



**South East Melbourne Catchment Area
Alcohol and Other Drugs Planning and
Development Strategy Framework
July 2023**

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2. Abbreviations

ADF	Australian Drug Foundation
AOD	Alcohol and Other Drugs
DFFH	The Department of Families Fairness and Housing
CBP	Catchment Based Planning
FV	Family Violence
LGA	Local Government Area
SECADA	South Eastern Consortium of Alcohol and Drug Agencies
SEMCA	South East Melbourne Catchment Area

Acknowledgement of Country

The South East Melbourne Catchment Area Alcohol and Other Drugs Governance and Planning group acknowledges the Bunurong and Wurundjeri people of the Kulin Nation and their community and rich culture. We pay respect to Elders past and present and acknowledge them as the first peoples, and traditional custodians of the land and water of which we live and work.

We embrace reconciliation and acknowledge the ongoing intergenerational trauma that has occurred since colonisation.

We recognise that sovereignty was never ceded in so-called Australia and that we are all working on stolen land that always was, and always will be, Aboriginal land.

We also acknowledge those with an individual and collective experience of living or lived with Alcohol and Other Drugs and mental health issues. As well as their families, friends, and communities.

3. Executive Summary

The South East Melbourne Catchment Area (SEMCA) Alcohol and Other Drugs (AOD) Catchment Based Planning (CBP) assesses the needs and priorities of the community members, AOD services and participants and other relevant services by collating available population data of the SEMCA. SEMCA is made up of the Local Government Areas (LGAs) of City of Casey, City of Greater Dandenong, and Cardinia Shire.

This report serves to support the planning functions and maintain direction within the governance and planning group, and related working groups. It also serves as a published summary of important details that contribute to the activities of catchment planning alongside the priorities and objectives document. Note that due to the inherent nature of planning, there are many tangible and non-tangible elements supporting the planning function that are not published (or publishable).

This Strategy and Framework for AOD catchment planning in the south east is the collective effort of many different agencies over the space of a year. Hours of individual meetings between the catchment planner and stakeholders were held along with a total of five cross sector governance and planning group workshops to determine and agree to the eventual make-up of the governance and planning group. Further to this, discussion was had to determine the foundational elements of AOD planning and where our focus should be.

The South East of Melbourne and its municipalities of Casey, Cardinia, and Greater Dandenong is a vibrant, highly diverse and unique part of Melbourne and Victoria. Within the SEMCA, across LGAs and respective postcodes there is an uneven spread of environmental, population and socioeconomic variables. Some of these differences include, larger geographic size, low population density, low income, higher levels of disadvantage, diverse community types and overall areas of concern. Noting this, individual analysis is conducted across SEMCA at the lowest geographical, and most detailed level, when possible. This ensures that any strategies developed as part of the catchment planning process are as rigorous as possible.

Although the aggregation and analysis of data compliments the planning process. It is important to note the inherent complex and dynamic relationship of AOD dependencies, harms and correlating mental health conditions with socioeconomic risk factors. Safeguards are in place to limit ethical complications around the use of data. This means that although available to all members of the governance committee, not all the data used to complement this plan is made publicly available. This is done to prevent false or deliberate misinterpretation due to a lack of context and correlation that does not necessarily reflect causation.

If you have a specific request regarding data availability, please contact the Catchment Planner Leith Symes (lsymes@secl.org.au)

This Strategy and Framework is updated on an as needed basis. For past versions please contact the Catchment Planner.

4. Acknowledgments

Although South East Community Links leads the development of AOD catchment planning in the south east as the organisation responsible for the delivery of the catchment planning role on behalf of SECADA, we could not hope to provide the South East the service it deserves without valuable and appreciated involvement of the following:

- The vibrant and diverse people of the South East Melbourne Catchment Area
- The members of the SEMCA AOD governance and planning group

We also acknowledge the participation of our observing community members, leaders, and organisations.

This role is funded by the Victorian Department of Families Fairness and Housing and supported by members of the SEMCA AOD Catchment planning governance group.

5. Background

AOD planning

[Catchment based planning](#)⁵ (CBP) is designed to support AOD providers in a catchment area with development of a common plan that is used to identify service gaps and pressures as to promote strategies that improve AOD outcomes.

