



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

# **Updated Activity Work Plan 2016-2019: Drug and Alcohol Treatment**

***NEPEAN BLUE MOUNTAINS PHN***

# Strategic Vision for Drug and Alcohol Treatment Funding

The high priority service and treatment needs identified in the NBM PHN preliminary alcohol and other drugs (AOD) needs assessment addressed here include:

- Risky alcohol consumption that may be combined with poly-drug use including methamphetamine use, particularly by young people (and predominately men) for all population groups.
- Non-Residential rehabilitation day programs that are locally accessible and include innovative models for young people and culturally secure models for Aboriginal people.
- Workforce and community capacity to respond to increasing drug use including methamphetamine use and people with dual diagnosis
- Capacity building and coordination of existing services for improved access to extended hours, aftercare and long term counselling for people with dual diagnosis.
- Culturally secure assessment and coordination of services for Aboriginal people with complex problems including dual diagnosis.

The key stages to initiating this vision are to:

- Build capacity in the region by bringing together key stakeholders in an advisory capacity to support development and commissioning activities.
- Work in collaboration with the NBMLHD and local service providers to identify opportunities among State and NGOs in the NBM and surrounding regions, that can support high priority service gaps as part of capacity building, co-design, integration and commissioning of new AOD services.
- Bring together Aboriginal service providers and Aboriginal community representatives to guide and design new and targeted services to the region and build capacity for culturally secure service provision in the region
- Identify opportunities among Aboriginal service providers in surrounding regions to co-design, establish and support services in NBM region.

The implementation of this vision will acknowledge and support the special needs of:

- Aboriginal people
- Young people
- Women with children
- Families with a history of substance use
- People living in socioeconomic disadvantage including the homeless
- People with dual diagnosis (mental health and substance use).

## 2. (a) Planned activities: Drug and Alcohol Treatment Services – Operational and Flexible Funding

Proposed Activities	
Activity Title	Activity 1: Targeted early intervention programs for alcohol and risky substance behaviour including risky drinking, poly-drug use (especially methamphetamine use) especially among youth.
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>2.5 Substance use in young people: national and local trends.</p> <p>2.15 Young and growing population of Aboriginal residents in NBM.</p> <p>3.1 Minimal options for local access to AOD treatment.</p> <p>3.5 There are few specialist NGO service providers located in the region.</p> <p>3.11 Enhanced and targeted communication methods are required to engage and inform young people about the use of drugs and alcohol.</p>
Description of Drug and Alcohol Treatment Activity	<p>The NSW Legislative Council Standing Committee on Social Issues reported in 2013 (Inquiry into the nature of alcohol abuse among young people) that there were three prominent behaviours: binge drinking; the preference for 'shots' and pre mixed drinks; and pre loading.</p> <p>Previous research in the Blue Mountains has identified risky drinking at higher than NSW state averages along with associated social consequences. In addition, a substantial proportion of youth in the region, particularly Blue Mountains, are believed to be involved in cannabis and poly-drug using culture that is likely to include methamphetamine use. NSW Bureau of Crime Statistics and Research indicate a higher than state average rate for methamphetamine related crime in the Penrith LGA.</p> <p>There are currently a number of NGO based counselling programs, including diversionary programs operating in the NBM region, as well as state run programs that provide counselling and education support for youth. Recent consultations indicate that the demand for these services exceeds supply and confirm that the available services are not specifically targeted to early intervention for risky substance use behaviours among youth.</p> <p>Commissioning of this activity will focus attention on developing local initiatives among existing NGO providers including capacity building. The aim of commissioned services will be to improve targeting and coordination of early intervention programs for youth concerning binge drinking and other risky behaviours involving substance use, especially methamphetamine use. Other innovative approaches to alcohol use treatment will also be considered.</p> <p>Implementation of this early intervention activities for youth will involve:</p> <ul style="list-style-type: none"> <li>- Literature review to identify a range of evidenced based early intervention models and likely best practice</li> <li>- Consultation with stakeholders to identify opportunities for capacity building as part of the commissioning process</li> <li>- Consult with AOD Advisory Committee to support co-design of early intervention strategies based on existing service models.</li> </ul>
Target population cohort	Those engaged in risky substance behaviour including risky drinking, poly-drug use (especially methamphetamine use) especially among youth.

