

Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, live and work upon, and respect First Nations continuing culture and the contribution they make to the life of this vast region. We acknowledge First Nations peoples as the first peoples of Australia, each with their own culture, language, beliefs and practices.

There is a growing preference for the terminology used for First Nations Australians to be recognised as First Nations people as a

more encompassing term, acknowledging the diversity of Australia's First Peoples. To mirror this preference, the PHN have changed, where appropriate, terminology to First Nations people. However, it should be noted, the data collected reflects the terminology used by the data source and therefore, there is a mix of other terminology for First Nations peoples used throughout this document such as: Indigenous Australians, Aboriginal Australians, and Aboriginal and/or Torres Strait Islander people.

ALCOHOL USE



In 2021, **38.7%** of people aged 18+ years in the HNECC PHN region consumed alcohol at levels posing long-term risk (NSW 33.5%). Long-term risk is defined as consuming more than 2 standard drinks on a single occasion. In 2021, **31.9%** consumed alcohol at levels posing a short-term risk to health, defined as consuming more than 4 standard drinks on a single occasion in the last four weeks (NSW 26.7%).

In 2019–2020, **6,781** people were hospitalised due to alcohol use in the HNECC PHN region at a rate of **457.9 per 100,000 population** (NSW 502.9). Males were hospitalised at a higher rate (HNECC **576.1**, NSW 614.7), than females (HNECC **346.7**, NSW 397.9).

In 2020–2021, **2,714** people presented to emergency departments in the HNECC PHN region due to alcohol problems at a rate of **287.2 per 100,000 population** (NSW 271.1). Males presented at a higher rate (HNECC **352.8**, NSW 343.5) than females (HNECC **224.6**, NSW 202.3).

In 2019–2020, alcohol-attributable deaths occurred at a rate of **22.8 per 100,000 population** in the HNECC PHN region, higher than the NSW average (18.5). Further, the rate of alcohol-attributable deaths within the HNECC PHN region was higher among males (HNECC **33.6**, NSW 25.2) than females (HNECC **14.6**, NSW 12.3).

SMOKING



In 2020–2021, **10.7%** of people aged 16+ years smoked daily (NSW 8.2%), **3.5%** smoked occasionally (NSW 3.8%), **26.3%** smoked previously (NSW 23.1%), **13.6%** had tried smoking (NSW 12.8%), and **45.9%** had never smoked (NSW 52.1%).

In 2020–2021, rates of females who smoked daily in the HNECC PHN region were higher than males (**11.7%**; and **9.7%**, respectively) (NSW 7.4%; 10.1%).

In 2019–2020, **11,824** people were hospitalised due to smoking in the HNECC PHN region at a rate of **668.7 per 100,000 population** (NSW 617.4).

In 2020, there were **1,345** smoking-attributable deaths in the HNECC PHN region at a rate of **67.4 per 100,000 population** (NSW 58.3). Further, smoking-attributable deaths were higher among males than females in the HNECC PHN region (**82.3 per 100,000 population**: and **54.9**, respectively).

In 2020, **92.9%** of households were smoke-free within the HNECC PHN region (NSW 92.9%).

In 2020, **90.7%** of cars were smoke-free within the HNECC PHN region (NSW 92.4%).

ILLICIT DRUG USE



In 2019, **18.3%** of people in the HNECC PHN region aged 14+ years reported recent illicit drug use (Australia 16.8%), an increase from 12.9% in 2016 (Australia 16.0%).

In 2019–2020, **1,037** people were hospitalised due to opioid use at a rate of **193.8 per 100,000 population** in the HNECC PHN region, higher than the NSW average (159.9). Males in the HNECC PHN region during this period were hospitalised at a rate of **226.2 per 100,000 population**, higher than females (**162.3**).

In 2018–19, the rate of heroin-related emergency department presentations for persons aged 16+ years in NSW was **1.12 per 1,000 presentations**, an increase from the previous year (0.95 per 1,000). Heroin-related emergency department presentations were the highest opioid-related emergency department presentation for persons aged 16+ years in NSW in 2018–19 (Oxycodone-related: 0.61 per 1,000; Codeine-related: 0.36 per 1,000; and Fentanyl-related: 0.09 per 1,000).

In 2019–2020, **1,809** people in the HNECC PHN region were hospitalised due to methamphetamine use at a rate of **217.0 per 100,000 population** (NSW 154.5).

In NSW, between 2017–2019 the highest rate of deaths attributable to drug use was caused by amphetamine-type stimulus (**3.4 per 100,000 population**), followed by benzodiazepines (**3.2**), natural or synthetic opioids (**2.2**) and heroin (**1.6**). Males died due to drug use at a rate of **19.2 per 100,000 population**, higher rates than females (**6.9**). The highest rate of drug use attributable deaths occurred in NSW among people aged 45–54 years (25.6 per 100,000 population), followed by 35–44 years (22.3), 55–64 years (19.1), 25–34 years (13.5), 15–24 years (8.5) and 65+ years (6.5).

