phn
CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

USE OF ALCOHOL AND OTHER DRUGS

2025-2027 Needs Assessment

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Overview

Substance use, (including tobacco, alcohol, and illicit drugs) accounts for 16.1% of the nation's disease burden, with 1 in 3 Australians aged 14 and over engaging in alcohol consumption that puts their health at risk. In 2022-2023, 47% of Australians reported having used illicit drugs at some point in their lives (1).

The consequences of substance use are broad and can impact (directly and/or indirectly) on all Australian communities, families and individuals. Health impacts can range from injury and chronic conditions to preventable diseases and mental health disorders. Socially, substance use can exacerbate crime, domestic violence, childhood trauma, and strain on the criminal justice system. Economically, it can impose significant costs through healthcare, law enforcement, and lost productivity.

Within the CESPHN region, the primary drugs of concern are methamphetamines, alcohol, cannabinoids, and heroin.

Key issues

- Illegal drug use in the CESPHN region is predicted to continue to increase
- Instances of reported drug dealing are increasing
- The CESPHN region has higher hospitalisation rates for alcohol compared to other regions
- Priority populations remain the most impacted by AOD use including
    - Aboriginal and Torres Strait Islander people
    - Multicultural communities
    - Young people
    - LGBTQI+ communities
    - People experiencing homelessness
    - Individuals in contact with the criminal justice system.

Key gaps

- Limited access to holistic support and care coordination, as well as a lack of pathways for patients navigating AOD services.
- Absence of specific AOD Medicare Benefits Schedule (MBS) items for general practitioners to track service use.
- A need for additional prescribers to transition patients from public Opioid Treatment Programs (OTP) to private care.
- Insufficient services for priority populations, particularly women and multicultural communities.
- A shortage of residential rehabilitation beds.
- High prevalence of co-occurring mental health and substance use concerns, with a need for further capacity-building initiatives.
- Limited access to culturally appropriate rehabilitation for Aboriginal participants.
- Workforce shortages and the need for ongoing training and development.

Opportunities

To address these gaps, opportunities for CESPHN include:

- Gauge sector willingness and capacity to re-establish an AOD and mental health working group to enhance collaboration across services.
- Support the increase in the number of general practitioners (GPs), nurse practitioners, and pharmacists trained to prescribe opioid treatments.
- Encourage co-location of services, leveraging nurse practitioners to improve accessibility.
- Support the upskilling of peer workers to expand the AOD workforce.
- Support a review and alignment of the AOD Minimum Data Set (MDS) with the Primary Mental Health Care (PMHC) MDS for more integrated service monitoring and improvement.

Prevalence

Drug and alcohol services planning model

The national Drug and Alcohol Services Planning (DASP) model predicts that for every 100,000 people in a broadly representative population:

- 8,838 will have an alcohol use disorder
- 646 will have a methamphetamine use disorder
- 465 will have a benzodiazepine use disorder
- 2,300 will have a cannabis use disorder
- 793 will have a non-medical opiate (including heroin) use disorder.

The table below translates these rates to the current and future populations (aged 10 years and over) of the CESPHN region (2). Higher prevalence rates are expected in areas that have higher than average numbers of people experiencing homelessness, people recently released from prison or people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ).

Table 1: Estimated prevalence of drug disorders in the CESPHN region, 2023 and 2041

Drug disorder type	Standard rate (per 100,000 people)	2023 prevalence *	2041 prevalence **
Alcohol	8,838	142,480	150,562
Methamphetamine	646	10,414	11,005
Benzodiazepine	465	7,496	7,922
Cannabis	2,300	37,079	39,182
Non-medical opiate	793	12,784	13,509

*Sources: CESPHN 2020, *ABS 2024, **HealthStats 2022*

National drug strategy household survey

The National Drug Strategy Household survey asks people in Australia about their use and opinions of licit and illicit drugs. The most recent survey was conducted in 2022-23. Data for this survey is currently only available at a national level. It shows that nationally:

1 in 3 people (31%) drank **alcohol** in ways that put their health at risk

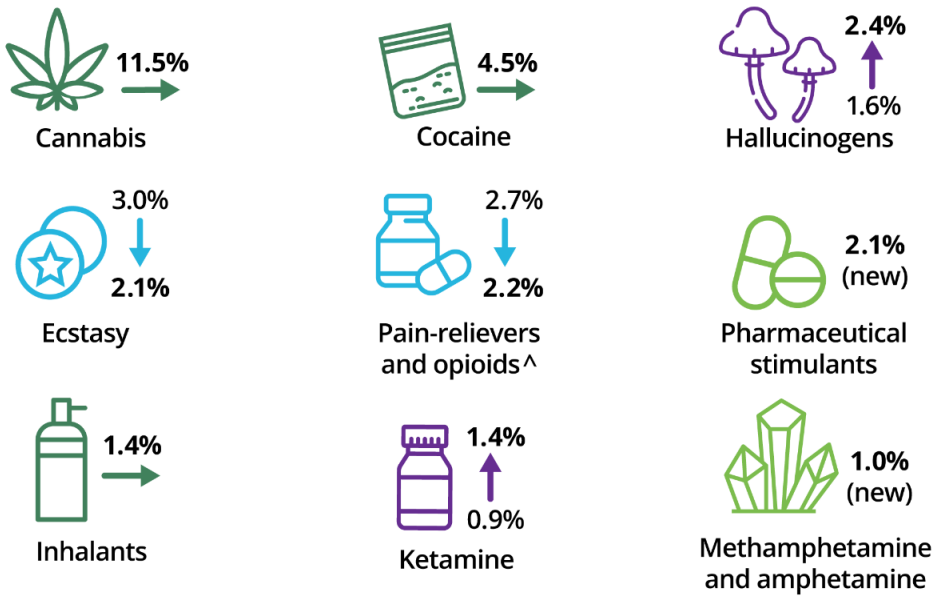
1 in 2 people (47%) have used an **illicit drug** in their lifetime, with **cannabis** being the most used (4.1%)[1]

1 in 5 people (17.9%) had used an **illicit drug** in the previous 12 months in 2022-23. The changes in recent illicit drug use can be seen in the figure below.

Source: AIHW, 2024

Additionally, the daily tobacco smoking rate has dropped from 11.0% to 8.3% from 2019 to 2022-23 and the use of electronic cigarettes and vapes had nearly tripled between 2019 (2.5%) and 2022-23 (7.0%) (1). Changes in illicit drug use from 2019 to 2022-23 saw increases in hallucinogens (1.6% to 2.4%) and ketamine (0.9% to 1.4%).

Figure 1: Changes to recent use of illicit drugs from 2019 to 2022-23



Proportion of people in Australia aged 14 and over

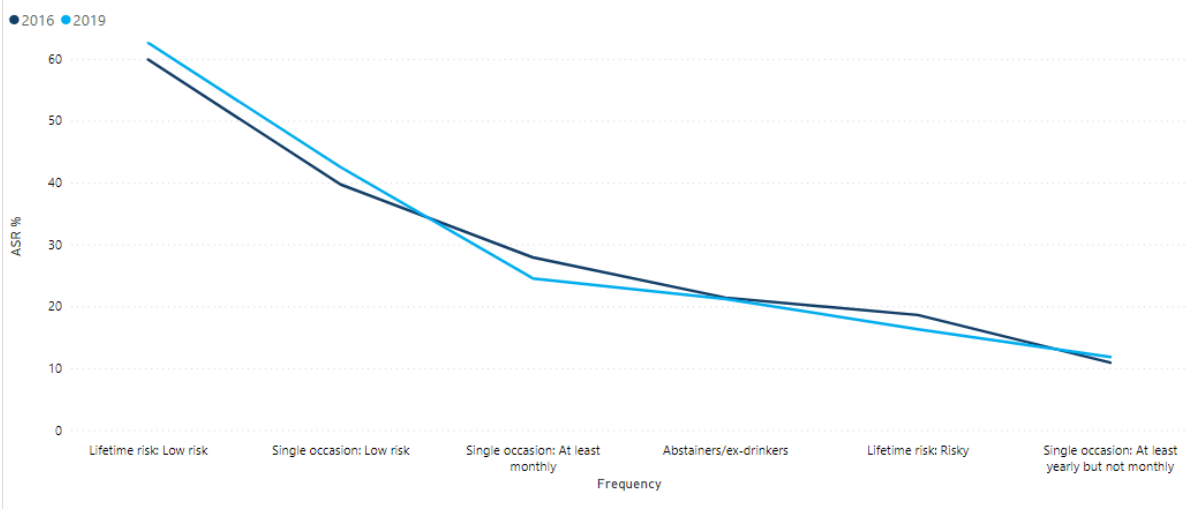
Source: AIHW 2024

The 2019 survey data is available at a PHN level. It showed that 24.5% of people aged 14 years and over in the CESPHN region drank at a risky level on a single occasion at least monthly, while 16.3%

exceeded the lifetime risk guideline. Since 2016, the proportion exceeding the single occasion risk and lifetime risk guidelines has declined slightly (27.9% and 18.6% respectively) (3).

