2026 AOD Review – Consultation

Overview

COORDINARE is completing a review of Alcohol and Other Drug (AOD) services across South Eastern NSW (SENSW) to inform future planning and commissioning decisions.

The review is being taking place at a time of significant change for the AOD sector. The Australian Government is reforming the Commonwealth Drug and Alcohol Program (DAP), which funds many Primary Health Network (PHN) commissioned AOD services. Current PHN-funded DAP contracts conclude on 30 June 2027.

To inform future planning, COORDINARE has reviewed population health data, service mapping, regional needs assessments, previous consultation findings and relevant policy reforms. These are included as appendices to this document. We are seeking feedback on the findings presented in this document, including whether they accurately reflect local needs, service gaps and opportunities, and what priorities should inform future planning and commissioning decisions.

This consultation contains seven questions. You are welcome to respond only to the questions that are relevant to you or your organisation. COORDINARE is also happy to arrange individual discussions with organisations who would prefer to provide feedback through a conversation.

Feedback from this consultation will be analysed alongside other evidence gathered through the review. An insights report summarising consultation findings will be published at the end of the process. You can find updates and more information on the COORDINARE AOD review website.

Please email your completed responses to Laura Eason, Design and Implementation Manager at: leason@coordinare.org.au by 23 November 2026.

What we have heard so far

The evidence reviewed to date suggests several consistent themes across South Eastern NSW:

- Alcohol remains the most common substance of concern, alongside increasing methamphetamine use, cannabis use and polydrug use.
- Many people seeking support experience multiple and interconnected challenges, including mental ill-health, trauma, housing instability, domestic and family violence, financial hardship and justice-system involvement.
- Access to services varies across the region, with rural, inland and remote communities facing additional barriers related to workforce shortages, transport and service availability.
- Stakeholders have identified ongoing gaps in withdrawal management, rehabilitation, recovery support, care coordination and service navigation.
- Workforce shortages continue to affect service availability and capacity across the sector.

- There are opportunities to strengthen prevention, early intervention, harm minimisation, lived experience leadership, family and carer support, and integration across the broader health and social care system.

A more detailed summary of the evidence, service mapping and policy context is provided in the appendices.

Consultation Questions

AOD Needs and priorities

1. With reference to Appendix 1, what are the most important AOD needs, service gaps or opportunities in South Eastern NSW that COORDINARE should prioritise over the next 3-5 years, and is there anything we have missed? Where possible please refer to the DAP pillars (prevention; early intervention; treatment, recovery, and management; and system enablers)
2. What physical health needs commonly go unmet for people who use alcohol and other drugs or access AOD services? What opportunities are there to identify and/or respond to these needs within AOD settings?

Current Service system

3. Does the service system overview at appendix 2 accurately reflect services in your area? Please identify any inaccuracies or local context to help inform place-based planning.

Provider and market capacity

4. What opportunities or challenges do you see for your organisation in expanding, adapting or delivering future AOD services in South Eastern NSW?

Workforce

5. How does your organisation currently use AOD peer workers? What challenges and opportunities do you see in strengthening lived and living experience leadership and the peer workforce across the SENSW AOD sector?

Commonwealth grant opportunity

6. Did you apply for the Commonwealth Place-Based Treatment grant opportunity?
   If yes, and if you are comfortable sharing, please provide a brief overview of your proposed focus.
   Note: This information will be treated as commercial-in-confidence and will not be included in the insights report from this consultation process. This information will assist us to avoid duplication and ensure that we maximise reach and impact of programs across the region.

Other:

7. Is there anything else you would like to share with COORDINARE in relation to the SENSW AOD review?

Appendix 1: SENSW AOD Needs and Service Gaps

COORDINARE has reviewed regional population and hospital data, treatment activity, needs assessments, service mapping, provider reports and recent consultation findings. The evidence points to substantial AOD-related need across South Eastern NSW, increasing complexity among people seeking support, and persistent service gaps.