Attachment 5 of the [Alcohol and other drugs program guidelines: Part 3 quality reporting and performance management](#)⁴, outlines that planning involves gathering relevant health and population data (especially about those that face significant disadvantage and discrimination) to engage with relevant agencies and planning structures (such as LGAs, Primary and Public Health networks, and CALD representative organisations) to identify and address shared strategies to address systemic barriers.

The key principles of the catchment planning function are:

- Applying a determinants of health framework
- Addressing health inequalities
- Considering the human rights principles of non-discrimination, equity, and empowerment
- Justification through evidence, both qualitative and quantitative
- Promoting prevention across all levels of intervention
- Remaining strategic in focus
- Committing to a co-design process including service participants in the catchment planning function
- Engaging cross sector stakeholders, including housing, justice, education, Indigenous, LGBTIQ+ and CALD health, community services, child protection and family violence services”

Staffing profile and structure

SEMCAAOD CBP is managed by South East Community Links’ Catchment Planner, under the auspices of Windana on behalf of the SECADA consortia and in collaboration with SEMCAAOD Governance group.

Region served

The South East Melbourne Catchment Area includes the LGAs of City of Greater Dandenong, City of Casey, and Cardinia Shire. The total population recorded in the 2021 census was 641,641 persons (10% of the population of Victoria) and the total area of the catchment is 1,822km²(18% of the area of Metropolitan Melbourne).

Target Audience

The primary audience of the catchment planning function for the south east are the AOD service providers active in the catchment, secondary audiences include cross sector services, service participants, community leaders and other relevant stakeholders.

Catchment Planner

The Catchment Planner is a funded role facilitated by South East Community Links. This role also serves as the spokesperson, and official point of contact of the governance and planning group for catchment planning in the South East.

The current Catchment Planner is *Leith Symes* and can be reached by email at LSymes@SECL.org.au or via phone: +61466364117.

SEMCA Governance

The SEMCA CBP is overseen by a formalised body, the governance and planning group, which fundamentally includes all key AOD services in the SEMCA. It also has membership of cross sector organisations and other key stakeholders.

Members of the governance and planning group include:

Alcohol and Other Drug services	
Name	Details
Anglicare	Website: https://www.anglicarevic.org.au/
EACH	Website: https://www.each.com.au/
Monash Health	Website: https://monashhealth.org/
Odyssey House	Website: https://odyssey.org.au/
Taskforce	Website: https://taskforce.org.au/
Thorne Harbour Health	Website: https://thorneharbour.org/
Uniting	Website: https://www.unitingvictas.org.au/
Windana	Website: https://windana.org.au/
YSAS	Website: https://ysas.org.au/
Cross-Sector organisations and other Key Stakeholders	
Name	Details
Australian Community Support Organisation	Website: https://www.acso.org.au/
Cardinia Shire Council	Website: https://www.cardinia.vic.gov.au/
City of Casey	Website: https://www.casey.vic.gov.au/
City of Greater Dandenong	Website: https://www.greaterdandenong.vic.gov.au/
Casey Aboriginal Gathering Place	Website: https://www.casey.vic.gov.au/facilities-hire/aboriginal-gathering-place
Department of Families Fairness and Housing	Website: https://www.dffh.vic.gov.au/
Department of Justice and Community Safety	Website: https://www.justice.vic.gov.au/
South Eastern Melbourne Primary Health Network	Website: https://www.semphn.org.au/
Orange Door Southern Melbourne	Website: https://www.orangedoor.vic.gov.au/
Victoria Police	Website: https://www.police.vic.gov.au/

6. Vision

Our vision is that this catchment plan leads to an improvement of AOD outcomes in the South East Catchment Area.

7. Mission

The mission of the catchment planning function is to assist AOD providers operating in the SEMCA to develop a regular common plan which will identify critical service gaps and pressures, and strategies to improve responsiveness to people with AOD issues (particularly people facing disadvantage), population diversity and broader community need. While the primary focus is on treatment services, it is anticipated that planning will also consider prevention and early intervention activities and initiatives in the region, in order to promote integrated approaches to service delivery.

