



AOD eNews March 2026

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1. Central and Eastern Sydney PHN

*Author: Paul Hardy, CESP HN AOD Manager
Update from CESP HN*

Welcome to the first edition of CESP HN's AOD e News for 2026.

Ramadan has begun, marking a month of fasting, reflection, and community for Muslims around the world. It is a significant period focused on spiritual growth, gratitude, and acts of generosity. We wish all colleagues observing the holy month a Ramadan Karim.

The **Sydney Gay and Lesbian Mardi Gras** is a major annual festival and parade designed to celebrate LGBTQIA+ pride, advocate for human rights, and promote inclusivity, originating in 1978 as a protest against discrimination. It acts as a platform for visibility, cultural expression, and social change while fostering connection, community, and solidarity. The theme this year is **ECSTATIC**, celebrating euphoria as a powerful form of political resistance. The theme highlights joy, connection, and queer defiance.

The second weekend in March marks **International Women's Day**, with the theme for 2026 of **Give to Gain**, encouraging a mindset of generosity and collaboration. **Give to Gain** emphasizes the power of reciprocity and support. When people, organizations, and communities give generously,

opportunities and support for women increase. Giving is not a subtraction, it's intentional multiplication. When women thrive, we all rise. Whether through donations, knowledge, resources, infrastructure, visibility, advocacy, education, training, mentoring, or time, contributing to women's advancement helps create a more supportive and interconnected world. What will you **Give to Gain** gender equality?

2. National AOD Evaluation & Consultation Opportunity

Author: Paul Hardy, CESPHN AOD Manager

In 2025, the Department of Health, Disability and Aging (DHDA) commissioned an independent external evaluation of the Drug and Alcohol Program (DAP) that focused on its **service delivery elements**. The [Drug and Alcohol Program Final Evaluation Report](#) is available on the Department's website and I encourage you to have a look at this report, particularly the recommendations.

There is now an open public consultation on the DHDA DAP. PHN AOD Programs are a part of the DHDA DAP.

The first consultation stage opened on Friday 20 February 2026 and is available on the [DHDA Consultation Hub](#)

I encourage you to participate in the consultation process, and please share the consultation link to your networks to support broad and equitable sector engagement.

The public consultation will be undertaken in three stages on the Consultation Hub.

- Stage 1 (20 February – 13 March): A pre-recorded video will be published on the Consultation Hub outlining the purpose of the consultation and proposed approach. Consultation will focus on seeking feedback on the draft DAP program logic and draft Key Performance Indicators (KPIs) via a survey. A Q&A document that will be updated as questions are received through the survey will also be made available.
- Stage 2 (16 March – 13 April): A live webinar with a moderated Q&A function will be held and recorded for publication on the Consultation Hub. Departmental representatives will provide an update on feedback received to date and how it is being addressed. Feedback on the updated versions of the DAP program logic and KPIs, along with the proposed data inputs to inform the development of a needs-based funding model, will be sought via a survey.
- Stage 3 (after 13 April): A pre-recorded video will be published on the Consultation Hub. It will provide a summary of the feedback received through the consultation process and any resultant changes to consultation materials.

3. The Green Practice Checklist

Author: Paul Hardy, CESPHN AOD Manager

[Climate change exacerbates alcohol and other drug \(AOD\) use](#) by increasing psychosocial stress, worsening mental health, and increasing physiological risks. This leads to more hospitalisations, overdoses (especially from heat), and vulnerability, particularly for already marginalised communities. Extreme heat and mental health impacts drive substance use as a coping mechanism. First Nations people, older people, members of lower socio-economic groups, people living with chronic disease and young people are all disproportionately affected.

In response to the increasing impacts of climate change on AOD use and mental health, CESPHN is committed to strengthening the capacity of service providers to implement environmentally sustainable practices, such as through the development of a [Green Checklist](#) for community organisations.

The checklist is a self-audit tool that provides an environmental assessment of your workplace. It takes no more than 10 minutes to complete and will recognise your green achievements and identify ways that your organisation can become more sustainable, aligning with best-practice green principles.

CESPHN has also developed a [Quick Wins Checklist](#) to support improvements to your workplace's environmental footprint.

These resources are also beneficial in meeting the requirements of accreditation in categories such as environmental responsibility and resource efficiency, where organisations may need to demonstrate the integration of sustainability practices such as reducing single-use items, safely reusing equipment, and recycling to minimise environmental impact.

