

Rural and Regional

Chair | Craig Harvey, Salvation Army

1. Exploring the need for an academic regional and rural addictions network (ARRAN)
2. The Hub: a walk-in solution for timely intervention and harm minimization in AOD services
3. Implementing an integrated model for mental health and AOD treatment



Making the case for an

Academic Regional & Rural Addictions Network

Dr Robert Lundin
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Mr Craig Harvey

Affiliations



Mildura Base Public Hospital

Consultant Psychiatrist

Alcohol and Other Drugs
Integrated Treatment Team
(AODITT)

Deakin University

Affiliate Lecturer

Institute for Mental and
Physical Health and Clinical
Translation (IMPACT)



Barwon Health

Consultant Psychiatrist


Drug and Alcohol Services (DAS)

Monash University

Adjunct Senior Lecturer

Rural Health Mildura





Why we think ARRAN is needed

- Not about making the case for studying AOD use in regional and rural settings





Review of rural and regional alcohol research in Australia

Peter G. Miller ✉, Kerri Coomber, Petra Staiger, Lucy Zinkiewicz, John W. Toumbourou

First published: 20 June 2010 | <https://doi.org/10.1111/j.1440-1584.2010.01133.x> | Citations: 61



Results: Overall, 18 studies describing alcohol consumption or alcohol-related harms were found. Approximately half of these studies were large-scale national population surveys, which were therefore limited in their representativeness of specific regional and rural towns. Most studies examining alcohol consumption used self-report data collection, meaning that interpretation of results needs to be tentative. There is a consistent pattern of higher rates of alcohol consumption and consequent harm within regional and rural Australia than in urban areas.

Conclusions: There is emerging research examining alcohol consumption and alcohol-related harms within regional and rural Australia. All studies show that these populations experience disproportionate harm because of alcohol consumption. The causes and mechanism for this have not been investigated, and a program of research is required to understand how and why rural populations experience disproportionate levels of alcohol-related harm and ultimately, what interventions will be most effective in reducing alcohol-related harms.



Short communication

Seven-years of alcohol consumption in Australia by wastewater analysis: Exploring patterns by remoteness and socioeconomic factors

Ben Tscharke ^a  , Michael Livingston ^b, Jake W. O'Brien ^a, Richard Bade ^a, Kevin V. Thomas ^a, Jochen F. Mueller ^a, Wayne Hall ^{a,c}, Bradley S. Simpson ^d, Emma Jaunay ^d, Cobus Gerber ^d, Jason M. White ^d, Phong K. Thai ^a

Highlights

- Wastewater estimates of alcohol consumption from 50 Australian sites, 2016–2023.
- Consumption higher in regional areas and areas with higher socioeconomic status.
- Consumption decreasing over time to greater degree in cities than regional sites.
- Socioeconomic and remoteness factors contribute to differences in alcohol use.

Description of Trends over the Week in Alcohol-Related Ambulance Attendance Data

by Kerri Coomber ^{1,*} , Peter G. Miller ¹ , Jessica J. Killian ^{2,3} , Rowan P. Ogeil ^{2,3} , Naomi Beard ^{2,3}, Dan I. Lubman ^{2,3} , Ryan Baldwin ¹ , Karen Smith ^{4,5,6} and Debbie Scott ³ 

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* Author to whom correspondence should be addressed.

Int. J. Environ. Res. Public Health **2023**, *20*(8), 5583; <https://doi.org/10.3390/ijerph20085583>

Submission received: 22 February 2023 / Revised: 30 March 2023 / Accepted: 18 April 2023 /

Published: 19 April 2023

Abstract

Alcohol harms are often determined using a proxy measure based on temporal patterns during the week when harms are most likely to occur. This study utilised coded Australian ambulance data from the Victorian arm of the National Ambulance Surveillance System (NASS) to investigate temporal patterns across the week for alcohol-related ambulance attendances in 2019. These patterns were examined by season, regionality, gender, and age group. We found clear temporal peaks: from Friday 6:00 p.m. to Saturday 3:59 a.m. for both alcohol-involved and alcohol-intoxication-related attendance, from Saturday 6:00 p.m. to Sunday 4:59 a.m. for alcohol-involved attendances, and from Saturday 5:00 p.m. to Sunday 4:49 a.m. for alcohol-intoxication-related attendances. However, these temporal trends varied across age groups. Additionally, hours during Thursday and Sunday evenings also demonstrated peaks in attendances. There were no substantive differences between genders. Younger age groups (18–24 and 25–29 years) had a peak of alcohol-related attendances from 7:00 p.m. to 7:59 a.m. on Friday and Saturday nights, whereas the peak in attendances for 50–59 and 60+ years was from 5:00 p.m. to 2:59 a.m. on Friday and Saturday nights. These findings further the understanding of the impacts of alcohol during different times throughout the week, which can guide targeted policy responses regarding alcohol use and health service capacity planning.