The illicit drug use among people aged 14 years and over within the CESPHN region has declined from 22.0% in 2016 to 18.7% in 2019.

Figure 2: Alcohol consumption and risk, CESPHN region, 2016 and 2019



Source: AIHW 2019

Illicit drug reporting system

The Illicit Drug Reporting System (IDRS) is a national illicit drug monitoring system intended to identify emerging trends of local and national concern in illicit drug markets. The data is reported at national level as well as capital cities around Australia. The 2023 Sydney IDRS sample comprised 153 people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Sydney (4).

Two thirds (67%) of the Sydney sample reported recent (i.e., past six month) use of heroin, the lowest per cent since monitoring commenced, although stable relative to 2022 (71%). Among those who reported recent use, almost half (47%) reported using heroin daily, also stable relative to 2022 (54%). The majority (86%) of the sample reported recent use of any methamphetamine in 2023, stable from 87% in 2022. Almost one quarter (23%) of the sample reported recent use of cocaine (16% in 2022). The use of methamphetamine has gradually been increasing while cocaine use has generally decreased since the beginning of monitoring. Two thirds (65%) of the Sydney sample reported non-prescribed cannabis and/or cannabinoid-related product use in the six months preceding interview in 2023 (72% in 2022), of which 56% reported daily use (57% in 2022). The most common non-prescribed pharmaceutical opioids recently used by participants were methadone (12%; 18% in 2022) and oxycodone (12%; 11% in 2022) (4).

Recent use of any new psychoactive substance was reported by 6% of participants, stable relative to 2022 (4% in 2022). One third (33%) of the Sydney sample reported recent use of any non-prescribed benzodiazepines, a significant increase from 21% in 2022.

The IRDS also identifies drug related harms and other behaviours:

- Almost two thirds (63%) of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).
- Almost one fifth (17%) of the sample reported experiencing a non-fatal overdose in the 12 months preceding interview (20% in 2022), with 'any opioids' (12%) being the most common substance involved (14% in 2022).
- A significant decrease was observed in participants indicating awareness of naloxone in 2023 (81%; 95% in 2022; $p<0.001$)
- Five per cent of participants reported receptive needle sharing in the past month, stable relative to 2022 ($n\leq5$).
- One quarter (24%) of the sample reported having an injection-related health issue in the month preceding interview (28% in 2022), with significantly fewer participants reporting experiencing an artery injection in 2023 ($n\leq5$; 8% in 2022; $p=0.031$).
- Thirty-nine per cent of the sample reported currently being in some form of drug treatment at the time of the interview (43% in 2022), most commonly methadone treatment (22%; 30% in 2022).
- Among those who had recently used opioids and commented, 61% scored five or above on the Severity of Dependence (SDS) scale, indicating possible dependence. Of those who had recently used methamphetamine and commented, 48% scored four or above on the SDS scale, indicating possible dependence.
- The percentage of participants who reported having had a hepatitis C (HCV) antibody test in the last year significantly increased from 34% in 2022 to 58% in 2023
- Half (52%) of the Sydney sample self-reported that they had recently experienced a mental health problem, a significant increase relative to 2022 (38% in 2022; $p=0.015$), with the most common reported problem being depression (65%). Almost one third (32%) of the Sydney sample scored 30 or more on the K10 scale (33% in 2022), indicating high psychological distress.
- The majority (95%) of participants reported accessing any health service for alcohol and/or drug support in 2023, a significant increase from 80% in 2022, with significantly more participants accessing NSPs (86%; 66% in 2022)
- In 2023, three quarters (76%) of the sample reported experiencing stigma related to their illicit drug use in any setting in the six months preceding interview. These experiences of stigma most commonly occurred when visiting a non-health setting (66%).
- The vast majority (87%) reported that they had received at least one COVID-19 vaccine dose (88% in 2022) at the time of interview, with participants receiving a median of 3 doses. Among those who had driven in the last six months, almost two third (63%) of participants reported driving within three hours of consuming an illicit or nonprescribed drug (83% in 2022). Seven per cent of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the last year (11% in 2022).
- In 2023, almost half (47%) of the Sydney sample reported engaging in 'any' crime in the past month (38% in 2022; $p=0.152$). Selling drugs for cash profit remained the most common self-

reported crime in the month preceding interview and significantly increased from 23% in 2022 to 36% in 2023 (p=0.030). Two in three (63%) participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months, a significant increase from 39% in 2022 (p<0.001) (4).

Ecstasy and related drugs reporting system

The Ecstasy and Related Drugs Reporting System (EDRS) is a national monitoring system for ecstasy and related drugs that is intended to identify emerging trends of local and national interest in the markets for these drugs. The 2023 NSW EDRS sample comprised 100 people who regularly use ecstasy and other illicit stimulants in Sydney (4).

Just under one third (29%) of the NSW sample reported cocaine as their drug of choice. Ecstasy was the next most common drug of choice (22%), followed by cannabis (16%) and alcohol (12%) (4).

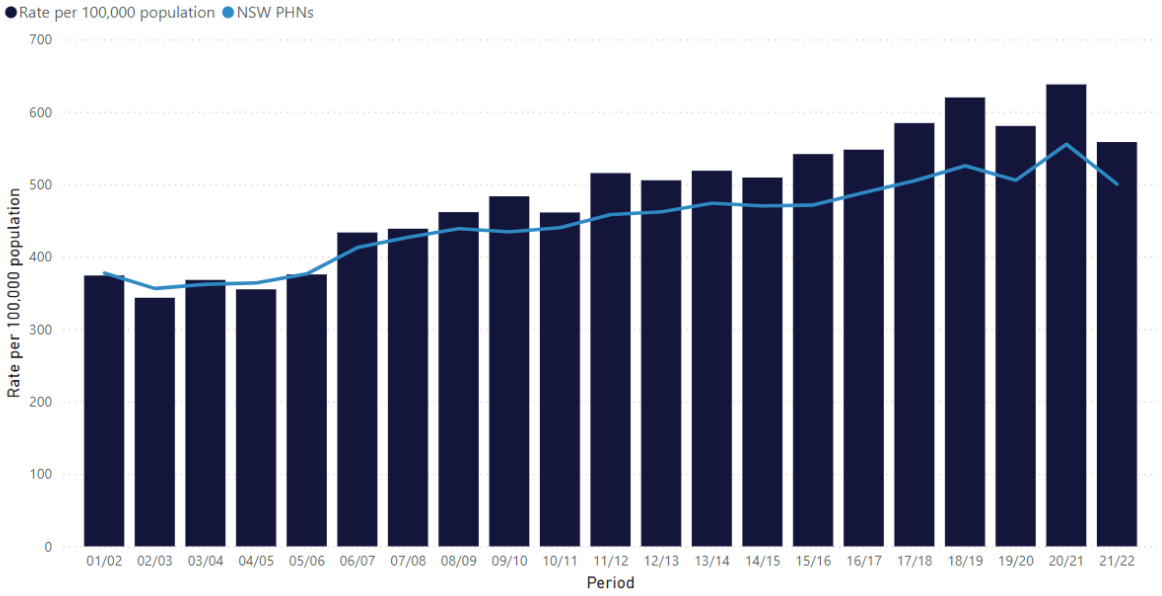
There was a significant increase in recent use of any form of ecstasy between 2022 (83%) and 2023 (99%) Capsules remained the most common form of ecstasy consumed in the six months preceding interview, with a significant increase observed in 2023 (69%; 52% in 2022;). This was followed by pills (49%), which also increased in 2023 (33% in 2022), and crystal (47%).