Nature and scale of need

Alcohol remains the predominant primary drug of concern across the catchment. In 2022–23, 47 agencies delivered 5,256 treatment episodes to 3,418 South Eastern NSW residents. Just under half of these selected Alcohol as the primary drug of concern, followed by amphetamines, cannabis, and heroin. Counselling and case management were the most common treatment types, and more than half of treatment episodes were initiated through self-referral by clients or families. Aboriginal and Torres Strait Islander people represented 18.8% of clients, while males accounted for 60.8% of treatment episodes.[6]

Estimated rates of alcohol consumption associated with short- and long-term health risks were highest in Bega Valley (26.8%), Snowy Monaro Regional (24.9%), Eurobodalla (21.4%) and Kiama (19.8%). [7]

AOD-related hospitalisations also remain a significant source of health service use. In the 2022–23 to 2023–24 reporting period, the highest rates were recorded in Eurobodalla (1,569.0 per 100,000 population), Shoalhaven (1,548.8), Wollongong (1,467.7) and Kiama (1,416.3). Wollongong and Shoalhaven recorded the highest annual volumes. [1]

Providers have reported increasing methamphetamine use, high levels of cannabis use and growing polydrug use, including the use of other substances to manage the effects of stimulants. These patterns increase clinical complexity and the need for flexible responses.[5, 6]

Complex and interconnected needs

Stakeholders have noted that people accessing AOD services increasingly present with co-occurring mental and physical health concerns, trauma, domestic and family violence, housing insecurity or homelessness, financial hardship and justice-system involvement.[6]

Stakeholders consistently reported challenges accessing coordinated care for people with co-occurring mental health and AOD needs. Differences in service eligibility criteria, assessment processes and treatment approaches, together with fragmented service pathways, can result in people being redirected between services and not receiving care that addresses the full range of their needs. Participants highlighted the need for more integrated models of care, stronger collaboration between sectors and improved continuity of support.[2, 4]

Participants in recent consultations as part of the development of the new Mental Health, Suicide Prevention, and AOD Regional Plan have emphasised that effective responses need to address substance use alongside mental health, trauma, housing, safety, employment, social connection and social and emotional wellbeing. [2]

Findings from COORDINARE's homelessness needs assessment[3] further highlighted the close relationship between housing insecurity, homelessness, mental ill-health and substance use. Stakeholders emphasised the importance of integrated responses that combine health, housing and

social supports, noting that people experiencing homelessness often face significant barriers accessing timely primary care, mental health and AOD services. This requires stronger integration between AOD services, mental health services, hospitals, primary care, corrective services and community supports, as well as models that can respond holistically to multiple and overlapping needs.

Geographic variation, access and service availability

Need and service availability are not always evenly distributed. Bega Valley, Snowy Monaro Regional and Eurobodalla have some of the highest estimated rates of risky alcohol consumption, yet people in southern, inland and remote communities face significant transport barriers, workforce shortages and limited local access to specialist treatment.[2, 7] Consumers may need to travel long distances or outside the region, including to the ACT, for withdrawal management, residential rehabilitation and other specialist services.[2] Aboriginal stakeholders also highlighted the impact of having to travel off Country for treatment.

Barriers and gaps across the treatment pathway

Across recent consultations [2], provider feedback [4], and reflected in the needs assessment[5], long wait times, restrictive intake criteria, cost, transport, stigma, workforce limitations and difficulty navigating services were consistently identified as barriers. Limited local detoxification (particularly in SNSW LHD), withdrawal management, residential rehabilitation, non-residential treatment and ongoing recovery support were particular concerns.

Consultation participants also described poor continuity between withdrawal, rehabilitation and community aftercare, confusion about referral and eligibility requirements, and limited awareness of available services.[2]

Priority populations and equitable access

There are several groups who may experience disproportionate harm or barriers to care. These include Aboriginal and Torres Strait Islander people; young people; women and children affected by domestic, family and sexual violence; people experiencing homelessness; people leaving custody or involved with the justice system; people from culturally and linguistically diverse or LGBTQIA+ communities; people living with disability; and families and carers.[2, 5]

Barriers identified through stakeholder consultation included a lack of culturally safe and community-led services, concerns about stigma and child protection involvement for parents seeking treatment, inadequate supports for parents with children, fragmented care pathways and transitional support, and limited capacity to respond to people with complex health and social needs.[5]