Why we think ARRAN is needed

- Often small numbers
- Often not very interesting to wider audiences
- AOD services taking part in research don't often see the funding
- Additional questions remain unknown



From: [REDACTED] Editorial Office <onbehalf@manuscriptcentral.com>
Date: 17 June 2024 at 10:42:45 AM AEST
To: Leighlan [REDACTED] <[\[REDACTED\]@mbph.org.au](mailto:[REDACTED]@mbph.org.au)>
Subject: [REDACTED] Decision on Manuscript ID [REDACTED]-0099
Reply-To: [REDACTED] <[\[REDACTED\]@wiley.com](mailto:[REDACTED]@wiley.com)>

16-Jun-2024

Dear Ms Phillips:

I refer to your manuscript [REDACTED]-0099 entitled "The perception of mental health clinicians in developing integrated alcohol and other drug services" which you submitted to the [REDACTED].

I regret to advise that, following peer review, your manuscript has been assessed as having limited applicability to the readership of [REDACTED]. We have therefore decided not to proceed with this manuscript. As is journal policy, if it is the case that reviewers have provided comments, then these comments are included for your information below.

Thank you for considering publication of your manuscript in the [REDACTED]. I hope you will consider future submissions to the journal.

From: [REDACTED]

Date: 9 December 2024 at 8:22:55 pm AEDT

Subject: Abstract Submission for [REDACTED]

Dear Leighlan

Thank you for submitting your abstract for [REDACTED].

Unfortunately, due to the overwhelming number of high-quality submissions, we regret to inform you that your presentation, *The impact of implementing an integrated rural AOD team* was not selected for inclusion in this year's program.

We sincerely hope you will still join us as a delegate to participate in the Conference. Registration and event details are available on the [conference website](#). [REDACTED]

Thank you once again for your effort and contribution. We greatly value your work and hope to see you at the event.

Kind regards,

From: [REDACTED] >

Sent: Friday, 10 March 2023 4:29 PM

To: [REDACTED] >

Subject: Research income from [REDACTED]

Hi [REDACTED],

Do you know if the [REDACTED] clinicians (Dr [REDACTED] and Dr Robert Lundin) have claimed the research money from [REDACTED] for their participation in the [REDACTED] (agreement attached)?

They should have already invoiced for \$37,344 for 2023 and further \$37344 payments in Dec 2023 and 2024

If not, do you know the best contact details for Drs [REDACTED] and Lundin? and I'll connect them to the [REDACTED] research finance partner to arrange invoicing.

Thanks

[REDACTED]

Why we think ARRAN is needed

- Often small numbers
- Often not very interesting to wider audiences
- AOD services taking part in research don't often see the funding
- Additional questions remain unknown
- Focus is on connecting rural and regional services