ELECTRONIC CIGARETTES



Electronic cigarettes (or e-cigarettes) are battery-operated devices that heat a liquid to produce a vapour that users inhale. They are also known as 'e-cigs' or 'vapes'. Evidence shows that the use of e-cigarettes can be harmful to health, particularly for non-smokers and youth.

In 2021, it was estimated that **16.2%** of adults in NSW had used an electronic cigarette at least once and **5.5%** were current (daily or occasional) users. This was a significant increase from the 2020 estimates of **9.7%** of adults in NSW having used an electronic cigarette at least once and **2.1%** being current users.

In 2020–2021, the use of electronic cigarettes was highest among persons aged 16–24 years, for both used at least once (**32.7%**) and current use (daily or occasional) (**11.1%**). In this same period, among persons aged 16–24 years, males were more likely than females to have used an electronic cigarette at least once (**37.4%** compared to **27.7%**).

SOCIOECONOMIC DISADVANTAGE

Socio-Economic Indexes for Areas (SEIFA) quintiles are based on ranking areas across Australia according to relative socio-economic disadvantage, ranked from lowest to highest score. Using the Index of Relative Socio-economic Disadvantage (IRSD) the lowest 20% of areas are given a quintile number of one, the next lowest 20% of areas are given a quintile number of two and so on, up to the highest 20% of areas which are given a quintile number of five. SEIFA quintile one contains the least disadvantaged areas and quintile five contains the most disadvantaged areas.



NSW	Least disadvantaged Most disadvantaged				
	Q1	Q2	Q3	Q4	Q5
% of daily alcohol use, 2020-2021	7.2%	5.5%	6.5%	7.7%	5.3%
Alcohol-attributable hospitalisations (rate per 100,000 population), 2019-2020	411.4	451.2	431.4	512.7	656.9
Alcohol-attributable deaths (rate per 100,000 population), 2018-2019	14.4	17.5	19.6	22.8	25.0
% of current smokers, 2021	8.0%	8.4%	13.4%	16.4%	19.1%
Smoking-attributable hospitalisations (rate per 100,000 population), 2020	521.4	542.5	612.4	703.6	738.3
Smoking-attributable deaths (rate per 100,000 population), 2020	39.8	48.7	59.1	73.1	78.4
Drug-attributable deaths (rate per 100,000 population), 2018-2019	7.0	10.5	14.2	14.9	18.3

WHAT HAS OUR COMMUNITY SAID?



- Alcohol and drug use is a large health concern facing the community
- Factors contributing to drug and alcohol misuse in communities include family breakdown; poor understanding of mental illness; poor understanding of drug and alcohol issues; reduced access to services; and distance to services.
- Community members on the Central Coast have particularly identified substance misuse as an issue, including increasing methamphetamine use and associated issues, and the impact of drug use on mental health and domestic violence.
- Priority population groups within our community that are experiencing reduced access to drug and alcohol treatment services exist for First Nations people; Pregnant women and/or those with young children; Youth; People exiting the criminal justice system; and People with co-occurring substance misuse and mental illness

Three healing forums have been delivered across the PHN footprint in Inverell, Cessnock and Taree through a partnership between HNECC PHN and The Healing Foundation.

The aim of the healing forums is to increase access to Aboriginal and Torres Strait Islander community-identified approaches to improving the healing and wellbeing needs of the HNECC Aboriginal and Torres Strait Islander communities.

Healing solutions specific to Alcohol & other drugs included:

- The need for access to culturally appropriate, trauma-aware, healing-informed detox and residential rehabilitation facility
- The need for access to prevention programs and rehabilitation, including mental health and drug and alcohol programs, before people ended up in a crisis
- Improved communication and referral pathways between services (e.g. between alcohol and other drugs services and mental health services)
- Post-release through care for men and women returning to community from prison, including access to housing, mental health services, alcohol and other drug support and employment pathways.

ALCOHOL AND OTHER DRUG TREATMENT SERVICES



In 2019-2020, there were **9,495** treatment episodes provided for illicit drug use in the HNECC PHN region.

Counselling was the most common mode of treatment (**3,090**), followed by withdrawal management (**1,691**), other (**1,487**), and support and case management (**1,399**). Alcohol (**3,713**) was the most common drug reported as the principal drug of concern during treatment episodes, followed by amphetamines (**2,393**) and cannabis (**1,759**).

The patient themselves or family members were the most common source of referral for treatment (**5,375**), followed by health service (**2,762**) and other (**1,139**). Non-residential treatment facility was the most common delivery setting for treatment (**6,605**), followed by residential treatment facility (**2,478**).

ALCOHOL, OTHER DRUGS AND COMORBIDITIES



People who drink alcohol at risky levels are more likely to have high levels of psychological distress and have a mental illness. Alcohol can negatively affect thoughts, feeling and actions, and contribute to the development of, or worsen, existing mental health issues over time.

In Australia it is estimated at least 30-50% of people with an alcohol and/or other drug issue also have a mental health condition.

Substance abuse problems and mental illness account for 12% of the total burden of disease and is the leading cause of non-fatal burden of disease.