4. Kirketon Road Centre

*Author: Julie Dubuc, Counselling Unit Manager / KRC
Kirketon Road Centre*

Our service continues to evolve to meet the complex needs of our community through evidence-based clinical care and grassroots outreach. By blending medical intervention with social advocacy, we aim to reduce barriers to health and improve long-term outcomes for those navigating substance use.

Core Harm Reduction Services

Central to our mission is the provision of essential harm reduction tools. **Dry Blood Spot (DBS)**

testing continues providing a simple and effective way for clients to screen for blood-borne viruses. To combat the ongoing overdose crisis, we prioritize the distribution of **Naloxone**, alongside comprehensive **Nicotine Replacement Therapy (NRT)** and our **Needle and Syringe Program (NSP)**. These services are not just about equipment; but are vital points of engagement between staff and clients.

Empowering Women: Kellett Street Connect (Friday clinic)

Recognizing the vulnerabilities of women experiencing homelessness, who often present with substance use issues, we recently launched a specialized **Friday Women's Clinic at our Kellett Street site**. This initiative provides a safe, trauma-informed space where health and social stability intersect.

The clinic's multidisciplinary approach includes:

- **Health consultations & counselling:** Addressing immediate physical and mental health needs.
- **Integrated Support:** Dedicated Centrelink and housing staff attend to help clients secure stable futures.

The response has been significant. Our data shows that **60% of attendees identify as First Nations**, and **70% present with histories of Domestic Violence (DV)**. These figures underscore the critical need for gender-specific, culturally safe pathways to care.

Expanding Specialist Pathways

In a major step toward integrated care, the **KRC Addiction Specialist** is now accepting referrals from the entire **Sexual Health and Blood Borne Virus (SHBBV)** network within SESLHD. We are committed to a "closed-loop" referral process, ensuring that referring services receive detailed follow-up outcomes to maintain continuity of care for every patient.

Professional Development and Cultural Safety

We are currently investing in our workforce to ensure our interventions are both therapeutic and inclusive:

- **SMART Recovery:** 12 KRC staff members will be undergoing training to facilitate upcoming SMART recovery groups. SMART recovery are implementing their new training modules with KRC being a pilot service for such.
- **Inclusive Engagement:** We are implementing specialized communication scripts for our allied health and medical staff. These are designed to ensure culturally respectful and effective engagement with our **CALD (Culturally and Linguistically Diverse)** and **First Nations** clients.

5. The Station Ltd.

*Author: Mathew Morrow (Acting Operations Manager)
The Station Ltd. Drop-in Centre*

The Station Ltd is a small 'drop-in' service that is walking distance from Wynard station. We operate seven days a week from 7:30 am to 3:30 pm Monday to Friday and Sat & Sun from 7:30 am to 2:00 pm.

We provide breakfast and lunch every day, as well as showers, laundry facilities, tea & coffee, computers, Wi-Fi, Foxtel, and a relaxing atmosphere. We have a team of housing support workers who provide housing support, this includes but is not limited to; advocacy, housing applications, co-ordination with 'Homes' and guidance around the private rental market. We also provide AOD support for client seeking support in this space

We had the client's Christmas party on Tuesday the 23rd of December. This was a big day for the team and clients and great to be a part of. All our staff attended and the two chefs did a wonderful job of cooking over 150 lamb cutlets, 8 kilos of ham, 6 turkeys and salad and drinks for all. We also appreciate the help from the volunteers at Pfizer as well as the donations from Market City and 'The Darling's' Rotary club.



During this quarter, our regular chef, Javier, has been away for two months. We were supported by Richardo from the ABRs agency, who assisted in the kitchen. Richardo performed exceptionally well and settled into the role seamlessly.

Throughout this time, we also completed a recruitment process, and Jon was successfully appointed to the position. Jon brings over 12 years of experience from Edward Egar Lodge, offering a wealth of knowledge and expertise to the role.

The assertive outreach HART patrol has continued to be a success since its implementation last financial year. We are regularly engaging with clients during patrols and are able to follow up with ongoing support.

Conducting assertive outreach enables us to connect with new clients while they are rough sleeping and engage them through an early intervention model of support. It also provides opportunities to encourage them to access The Station Ltd and learn more about the essential services we offer.