In 2022–23, 42% of young adults aged 18–24 were considered at risk of alcohol-related disease or injury, while cannabis was the principal drug of concern for most treatment clients aged 10–19. [6]

Aboriginal stakeholders called for culturally safe, community-led responses grounded in grief, loss, trauma and healing. [5]

Families and carers also reported a need for better information, education, navigation and support to sustain their role in helping people with AOD concerns.[5]

Service system capability and integration

Workforce shortages remain a major constraint, particularly for specialist AOD clinicians and workers with expertise in trauma-informed care, dual diagnosis and youth AOD treatment. Recruitment and retention difficulties contribute to waitlists and limited capacity, and historical short-term funding arrangements have impacted workforce stability. [4, 5]

Stakeholders identified opportunities to strengthen primary care through improved GP confidence in screening, withdrawal management and pharmacotherapy; expanded opioid treatment access; nursing support; and stronger shared-care pathways.[2, 4, 5]

Further investment is also needed in prevention, early intervention, harm minimisation, outreach, community awareness, family and carer support, lived experience roles, data and outcomes, coordinated navigation and service integration. As reflected in multiple COORDINARE needs assessments, stakeholders have highlighted the value of outreach, co-located and partnership-based models that improve engagement with people experiencing homelessness and other groups who may face barriers accessing traditional service settings.[3, 4, 5]

2024 NSW Drug Summit findings and national policy directions

The findings of the 2024 New South Wales Drug Summit[9] were broadly consistent with the themes identified across South Eastern NSW through the desktop review. The Summit highlighted improved access to treatment, service integration, workforce development, prevention and early intervention, family and community support, cultural safety and harm reduction as key priorities.

It also emphasised the importance of embedding lived and living experience in planning, governance and service delivery; ensuring services are designed with the communities they serve; recognising stable housing and transitional accommodation as important enablers of recovery; expanding digital, telehealth and navigation-based models to improve access in rural and remote communities; strengthening family-inclusive practice and support for children and young people affected by parental alcohol and other drug use; and addressing stigma and discrimination as barriers to help-seeking, treatment engagement and recovery.

More recently, the Australian Parliament's Inquiry into the Health Impacts of Alcohol and Other Drugs[8] highlighted a number of issues that are also relevant to future AOD planning and commissioning. Consistent with local findings and the NSW Drug Summit, the inquiry identified challenges relating to service sustainability, workforce shortages, fragmented care pathways, contract duration and equitable access to services, particularly in regional, rural and remote communities. The inquiry also highlighted the importance of integrated models of care that address co-occurring mental health, housing, justice and family violence needs; stronger cross-sector workforce development and referral pathways; expanded use of digital models of care; and greater investment in culturally safe services for Aboriginal and Torres Strait Islander communities.

Several recommendations are particularly relevant to Primary Health Networks and future commissioning approaches. These include longer-term and more sustainable funding arrangements, increased support for rural and remote service delivery, enhanced awareness and prevention activities relating to Fetal Alcohol Spectrum Disorder, and continued investment in integrated and coordinated care models that improve access to prevention, early intervention, treatment and recovery supports.

Conclusion

While significant challenges remain, South Eastern NSW benefits from a diverse network of community, primary care, Aboriginal Community Controlled, and specialist AOD services. Stakeholders have highlighted the strong commitment across the sector, innovative place-based responses and opportunities to build on existing partnerships and areas of good practice.

Additional information and data around local needs in SENSW can be found in the COORDINARE Needs Assessment and Population Health Profile.