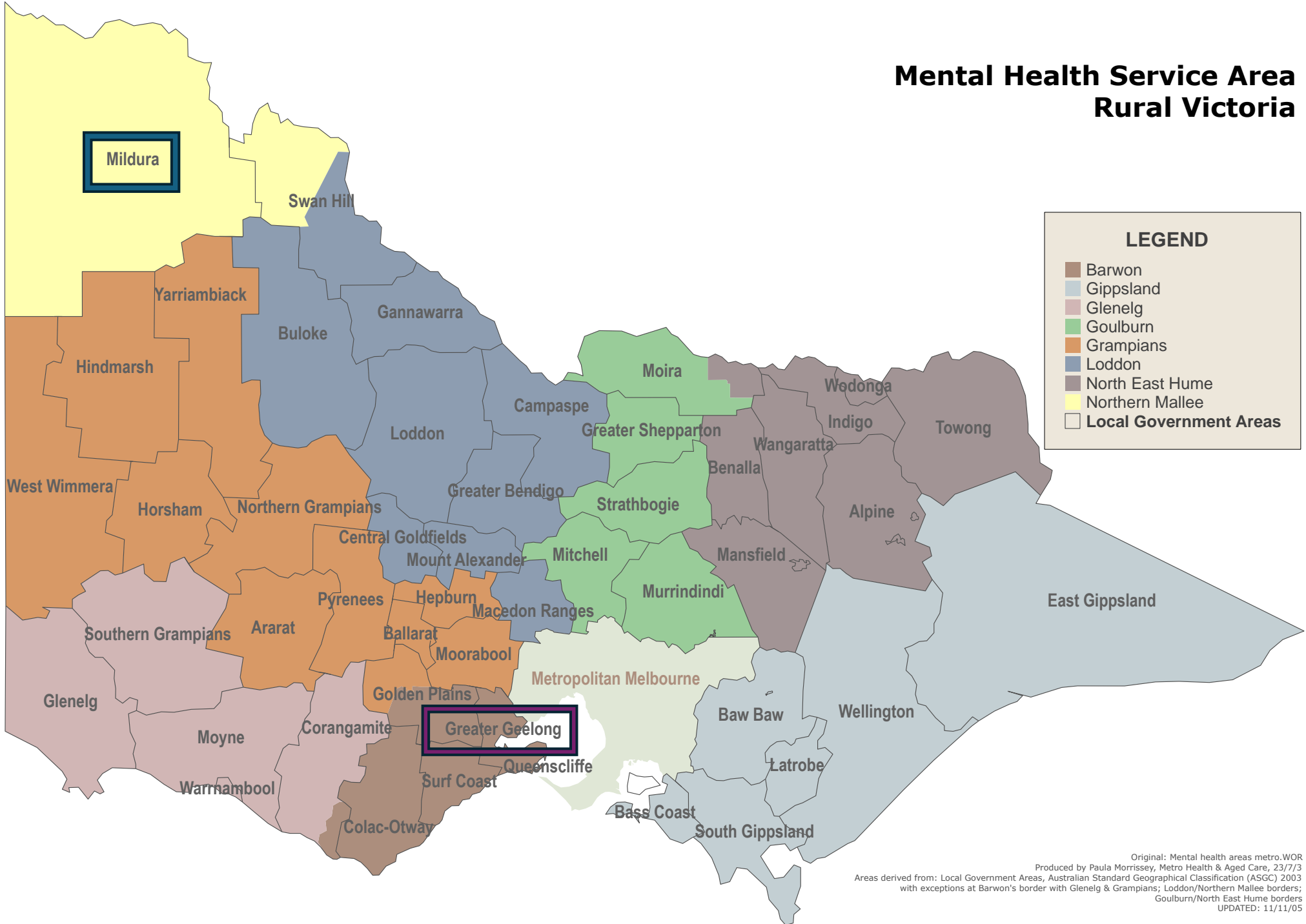




Trial period

- September 2024 – February 2025
- Clinicians at:
 - **Barwon Health - Drugs and Alcohol Services (DAS)**
 - **Mildura Base Public Hospital – AOD Integrated Treatment Team (AODITT)**
- Monthly meetings to discuss project
- Specific projects are worked on outside of meetings
- Primarily clinician-driven

Mental Health Service Area Rural Victoria



Original: Mental health areas metro.WOR
Produced by Paula Morrissey, Metro Health & Aged Care, 23/7/3
Areas derived from: Local Government Areas, Australian Standard Geographical Classification (ASGC) 2003
with exceptions at Barwon's border with Glenelg & Grampians; Loddon/Northern Mallee borders;
Goulburn/North East Hume borders
UPDATED: 11/11/05