During this period, we conducted a client survey with very positive results, along with our regular staff survey to monitor staff satisfaction.

6. Community Restorative Centre

Author: Dave Chivers (Director of Programs, Community Restorative Centre)

Meeting People Where They're At: Co-occurring Mental Health and AOD Support After Prison

Community Restorative Centre's (CRC) AOD Transition Program supports people exiting prison, or with a history of incarceration, to make positive changes in relation to their alcohol and other drug use across the CESPHN region and Greater Sydney. For most people CRC supports, substance use is closely interconnected with mental health needs, trauma, housing instability and the impacts of criminalisation. Across the AOD sector, substance use and mental health needs are rarely experienced in isolation and are most effectively addressed through integrated and coordinated responses.

Since 1 July 2025, approximately 91% of people supported through CRC's AOD Transition Program have presented with a co-occurring mental health condition at intake. This includes people with diagnosed mental health conditions who are currently accessing, or have previously accessed, treatment. It does not capture people with undiagnosed mental health needs, which are known to be prevalent among people in contact with the criminal legal system. Over the same period, around 33% of clients identified as Aboriginal or Torres Strait Islander, reflecting the ongoing over representation of First Nations people in prison and the intersecting impacts of unmet mental health need, trauma and systemic disadvantage.

CRC recognises and supports the strong focus CESPHN has placed on improving mental health access, choice and service integration across the primary care and community managed sectors. Workforce development and capacity building initiatives within the AOD sector are critical to strengthening responses to co-occurring AOD and mental health needs, particularly training aligned with evidence based, dual diagnosis approaches and collaborative models of care.

CRC's AOD Transition Program is delivered using a unique model that emphasises early engagement, assertive outreach, relational and trauma informed practice, and sustained practical support during periods of instability. The program is designed to work alongside clinical mental health, AOD and community services, supporting engagement, continuity of care and stabilisation for people with complex and intersecting needs during and after release from custody.

Office- and clinic-based services play an important role within the mental health system. However, CRC's experience is that for the priority population we support, particularly people transitioning from

custody who are experiencing homelessness or significant instability, specialist outreach mental health services are limited or often do not exist. In this context, engagement with mental health care most commonly occurs through crisis pathways, including admission to hospital via the emergency department, or where attendance is mandated (parole conditions/court orders) or required to access accommodation or financial assistance.

CRC's practice experience is that many people exiting prison are not accessing ongoing treatment from specialist mental health services at the time of release. Engagement with mental health care often occurs before, alongside or between episodes of clinical treatment, rather than in a linear sequence. Changes in substance use, mental health and stability frequently interact with wider barriers to reintegration, with progress in one domain often supporting progress in others, including reconnection with employment, family and supportive relationships.

CRC's system level observations about barriers to access, gaps in continuity of care following custody, and the need for integrated, trauma informed responses are reflected in CRC's submission to the Mental Health Commission of NSW's Mental Health and Wellbeing Service System Review (August 2025).

7. WHOS (We Help Ourselves)

*Author: Carolyn Stublely Nurse Manager WHOS (We Help Ourselves)
WHOS News - OSTAR 25th Anniversary, Yabun and Bangarra Dance Company*

WHOS OSTAR (Opioid Substitution to Abstinence Residential) recently celebrated 25 years of service with a gala event in the community hall on the WHOS Broughton Hall campus at Lilyfield, attended by over 100 staff, residents and supporters. It was followed by a festive 'picnic' on the grounds of Broughton Hall complete with an array of food prepared by the WHOS Café team along with a fairy floss machine and a photo booth to record memories.

WHOS OSTAR® in Lilyfield uses the Therapeutic Community (TC) model of care to assist residents reduce off opioid substitution treatment while participating in the TC program. Located on the Broughton Hall campus of Callan Park, OSTAR is a mixed gender 24-bed TC, with residential aftercare and associated support programs.

WHOS was the first federally funded non-government organisation in Australia to offer a dedicated residential program for clients seeking to reduce off their opioid substitution treatment. WHOS OSTAR® supports over 100 clients annually as they reduce or cease opioid substitution treatment, whilst under the supervision of WHOS Nursing staff in consultation with external OTP providers.