<p>Consultation</p>	<p>Key stakeholder input is obtained via the AOD Advisory Committee established December 2016 that will meet regularly for 12 months. All local NGO providers of AOD treatment are represented on this committee, together with NBMLHD representatives, general practice and other professional representatives.</p> <p>Committee members include: Network of Alcohol and other Drugs Agencies (NADA); the Lyndon Community; WHOs; Barnardos; Ted Noffs Foundation; Salvation Army, 180TC; Adele House; Platform Youth Services; St John of God Hospital; Family Drug Support Australia; Nepean Community &amp; Neighbourhood Services; a General Practice Doctor), NBMLHD, local councils, other interested providers of AOD services.</p>
<p>Collaboration</p>	<p>The NBMLHD will be a key partner in development of approaches and co-design together with NGOs currently providing support and counselling to young people in the region.</p>
<p>Indigenous Specific</p>	<p>No (The need for specific services concerning Aboriginal youth, and potential models will be identified as part of overall investigations).</p>
<p>Duration</p>	<p>July-December 2016: Research and preparation for commissioning including stakeholder consultation and establishment of AOD Advisory Committee.</p> <p>January-February 2017: Development of options for service models and criteria for assessment of proposals for further consultation.</p> <p>March- April 2017: Commissioning of at least one targeted service.</p> <p>Year 2: Full implementation of one service and capacity building of one additional service. Evaluation of commissioned services to consider refinements to the model/s and determine approach to continued funding.</p> <p>Year 3: Continued existing or new funding arrangements for services.</p>
<p>Coverage</p>	<p>Existing providers are primarily located in Penrith, Hawkesbury and Blue Mountains LGAs. There are very limited services available in the Lithgow LGA.</p> <p>Commissioning of services are expected to be located in one to two LGAs of the four that make up the NBM region. The potential for outreach to other LGAs will be examined as part of commissioning processes.</p>

Proposed Activities	
Activity Title	Activity 2: AOD education for professionals and community based (front-line) workers.
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>2.2 Increasing complexity of AOD clients: Poly-drug use and complex AOD clients have become the norm.</p> <p>2.6 Substance use presentation to general practice and community centres: feedback from consultations.</p> <p>2.6.1 Priorities from consultations: Barriers to effective service provision and community priorities.</p> <p>2.8 Characteristics of substance and drug users: Prevalence of misuse of prescription medications.</p> <p>2.9 Characteristics of substance and drug users: Prevalence of mental health and drug and alcohol diagnosis.</p> <p>3.12 Workforce capacity: general view that workforce capacity for drug and alcohol services could be substantially improves with training and skills development.</p>
Description of Drug and Alcohol Treatment Activity	<p>Capacity building of the health and community workforce involving coordination and integration of services to respond to drug and alcohol problems, especially those related to methamphetamine use. A high priority need is the increasing complexity involved in working with people using substances, in particular the increased use of methamphetamine with associated behaviour problems. Recent consultations indicate that stigma associated with alcohol and drug use represents a barrier to accessing services. Reducing the impact of stigma is also a priority for training programs involving primary care workforce.</p> <p>Stakeholder consultation has consistently identified the need for education and support for general practitioners and allied health professionals. Other community based workers have also emphasised the need for non-specialist AOD training to support coordination and integration of services.</p> <p>AOD education programs will be targeted at effectively equipping participants to recognise problematic drug and alcohol use, identify the types of supports and treatments that are effective, and gain skills to support people who have drug and alcohol problems according to their level of involvement, i.e. professional or other non-specialist community worker.</p> <p>For general practitioners, two levels of training are proposed. Level one will deliver a broad program of education especially to support identification of mild to moderate users who may present with other medical problems. Education will also aim to support general practitioners interested in becoming prescribers of Opioid Substitution Treatment, and assisting to create a safe general practice setting free from stigma and discrimination.</p> <p>Level two will deliver small group learning modules to general practitioners with a special interest in AOD. The format will include case study presentation from experts in the AOD field.</p>

