

ALCOHOL AND OTHER DRUG USE IN REGIONAL AND REMOTE AUSTRALIA: CONSUMPTION, HARMS AND ACCESS TO TREATMENT

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Introduction: Alcohol and other drug (AOD) use in Australia are associated with a number of range of harms, with Australians living in remote areas often having worse outcomes.

Approach: For the first time, geographic access to treatment services was measured nationally by estimating the travel time required by alcohol and other drug treatment clients for each treatment episode. Differences in travel time are explored by client demographics, principal drug of concern and main treatment type.

A range of data sources are used to explore AOD consumption patterns and harms in *Regional and remote* Australia.

Key Findings: In 2016–17, clients who sought treatment in *Regional and remote* areas were more likely than clients in *Major cities* to travel 1 hour or longer to treatment. This was a consistent pattern for the most common drugs of concern, Indigenous and non-Indigenous clients and most treatment types.

People living in *Regional and remote* areas were significantly more likely than people living in *Major cities* to consume alcohol daily and drink in excess of NHMRC guidelines. Higher rates of alcohol and other drug treatment outside of *Major cities* were evident, particularly in *Remote and very remote* areas.

Discussions and Conclusions: These findings highlight the disparity in access to AOD treatment services, consumption patterns and harms in *Major cities* and *Regional and remote* areas. Additional data are needed to understand whether geographic accessibility for potential clients of AOD treatment services is a barrier to commencing treatment.

Implications for Practice or Policy: These data will continue to inform government policy and the need for AOD treatment services in *Regional and remote* Australia.

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