ARRAN Project Tracker										Share		
File Edit View Insert Format Data Tools Extensions Help												
Q Menus												
D18												
All projects view												
1	Tr Task	Priority	Tr PI	Status	Start date	End date	Tr Milestone	Ethics approval	Tr Notes			
2	Naloxone prescribing in co-location	Completed	Tiggy	Completed	01/09/2024	01/12/2024	Published	File	Notes			
3	Review of AOD MDT roles	Completed	Robert	Submitted	01/10/2024	30/10/2024	Submitted	File	Notes			
4	Naloxone sub group analysis	Completed	Tiggy	Submitted	01/12/2024	01/02/2025	Submitted	File	Notes			
5	Benzodiazepine Systematic Review	P0	Caity	In revision	01/09/2024	dd/mm/yyyy	Under revision	File	Notes			
6	MH Clinician view on integrated AOD	P0	Leighlan	In progress	dd/mm/yyyy	dd/mm/yyyy	Re-audit	File	Notes			
7	Regional referrals, waitlist to intro conversion)	P0	Robert/Tiggy	In progress	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
8	Victorian AOD Strategy - ARRAN opinion	P1	Robert	In progress	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
9	Large language model - harm reduction	P1	Robert/Student	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
10	ED presentations after AODITT involvement	P3	Leighlan	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
11	Benzodiazepine intervention app	P3	Craig	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
12	Safer inhalation Project	P3	Craig	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
13	Non-alcoholic drinks in AOD counselling	P3	Michael	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
14	Overdose data (Using alone)	P3	Craig	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
15	GHB Qualalative study review	P3	Caity	Not started	dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
16	Task		PI		dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
17	Task		PI		dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			
18	Task		PI		dd/mm/yyyy	dd/mm/yyyy	Milestone	File	Notes			

Example 1 – Benzodiazepines Systematic Review

Mayfair 2 – Friday Session 3
(11:00)

[Home](#) > [Harm reduction strategies for benzodiazepine use: a systematic review](#)

Harm reduction strategies for benzodiazepine use: a systematic review

Benzodiazepine use is internationally prevalent and the rise of novel benzodiazepine, among other risks, has contributed to the implication of benzodiazepines in drug-induced deaths. Unfortunately, harm reduction strategies specific to benzodiazepine are limited. A systematic review of studies that explored harm reduction strategies for the use of benzodiazepines was conducted using four databases. The review identified 34 papers for inclusion which were analysed for type of harm reduction intervention or target population. The identified themes were prescribing (10), drug testing (9), population specific interventions (6), policy (5) and information sharing (4). Notably, there is a scarcity of literature specifically addressing harm reduction strategies tailored to benzodiazepine use as opposed to repurposed strategies.

view

Review Data

Screening

Full Text Screening

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Need Training?

Benzodiazepines Harm Reduction

Search

Upgrade

Imported References

All References1,144

benzoharmed all...1,144

Add References

Possible Duplicates

Find duplicates to start resolving!

Detect Duplicates

Showing 1,144 Articles

PICO

Samples

Criteria

All References

Sort

Title	Date	Authors
1 Motives for alcohol use, risky drinking patterns and harm reduction practices among people who experience homelessness and alcohol dependence in Montreal	2023-01-01	Motta-Ochoa...
2 Is use of opioid agonist treatment associated with broader primary healthcare use among men with recent injecting drug use histories following release from prison? A prospective cohort study	2023-01-01	Curtis, M.; Wi...
3 Baseline characteristics of people experiencing homelessness with a recent drug overdose in the PHOENix pilot randomised controlled trial	2023-01-01	Lowrie, R.; M...
4 An innovative inpatient protocol for alcohol withdrawal prevention in a 16-year-old adolescent: a case report	2023-01-01	Moubayed, D...
5 Development and validation of an overdose risk prediction tool using prescription drug monitoring program data	2023-01-01	Gellad, W.F.; ...
6 DID ALCOHOL REDUCE HEROIN USE? A HIGHLIGHT FROM HIV/HCV CO- INFECTED METHADONE MAINTENANCE PATIENTS IN MYANMAR	2023-01-01	Tun, S.; Balas...
7 Circumstances Contributing to Suicide Among U.S. Adolescents Aged 10–19 Years With and Without a Known Mental Health Condition: National Violent Death Reporting System, 2013–2018	2023-01-01	Rice, K.; Bro...

Oninid-related deaths during hospital admissions or shortly after discharge in the United Kingdom: A

Upload Full text

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Add note

Filters

Keywords for include

Select All

compared with

trial

randomized

placebo

double blind

controlled trial

randomly

randomized controlled trial

crossover

assigned to

Show more

Keywords for exclude

Select All

prevalence

survey

cohort

cross-sectional

observational

this review

reviews

Chat with ResearchPilot™ Beta

Screening Summary

0 Conflicts100% Aligned

Team Progress

You're off to a good start, keep it up!