Recent use of any methamphetamine has been declining since monitoring commenced. In 2023, one fifth (21%) of the sample reported recent use (2022 29%). The largest percentage of participants reported using crystal methamphetamine (14%), followed by powder (8%). Frequency of crystal and powder use (≤monthly), as well as their perceived purity and availability, remained stable between 2022 and 2023.

Hospitalisations

In 2021-22, there were 9,473.4 alcohol-related hospital admissions in the CESPHN region. Over half (58.6%) of hospital admissions were males. CESPHN has a higher rate of hospitalisations (558.3 per 100,000 population) than the NSW rate (500.2 per 100,000 population) (5).

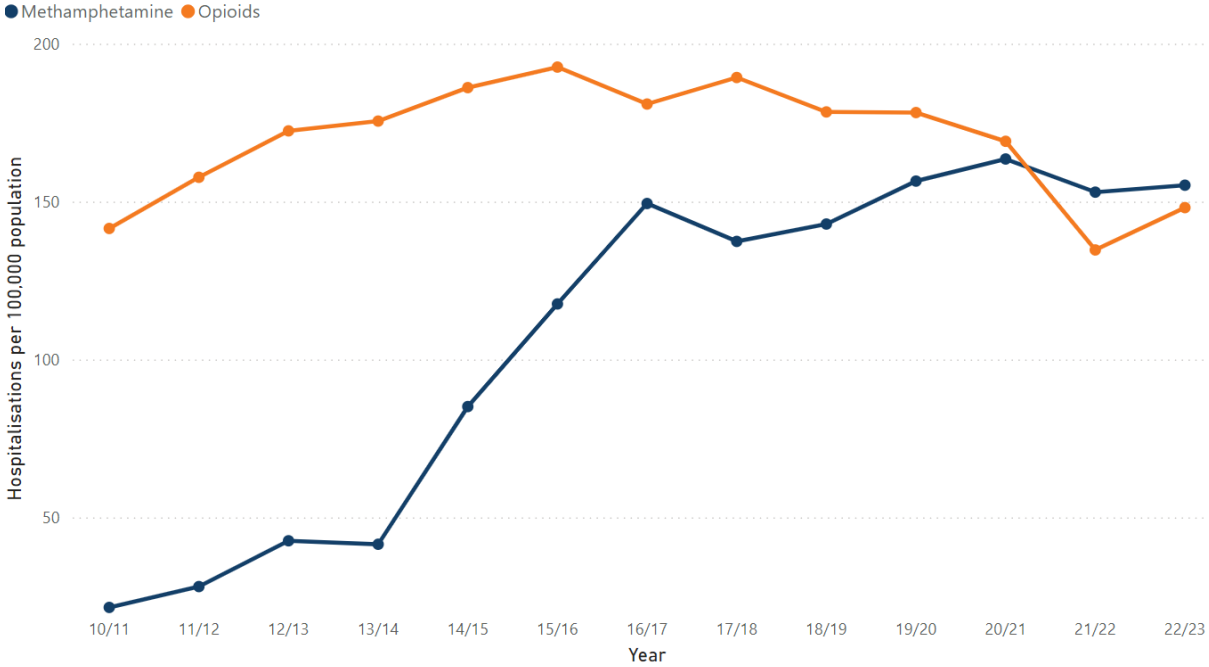
Figure 3: Alcohol related hospitalisations, CESPHN region, 2001-02 to 2021-22



Source: HealthStats NSW, 2024

Hospitalisation rates for methamphetamine (155.2 per 100,000 population) have now overtaken hospitalisation rates for opioids (141.5 per 100,000 population). Opioid hospitalisations peaked in 2017-18 at 192.6 per 100,000 population and have decreased every year since. Methamphetamine hospitalisations had a sharp growth between 2013-14 and 2016-17 and have continued to gradually increase since. The same trends are seen in NSW (5).

Figure 4: Hospitalisation rates for methamphetamine and opioids, CESPHN region 2010-11 to 2022-23



Source: HealthStats NSW, 2023

Treatment

There are two local health district (LHD) run specialist alcohol and other drug (AOD) programs in the CESPHN region, along with government services provided by the St Vincent's Health Network. There are also non-government organisations (NGOs) who have both widely applicable models of care and specifically targeted models of care. A list of NGOs and the type of service they provide are included in Table 2 below. In addition, there are alcohol and other drug interventions provided by general practice and community pharmacy, and some residents can access private treatment programs although these are mainly located outside the CEPHN region.

Finally, there are community drug action teams (CDAT's) and local drug action teams (LDAT), organised by interested members of the community, who undertake population style interventions. There is little difference in intent between CDATs and LDATs, however LDATs are supported by Commonwealth funding and policy frameworks and CDATs are supported by the NSW state Government.

Table 2: Non-government AOD providers in CESPHN region

Agency Name	Service Type
2Connect Youth and Community	AOD Counselling, Youth AoD service
ACON	AOD Counselling
Aboriginal Medical Service Redfern	AOD Counselling, Pharmacotherapies
Alf Dawkins Detoxification Unit (Inner city Detox)	Withdrawal service

Catholic Care Family Recovery (formerly Holyoake)	AOD Counselling
Co.As.It	AOD Counselling
Community Restorative Centre	AOD Counselling
Deadly Connections Community & Justice Services	Case Management
Foundation House	Residential Rehabilitation
Guthrie House	Residential Rehabilitation
Haymarket Foundation Residential Rehabilitation	Residential Rehabilitation
Headspace	Youth AOD service
Jarrah House	Residential Rehabilitation, Withdrawal service and AOD Counselling
Kathleen York House	Residential Rehabilitation
Leichhardt Women's Community Health Centre	AOD Counselling
Lou's Place	Case Management
Mission Australia, Drug and Alcohol Program	AOD Counselling
Odyssey House Community Programs	Case Management, AOD Counselling
PALM East - Ted Noffs Foundation	AOD Counselling
Pathways Maroubra	Case Management
Pathways Miranda	Case Management
Phoebe House	Residential Rehabilitation
Rainbow Lodge Program	Case Management
Salvation Army Oasis Youth Services	Case Management, Youth AOD service and AOD Counselling
St George Youth Services Inc - 2Connect Youth and Family	Case Management
St Vincent De Paul - Frederic House	Case Management
St Vincent de Paul Society - Continuing and Coordinated Care C&E Sydney	Continuing and Coordinated Care Program, Case Management
St Vincent's Alcohol and Other Drug Service	Assertive Case Management, AOD Counselling, Youth AOD service and Withdrawal service
Sydney Women's Counselling Centre	AOD Counselling
Ted Noffs Foundation: PALM	Residential Rehabilitation, Youth AOD service
The Gender Centre	AOD Counselling
The Haymarket Centre	Case Management, AOD Counselling and Residential Rehabilitation
The Salvation Army William Booth and Detoxification Unit	Withdrawal service
The Station Drug and Alcohol Service	AOD Counselling, Case Management
Uniting Medically Supervised Injecting Centre (MSIC)	AOD Counselling, Case Management

Waverley Action for Youth (WAYS)	Youth AOD service
Waverley Action for Youth Services (WAYS)	Case Management
Waverley Drug and Alcohol Centre	Case Management
Waverley Drug and Alcohol Centre	AOD Counselling
WAYS Youth and Family	AOD Counselling
We Help Ourselves (WHOS): Gunyah	Residential Rehabilitation
We Help Ourselves (WHOS): New Beginnings	Residential Rehabilitation
We Help Ourselves (WHOS): OSTAR	Residential Rehabilitation
We Help Ourselves (WHOS): RTOD	Residential Rehabilitation
Weave Youth and Community Services	AOD Counselling, Case Management, Youth AoD service
WHOS Hub Lilyfield (We help ourselves)	AOD Counselling, Case Management
William Booth House: The Bridge Program	Residential Rehabilitation

Source: NSW Ministry of Health Centre for Alcohol and Other Drugs

Treatment need

The DASP model anticipates that the majority of those with only mild disorders will not seek treatment and will resolve the disorder without specialist intervention, that around 50% of those with a moderate disorder will require treatment and 100% of those with a severe disorder will require treatment. The table below estimates the treatment required for each drug type for the current CESPHN population (aged 10 years and over) (6).