	<p>This project will be conducted in consultation with the NBMLHD, where possible combining resources and responsibilities for training activities.</p> <p>Education concerning methamphetamine use is a priority to support workers with essential knowledge about how this drug is used, the affects and harms and how they can be reduced, first aid measures, withdrawal, mental health problems, crisis presentation and opportunistic interventions.</p> <p>Implementation of this activity will involve:</p> <ul style="list-style-type: none"> <li>- Assessment of available courses</li> <li>- Selection of appropriate models for professional and other non-specialist community based workers</li> <li>- Procurement of preferred courses</li> <li>- Delivery of training courses to all LGAs between 1 January 2017 and 30 June 2017</li> <li>- Evaluation of training courses</li> <li>- Subsequent annual refresher training as a single course.</li> </ul>
Target population cohort	General Practitioners, Practice Nurses and Community based (front-line) workers.
Consultation	<p>Key stakeholder input is obtained via the AOD Advisory Committee established December 2016 that will meet regularly for 12 months. All local NGO providers of AOD treatment are represented on this committee, together with NBMLHD representatives, general practice and other professional representatives.</p> <p>Committee members include: Network of Alcohol and other Drugs Agencies (NADA); the Lyndon Community; WHOs; Barnardos; Ted Noffs Foundation; Salvation Army, 180TC; Adele House; Platform Youth Services; St John of God Hospital; Family Drug Support Australia; Nepean Community &amp; Neighbourhood Services; a General Practice Doctor), NBMLHD, local councils, other interested providers of AOD services.</p>
Collaboration	The NBMLHD will be a key partner in development of approaches and co-design together with NGOs currently providing support and counselling to young people in the region.
Indigenous Specific	No. Training will address specifically address stigma experienced by people using substances and especially stigma experienced by Aboriginal people.
Duration	<p>July-December 2016: Research and preparation for commissioning including stakeholder consultation and establishment of AOD Advisory Committee.</p> <p>January-February 2017: Development of options for training modules with criteria for assessment of proposals.</p> <p>March- June 2017: Commissioning of education programs</p> <p>Year 2: Refresher training based on evaluation of year one program.</p>
Coverage	<p>Existing providers are primarily located in Penrith, Hawkesbury and Blue Mountains LGAs. There are very limited services available in the Lithgow LGA.</p> <p>Commissioning of services are expected to be located in one to two LGAs of the four that make up the NBM region. The potential for outreach to other LGAs will be examined as part of commissioning processes.</p>

Proposed Activities	
Activity Title	Activity 3: Local non-residential rehabilitation program for men and women
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>2.1 Increasing demand for AOD services: Increasing use of methamphetamines reported nationally.</p> <p>2.6.1 Priorities from consultations: Barriers to effective service provision and community priorities.</p> <p>3.1 Minimal options for local access to AOD treatment.</p> <p>3.3 One NGO small non-residential rehabilitation services is located within the region at Katoomba, for women only.</p> <p>3.4 One residential rehabilitation NGO (faith based service 12 month program) located at Kurmond for men only. State funded residential rehabilitation places are located in Rozelle outside the region.</p> <p>3.5 There are few specialist NGO service providers located in the region.</p>
Description of Drug and Alcohol Treatment Activity	<p>Non-residential rehabilitation programs are a high priority service needs gap. The NBMLHD does not provide for non-residential rehabilitation programs in the region and one small NGO service in Katoomba (Dianella Cottage) for women only is funded by the Commonwealth. Since 2010, formal stakeholder consultations have consistently identified this gap in service provision. The significant upsurge in ICE use in the region has increased the level of urgency for local non-residential treatment programs for people whose substance use is unsuitable for counselling based treatment.</p> <p>Non-residential programs for commissioning should be based on harm reduction principles, not abstinence, in order to improve access to rehabilitation treatment for a broader population group. Priority access should be given to people who have completed detoxification and who have a history of relapse. The preferred model will aim to allocate specific places for Aboriginal people.</p> <p>Considerations for the desired model of care may include a range of models such as therapeutic community that emphasises recovery from addiction, wellness and peer support. In addition to rehabilitation treatment, family support may be provided to ensure that parents seeking treatment can be supported, as well as extended aftercare for people who have successfully completed treatment, to provide continuity of support and minimise relapse.</p> <p>The development phase has involved local NGO service providers to enable co-design of the desired model and optimum integration and coordination with other services. This process has resulted in consideration of an unsolicited proposal to meet the needs of the Lithgow LGA with minimal establishment costs and prompt implementation of new services two days a week for women with dual diagnosis for non-residential rehabilitation. The service commenced 1 January 2017 and represents achievement of approximately 50% of the target aims for this priority.</p> <p>The remaining objectives of this activity will be investigated for commissioning in the later part of the 2017-2018 financial year with</p>

