, the Royal Prince Alfred and Canterbury OTP clinics introduced social work positions to assist with case work for high-risk patients. Patient feedback has been very positive about this initiative.

## Group programs

Therapeutic group programs are important interventions popular with clients that help to facilitate increased access to information, treatment and referral. Drug Health Services staff from all service streams collaborate to develop and implement group programs. Group interventions will increasingly feature in future treatment provision. Availability of groups is subject to adequate staffing coverage and available access to suitable group rooms at respective facilities.

In 2020, the following group programs were suspended as part of the District's response to COVID-19:

- Aboriginal Women's Group
- Dialectical Behaviour Therapy groups
- SMART (Self-Management and Recovery Training) Recovery
- Early childhood group (Possum Playgroup).

Group programs will resume when risk is re-assessed as appropriate.

## State and national services

### National Poisons Register

The National Poisons Register produces a commercial-in-confidence database, listing the ingredients and other relevant details of formulated products available in Australia. It started at Royal Prince Alfred Hospital in 1998, and transferred to the District's Drug Health Services in 2018. It is separate from the NSW Poisons Information Centre, based at the Children's Hospital Westmead, which receives calls from the general public.

### NSW Drug and Alcohol Health Services Library

The NSW Drug and Alcohol Health Services Library (DAHSL) is a state-wide service co-located with the Susman Library at Royal Prince Alfred Hospital. The library supports the clinical, research and educational needs of drug and alcohol health professionals across NSW.

### Collaborative clinical support to Australian National Liver Transplantation Unit

The Australian National Liver Transplantation Unit is the first liver transplantation unit in Australia and is based at Royal Prince Alfred Hospital. The unit is a combined facility of Sydney Local Health District, the University of Sydney and The Children's Hospital at Westmead. Drug Health Services provide an integrated medical and counselling service to this unit. The service includes assessment, consultation liaison and post transplantation management for substance use related liver disease. It is the only service of its kind in Australia.

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## COVID-19 pandemic response

Drug Health Services has contributed to District and community responses to COVID-19 and will continue to do so while maintaining and developing clinical services. In brief, Drug Health Services will:

- ensure infection control procedures are followed, including social distancing, hand hygiene, and supporting screening stations across all Drug Health Services sites
- support Sydney Local Health District responses by contributing to modified models of care throughout the District. Examples include: Drug Health Services medical staff contributing to the COVID-19 pathway ward at Royal Prince Alfred Hospital; and nursing staff deployments to vaccination clinics

- modify models of care as required. Examples include: supporting opportunities to provide virtual care; modifying delivery of opioid treatment dosing with increased take-away doses in particular
- increase clinical activity in response to increased demand. Examples include: responding to increased inpatient admissions at Royal Prince Alfred Hospital and increased demand for opioid treatment.

## Future prospects

Looking to the future, Drug Health Services will continue to provide patient and family-centred, evidence-based treatment. Outreach models will continue to expand in partnership with other agencies, especially those targeting priority population groups or in geographical areas where drug and alcohol use is an identified concern.

Drug Health Services is committed to alignment with the NSW Clinical Care Standards: Alcohol and Other Drug Treatment (May 2020) which outline the core elements of care that underpin treatment within all NSW alcohol and other drug (AOD) treatment services.

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## Key priorities for our services

### 3.1

Continue to review clinical service models and harm reduction initiatives to ensure they are contemporary, evidence-based, effective, efficient, and address the needs of the community.

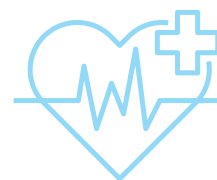
### 3.2

Build strategies to ensure equitable healthcare for all high-priority population groups and those within areas of socio-economic disadvantage.

### 3.3

Continue to oversee the NSW Drug and Alcohol Health Services Library, the National Poison Register and provide support to the Australian National Liver Transplantation Unit.





## Drug Health Services at a glance

Table 2: Drug Health Services patient and service data 2020–21

Drug health service type	2020–21	% Aboriginal
<b>Outpatient services</b>		
Total outpatients	3,503	15.6%
Total occasions of service	53,604	Not applicable
OTP total patients	1,409	20.5%
OTP total occasions of dosing	38,371	Not applicable
Youth patients	203	36%
MERIT patients	317	11.4%
Counselling patients	862	9.4%
Tobacco cessation patients	131	13%
Intake patients	781	10.2%
Ambulatory withdrawal patients	186	6.5%
Hospital consultation liaison patients	1,853	10.5%
Perinatal patients	147	33.3%
SUPPS patients	56	10.7%
GLAD patients	72	1.4%
ACM patients	38	28.2%
ACOT patients	105	5.7%
NSP Primary outlets occasions of service	17,008	Not applicable
Primary Health Clinic patients	287	22.7%
HRP Equipment distributed	1,407,899	Not applicable
<b>Inpatient services</b>		
Inpatient episodes RPA Hospital	633	Not applicable
Inpatient withdrawal management episodes	429	Not applicable
<b>Drug Health clients/patients by local health district</b>		
Residing within Sydney Local Health District	74%	Not applicable
Residing outside Sydney Local Health District	26%	Not applicable

# 4 Our facilities

Drug Health Services clinical services are located within Canterbury, Concord Repatriation General and Royal Prince Alfred Hospitals; and Redfern, Marrickville and Croydon Health Centres. In addition, outreach teams work from a variety of locations throughout the community.