Table 3: Estimated drug and alcohol treatment required in the CESPHN region

Drug type	Assumption of Use Treated rate Mild (%)	Mod (%)	Severe (%)	Assumption of overall prevalence Treated Rate (%)	Estimated quantum needed 2020
Alcohol	20	50	100	35	46,377
Amphetamine	0	50	100	95	9,201
Benzodiazepines	20	50	100	45	3,137
Cannabis	20	50	100	35	12,069
Opiates – non-medical use	0	50	100	95	11,295

Source: CESPHN 2016

The DASP modelling also provides estimates of population level requirements for screening of at-risk patients in the primary care setting. It does this through estimates of risk by drug type and age group. It is estimated for the CESPHN population (aged 10 years and over) there were:

- 219,148 people who needed screening and brief intervention for alcohol use in 2020, increasing to 262,891 people in 2036
- 13,433 who needed screening and brief intervention for amphetamines in 2020, increasing to 16,115 in 2036, and

- 138,982 people who needed screening and brief interventions for cannabis use in 2020, increasing to 166,724 in 2036 (2).

Table 4: Estimated number of screening interventions required in the primary care setting in the CESPHN region by drug type

Drug Type	Standard rate (per 100,000 people)	Estimated no. of screening interventions 2020	Estimated no. of screening interventions 2036
Alcohol	14,617	219,148	262,891
Amphetamine	896	13,433	16,115
Cannabis	9,270	138,982	166,724

Source: CESPHN 2019

Mellor *et al*, used the DASP model to predict bed estimates by LHD in NSW. The below table shows the bed estimates using the original DASP model unmodified parameters, these estimates do not consider potential differences in prevalence rates, severity distributions and treatment rates (7).

Table 5: DASP predicted bed numbers by LHD, bed type, CESPHN region, 2019

Bed type	Sydney LHD	South Eastern Sydney LHD
Detoxification	29	38
Residential rehabilitation	187	248
Inpatient	7	9
Total	222	294

Source: Mellor, R and Ritter, A, 2019. Note: the bed numbers reported here are rounded. Total estimates are calculated by summing the non-rounded bed numbers.

Government funded AOD treatment services

In 2022-23, there were 68 government funded AOD treatment services in the CESPHN region that provided 6,434 closed treatment episodes. This equates to 217.7 episodes or 138.4 clients per 100,000 population.

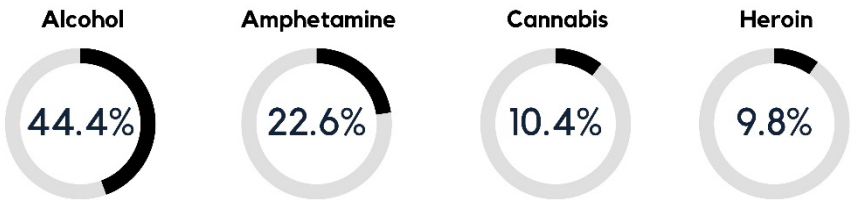
Client demographics

Of the publicly funded AOD treatment services in the CESPHN region in 2022-23:

- 98.5% of clients attended for their own drug use
- 61.3% were male and 34.8% female, 3.9% undisclosed
- 27.7% were aged 30-39 years, 25.39 % aged 40-49 years, 19.9% aged 20-29 years, 15.3% aged 50-59 years, 5.2% aged 10-19 years and 6.6% aged 60+ years
- 12.7% were Aboriginal and Torres Strait Islander people (here in referred to as Aboriginal people) (8).

Principal drug of concern

In 2022-23, the four most common principal drugs of concern for which clients sought treatment in the CESPHN region were:

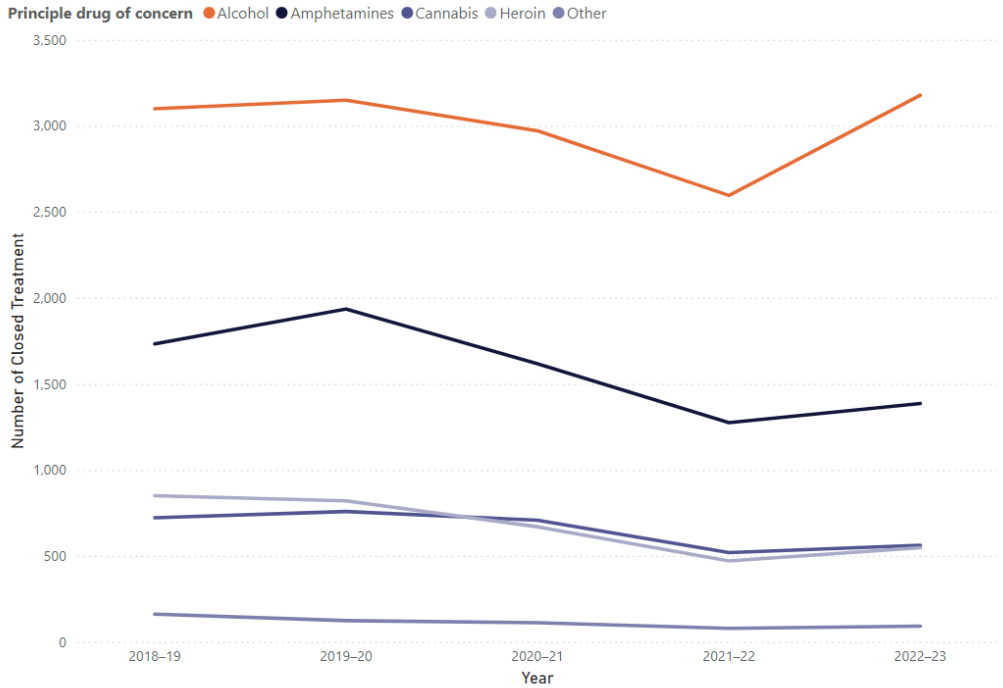


These were also the top four principal drugs of concern nationally – alcohol (42.5%), amphetamines (23.9%), cannabis (17.5%) and heroin (4.5%) (8).

Between 2018-19 and 2022-23, the number of closed treatment episodes with alcohol as the principal drug of concern increased overall by 2.6% (from 3,098.9 to 3,178.0 episodes). This is despite a decrease in 2021-22. Amphetamines were the second highest principal drug of concern and follow the same trend as alcohol.

Across all principal drugs of concern between 2018-19 and 2022-23 we saw a decrease in closed treatment episodes from 2019-20 to 2021-22 then an increase in 2022-23 (8). Data is not available across the total number of episodes to allow for conclusion as to why there was a dip in closed treatments episodes.

Figure 5: Number of closed treatment episodes by principal drug of concern, CESPHN region, 2018-19 to 2022-23

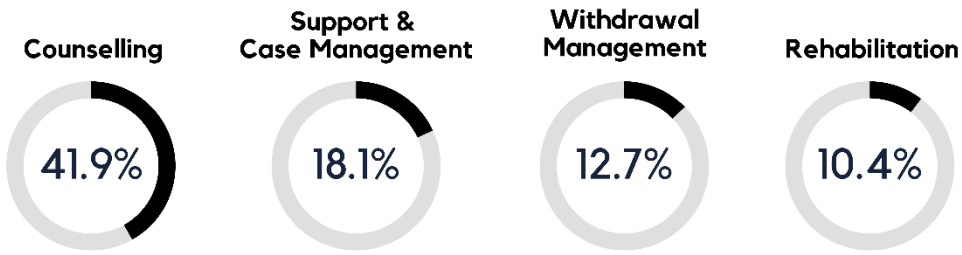


Source: AIHW, 2024

Stakeholders have confirmed that methamphetamines and alcohol are the two most commonly occurring sources of substance related concerns within the CESPHN region. Most commissioned service providers have stressed that alcohol is still the drug of primary concern and the source of greatest harm to their clients. Consultations also highlighted an emerging increase in Nitazene usage and overdoses, with a need to expand the take home Naloxone program.