	<p>partial funding of another service and full funding in the 2018-19 financial year.</p> <p>Stage two non-residential rehabilitation funding will target men or youth in the LGAs of Penrith and Hawkesbury.</p>
Target population cohort	Women with dual diagnosis requiring non-residential treatment in the Lithgow LGA.
Consultation	<p>Key stakeholder input is obtained via the AOD Advisory Committee established December 2016 that will meet regularly for 12 months. All local NGO providers of AOD treatment are represented on this committee, together with NBMLHD representatives, general practice and other professional representatives.</p> <p>Committee members include: Network of Alcohol and other Drugs Agencies (NADA); the Lyndon Community; WHOs; Barnardos; Ted Noffs Foundation; Salvation Army, 180TC; Adele House; Platform Youth Services; St John of God Hospital; Family Drug Support Australia; Nepean Community &amp; Neighbourhood Services; a General Practice Doctor), NBMLHD, local councils, other interested providers of AOD services.</p>
Collaboration	The NBMLHD will be a key partner in development of approaches and co-design together with NGOs currently providing support and counselling to young people in the region.
Indigenous Specific	No (The need for specific services concerning Aboriginal people, and potential models will be identified as part of overall investigations).
Duration	<p>Year 1: Commissioning of Lithgow outreach service for women with dual diagnosis.</p> <p>Year 2: a) Development of RFP for commissioning of men's or youth non-residential rehabilitation service. b) Evaluation of Lithgow women's dual diagnosis outreach service with view to continue funding in year 3.</p> <p>Year 3: continued funding and evaluation of two sites.</p>
Coverage	<p>Lithgow LGA is supported by the Dianella Lithgow outreach service for women with dual diagnosis.</p> <p>Penrith and Hawkesbury LGAs will be the priorities for commissioning of the second men's or youth service.</p>

Proposed Activities	
Activity Title	Activity 4: Development of models for enhanced care to improve AOD services and support within existing treatment models. May include people with dual diagnosis, aftercare, shared care, and extended service hours.
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	<p>2.6.1 Barriers to effective service provision and community priorities.</p> <p>2.9 Prevalence of mental health and drug and alcohol diagnosis.</p> <p>2.10 Prevalence of health disorders among alcohol and drug users.</p> <p>3.1 Minimal options for local access to AOD treatment.</p> <p>3.5 There are few specialist NGO service providers located in the region.</p> <p>3.7 Poor access due to limited service hours and availability of counselling.</p> <p>3.8 D&amp;A services operate independently of mental health services, have limited focus on clients holistic well-being and the 'whole of family' approach has not been adopted.</p> <p>3.6.1 Care coordination: Inadequate service models for early intervention and effective support and treatment.</p>
Description of Drug and Alcohol Treatment Activity	<p>NBMLHD strategic planning has identified the high priority need for the extension of service hours for existing AOD treatment to deliver services when people need them. Stakeholders have consistently identified the need for extended service hours covering evenings and weekends to improve access to AOD treatment.</p> <p>Stakeholders have also consistently identified the need for improved aftercare as well as better strategies for shared care, as part of AOD treatment provided. AOD peak bodies have reported that aftercare is not explicitly funded and therefore not provided consistently across the AOD treatment spectrum, despite being important to preventing relapse following treatment.</p> <p>The complexities involved in providing AOD treatment to people with dual mental health and AOD problems is well known in research and practice however there is only preliminary knowledge of best practice models of care for people with dual diagnosis.</p> <p>This proposal aims to involve AOD service providers in the development of business models that can support enhanced service models which may include extended hours, improved aftercare and may examine opportunities for enhancing support to people with dual diagnosis. The project aims to deliver a capacity building approach as part of enhancement of evidence based models of care, through an appropriate commissioning process. Key objectives will be coordination and integration of services.</p> <p>Implementation of this activity will involve:</p> <ul style="list-style-type: none"> <li>▪ Literature review to examine best practice approaches to extended hours and aftercare. Advice and research from peak bodies including NADA will be obtained.</li> <li>▪ Work with AOD Advisory Committee and key stakeholders to develop preferred models</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Examine potential for collaborative funding with state health and NBMLHD</li> <li>▪ Identify potential providers with an interest in extending service hours and enhancing aftercare</li> </ul>
Target population cohort	Those engaged in AOD treatment including people with dual diagnosis and requiring aftercare and enhanced services such as extended hours and integration of services via shared care.
Consultation	<p>Key stakeholder input is obtained via the AOD Advisory Committee established December 2016 that will meet regularly for 12 months. All local NGO providers of AOD treatment are represented on this committee, together with NBMLHD representatives, general practice and other professional representatives.</p> <p>Committee members include: Network of Alcohol and other Drugs Agencies (NADA); the Lyndon Community; WHOs; Barnardos; Ted Noffs Foundation; Salvation Army, 180TC; Adele House; Platform Youth Services; St John of God Hospital; Family Drug Support Australia; Nepean Community &amp; Neighbourhood Services; a General Practice Doctor), NBMLHD, local councils, other interested providers of AOD services.</p>
Collaboration	The NBMLHD will be a key partner in development of approaches and co-design together with NGOs currently providing support and counselling to young people in the region.
Indigenous Specific	No (The need for specific services concerning Aboriginal people, and potential models will be identified as part of overall investigations).
Duration	<p>July-December 2016: Research and preparation for commissioning including stakeholder consultation and establishment of AOD Advisory Committee.</p> <p>January-February 2017: Development of options for service models and criteria for assessment of proposals for further consultation.</p> <p>March- April 2017: Commissioning of services of at least two services.</p> <p>Year 2: Full implementation of two services. Evaluation of commissioned services to consider refinements to the model/s and determine approach to continued funding.</p> <p>Year 3: Continued existing or new funding arrangements for services.</p>
Coverage	The project will aim to expand services in at least two LGAs. RFP will request optional plans to expand service delivery to all 4 LGAs: Penrith, Blue Mountains, Hawkesbury and Lithgow.