## Facility redevelopment initiatives

Concord Repatriation General Hospital is currently undergoing a major \$341 million redevelopment with Stage 1 completed in late 2021. Royal Prince Alfred Hospital has commenced consultation and planning in 2021 for a \$750 million redevelopment over the next five years. Drug Health Services is involved in this new infrastructure planning and service integration through the Sydney Local Health

District Planning Unit and respective site facility management – and, where appropriate, will advocate for infrastructure improvement to achieve our strategic priorities to better serve our patient base.





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## Drug Health Services and digital health

Drug Health Services will continue to enhance its clinical and corporate performance through appropriate Information and Communication Technology (ICT) platforms and systems. This includes accurate capturing of clinical and performance data, and application of robust staff and financial management processes. Where appropriate, Drug Health Services will seek to identify any opportunity to improve and streamline digital health functions, particularly when multi-disciplinary teams collaborate.

In 2020, iDose, a biometric electronic medication administration system, was introduced to the Opioid Treatment Programs at Royal Prince Alfred and Canterbury Hospitals. iDose provides the capacity to run detailed audits and reports to reduce patient congregation, reduce patient waiting times, identify patients of need of further support and improve compliance with legislation related to management of Schedule 8 medications. Staff and patient surveys conducted in late 2020 confirmed that since the implementation of iDose, both staff and patients have reported improvements and more confidence in the dosing process. In particular,

survey respondents report reduced dosing times and shorter queues for dosing. The success of the initiative exemplifies how Drug Health Services integrates technology with service provision to improve patient experience, with the additional benefit of enhancing clinical and corporate performance.

Drug Health Services is integrated to the District's electronic medical records system (eMR) through the District's Community Health and Outpatient Care (CHOC) platform and works closely with the Sydney Local Health District Performance Unit to maintain data integrity and monitor performance.

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## Key priorities for facilities

### 4.1

Participate in design and planning of new and upgraded facilities within acute hospital and community settings, to ensure Drug Health Services is integrated into wider facility operations and processes.

### 4.2

Manage our current facilities and infrastructure to enable the best care and services possible.

# 5 Our staff



The Drug Health Services' workforce comprises medical, nursing, allied health, Aboriginal workers, health education officers, administrative and research staff. In June 2020, Drug Health Services had over 140 full time equivalent staff.

Drug Health Services has a strong commitment to employing people who identify as Aboriginal or Torres Strait Islander, represented as 4.4 per cent of the workforce on April 2019. Promotion of cultural competence and cultural safety is prioritised. At June 2020, 95 per cent of all Drug Health Services staff have completed training modules to deepen their understanding of cultural differences and their role in providing care to providing care to people from diverse backgrounds.

As a clinical service, Drug Health Services operates across the District from three hospital sites, three health centres and various community outreach sites. Drug Health Services has 35 multi-disciplinary teams across inpatient, outpatient and community settings. Each manager coordinates the appropriate skill mix of staff to ensure provision of comprehensive care.

Addiction medicine is a unique, specialised field. Recruiting appropriately trained staff is always challenging and retaining skilled staff remains a priority. Drug Health Services offers permanent and temporary full time and part-time positions, a casual pool workforce and agency utilisation when necessary. Additional opportunities such as expression of interest, temporary release, secondments and work placements within the District are offered to diversify skills, promote advancement and support staff professional development.

Drug Health Services aims to create an empowered and resilient workforce through workplace education, support for professional development including post graduate studies, clinical supervision, and various programs such as the District nursing 'Transition to Professional Practice' program. Our Drug Health Services nursing workforce priorities align with the District Nursing and Midwifery key priorities.

Staff can also access facility and District workforce benefits such as meditation-based wellness and compassion training, gym, Health Passport, breast feeding facilities, quiet rooms and a District Employee Assistance Program.

Staffing profiles and recruitment status are reviewed regularly to identify gaps and strategies to address service requirements. Future planning is also undertaken to ensure adequate and appropriately skilled staff are available within sites and individual teams.





# Key priorities for our staff

5.1

Promote health and wellbeing initiatives for staff.