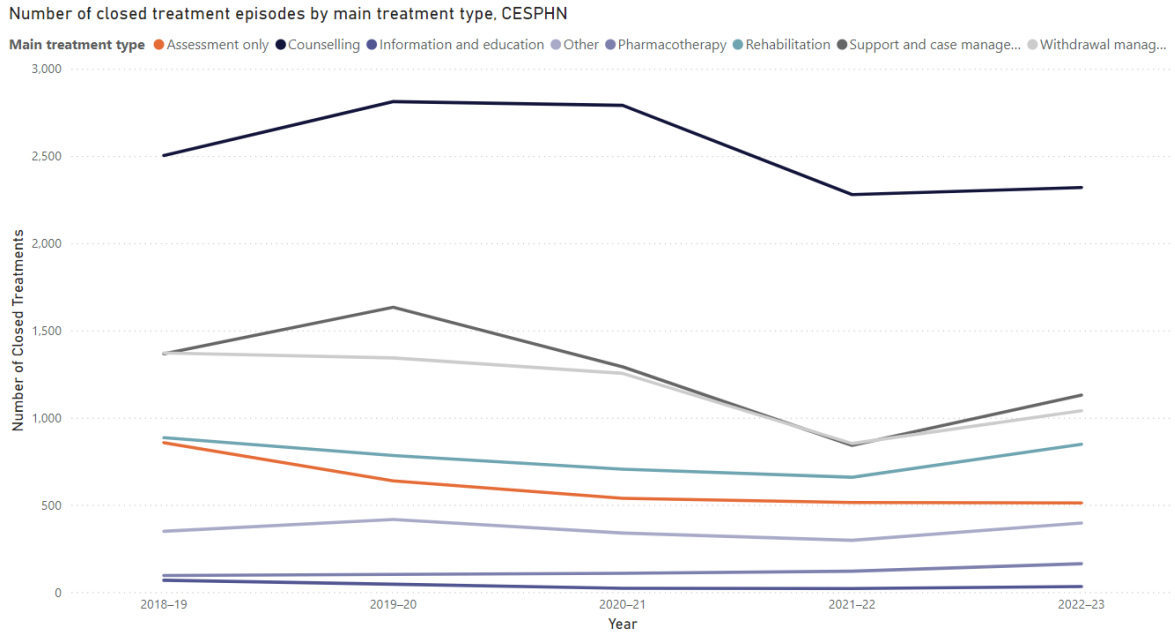
Treatment type

In 2022-23, the most common treatment types provided to clients in CESPHN were:



Compared to national figures, the CESPHN region had a much higher percentage of clients whose main treatment type was withdrawal management (12.7% compared to 6.3%) and rehabilitation (10.4% compared to 5.4%) (8).

Figure 6: Number of closed treatment episodes by main treatment type, CESPHN region, 2018-19 to 2022-23



Source: AIHW, 2024

Source of referral

In 2022-23, over half (56.4 %) of all closed treatment episodes had a source of referral as self/ family. The next most common source of referral was a health service (19.4% of closed treatment episodes) (8).

Treatment setting

In 2022-23, the majority (74.9%) of closed treatment episodes were provided in non-residential treatment facilities, followed by residential facilities (23.3%). There were very low numbers of treatment episodes provided in outreach settings (1.1%) and in the client's home (0.4%) (8).

Primary care

There are no specific alcohol and other drug MBS items for general practice to quantify service use. While there are MBS items for addiction medicine specialists to provide care, this data is not available at the PHN level.

It is expected that most GPs would be seeing patients who have alcohol and other drug concerns in their day-to-day practice. With over 200,000 people estimated to need screening and brief intervention for alcohol use, this would require every GP in the CESPHN region to undertake almost 200 interventions per year.

Opioid Treatment Program (OTP) prescribers and dosing points

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection provides state-wide data on clients receiving pharmacotherapy treatment, dosing sites and prescribers but does not allow comparisons across PHNs. NSW Health advised in November 2024 that there were 196 OTP dosing points located in the CESPHN region, including 159 pharmacies.

In November 2024, NSW Health also advised that there were 304 unique OTP prescribers in the CESPHN region. Some prescribers prescribe at multiple locations. Further breakdown of prescriber groups can be seen below.

Table 6:OTP Prescriber groups, CESPHN region, 2024

Prescriber group	Total Number	Unique Number
All prescribers: OTP accredited and not OTP accredited	394	304
OTP accredited and not OTP accredited prescribers - excluding registrars	367	287
OTP accredited prescribers only – excluding registrars	216	143

Source: Safescript NSW

For a prescriber to provide OTP to a patient they can prescribe unaccredited with limited capacity or complete the opioid treatment accreditation (OTAC) course followed by a half day clinical placement to become accredited with the NSW Ministry of Health Opioid Pharmacotherapy Subcommittee.

Stakeholder consultations in July 2024 highlighted that there is an ongoing need to increase the number of OTP prescribers in the region. It was highlighted that nurse practitioners and pharmacists also play an important role as OTP prescribers, and focus shouldn't only be on increasing GP numbers. This is coupled with previous consultations where it was identified that there is a need to safely transition clients from the public OTP clinics to the primary care sector (general practices, private practices and pharmacy). Strategies to improve rates of prescribing and administration could include:

- Training in shared care
- Communication with GPs and pharmacies
- Further investigating how depot buprenorphine can be administered outside of public clinics
- Incentivising the uptake of clients on OTP for GPs who have recently completed the OTAC course
- Adequate renumeration (i.e., MBS) for what is often complex and time-consuming work
- Ongoing support, mentoring and CPD/training
- Stigma and discrimination training.

Priority populations

Priority populations within the Alcohol and Other Drug sector are similar to those across all areas of health. Within the AOD space, localised data for priority population groups is often unavailable but we are able to look at national level data to understand key issues and trends within these groups.

Aboriginal and Torres Strait Islander people

In 2018-19, an estimated 55.1% of the Aboriginal population in the CESPHN region exceeded the NHMRC guidelines for single occasion risk (short term alcohol consumption), ranking CESPHN highest amongst all PHNs. The rate was much lower for lifetime risk (long term alcohol consumption) at 19.4% of the Aboriginal population, ranking CESPHN 13th amongst all PHNs.

In 2022-23, an estimated 22% of the Aboriginal population in NSW had used substance(s) in the previous 12 months (9).

Table 7: Aboriginal Substance use in NSW, 2022-23

Substance use	Males (%)	Females (%)	Total NSW (%)
Used substance(s) in last 12 months	32.4	13.9	22.1
Has not used substance(s) in last 12 months	67.0	84.1	76.6

Source: ABS, NATSIHS 2024

The proportion of Aboriginal clients receiving publicly funded treatment for their own drug use has increased nationally from 14% in 2015-16 to 17% in 2019-20.

Further detail on Alcohol and Other Drug use in Aboriginal populations can be found in the Aboriginal and Torres Strait Islander peoples health and wellbeing section.

Multicultural communities

It is difficult to identify rates of alcohol and other drug use in multicultural communities as national surveys tend to be administered in English and there are limitations in the way data is collected.

While both the 2022-23 and the 2019 NDSHS suggests that overall AOD rates amongst culturally and linguistically diverse (CALD) respondents are lower than non-CALD communities, people from multicultural communities are underrepresented in AOD treatment and when in treatment are less likely to be connected to appropriate support services (10). The 2022-23 NDSHS found that nationally:

- People with non-English speaking backgrounds are less likely to drink alcohol at risky levels with 43% of people born in non-main English-speaking countries having not consumed alcohol in the previous 12 months, compared to 18.5% of people born in Australia.
- People with diverse backgrounds are much less likely to have used illicit drugs.

There is a growing body of literature that discusses barriers faced by people from CALD backgrounds to accessing these services including stigma, limited health literacy and concerns about the cultural responsiveness of services. To improve the capacity of AOD treatment services to support multicultural communities, CESPHN co-commissioned the Network of Alcohol and Other Drugs Agencies (NADA) to carry out the CALD Audit Project across four sites, of which two were in the CESPHN region. This pilot project aimed to devise, implement and evaluate an auditing process to enhance the cultural inclusion of mainstream AOD treatment services in supporting people from multicultural communities accessing treatment. The auditing process sought to optimise service experiences by identifying organisational factors that support best practice cultural inclusion. A rapid review of the role and importance of cultural inclusion in AOD services identified 16 recommendations and four key themes:

- Service delivery and the settings in which treatment is delivered: Flexible service delivery (including outreach) to match clients' help seeking preferences/behaviours; Offering longer timeframes for engagement and treatment; building capacity to navigate the AOD treatment landscape and associated support services; Responding to other language needs within treatment provision.
- Self and Community perception: Addressing the impact of particularly high levels of stigma surrounding AOD use in some communities at both an individual client and community level; Providing education on AOD-related health issues to help address generational attitudinal and knowledge differences within families that shape and support help seeking attitudes.
- Community engagement and service collaboration: Building relationships with cultural/religious leaders, key community members and CALD specific services.
- Workforce development and cultural competence of staff: the training of staff in cultural inclusion practices; Recruitment and use of skilled bi-cultural workers and translators (11).