References

1. Centre for Epidemiology and Evidence. *HealthStats NSW*. Sydney: NSW Ministry of Health. Available at: HealthStats NSW.
2. COORDINARE. *2026 regional plan consultation findings*. Unpublished.
3. COORDINARE. *After Hours Primary Healthcare, Homelessness Access and CALD Access Needs Assessment*. 2024.
4. COORDINARE. *AOD Commissioned Service Feedback*. Unpublished.
5. COORDINARE. *Needs Assessment 2024/25–2026/27*. 2024.
6. COORDINARE. *Needs Assessment Snapshot: Mental Health and Alcohol and Other Drugs. Supplement to Needs Assessment 2024/25–2026/27*. 2024.
7. COORDINARE. *Population Health Profile*. 2026.
8. House of Representatives Standing Committee on Health, Aged Care and Disability. *Report on the health impacts of alcohol and other drugs in Australia*. Parliament of Australia. September 2026. Available at: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Disability/Healthimpactsofalcohol/Report.
9. NSW Health. *Report on the 2024 New South Wales Drug Summit*. 2025. Available at: https://www.health.nsw.gov.au/aod/summit/Documents/2024-nsw-drug-summit-report.pdf.

Appendix 2: Current AOD system in SENSW

The AOD system in South Eastern NSW includes services funded and delivered through COORDINARE, the two Local Health Districts, the NSW Ministry of Health, primary care and community providers.

Broad 2026 mapping based on Healthdirect data identified **45 unique AOD service sites** and **51 service-type instances** across South Eastern NSW. Sites were concentrated in Wollongong and Shoalhaven, with fewer mapped physical locations in several rural and inland areas.

COORDINARE-commissioned services

- **Pathways Shoalhaven — The Salvation Army:** community-based AOD treatment and recovery support across Shoalhaven.
- **Pathways SENSW — Directions Health Services:** community treatment, withdrawal and rehabilitation pathways across Eurobodalla, Snowy Monaro and Goulburn Mulwaree.
- **Drug and Alcohol Brokerage and Community Support — Waminda in collaboration with other SENSW Aboriginal Medical Services in the region:** brokerage and coordinated support for Aboriginal people across coastal SENSW.
- **Nana Muru — Lives Lived Well:** mobile day rehabilitation, withdrawal support and aftercare in Shoalhaven and Jervis Bay.
- **Clean Slate Clinic:** region-wide telehealth withdrawal and recovery support.
- **Empowering Recovery and Resilience — Salt Care**: AOD, housing and reintegration support across Shoalhaven, Eurobodalla and Bega Valley.
- **Safe Pathways Initiative — Wollongong Homeless Hub and Housing Services**: AOD and peer support within homelessness and housing services in Wollongong.
- **Integrated Responses for Vulnerable FDV — Directions Health Services**: integrated AOD and domestic and family violence support across Shoalhaven, Eurobodalla and Bega Valley.
- **Opioid Dependency Treatment into General Practice** - which builds primary care capacity to provide opioid dependency treatment in the community through an AOD GP Clinical Lead, GP training, shared-care pathways with the LHD, and participating prescribers across the region.
- **AOD capability-building across headspace services in South Eastern NSW -** aims to strengthen the identification of and response to substance use among young people accessing headspace services.

Local Health District services

The Illawarra Shoalhaven and Southern NSW Local Health Districts provide publicly funded AOD services across the catchment. This includes the following service types

- individual counselling and group programs
- outpatient/community withdrawal management
- hospital-based withdrawal support
- opioid and stimulant treatment
- needle and syringe and other harm-reduction services
- blood-borne virus testing and treatment;
- court diversion programs
- specialist youth, Aboriginal, pregnancy and parenting, and whole-family services
- smoking cessation
- mobile outreach

- hospital consultations

NSW Ministry of Health-funded

The NSW Ministry of Health funds three place-based AOD treatment and support hubs for priority populations, providing multidisciplinary, integrated care and connections to broader health and social supports. These are delivered by the Australian Community Support Organisation in Shellharbour, Grand Pacific Health in Queanbeyan, and Directions Health in Bega and Eden through the Sapphire Health and Wellbeing Service.

Other NSW Ministry of Health Ice Inquiry-funded initiatives in South Eastern NSW include:

Priority populations treatment

- Residential withdrawal and rehabilitation for Aboriginal women - **Waminda** in South Nowra
- Youth day rehabilitation and counselling - **Lives Lived Well** in Nowra
- Youth counselling and adult community-based withdrawal -**Directions Health Services** in the Ulladulla region
- Community-based withdrawal, case management and counselling — **Directions Health Services** across Bega Valley and Eurobodalla.
- Day rehabilitation and case management for people with dependent children — **Karralika Programs** across Queanbeyan–Palerang and Cooma.