## 2. (b) Planned activities: Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander people – Flexible Funding

Proposed Activities	
Activity Title	Activity 5: Supporting complex AOD clients with consideration for developing dual diagnosis or other complexity-based assessment and case management service for Aboriginal people.
Existing, Modified, or New Activity	Existing activity.
Needs Assessment Priority Area	<p>2.13 High Proportion of Aboriginal people living in NBM region.</p> <p>2.14 NBM region is made up of three different Aboriginal Nations.</p> <p>2.18 NBM Aboriginal people experience a significantly higher rates of hospitalisations attributable to alcohol.</p> <p>2.19 Prevalence of drug use in Aboriginal communities.</p> <p>2.20 High proportion of Aboriginal people experience psychological distress.</p> <p>2.21 Substance abuse is a high risk factor for development of mental disorders in Aboriginal communities.</p> <p>2.21.1 High prevalence of methamphetamine use.</p> <p>3.15 Provision of services for Aboriginal people: Inadequate service models for early intervention and effective support and treatment.</p> <p>3.16 Inadequate access to culturally secure detoxification and rehabilitation and aftercare services in the region.</p> <p>3.17 Inadequate capacity of primary health services to respond to Aboriginal health needs.</p> <p>3.18 Capacity of services: Additional AOD and related services required to meet identified needs.</p> <p>3.3 There are no (reported) outpatient detoxification-counselling and non-residential services that self-indicate specialised services for Aboriginal people in local or metropolitan regions.</p>
Description of Drug and Alcohol Treatment Activity	<p>This project is being guided by the Joint NBMLHD and NBMPHN Aboriginal Advisory Committee for Mental Health and Drug and Alcohol. The committee was established November 2016 and meets regularly. Membership includes two Aboriginal community (male and female) representatives for each LGA, NBMLHD Aboriginal liaison officers involved in AOD and mental health and community based services, NBMPHN and NBMLHD representatives for AOD and mental health.</p> <p>Community consultation has identified complexity including dual diagnosis and 'one stop shop' model of service provision as a high priority. Other priorities to be addressed are training of AOD</p>