8. Values

In addition to the [treatment principles⁶](#) of the Victorian AOD services, SEMCA AOD CBP is guided by, and holds the following values as key to ensuring the successful and appropriate delivery of the planning function:

- Community advised and driven engagement and delivery
- Collaboration across health and community services
- Prevention and planning that recognises the complexity AOD issues.

9. Who we serve

In considering the complexity of AOD issues, the population that this plan serves at a whole is the entire community of the South East Melbourne Catchment Area. In addition to this there is a specific focus on:

- People affected by AOD
- AOD service providers
- Cross-sector stakeholders, (FV, Housing, Youth, Police/Justice, and more)
- Diverse communities, (CALD and LGBTQI+)

10. Key Characteristics of SEMCA

Summary of Factors

The data used to complement the plan in no way conclusively defines AOD issues through identified risk factors and correlative socio-economic factors. It serves to guide and accompany the collective experience of the members of the governance and planning group, service participants and community members.

Data presented below are the key factors that present the SEMCA in an as accurate assessment as possible. This plan acknowledges that there are many gaps with the data including but not limited to:

- Limited availability of AOD service data
- Non-Tangible factors
- Dated data sets
- Collection errors.

Demographics

The population in SEMCA is unevenly distributed between City of Casey, City of Greater Dandenong and Cardinia Shire. Respectively in 2021 the municipal populations were: 365,239, 158,208 and 118,194¹. Densities of people were also quite different. With Greater Dandenong being the most densely populated at 1216 people per km², Casey being 902.9 people per km² and Cardinia being the least densely populated at 93.3 km²¹. Population is increasing since 2011 across the catchment at a consistent rate with the largest age groups being, 25-44 and 5-14 for both males and females¹.

SEMCA is one of the most culturally diverse regions in Victoria. An average of 42.6% of people were born overseas with 42.9% speaking a language other than English. Both values have consistently increased since 2011.

Social Risk Factors

AOD use is often predicted by socioeconomic risk factors. While not definite indicators of AOD use they are helpful measures in developing early prevention strategies.

Unemployment

The rate of unemployment across the south east catchment is different between LGAs. For the catchment area unemployment was 5.8% in 2021 but 7.3% in Greater Dandenong, 5.7% in Casey and 4% in Cardinia¹.

Income

In 2021 the median weekly personal income of Greater Dandenong was \$618 compared to \$831 for both Casey and Cardinia and \$803 for Victoria and \$841 for metropolitan Melbourne¹.

Mental Health

In the 2021 census 7.2% of people reported a mental health condition across SEMCA. Within the LGAs Cardinia had the highest rate at 9.3%, followed by Casey at 7% and Greater Dandenong at 6%.

Socio-economic Disadvantage

Across the South East, Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) scores are spread unevenly.

The lower the score indicates greater disadvantage and lack of advantage, and a high score indicates a lack of disadvantage and a greater advantage in general.

LGA	IRSAD Decile
Casey	8
Greater Dandenong	3
Cardinia	8

Table 1. Table of IRSAD scores by LGA¹.

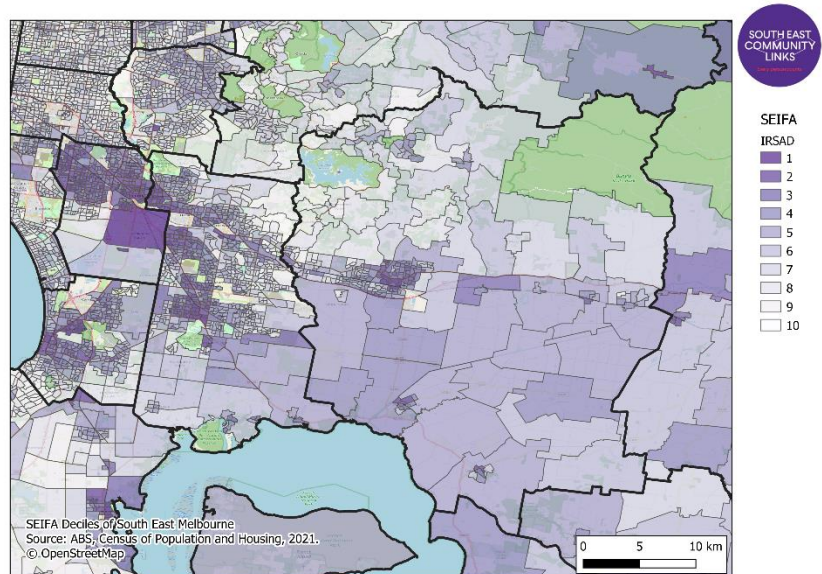


Figure 1. IRSAD Index map at SA1 ASGS level¹.