This project was evaluated by UNSW Centre for Social Research in Health in 2022 and assessed how AOD services fare in terms of cultural inclusion and to describe the acceptability of the cultural inclusion audit process from the perspective of staff and auditors at the four pilot sites. Overall, the evaluation demonstrated low levels of cultural inclusion across the various services. Although participants generally perceive both themselves and their services as culturally competent, the survey responses highlight significant gaps, showing that many services are not fully inclusive across several key service areas. On a positive note, the interview data revealed a strong acceptance of the audit process, with participants recognising areas where improvements are needed. Ultimately all services showed an improvement across all domains.

To further address these needs, CESPHN has commissioned a follow up Multicultural Audit Project which aims to increase capacity of alcohol and other drugs (AOD) treatment services to support multicultural people and their communities in collaboration with the Network of Alcohol and other Drug Agencies Inc. (NADA). The primary outcome for this project is to further the work conducted in the audit above and to ultimately increase awareness and workforce capacity of generalist NGO AOD services in supporting clients from multicultural communities. This project will take place across a further five sites within the CESPHN region.

Research has highlighted that people who inject performance and image enhancing drugs (PIEDs) in Australia are a younger and more culturally and linguistically diverse group. People who inject IPEDs

may be more vulnerable to blood-borne virus transmission and/or less likely to know their blood-borne virus status. From design to delivery, IPED harm minimisation strategies should pay attention to the needs of multicultural communities (12). Northern Sydney PHN has developed a GP guide on harm minimisation (13) that could be used for this community.

Young people

In the 2022-23 NDSHS, at a national level young people (aged 14-24):

- 1 in 5 (20%) drank alcohol less than often monthly, and 16.3% had never had a full glass of alcohol (up from 7.5% in 2001)
- The proportion of daily drinkers and ex-drinkers among people aged 18–24 has remained stable since 2001 and did not change between 2019 and 2022–2023
- Between 2019 and 2022-23 there was an increase of 5% in females aged 18-24 consuming alcohol at risky levels (35% to 40%) narrowing the gap to males (47% in 2019 and 45% in 2022-23).
- The proportion of young people who drank alcohol monthly decreased from 34% to 29%
- Fewer younger people than reported smoking daily than ever before with a 50% decrease in young people aged 18-24 years smoking daily. Males aged 18-24 years were 1.4 times more likely to smoke cigarettes than females
- The use of vapes and electronic cigarettes has had a sharp increase from 2019 to 2022-23 with an increase from 1.8% to 9.7% in 14-17 year olds and an increase from 5.3% to 21% in 18-24 olds.
- Around 1 in 3 people aged 18-24 (35%) had used an illicit drug in the previous 12 months and almost 1 in 2 (49%) had done so at some point in their lifetime
- For the first time females aged 18-24 were just as likely to use illicit drugs as males
- Cannabis is the most commonly used illicit drug across all ages. Inhalants are the next most common in young people aged 14-17 and cocaine usage has increased to become the second most commonly used illicit drug among 18-24 year olds (14).

Table 8: Most commonly used illicit drugs in the previous 12 months by young people, 2019 and 2022–2023

People aged 14-17 2019	People aged 14-17 2022-2023	People aged 18-24 2019	People aged 18-24 2022-2023
Marijuana/ cannabis (8.2%)	Marijuana/ cannabis (9.7%)	Marijuana/ cannabis (25%)	Marijuana/ cannabis (25.5%)
Inhalants (*1.8%)	Inhalants (*2.2%)	Ecstasy (10.8%)	Cocaine (11.3%)
Ecstasy (*1.2%)	Pain-relievers and opioids (*1.6%)	Cocaine (10.8%)	Ecstasy (6.7%)
Hallucinogens (*1.1%)	Pharmaceutical stimulants (*1.0%)	Hallucinogens (5.2%)	Hallucinogens (6.4%)
Tranquilisers/ Sleeping pills (*0.7%)	Hallucinogens (*0.9%)	Inhalants (5.2%)	Inhalants (5.2%)

** Estimate has a relative standard error between 25% and 50% and should be interpreted with caution.*
Source: AIHW 2024

Data from CESPHN commissioned service providers working with young people confirm that alcohol and cannabis remain the primary drugs of concern for young clients, followed by methamphetamine.

Service providers have seen an increase in the use of benzodiazepines and inhalants in younger clients.

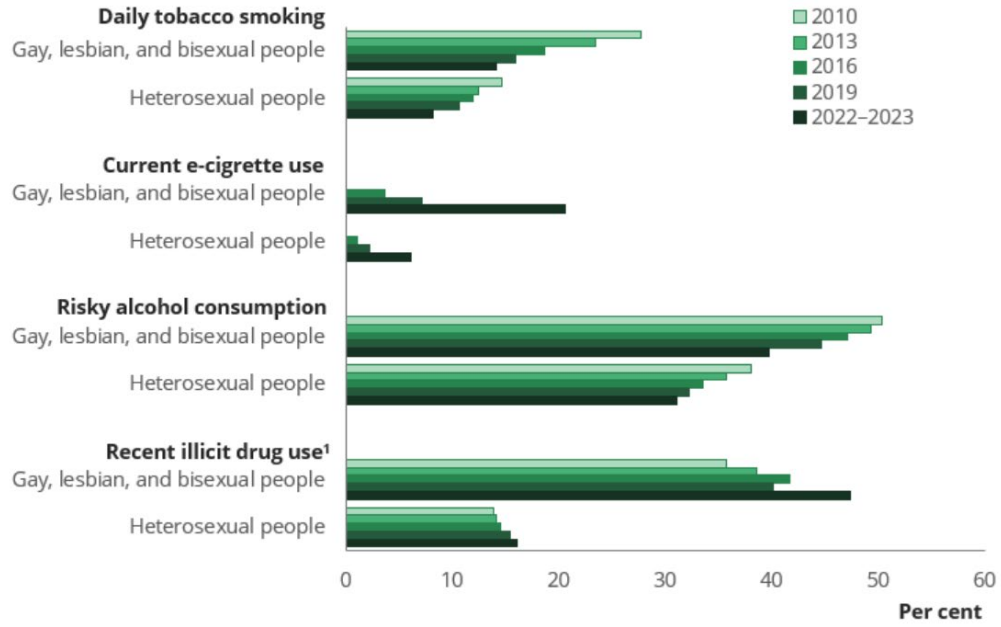
LGTBIQ+ communities

The NDSHS includes questions on gender and sex recorded at birth. Within the 2022-23 sample 5.1% of people aged 14 years and over reported that they were gay, lesbian or bisexual. The 2022-23 survey was the first to include questions representing people who are transgender or gender diverse, with 0.9% of people aged 14 and over reporting that they were trans or gender diverse. Findings for gay, lesbian, and bisexual people are grouped together for data quality purposes, but it is important to note that there are differences in substance use between each population. Similarly, transgender people and other gender diverse people are grouped together for data quality purposes.

For gay, lesbian and bisexual people:

- Rates of drug use across daily tobacco smoking, current e-cigarette use, risky alcohol consumption and recent illicit drug use are all higher than heterosexual people
- Daily tobacco smoking rates continue on a long-term decline from 28% in 2010 to 14.2% in 2022-23
- 1 in 5 people (21%) report using electronic cigarettes and vapes. This has tripled since 2019 (7.1%)
- The proportion of people drinking alcohol at risky levels has declined from 50% in 2010 to 40% in 2022-23
- In 2022-23 almost 1 in 2 people (47% has used an illicit drug in the previous 12 months, an increase from 40% in 2019 (15).

Figure 7: Drug use among people aged 14 and over, by sexual orientation, 2010 to 2022–2023



1. Used any illicit drug in the previous 12 months.

Source: AIHW, 2024

The most commonly used illicit drug is cannabis (33%) followed by cocaine (15.1%) and inhalants (11.0%).