	<p>Aboriginal workers to improve workforce capacity, delivery of culturally secure services with connection to culture.</p> <p>The aim of the activity is to explore options to establish an Aboriginal specific service that supports complex needs. Dual diagnosis may be one option for service development as part of an assessment and case management model. This may involve the training and placement of AOD Aboriginal health workers with selected service providers, to assess people with complex needs, and then facilitate referral to appropriate treatment for both AOD and mental health, with appropriate follow up by the case worker to support their patient journey through a potential myriad of services. The Indigenous Dual Diagnosis Project (Vic) may offer research evidence and resources to support the development of this approach, however treatment responses to complexity, not specifically dual diagnosis is expected to be the focus of models</p> <p>Implementation of this activity will involve:</p> <ol style="list-style-type: none"> <li>1. Literature review examining the Indigenous Dual Diagnosis model and other similar models to identify a range of evidenced based approaches to AOD treatment for complex clients that can be regarded as culturally secure</li> <li>2. Consultation with the Aboriginal communities to update and confirm priorities identified in the 2015 Sharing and Learning Circle community reports</li> <li>3. Work with the Aboriginal Commissioning Advisory Group to co-design a preferred model and develop opportunities for commissioning of services.</li> <li>4. Identify potential Aboriginal service providers who are involved in AOD services with capacity to expand or enhance their services to accommodate the desired model. This may involve cross collaboration and partnership approaches between Aboriginal Community Controlled and non-Aboriginal health services.</li> <li>5. Commission basic service provision at one location within a capacity building framework in first year</li> <li>6. Increase capacity of service in second and final year to implement desired model.</li> </ol>
Target population cohort	Aboriginal people with complex needs.
Consultation	<p>Key stakeholder input is obtained via the Aboriginal Mental Health and AOD Advisory Committee established November 2016 that will meet regularly for at least 12 months. All key NGO providers of Aboriginal services are represented on this committee, together with NBMLHD representatives, general practice and other professional representatives.</p> <p>Committee members include: Aboriginal community members (female &amp; male) from Lithgow, Blue Mountains, Hawkesbury and Penrith LGAs, NBMLHD Aboriginal Unit, NBMLHD D&amp;A Unit, NBMLHD Mental Health Unit, Aboriginal Healthy For Life Program, Lithgow Aboriginal Community Health, and two Doctors (one of whom is Aboriginal).</p> <p>Marrin Weejali Aboriginal Corporation in Mount Druitt has also been consulted. Marrin Weejali provides alcohol and other drug services to Aboriginal and Torres Strait Islander people and to non-Indigenous clients living in the Sydney metropolitan area, and to people visiting from the country.</p>

Collaboration	<p>Key partners in this initiative will be Aboriginal coalition/sharing and learning circles in each LGA: Penrith, Blue Mountains, Hawkesbury and Lithgow, to guide all stages of project development.</p> <p>Other partners will include NBMLHD, NGOs providing services to local resident, to be involved in co-design and commissioning processes.</p> <p>Other service providers will be consulted as part of the design process. They include general practitioners, allied health professionals, and consumer representatives.</p> <p>Partnerships between Aboriginal providers and non-Aboriginal providers who have experience providing AOD services to Aboriginal people, will be encouraged, especially existing providers of AOD services to Aboriginal people.</p>
Indigenous Specific	Yes
Duration	<p>July-December 2016: Research and preparation for commissioning including stakeholder consultation and establishment of Joint Aboriginal Advisory Committee.</p> <p>January-March 2017: Development of options for service models and criteria for assessment of proposals for further consultation.</p> <p>April - May 2017: Commissioning of services.</p> <p>Year 2: Full implementation of service. Evaluation of commissioned services to consider refinements to the model/s and determine approach to continued funding.</p> <p>Year 3: Continued existing or new funding arrangements for services.</p>
Coverage	One option may be to establish a base service within the NBM region (either Penrith, Blue Mountains, Hawkesbury or Lithgow LGA) with capacity to provide outreach to other LGAs in the region.

## 2. (c) Activities which will no longer be delivered under the Schedule – Drug and Alcohol Treatment Activities

Please use the table below to outline any activities included in the May 2016 version of your Drug and Alcohol Treatment Activity Work Plan which are not continuing from 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference	N/A
Description of Activity	N/A
Reason for removing activity	N/A
Funding impact	N/A