Family, carer and post-custodial supports:

- Carer and friend service enhancements -**Katungul** from Batemans Bay to Eden and **Directions Health Services** across Eurobodalla, Bega Valley and Monaro
- Post-custodial support - **Directions Health** across Goulburn, Moruya, Yass, Batemans Bay, Bega, Eden and Cooma.

Expanded Local Health District services:

- Safe Assessment Unit — **Illawarra Shoalhaven Local Health District** at Shellharbour Hospital.
- Expanded public AOD services — **Illawarra Shoalhaven Local Health District**: violence, abuse and neglect social work support, assertive case management, methamphetamine case management, mobile AOD outreach, pregnancy and parenting services, and youth and general counselling across Illawarra and Shoalhaven.
- Expanded public AOD services — **Southern NSW Local Health District**: hospital consultation liaison district-wide, assertive case management across Eurobodalla and Bega Valley, and pregnancy and parenting services across Bega Valley, Eurobodalla, Cooma, Goulburn and Queanbeyan.

Justice-related treatment pathways

- MERIT expansion — **Southern NSW Local Health District** across Goulburn, Yass, Batemans Bay, Bega, Moruya and Narooma, with priority residential rehabilitation and withdrawal management access through **We Help Ourselves** in Goulburn.

Appendix 3: Commonwealth Drug and Alcohol Program Reform

The Australian Government is currently reforming the Commonwealth Drug and Alcohol Program (DAP), which funds a range of alcohol and other drug activities delivered through Primary Health Networks (PHNs) and other organisations across Australia.

The DAP has been redesigned around four pillars: Prevention, Early Intervention, Treatment, Recovery and Management, and System Enablers. These provide a framework for describing AOD service activity across the continuum of care and underpin future funding and performance requirements. Further information about the DAP pillars, program logic and proposed key performance indicators is available in: Guidance: Key Performance Indicator Framework and Program Logic – Drug and Alcohol Program.

Across the system in SENSW, COORDINARE believes that most services currently delivered sit within the treatment, recovery and management pillar, supported by smaller amounts of early intervention, harm reduction and system-enabling activity. Prevention activity has been less visible in the available mapping.

Future Commonwealth investment will be delivered through a combination of PHN funding streams and national and place-based grant opportunities, and the outcomes of these will influence how AOD services are commissioned and delivered across South Eastern NSW. Current and forecast Commonwealth grant opportunities are available through GrantConnect.

The table below provides a high-level summary of the four DAP pillars and examples of activities that may align with each pillar. Many services contribute to more than one pillar.

Pillar	Key activities
Prevention Evidence-informed activities that prevent or reduce the initiation of harmful AOD use and associated harms, including education, awareness and community-based prevention.	• Education and awareness campaigns • School, tertiary, community, outreach and sport based prevention programs
Early Intervention Activities that identify emerging or risky AOD use early and provide timely screening, brief intervention, counselling, referral or other support before needs escalate.	• Routine assessments, relationship-based engagement and targeted screening for at-risk groups • Brief interventions, counselling and targeted supports • Referral pathways or campaigns to promote awareness of support options • Harm reduction support
Treatment, Recovery and Management Evidence-informed treatment, withdrawal management, rehabilitation, counselling, care coordination, aftercare, peer support and ongoing recovery or management.	• Access, intake and assessment services • Withdrawal management • Structured treatment delivery • Digital assessment and monitoring • Integrated care, counselling, case management and care coordination • Lived experience (peer) support

	• Aftercare support • Harm reduction support
System Enablers Workforce development, research, data, evaluation, digital systems, partnerships, governance, integration, navigation and other activity that strengthens the AOD service system.	• Workforce development and training, including cultural safety and embedding lived experience (peer) workforce • Program data collection and management • Monitoring and reporting of program performance, including evaluations • Leveraging digital infrastructure to support connected care • Commissioning research and data to inform policy and monitor emerging trends and issues • Cross-system partnerships and governance, including representation from people with lived experience