At a LGA level, Greater Dandenong stands out as a more disadvantaged area by using the Index of Relative Socioeconomic Advantage and Disadvantage (Table 1.). When examined at a SA1 Level (Smallest available geographic level) we can see the localised areas that are most likely to experience greater disadvantage (Figure 1.)¹.

AOD harms

Measuring AOD harms within a total population relies on different categories of incident data, consisting of Ambulance attendance, Hospital admittance and Deaths. This data is consistent with most recent years reported and relies on external analysis and presentation, so we collect and present the most recent 3 years available. All AOD harm data is sourced from AODStats by Turning Point².

In 2021 the rate of AOD attributed Ambulance attendances was 545.5 per 100k people which was lower than both the Victorian rate of 661.0 per 100k people and the Metropolitan Melbourne rate of 631.2 per 100k people². This rate has decreased 21.5% from a high of 694.6 per 100k people in 2019².

In 2019 AOD attributed hospitalisations were 776.3 per 100k people². Lower than both the Victorian rate of 836.1 per 100k people and the metropolitan Melbourne rate of 830.8 per 100k people². Although at a catchment level, this rate has remained steady, with the 2017 rate being 788.3 per 100k people, there has been an increase of 5% in Greater Dandenong². In 2020 deaths attributed to AOD were 101.7 per 100k people². Lower than both the Victorian rate of 131.8 per 100k people and the metropolitan Melbourne rate of 113.5 per 100k people². Deaths increased significantly in 2019 by 16% from 91.2 per 100k people to 105.8 per 100k people². Only decreasing slightly in 2021 by 4%².

AOD service usage

The Victorian Agency for Health information publishes the Victorian Alcohol and Drug Collection. This is a database of all Victorian Department of Health funded AOD Services. The data is used to indicate service delivery but is quite limited in its reporting, often having large unknowns in each item. The data is also only presented at the catchment level, preventing the capacity to analyse it at an LGA level. It is important to consider that this data is used to report on service delivery and does not definitively explain broader community incidence of AOD. The data for planning is currently informed by the 2021-2022 financial year measures report³.

Cultural Diversity

The CALD community is significantly underrepresented in the AOD service system. Making up 30% of clients in the south east, and only a further 0.6% were identified as having a preferred language other than English. Additionally, 0.6% of clients were also identified as being refugees/asylum seekers³.

Primary Drug of Concern

The graph below shows primary drug of concern in the catchment identified in % of service clients³.

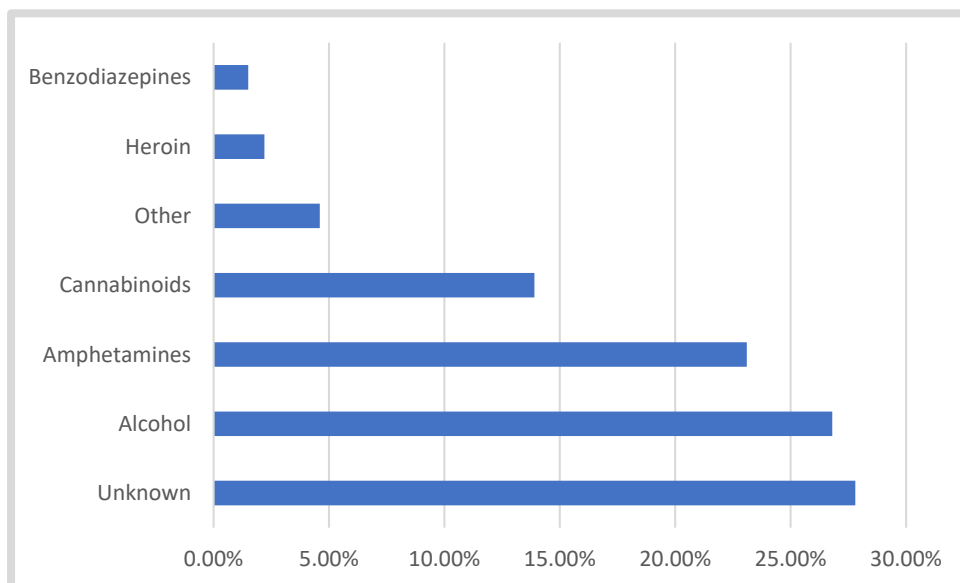


Figure 2. Primary Drug of Concern³.