For trans and gender diverse people:

- The use of tobacco, e-cigarettes and alcohol reflected use in the general population
- 1 in 3 trans and gender diverse people had used an illicit drug during the previous 12 months. After adjusting for differences in age, compared to cisgender people, trans and gender diverse people were 1.6 times as likely to have used any illicit drug in the previous 12 months (15).

The Rainbow realities report (2024) commissioned by the Department of Health and Aged Care provides a synthesis of more than 50 new analyses derived from six surveys of LGBTQA+ populations in Australia. In relation to alcohol and other drugs the report found that:

- While only a relatively small proportion of LBQ+ women were currently using tobacco, those who were current smokers were more likely to have ever used or felt concern regarding drug consumption or who have felt concern in the past 12 months regarding alcohol consumption
- The concentration of reported vape use within younger age groups demonstrates a clear cohort effect
- The connections observed between vaping and prior drug and alcohol use among LBQ+ women may indicate a tendency among LBQ+ women to engage in polysubstance use and reflect social engagement within spaces where these are commonly occurring substances.

- Almost one-fifth of participants who held a preference for alcohol support service provider, expressed a preference for a service that catered specifically to LGBTQA+ people, with a further 55% holding a preference for a service that is mainstream but known to be inclusive of LGBTQA+ people (16).

One of the surveys synthesised as part of the Rainbow Realities report, the Sydney Women and Sexual Health (SWASH) Lesbian, Bisexual and Queer Women's Health Survey 2020 has collected data form the Sydney region. Respondents reported that they were more likely to drink alcohol (86%) and drink at levels that put them at risk of lifetime harm (48%), compared to women in general (71% and 25% respectively) (17).

Among current drinkers, 21% had been concerned about their alcohol use in the past year, and 5% had sought help to manage their alcohol use in the last 12 months. In 2020 more than half (54%) of respondents had used an illicit drug in the last six months, an increase from 47% in the 2018 survey (17).

Recently, CESPHN funded ACON to produce LGBTIQ+ Inclusive Guidelines for AOD services. The purpose of the guidelines is to increase the understanding of AOD workers about the needs of LGBTIQ people and communities and how to provide an inclusive service response. The guidelines were launched in February 2023, coinciding with World Pride.

People experiencing homelessness

Within the CESPHN region, on census night in 2021, 12,799 people were experiencing homelessness. This was 10.4% of the national figure. There is a strong association between problematic alcohol or other drug use and experiences of homelessness. It can lock people into homelessness and compound the effects of limited-service engagement and increased social isolation (18). Problematic alcohol or other drug use is related to several homelessness risk factors, including low socioeconomic status and family and domestic violence. Problematic drug and/or alcohol users are also at great risk of serious and preventable health issues and death, particularly those who are homeless.

The Specialist homelessness services annual report 2022-23 found that nationally, around 23,500 Specialist Homelessness Services (SHS) clients were clients with problematic drug or alcohol issues. This represented 8.6% of all SHS clients. Of this, 23,500 clients:

- 32% identified as Aboriginal or Torres Strait Islander
- 79% had previously been assisted by SHS at some point since July 2011
- 57.3% were homeless and 42.7% were at risk of experiencing homelessness (18).

Additionally, people experiencing homelessness may not have access to mobile phones, data or technology to connect with services that provide support via telehealth. Many services have supported their clients to engage with their AOD counselling and case-management by providing data and credit on mobile phones to support clients to continue to engage.

People in contact with the criminal justice system

In 2023, 19,932 individuals were released from full time custody (19). 51.5 per cent of those released had returned to corrective services within two years in 2021-22 (20). This number is significantly higher for people who have experienced prior imprisonment and is almost twice as high for populations experiencing multiple and complex disadvantage including mental health and AOD issues, cognitive disability, and homelessness.

The relationship between alcohol and other drug use and incarceration is well established. The 2022 National Prisoner Health Data Collection found that:

- Almost 3 in 4 (73% of prison entrants) reported using illicit drugs in the previous 12 months before incarceration
- Almost one-third of prison entrants reported they had injected drugs at some stage in their lives (21)
- People entering prison were more than 4 times as likely to report illicit drug use in the preceding 12 months as people in the general community.
- Almost 2 in 5 (37%) of prison discharges reported using illicit drugs in prison, this increases to 41% in Aboriginal and Torres Strait Islander dischargees
- About 1 in 7 (15%) of male dischargees and about 1 in 20 (6.2%) of female dischargees reported injecting substances in prison.

The Community Restorative Centre (CRC) – a provider of specialist throughcare, post-release, and reintegration programs for people transitioning from prison into the community in NSW – has raised that a number of their clients have cognitive impairments, intellectual disabilities, and acquired brain injuries that are sometimes first identified and diagnosed in prison. CRC staff have highlighted the importance of diagnosis because it can have a significant impact on how clients are treated and how they function in the community.

Previous consultation with service providers revealed:

- Clients are commonly using heroin and methamphetamines.
- The importance of culturally safe services, in particular to be staffed by people with lived experience of AOD and the criminal justice system in frontline positions.
- Cognitive functioning and offending history are often barriers to accessing withdrawal and residential rehabilitation programs. Clients on bail or without stable accommodation to return to following treatment are also barriers. Case management support is essential to assist clients to access these treatments.
- Relationships with local GPs and pharmacies who are willing to provide OTP and work together to support a client have enabled clients to receive the treatment they need and avoid returning to custody.
- Since the onset of the pandemic, OTP services have transferred large numbers of clients to depot buprenorphine treatment. There are also increasing numbers of people exiting custody who have been commenced on depot buprenorphine. This has been a positive change with clients not having to travel to attend regular appointments. There are, however, reports of residential rehabilitation services being reluctant to accept people who are on depot buprenorphine.

- People on OTP that were previously attending clinics for dosing have now had their collection point changed to a local pharmacy. This means that people can miss out on the comprehensive support that a clinic provides.
- The need for a phone service to provide connection and assist with case management needs would be beneficial.
- Funding is needed to prepare clients for release from custody such as cognitive remediation, communication, and other self-management skills to support clients to successfully engage in AOD treatment once exiting to community. Funds are also needed for inclusion of AOD programs within prisons, including individual counselling, psycho-educational programs, group therapy, transitional assistance programs and harm reduction education like that in Victoria.

People with co-occurring mental health conditions

The relationship between substance use and mental health is complex and bidirectional. The 2022–2023 National Drug Strategy Household Survey (NDSHS) found that, compared with adults without a mental illness, those with a mental illness were:

- more likely to drink alcohol at risky levels (37% compared with 32%)
- twice as likely to smoke daily (15% compared with 7.4%)
- 1.8 times as likely to use any illicit drug (29% compared with 16%) (22)

A recent study of Australian general practice records (23) showed the rate of moderate to heavy drinking among patients with severe mental illness and/or long-term mental illness was 4.7%, more than double that for the population without (2.2%). The same study also showed almost half (47%) of people with severe or long-term mental illness are current or past smokers, compared with almost one third (30%) of the population without (23).

Consultation with stakeholders heavily emphasised the need for better systems to be in place to address the needs and provide suitable treatment options people who have co-occurring substance use and mental health conditions.

People with other co-occurring conditions

It is well established that substance use can increase the risk of physical injury. Between 36% and 51% of hospital admissions for traumatic brain injury (TBI) are due to incidents that occurred while intoxicated (24).

Between 48% and 68% of heroin users will experience at least one non-fatal overdose.16,17 A nonfatal opiate overdose is defined by a loss of consciousness and hypoventilation, which can result in hypoxic brain injury and severe cognitive impairment (25) (26).

According to NSW emergency department records, 40-50% of admissions for seizures are alcohol-related (27). Seizures are common following withdrawal from alcohol and typically present 6-48 hours after discontinuation of use, but not all alcohol-related seizures are the result of withdrawal (24). It has been suggested that with each additional episode of withdrawal in people with chronic alcohol

dependence, seizures increase in both frequency and intensity causing permanent epileptogenic alterations in the brain that can result in recurring seizures long after the cessation of alcohol (24).

Other conditions that are often found to co-occur with AOD use disorders are physical health conditions (e.g., cirrhosis, hepatitis, heart disease, diabetes), intellectual and learning disabilities, cognitive impairment, and chronic pain (27). Consultations with stakeholders identified the challenges with collecting data around co-occurring conditions and how that impacts their ability to treat clients.