191 Decisions left83% Done

Craig (Collaborator)View Sessions Time

829 Decisions left28% Done

caity.morrison@dea... (Collaborator)View Sessions Time

zotero

Welcome, rmlundin · Settings · Inbox · Download · Log Out

Upgrade Storage

Home · Web Library · Groups · Documentation · Forums · Get Involved

Search for groups

Home > Groups > benzoharmed

benzoharmed

Group Library · Group Settings

Owner: rmlundin
Registered: 2023-05-23
Type: Private
Membership: Invitation
Library Access: You can view and edit

Members (4)

Recently Added Items

Title	Added By	Date Modified
Analysis of the supply of drugs and new psychoactive substan...	caitymorrison	11/02/2025, 21:28:47
Trends in the availability and type of drugs sold on the int...	caitymorrison	11/02/2025, 21:25:23
European Drug Report 2024: Trends and Developments	caitymorrison	11/02/2025, 21:16:58
Fake Xanax: Designer Emerging Benzodiazepine Epidemic Linked...	caitymorrison	11/02/2025, 20:46:19
Designer Benzodiazepines: A Review of Toxicology and Public...	caitymorrison	11/02/2025, 20:42:37

Example 2 – Review of AOD Multidisciplinary Teams

Bristol – Friday Session 3
(11:00)

[Home](#) > [Exploring the individual multidisciplinary team roles in AOD](#)

Exploring the individual multidisciplinary team roles in AOD

The Australian Alcohol and Other Drugs (AOD) workforce comprises a highly diverse range of healthcare professionals. We focused on harm reduction, peer work, social work, pharmacy, occupational therapy, psychology, nursing and nurse practitioners. Since medical doctors and AOD roles without specific credentials have already been covered in the literature, this review summarises on the other direct patient facing roles in the AOD multidisciplinary team. The findings of this review show that previous non-specific roles such as peer and harm reduction workers are developing into their distinct disciplines with their own specific training. Experienced clinicians in their field such as nurse practitioners and senior pharmacists are given increasingly more scope of practice that aligns with medical practitioners. However, there is still limited research to some established disciplines such as the role occupational therapy and social work.

← → ⌚

Q Search ARRAN

✎

ai-models-harm-reduction-

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💬 Messages

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• Rotating the site where you inject (e.g., different v 22 November 2024 ⌵ body) reduces the risk of scar tissue buildup, vein collapse, and infections. Repeatedly injecting in the same spot can cause irritation and damage.

• Be mindful of **site selection**: veins should be visible and easy to access. Avoid using veins that feel hard, swollen, or already scarred, as these are more prone to complications.

9. **Use Safe, Clean Water for Preparing the Injection**

• If you need to mix the drug, use clean **water** that is as sterile as possible. Tap water can contain bacteria and other contaminants that can cause infections when injected.

• **Boil the water** first, if possible, to kill any bacteria or pathogens before using it.

10. **Do Not Share Equipment**

• Never share syringes, needles, or any other injection equipment with others. Sharing increases the risk of transmitting bloodborne diseases like HIV, Hepatitis B, and Hepatitis C.

Key Takeaways:

• **Sterilize** the injection site with alcohol swabs and keep the area clean.

• **Use new, sterile equipment** each time and avoid reusing anything that comes into contact with the drug or your body.

• **Dispose of equipment properly** to reduce the risk of injury and infection to others.

• **Monitor your injection sites** for signs of infection, such as swelling or redness.

📄 OT letter main text.docx (19 kB)

📄 Health Social Care Comm - 2022 - King - Are we opening a can of worms Community-based occupational therapists .pdf (473 kB)

We are really fortunate to have:

Alan Ye - Medical / Student (coordinating the writeup)

Shlan Phillips - Nurse Practitioner

Harvey and Caity Morrison - Harm reduction

ng - Social work

ortogallo +Psychology

- Peer work

Jo Linden - Nursing

with students/grads or other people they would like to involve, this is not a problem. We will make sure everyone contributing to this get appropriate authorship if you would like to include someone. I have also setup a Slack channel that allows ongoing discussion about the project across the various organisations (or on your desktop/phone).