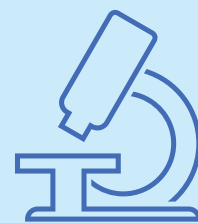
5.2

Promote staff engagement and high quality employee performance.

5.3

Provide opportunities for succession planning, professional development and career advancement for staff across all Drug Health Services.

# 6 Our research



## Teaching and research

The Drug Health Services Research Unit is a collaborative multi-disciplinary partnership of clinicians, academics and researchers. As addiction medicine and toxicology specialists, their work encompasses a broad range of disciplines including clinical toxicology, clinical pharmacology, addiction medicine, public health, epidemiology, hepatology, mental health and Aboriginal health.

Drug Health Services is an active member of the NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN) – a network of NSW local health district and network services engaged in clinical research in the alcohol and other drugs sector. Drug Health Services staff specialists also provide leadership and teach in the Specialty of Addiction Medicine at the University of Sydney.

## The Edith Collins Centre

### Translational Research in Alcohol, Drugs and Toxicology

In 2020, Drug Health Services and the University of Sydney collaborated to establish the Edith Collins Centre (Translational Research in Alcohol, Drugs and Toxicology). The Edith Collins Centre (the Centre) will focus on clinical integration and research translation across five key research themes:

- clinical toxicology and pharmacology
- indigenous health and substance use
- alcohol biology and genetics
- addiction treatment
- illicit drug use.

Located at Royal Prince Alfred Hospital, the Centre's objectives include:

- providing clinical and academic leadership in the field of addiction medicine
- reducing the harms of alcohol, drugs and poisoning by
  - discovering new approaches to treating disorders
  - improving translation of treatment into practice
- increasing opportunities for eligible patients to participate in clinical trials, including marginalised populations, so their experiences can inform the research

- enhancing research capacity within the district through expanding skills and fostering multidisciplinary, cross-institutional collaboration.

These objectives align with the NSW Ministry of Health's Strategic Prioritisation Framework for Alcohol and Other Drugs Research and Evaluation: 2020–24 where five priority areas are identified:

- evaluating current models of care
- health system access and patient journey
- improving alcohol and other drugs services for priority populations
- alcohol and other drugs related mortality
- prevention and early intervention.

Research and work conducted at the Centre is mainly supported by external peer-reviewed grants, collaborating with leading national and international groups achieving world-first outcomes in their fields, including:

- Sydney Local Health District clinical services – Gastroenterology and Liver Services, Emergency Department, Women and Babies, Mental Health Services, Community Health, Oral Health and Aged Care, Aboriginal Health and Pain Management Services at Royal Prince Alfred and Concord Hospitals
- Sydney Institute for Women Children and their Families







- Other NSW based local health districts – South Eastern Sydney, Hunter New England, Northern Sydney and South West Sydney
- University of Sydney Matilda Centre
- Brain and Mind Centre
- The Uniting Medically Supervised Injecting Centre
- NSW Poisons Information Centre
- National Drug and Alcohol Research Centre (NDARC)
- South Asian Clinical Toxicology Research Collaboration (SACTRC).

# Our research at a glance

**Table 3: The Edith Collins Centre – summary of funding, staff and publications**

	2020
Current funding including fellowships and active grants	\$41 million
Academic staff	24
Professional staff	25
Higher degree students (PhD and MPhil)	22
Masters and other post-graduate students	18
Peer reviewed journal publications	135
Books	1
Book chapters	13
National and International conference papers and presentations including media appearances	19

## About Dr Edith Collins

Dr Edith Collins was a pioneer in maternal and neonatal addiction treatment and research from the 1970s to the 1990s

In 1973 she joined Crown Street Women’s Hospital as the staff pediatrician and established Australia’s first specialised drugs-in-pregnancy clinic (later relocated to King George V building).

Her work significantly changed approaches to pre-natal care. Her experiences working with substance using mothers and their newborn babies drove her research into the effects of substance use on pregnancy and newborn health.

She was a dedicated clinician, a pioneering researcher and an advocate for marginalised, underprivileged people in the community.

Dr Collins embodied the Sydney Local Health District vision of ‘excellence in health and healthcare for all’ and her values are at the heart of our research centre.

Her family have granted us permission to honour her legacy by naming the research centre after her. In doing so, we hope her name will inspire future generations of clinicians and researchers in addiction medicine and toxicology.



## Key priorities for our research

### 6.1

Continue to promote a positive research culture within Drug Health Services aligning with the NSW Ministry of Health's Strategic Prioritisation Framework for Alcohol and Other Drugs Research and Evaluation 2020–24.

### 6.2

Increase clinical research capacity in the alcohol, drugs and toxicology fields with the establishment of the Edith Collins Centre for Translational Research in Alcohol, Drugs and Toxicology.