Data from general practices across the HNECC PHN region indicated that **439 per 100,000** patients had a record of drug misuse. This rate was much higher for people with a record of a mental health diagnosis (**1,584 per 100,000 population**) who were **3.6** times more likely to have a record of drug misuse as those without.

A record of drug misuse was **14** times more likely with a schizophrenia diagnosis recorded; **11** times more likely amongst patients with a bipolar disorder recorded; **4** times more likely amongst patients with a depression diagnosis recorded; **3.6** times more likely amongst patients with an anxiety disorder recorded; and **twice** as likely amongst patients with a postnatal depression diagnosis recorded.

PRIORITY POPULATIONS

MATERNAL HEALTH

In 2020, **14.1%** of women smoked during pregnancy within the HNECC PHN region (NSW 8.6%).

In 2020, **11.0%** of non-Indigenous mothers and **41.8%** of Aboriginal mothers in the HNECC PHN region smoked during pregnancy (NSW 7.0% and 41.7%, respectively).



HOMELESSNESS

In 2016, there were **1,034** people experiencing homelessness in the Central Coast district, and a further **2,705** people experiencing homelessness in the Hunter New England district. Between 2011–2016 homelessness increased by **34%** in the Central Coast and by **12%** in the Hunter New England Region.



In June 2022, **1,138** people sought specialist homelessness services assistance in NSW due to problematic drug or substance use and **459** sought assistances due to problematic alcohol use. At the same time in NSW **1,679** people currently engaged with specialist homelessness services assistance had problematic drug or alcohol issues.

Nationally between 2020–2021, 1 in 10 specialist homelessness service clients aged 10 + years reported problematic alcohol and/or drug use.

FIRST NATIONS POPULATION

In 2020–2021, **29.2%** of Aboriginal people aged 16+ years reported being a daily smoker within the HNECC PHN region (non-Aboriginal 11.5%).



In 2019–2020, Aboriginal people living in NSW were hospitalised due to smoking at a rate of **1,644.8 per 100,000 population** (non-Aboriginal people 590.9).

In 2021, of the Aboriginal people living in NSW **26.7%** were at immediate risk of health problems caused by alcohol and **43.0%** were at long term risk of health problems caused by alcohol use (non-Aboriginal immediate risk 26.7%, long term risk 33.2%).

In 2020–2021, **5.2%** of Aboriginal people in NSW reported daily alcohol use, and **23.7%** reported weekly alcohol use (non-Aboriginal **6.5%**; and **42.2%**, respectively).

In 2019–2020, Aboriginal people in NSW were hospitalised due to alcohol related problems at a rate of **933.0 per 100,000 population**, higher than non-Aboriginal people (482.4).

In 2019–2020, Aboriginal people in NSW were hospitalised due to methamphetamine related problems at a rate of **951.5 per 100,000 population**, higher than non-Aboriginal (126.9).

In 2019–2020, Aboriginal people in NSW were hospitalised due to opioid related problems at a rate of **845.0 per 100,000 population**, higher than non-aboriginal people (**139.0**). Aboriginal males had the highest rate of opioid related hospitalisations (**968.6**), followed by Aboriginal females (**731.9**), non-Aboriginal males (**171.2**) and non-Aboriginal females (**107.2**).

CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) POPULATION



In NSW **10.3%** of people born in non-English speaking countries currently smoked (English speaking countries 9.7%).

RURAL, REGIONAL AND REMOTE



In 2020–2021, **9.6%** of people living in NSW inner regional areas reported daily alcohol consumption, this was the highest reported alcohol use followed by outer regional and remote (9.2%) and major cities (5.5%).

In 2019–2020, alcohol-attributable hospitalisations occurred at the highest rate among people living in remote areas of NSW (**632.0 per 100,000 population**), followed by very remote (611.5), major cities (520.5), outer regional (429.0), and inner regional (427.3).

In 2020–2021, people living in outer regional and remote areas of NSW presented to emergency departments due to reasons related to alcohol at a higher rate (**323.8 per 100,000 population**) than those living in inner regional (311.1) and major cities (244.9).

In 2018–2019, alcohol-attributable deaths occurred at a higher rate in outer regional areas of NSW (**27.1 per 100,000 population**) followed by remote and very remote areas (27.0), inner regional (22.6) and major cities (18.7).

In NSW in 2021, **21.2%** of current smokers lived in outer regional and remote areas, followed by **13.9%** inner regional and **11.0%** major cities.

In 2020, people living in remote and very remote areas of NSW died due to smoking at a rate of **117.5 per 100,000**, a higher rate than those living in outer regional (72.1), inner regional (70.2), and major cities (55.8).

In 2019–2020, smoking-attributable hospitalisations were highest among people living in very remote areas of NSW at a rate of **1,202.8 per 100,000 population**, followed by remote (1,177.7), outer regional (765.4), inner regional (719.1) and major cities (579.2).

Between 2018–2019 the highest rate of drug use deaths occurred in outer regional and remote NSW (**19.0 per 100,000 population**), followed by inner regional (16.6) and major cities (11.5).

PRIMARY
HEALTH
NETWORK

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST
An Australian Government Initiative

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HNECC PATCAT Data