Rate of Service Access

SEMCA has a higher service access rate than metropolitan Melbourne. With 94.1 per 10k people access service compared to 61.7 per 10k people³.

Forensic Clients

SEMCA (22%) has 5% higher rate of Forensic clients (someone who accesses AOD treatment as a result of contact with the criminal justice system. Many of these clients must attend treatment as part of their order) accessing services compared to metropolitan Melbourne (17%)³.

11. Themes

As part of the planning process the governance and planning group has agreed to align their activities to four main themes. These themes have been developed through a combination of data analysis, and ongoing consultation and discussion with stakeholders and community. These themes exist to guide the planning function and help ensure that any action item, priority, or objective of catchment planning remains aligned to the needs of the community.

1. Vibrant and Diverse Communities

South East Melbourne is an increasingly culturally and linguistically diverse area. To ensure the success of SEMCA's AOD plan, it is crucial to consider the needs and perspectives of the diverse communities in the region. This requires an inclusive and informed approach that acknowledges and values the unique cultural and linguistic backgrounds of each community. This approach will aim to be coordinated and community led. There is a 13% underrepresentation of culturally and linguistically diverse people in AOD treatment services, which highlights the presence of barriers to access in the mainstream service system and the limited capacity of services to work with diverse cultures, languages, and belief systems. Preliminary discussion with members of the vibrant and diverse community of the South East has supported this assumption with members reporting low awareness of services and an unwillingness to engage with them.

2. Community Prevention and Promotion

As a core part of the plan, noting that AOD services are primarily focused on intake and treatment. The plan acknowledges that communities and especially those that are diverse require significant engagement to build awareness and reduce inherent shame and stigma surrounding AOD. Prevention, promotion, and early intervention can improve overall AOD outcomes and minimise harms, by reducing the likelihood of, and preventing, the issue before it occurs.

3. Shared Service Engagement

Engaging with all services that have a significant interest in the area, not just services that are predominately AOD oriented, ensures a range of perspectives and ideas are considered when developing a shared understanding of AOD in SEMCA. This approach allows for a more inclusive and collaborative strategy that considers the needs of the vibrant and diverse people of the South East Melbourne community. Involving all stakeholders means there is capacity for omnidirectional knowledge and strategy sharing. Resulting in stronger and more resilient service delivery in the South East.

4. Service Capacity Building

AOD services are stretched thin with long waitlists and unclear referral pathways. There is also acknowledged difficulty around accessibility and services have little allocation for community engagement and outreach work. The catchment governance and planning group aims to bring together organisations that are experienced and capable of community engagement and outreach work to support the AOD services in understanding the community needs.

12. Current priorities and Objectives

Priorities and objectives are established by the governance group and are updated as necessary. They are formulated for a 3-year cycle.

For a list of current priorities and objective see the *Priority Action Plan*.

13. References

1. Australian Bureau of Statistics, 2011, 2016 & 2021, [Census of Population and Housing](#).
2. Turning Point, [AOD Stats](#).
3. VADC: Alcohol and Other Drug Treatment Services, Measures Report for South Eastern Melbourne, 2021-22.
4. Victorian Department of Health, 2018, [Alcohol and Other Drugs program guidelines](#).
5. Victorian Department of Health, [Catchment-Based-Planning](#).
6. Victorian Department of Health, [Alcohol and Other Drug treatment principles](#).

14. Appendices

1. SEMCA AOD Priority Action Plan.
2. SEMCA Demographic and AOD profile.
3. City of Casey Demographic and AOD profile.
4. City of Greater Dandenong Demographic and AOD profile.
5. Cardinia Shire Demographic and AOD profile.
6. SEMCA AOD catchment planning and governance group Terms of Reference.

Access appendices by requesting the catchment planning and governance group via the catchment planner, Leith Symes E: lsymes@secl.org.au.