### 6.3

Focus on translational research that is patient-centred and dedicated to improving health.

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# 7 Our education

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Education and workforce development in Drug Health Services aims to develop an empowered and resilient workforce. This can be achieved by promoting a comprehensive range of clinical and non-clinical programs and strategies, and a safe, supportive and healthy work environment.

## **Leadership in drug health education**

In 2017, Drug Health Services appointed a Nurse Educator to provide leadership and guide staff education. Since then, a training plan has been developed to strengthen workforce skill and competencies to meet the needs of vulnerable at-risk patients and their families. Drug Health Services have also developed the following workforce development modules to lift capability across the District:

- Masterclass 1 (Substance Specifics workshop)
- Masterclass 2 (Drug and Alcohol Clinical Issues workshop)
- Masterclass 3 (Alcohol Related Harms workshop)
- Masterclass 4 (Patients with Complex Drug and Alcohol Issues workshop)
- Nursing Professional Development in Sydney Local Health District workshop.

## **Teaching drug health at university**

Drug Health Services has developed and teach an elective Drug Health module for Bachelor of Nursing students at the University of Technology Sydney. The module includes clinical placement across Drug Health Services' inpatient, outpatient and community settings.





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## District-wide training

Drug Health Services has implemented a two stage cross-disciplinary focus on drug dependence in the community. This is managed through the District Centre for Education and Workforce Development My Health Learning Education Support Portal.

- 1 The first stage is available to all District staff and includes education about drugs of dependence, developing assessment skills and brief interventions.
- 2 The second stage is available to clinicians and is a pathway to competency. It aims to integrate drug health education with supportive health specialties such as gastro-liver, mental health, pain management, cardiology, domestic violence, child protection and sexual health. Participants are required to demonstrate skills in assessment, diagnosis, treatment and care for safe, effective and collaborative practice.

## Professional development framework for Drug Health Nursing

In 2017, a Professional Development Framework for the Drug Health Services nursing workforce was implemented. It outlines pathways for professional development within the specialty of drug health nursing and supports appropriate succession planning for the service. This framework is the first professional framework to be developed in NSW for a nursing specialty.

A teaching and training calendar is issued annually for Drug Health Services nursing staff. It has a comprehensive, multi-resource focus, supported by the Nurse Educator, Clinical Nurse Educator and Clinical Nurse Specialists. Delivery is face to face and self-directed. Content is sourced from journal reflections on the latest evidence based literature from the NSW Drug and Alcohol Health Services Library, webinars, podcasts, media documentaries and specialty presenters.

## Career development

Drug Health Services is committed to supporting emerging leaders through succession planning and opportunities for career development.

Drug Health Services has also developed its own criteria for Clinical Nurse Specialist professional development applications. A supportive, reflective, goal-focused clinical supervision program has been developed – the model provides for clinical supervision via senior nursing staff within Drug Health Services.

Each year, Drug Health Services offer Gradstart Nursing placements. The integrated program includes rotation through inpatient services, outpatient services and community based harm reduction services. Student nurses on placement are to be allocated a preceptor (a senior nurse mentor) and a 'buddy' and are expected to attend District Drug Health Services education programs.

Registered Nurses who commence with Drug Health Services are supported through a planned orientation program. Any ongoing education for nursing staff is tailored to the specific needs of their patient groups.



Clinical placements in nursing and allied health are also offered to universities through Sydney Local Health District's ClinConnect Program. Drug Health Services placements help students deepen their understanding of drug dependence, assessment, counselling and case management. Placements can be arranged at Concord Repatriation General and Royal Prince Alfred Hospitals throughout the year. Elective student placements, mainly for overseas students, are also provided regularly throughout the year.

Post-graduate training in addiction medicine is provided for psychiatry, emergency medicine and internal medicine medical trainees. Specialist training in addiction medicine and clinical pharmacology/toxicology is also provided to medical trainees.

Sydney Local Health District is a leading site nationally, for specialist medical training in these fields.

For allied health staff working within Drug Health Services, training and professional development is discussed and planned with senior clinical staff or management. Staff attend internal education opportunities via CEWD and HETI as well as specialist external development opportunities.

In 2018, Drug Health Services established an Allied Health Professional Network meeting as a forum for allied health clinical staff to meet, network with one another and to discuss clinical practice issues as they relate to their work in the drug and alcohol setting.

## Key priorities for our education

### 7.1

Promote continued professional development to build a skilled and diverse workforce.

### 7.2

Engage with the next generation of health professionals through relationships with universities and by offering enhanced placement opportunities.

### 7.3

Engage other District clinical specialities aligned to Drug Health Services to enhance interdisciplinary collaboration and learning opportunities.





Pregnant  
Babies  
Children