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Example 3 – Involvement of rural sites in research applications

 **BMC** Part of Springer Nature

Search 

 **Trials**

Home About Articles In Review Submission Guidelines News COVID-19 [Submit manuscript !\[\]\(f352fb86fd942855f49bb0ef3403ffdf_img.jpg\)](#)

Study protocol | [Open access](#) | Published: 22 June 2024


A phase 3 randomised double-blind placebo-controlled trial of mirtazapine as a pharmacotherapy for methamphetamine use disorder: a study protocol for the Tina Trial

[Rebecca McKetin](#) , [Tayla J. Degan](#), [Lucy Saunders](#), [Long Nguyen](#), [Gregory Dore](#), [Steven Shoptaw](#), [Michael Farrell](#), [Louisa Degenhardt](#), [Peter J. Kelly](#), [Alyna Turner](#), [Philip J. Clare](#), [Olivia M. Dean](#), [Shalini Arunogiri](#), [Samantha Colledge-Frisby](#), [Juanita Koeijers](#), [David Goodman-Meza](#), [Barbara Sinclair](#), [David Reid](#), [Harry Hill](#), [Jeremy Hayllar](#), [Michael Christmass](#), [Frank Cordaro](#), [Robert Lundin](#), [Willy Liaw](#), ... [Michael Berk](#) [+ Show authors](#)

[Trials](#) **25**, Article number: 408 (2024) | [Cite this article](#)

1913 Accesses | [Metrics](#)

Inbox

 **Sapphire.Mail@healthandmedicalresearch.gov.au** 2 Oct
To You ...

You don't often get email from sapphire.mail@healthandmedicalresearch.gov.au.
[Learn why this is important](#)

Dear Robert Lundin,

You have been invited to View:
Grant Opportunity: 2024 Partnership Projects PRC3

Example 4 – Boosting numbers for other initiatives (SMS alerts)

Savoy 3 – Friday Session 3
(11:00)

[Home](#) > [SMS drug alerts](#)

SMS drug alerts

In 2023, Geelong reported the second highest fatal overdose rate in Victoria, highlighting an urgent need for innovative public health responses amid rising synthetic opioid threats, and communication strategies to alert the community of evidenced risks.

We developed an anonymous SMS portal to disseminate drug alerts, direct to the community.

The initiative allows people to register without identifying information, ensuring wider access to critical safety information. Through delivery of real-time alerts, we aim to inform individuals who might otherwise miss these warnings. Over the next 12 months, we will evaluate subscriber growth and community awareness through a baseline survey conducted in November 2024. The project represents a proactive approach to enhancing public knowledge and reducing overdose risks.

Trial period outputs



1 PUBLICATION



2 PAPERS UNDER
REVIEW




3 PAPERS CURRENTLY IN
DRAFT




1 GRANT APPLICATION



6 CONFERENCE
ABSTRACTS SUBMITTED
(4 ACCEPTED)

A large orange circle on the left side of the slide, partially cut off by the edge.

How we would like ARRAN to run

- Monthly meeting to connect anyone with a regional and rural addictions interest
 - Brief updates and synopsis on ongoing projects that others can join and seek advice and feedback on
 - Ideally hold some funding to pilot new projects (criteria needed)
 - Ideally be university and service agnostic to maximize collaborations
 - Heavily reliant on digital collaboration tools to connect remote services
- 
- A series of blue dashed lines in the bottom right corner, forming a curved shape.

What we would like ARRAN to do



Support services to collaborate on project to boost numbers or complete projects faster (e.g. MDT, systematic reviews)



Spread awareness of projects conducted at other sites (e.g. SMS)



Create a network that builds academic competency, provides advice, retains focus on clinically useful projects



Can facilitate links between smaller sites and larger project teams to meet requirements for rural participation (e.g. funding)

Acknowledgements



Craig Harvey



Caity
Morrison



Leighlan
Phillips



Antigone
Branchflower

What's next for ARRAN?

1

Move from trial
period to soft
launch

2

Actively involve
more sites

3

Expand the digital
platform and
structure

Questions posed

Are these challenges others have come across?

Is this something that can be more easily facilitated in a different way?

Has it already been tried – and is running – somewhere?



Making the case for an

Academic Regional & Rural Addictions Network

Dr Robert Lundin
robert@lundin.no

Mr Craig Harvey