Older people

Consultation with stakeholder and service providers found that the age of people accessing local services is continuing to increase. With this increase in age, comes more complexities with both physical and mental health issues that need to be treated simultaneously. The increased complexity can be a barrier to accessing care, in particular aged care services.

Service gaps

Service availability and navigation

Themes across consultations with stakeholders have been similar to consultations held in previous needs assessment processes. For people in this cohort, being able to access free primary health care to manage health concerns remains an issue and service gap. The concept of holistic support, with wraparound service provision for employment and education needs along with day to day living support were all acknowledged as positive aims. There remains a need for increased access to support services that addressed the multitude of problems generally associated with a significant substance use concern.

Care co-ordination and team-based service provision continue to be raised as models of care that should be pursued. Further enhancements of services are required to treat the full complexity of clients. In particular to be able to address the various intersectionalities of an individual client in one place by having access to a range of clinical services including psychology, nutrition, medical and social work were all necessary to provide holistic care. Co-location with mental health services, and the ability to benefit from the two funding steams working together would improve outcomes for clients. A role for pharmacists as potential treatment co-ordinators was also suggested. Services to support people experiencing gambling harm were noted by stakeholders as an emerging need.

Stakeholders also commented that there is often no funding available for follow-ups within the community, once clients leave a service there is no way knowing the status of that person and if further treatment is required.

A steadily rising need for opioid treatment was noted by stakeholders, with increasing demand placed on public health OTP clinics. This is exacerbated by large numbers of people exiting custody who have been placed on depot buprenorphine who need ongoing treatment, with limited options for community-based OTP.

Increased access to treatment is needed for people seeking to address their alcohol use given the large number of people requiring treatment as estimated by the DASP model. Treatment options should provide for those with mild to moderate needs through to more intensive supports.

To address some of the above needs, CESPHN has commissioned The Rehabilitation Project Connect-Discover-Recover program working extensively with people from culturally and linguistically diverse communities and particularly with the Islamic and Arabic-speaking community. In addition to this, CESPHN has also commissioned specialised multicultural AOD services at Odyssey House, specifically targeting areas with diverse multicultural communities, such as the Chinese population in Hurstville, in the St George region.

Methamphetamine use and interventions

The effective treatment of problematic methamphetamine use involves the treatment of both the physical and psychological effects of its use, and the underlying causes of its use, which can include comorbid mental health issues, trauma history, homelessness, unemployment (25). However, most current services are constructed to deal with alcohol and heroin which have very different psychological and physical withdrawal profiles than stimulants. The lack of any substitution therapy for stimulant drugs was also noted.

In 2020 the report of the NSW Special Commission of Inquiry into the drug ice was released, with the NSW government committing to support 86 of the 109 recommendations. The NSW Ministry of Health Centre for Alcohol and Other Drugs is responsible for the implementation of these recommendations and progress against these recommendations is reported by NSW Health.
Implementation of the recommendations will address treatment gaps and improve health and social outcomes through a suite of cross-government initiatives, including:

- Evidence-based prevention, treatment, support and early intervention services.
- Integrated care for people with multiple and complex needs.
- Enhancing digital capability, system navigation and virtual healthcare.
- Enhancing the AOD workforce, including Aboriginal health practitioners and peers.
- Better utilisation of data and evidence to inform system priorities, management, monitoring and evaluation.
- Expanded justice initiatives.

Residential rehabilitation beds

The general lack of availability of residential rehabilitation beds across the state continues to be a concern. In addition, the need for culturally appropriate rehabilitation for Aboriginal people was raised in consultations. The length of waiting periods to access a bed and the poor service continuity with withdrawal services was frequently raised. Transitions between services could be improved between most service modalities however the withdrawal/rehabilitation link was the primary focus of most commentary.

Co-occurring conditions associated with substance use

Dealing with co-occurring mental health conditions in the context of AOD use continues to be a central theme. More than 1 in 3 with a substance use disorder have at least one mental health condition and the rates are even higher among people in substance use treatment (28). People with co-occurring mental health and substance use often have a variety of other medical, family, and social issues (e.g., housing, employment, welfare or legal concerns). Together, all these factors can impact a person's treatment and recovery progress. Because of this, there is a need for health practitioners to adopt a holistic approach to the management and treatment of co-occurring mental health and substance use disorders that focus on treating the person. Ongoing capacity building activities to support the local workforce understanding in co-occurring mental health and alcohol and other drug needs is important. In a survey of community organisations multiple AOD services identified co-occurring mental health conditions as a high area of concern for their clients.

Services for Aboriginal people

Previous consultation with Aboriginal service providers raised access issues in specific locales including La Perouse, Mascot and Botany. Difficulty accessing rehabilitation, and particularly accessing culturally appropriate rehabilitation was referenced by all Aboriginal participants. Since previous consultations there have been no additional Aboriginal AOD Service. Rehabilitation services should be culturally specific healing centres and include connection to community. There was a general preference for medically supervised inpatient withdrawal services instead of withdrawal managed in the home, and greater access to detoxification services staffed by Aboriginal people.

Aboriginal service providers also previously highlighted the relationship between suicide and drug use and the need for specific service responses to this. This link was similarly emphasised by other stakeholders, with a reference to those aged 18-24 years in the context of the 'come down' from binge stimulant use. It was also noted that there are limited supports available for people who are exiting custody and a lack of culturally appropriate services for this group.

Addressing stigma associated with AOD use

There is often a lot of stigma associated with the use of alcohol and other drugs outside of recreational use. There is a need to not only reduce this stigma at a population level, but more specifically within frontline services who are engaging with the community outside of the service/treatment setting. Up to two-thirds of Australians entering AOD treatment services also experience post-traumatic stress disorder (PTSD) (29) and knowing how to identify this and manage this in a community setting may help with reducing the stigma associated with this cohort.

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Workforce development

Workforce development and capacity building continues to remain an area of need for stakeholders within the AOD sector. The consultation process identified that an increase in the number of general practitioners who prescribe opioid treatments was required, as well as upskilling of nurse practitioners and pharmacies to provide opioid treatment as this is within their scope of practice.

The report of the Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants recommends that all NSW government employees and NGO partners be trained in trauma-informed practice. Such training should be co-designed and delivered by people with lived experience of trauma, including Aboriginal people.

In August 2024, NSW Health released the NSW Alcohol and Other Drugs Workforce Strategy 2024-2032 (30). The aim of the strategy is that the AOD workforce meets the needs of the NSW community. The strategy lists the following areas in which the AOD sector are experiencing workforce challenges:

- shortages of suitably qualified and skilled staff
- burnout and change fatigue
- fewer entrants to the sector
- limits on professional development opportunities, training and education, particularly in regional settings
- absence of coordinated recruitment and retention strategies
- disparities in remuneration and employment conditions between public sector and nongovernment services.

CESPHN consultation with stakeholders within the AOD sector also identified these workforce challenges amongst the local workforce. Consultation also highlighted that:

- the local workforce found that networking opportunities have continued to decrease since COVID-19 where meetings moved online and have remained online and this has limited the ability to create meaningful relationships across the sector.
- The need for increased opportunities for cross-sector collaboration with the mental health workforce as clients often have co-occurring mental health conditions.

Lived and living experience workforce

External stakeholder consultations identified that there needs to be further support for the lived and living experience workforce. Whilst programs exist including ConnectedED from NSW Users and AIDS Association (NUAA) and NADA's Peer Worker Community of Practice to support lived and living experience workers, it was identified that a model of supervision within the workforce similar to clinical professions may enhance the capabilities of the workforce.

Opportunities to address health and service needs

- Support an increase in the number of general practitioners (GPs), nurse practitioners, and pharmacists trained to prescribe opioid treatments.
- Encourage co-location of services, leveraging nurse practitioners to improve accessibility.
- Continue to support provision of treatment services that address co-occurring mental health and AOD needs.
- Continue to address barriers to treatment faced by multicultural populations.
- Support networking opportunities among the local AOD workforce.
- Support the upskilling of peer workers to expand the AOD workforce.
- Provision of culturally appropriate rehabilitation for Aboriginal Torres Strait Islander clients.
- Support a review and alignment of the AOD Minimum Data Set (MDS) with the Primary Mental Health Care (PMHC) MDS for more integrated service monitoring and improvement.

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