WHOS has a licence to dispense opioid substitution treatment allowing for onsite dispensing to WHOS clients whilst in residence. A state-of-the-art iris recognition and electronic dispensing system, iDose, is used in the provision of opioid substitution treatment with WHOS being the first service in NSW to install the iDose system which is now used across the State. Dispensing onsite to residents ensures adjustment to reduction regimes is possible according to the needs of the residents whilst coming off treatment and monitored by WHOS nursing staff.

In other news, WHOS held its annual YABUN Festival stall in January, which continues to be a highlight each year for residents and staff that attend. In February, the Bangarra Dance Company are holding several workshops on the Broughton Hall campus as part of culturally inclusive activities for all WHOS residents. Each year WHOS Broughton Hall admissions are between 25% to 30% First Nations Peoples highlighting the importance of having a culturally inclusive and culturally safe program. Having our new Aboriginal Engagement worker, Ky Ryan to help guide our cultural program has seen several new initiatives come to fruition to benefit our First Nations residents whilst at WHOS.



8. CatholicCare Sydney

Author: Ilona Santa, Practice Manager at CatholicCare Sydney

Support for family members and children impacted by a loved one's addiction

Recovery is strengthened when a client's support network is supported as well.

Located online or in person at Lewisham, Family Recovery provides specialised mental wellbeing support to family members, partners and children impacted by a loved one's problem alcohol, drug or gambling concerns.

Family Recovery provides therapeutic support groups, information and counselling to affected individuals. Our team of experienced counsellors use a mix of holistic, wrap around care, ensuring individuals feel safe, supported and empowered through their experience.

For adults, we offer:

- FOCUS group: for partners, siblings, carers or friends
- PAUSE group: for parents of adolescents or young adults impacted by AOD

For children, we offer:

- Kaleidoscope: for children aged (8-12) impacted by family member
- Pathways to Change: for adolescents providing a safe and informed environment to consider their own drug and alcohol use and develop strategies to control or stop their use.

[See our 2026 group dates here.](#)

We're currently open for referrals, with low wait times and first contact within a week. Help connect your client and their family with the right support they need.

If you're looking for fast, compassionate options for your clients, Family Recovery is here to help.

Visit <https://bit.ly/familyrecovery-cesphn> or call us on 13 18 19 to make an enquiry.

9. Sector news, additional resources, other upcoming events, training and webinars

- **NSW Health Safety Notice:** Multiple tablets containing a high dose of MDMA (ecstasy) and multiple tablets containing a synthetic cathinone (dipentylone) in NSW
[Click here to read the full notice](#)

- **NADA Data forum 2026 | 29 April, Sydney**
Registrations are now open for NADA's upcoming Data Forum, bringing the NSW NGO AOD sector together to help shape the future of data and analytics.
The forum will showcase innovative approaches and examples of best practice in data use, explore cultural perspectives, discuss enhancements to NADAbase, and identify practical strategies to strengthen outcomes across the sector.

[Register here](#)

- **ATOP training: Routine monitoring of AOD treatment outcomes into clinical practice | 10 Mar**
The ATOP training is a 2.5hr online session designed to increase the confidence and capability of frontline AOD clinicians to integrate routine monitoring of AOD treatment outcomes into everyday clinical practice.

[Register here](#)

- **AASW supervision training - Building capacity to respond to co-occurring mental health conditions in AOD settings | 17 March, online**

[Train the trainer:](#) for trainers with moderate to extensive experience in mental health and AOD comorbidity.

- **Facilitating group supervision | 28 April and 5 May 2026**

This program offers an in-depth exploration of the principles, practices, and challenges of facilitating group supervision sessions. Over two live online sessions, participants will develop practical skills and knowledge to lead group supervision effectively across various professional settings.

[Register your interest](#)

➤ **Search by postcode to find AOD services**

The [Path2Help](#) portal helps a person sift through hundreds of specialist AOD services to confidentially find what's right for them or their family or friend.

➤ **S-Check app to track methamphetamine use**

The [S-Check app](#) supports people to track their methamphetamine use, helps people understand its impacts and offers research-based advice and information.

➤ **Comorbidity on-demand webinars**

The Matilda Centre has developed [on-demand webinars](#) focused on building capacity for the management and treatment of co-occurring AOD and mental health conditions.

If you would like CESPHN to meet with you to discuss these or any of our other AOD referral options with you, please contact the AOD team at aodnewsletters@cesphn.com.au

For more information about our programs visit

www.cesphn.org.au/allied-health/help-my-patients-with/drug-and-alcohol-support