

SWSPHN Consultation Report

# Local Health Forum

Alcohol and Other Drugs

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# INTRODUCTION

South Western Sydney Primary Health Network (SWSPHN) facilitates two rounds of local health forums a year. Each round of forums has a different area of focus. Community members, service providers and local health professionals are invited to come together to discuss priorities, service needs and gaps within our region. Forums are held at locations across the region to better understand the unique health needs of our diverse community.

The goal of local health forums is to:

- Broaden grassroots consultation in our region
- Showcase SWSPHN programs and initiatives
- Collect strong qualitative data to inform planning and needs assessment
- Support other co-design projects
- Gain a better understanding of where to invest funding

The area of focus of the forums held in April 2025 was [Alcohol and Other Drugs in South Western Sydney](#), with an emphasis on improving health outcomes for priority populations in our region. The demand for drug and alcohol services has increased with population growth in South Western Sydney at a rate of approximately 10% per annum over the past decade.

These local health forums were held across three locations: Southern Highlands, Campbelltown and Bankstown. SWSPHN invited community members, healthcare providers, mental health stakeholders and service providers to give valuable feedback to help us understand the challenges and issues for people who engage in alcohol and other drug misuse, with special consideration given to supporting priority population groups.

Objectives of the consultation included:

1. To explore the **challenges and perceived risks** associated with alcohol and other drug (AOD) service provision in South Western Sydney
2. To identify the **barriers and gaps** to accessing AOD supports and services
3. To identify **the enablers to enhance the quality and utilisation** of AOD supports and services

Insights from the forums inform the SWSPHN needs assessment and future strategic planning.

# CO-DESIGN METHODOLOGY

## COMMUNITY CONSULTATION

The face-to-face consultations were held at three locations in April 2025:

- Park Proxi Gibraltar, Bowral: 1 April
- Rydges, Campbelltown: 3 April
- Rydges, Bankstown: 10 April

These were held in the evening to opportunistically capture a wider range of community members, service providers and health professionals who could attend. Each consultation was a two-hour session (two 15-minute presentations and one 90-minute consultation) with dinner included.

There were **65 attendees** (Bowral 14, Campbelltown 38, Bankstown 13). Attendees included community members, health professionals, service providers and academics. Overall community member attendance was low across all three forums.

### Consultation questions

The aim of the forum was to answer these questions:

1. What are the biggest AOD issues in your community?
2. What makes it harder to access AOD supports?
3. What are your experiences with AOD supports?
4. How can AOD better support our diverse populations?
5. How can AOD and other health services work together better?
6. What are the top priorities for improving AOD support?

### Forum structure

**Presentation phase:** A member from the SWSPHN Executive team provided an overview of SWSPHNs strategic goals, showcasing programs and initiatives aligned with delivering better access to primary healthcare in our region. A member from the Mental Health and Alcohol and Other Drugs team provided a brief overview into the state of alcohol and other drugs in our region.

**Consultation phase:** Forum participants were asked a series of six questions and given time to discuss each as part of small groups facilitated by a member of the SWSPHN team. Menti was used to record participant responses.

## ONLINE SURVEY

An online survey was distributed through community and practice newsletters, social media, email, and face-to-face consultations. The survey was translated into Arabic, Simplified Chinese, and Vietnamese, and was also modified to suit two target groups (health professionals and community members). The surveys included standard demographic questions and were conducted between 31 March and 30 April, 2025.

# FINDINGS

## ONLINE SURVEY

There were a total of 36 respondents completed the survey (22 health professionals and services providers; 14 community members). Key insights are outlined below.

### AOD use

Community respondents indicated:

- **92.9%** have used alcohol or drugs
- **100%** know someone who misuses alcohol and/or drugs
- Alcohol was the highest reported substance of concern (**36%**) followed by methamphetamine (**28.6%**) and vaping (**21%**)
- **28.6%** have used a drug or alcohol management/treatment service in their area

Health professionals and service providers indicated:

- **50%** of patients seen use drugs, alcohol or both daily, and **22.7%** weekly
- Of patients who have mental ill-health as a co-occurring issue with AOD, **50%** use daily and **18.2%** weekly.
- The substances of concern were alcohol (**73%**), methamphetamine/amphetamine (**68%**) and cannabis (**59%**)

### Age of first use

When asked about the age at which they first consumed certain substances:

- Alcohol: **64.3%** of respondents reported trying it between 12 -17 years of age  
When asked about frequency of use, **35.7%** of respondents reported consuming it monthly, while **28.6%** reported weekly use
- Tobacco, **57.1%** of respondents indicated 12-17 years of age and **28.6%** between 18-24 years of age.
- Prescribed drugs: **64.3%** of respondents indicated 18-24 years of age
- Drugs unprescribed: **35.7%** indicated 12-17 years of age, meanwhile
- Over the counter medicines: **28.6%** 12-17 years of age, **21.4%** 18-24 and 25-34 years of age equally  
Cannabis **57.1%** partook of cannabis at the age of 12-17 years of age

### Groups most impacted by alcohol and drug use

Respondents identified the following population groups as being most impacted by alcohol and drug use:

1. People with one or more mental health conditions (**86.4%**)
2. Young adults (18-25) (**77.3%**)
3. First Nations people (**72.7%**)
4. Middle-aged adults (26-45) (**72.7%**)
5. People involved in the criminal justice system (**68.2%**)

### AOD service provision

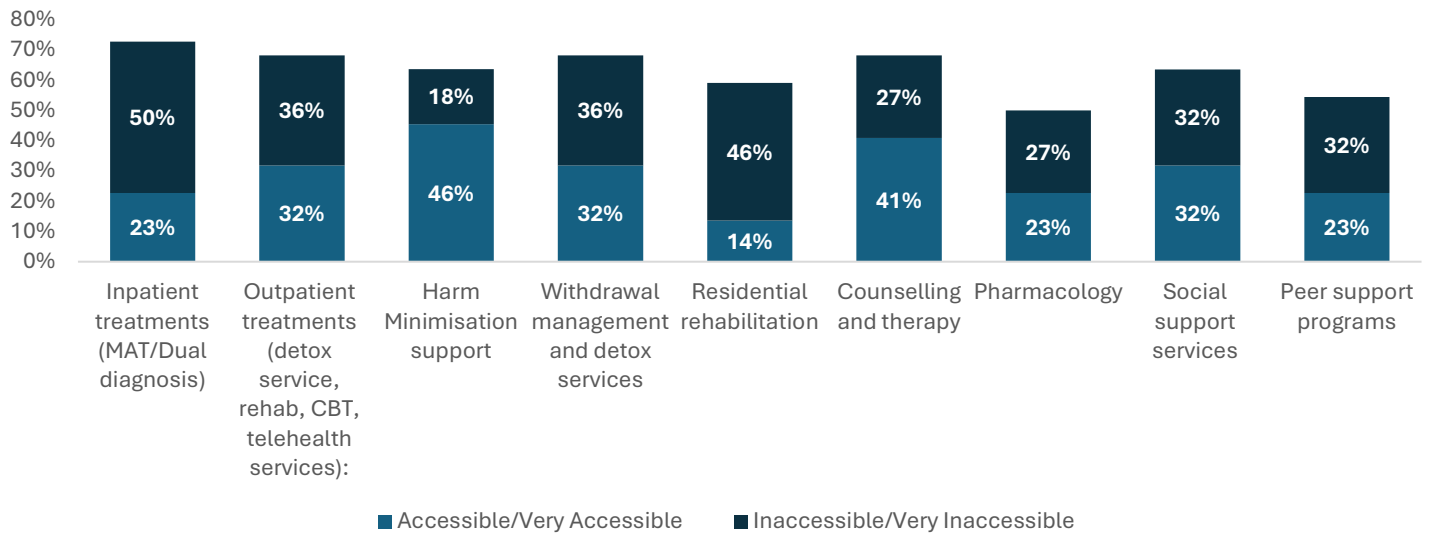
- **54.5%** reported they had experience working with people who have misused alcohol/or drug
- Only **22.7%** of respondents reported feeling “confident” in understanding the range of AOD services available to patients.
- **40.9%** have referred to a patient to local drug or alcohol treatment service
- **54.5%** have noticed AOD use changes in their patients during the past 12 years

## AOD service accessibility

Service providers were asked to indicate the accessibility of AOD services within South Western Sydney.

- The most inaccessible services were inpatient treatments, MAT (Medication-Assisted Treatment)/dual diagnosis, residential rehabilitation, and outpatient treatments (refer Figure A).
- Approximately one third of respondents (**36.4%**) believe existing services are not culturally sensitive and do not meet the needs of many community groups.

**Figure A: Accessibility of AOD treatment and management services**



## AOD service access barriers

- The top reported access barriers were long wait times (**68%**), stigma (**64%**) and service proximity (**59%**).

## COMMUNITY CONSULTATION

A thematic analysis was conducted to interpret and quantify data gathered through community consultations. Recurring themes emerged in response to each question, with the most often mentioned themes summarised in Table 1 below: There were **65 attendees**, and **930 responses** submitted to the questions asked.

**Table 1: Top responses to each focus area, represented by region**

Focus areas	Biggest AOD issues	Barriers and challenges	Experience of AOD supports	Better support for our diverse populations	Improving health service collaboration	Key priorities
All local health forums	Lack of services, resources and accessibility	Limited knowledge, access and awareness	Lack of services, resources and support	Inclusive care, education and support	Holistic and patient-centered care	System change
Bowral	Lack of services, resources and accessibility	Need for timely care and adequate resourcing	Lack of services, resources and support	Inclusive care, education and support	Better service integration	System change
Campbelltown	Alcohol and drug misuse	Limited knowledge access and awareness	Lack of services, resources and support	Inclusive care, education and support	Holistic and patient-centred care	System change
Bankstown	Lack of services, resources and accessibility	Limited knowledge, access and awareness	Lack of awareness and education	Inclusive care, education and support	Networking and colocation	Improved coordination/ collaboration

### Community AOD Issues and Barriers to Support Services

Lack of services, resources, and accessibility were the most raised concerns. One respondent noted: *“There’s a lack of resources. South Western Sydney has the highest client ratio due to being the largest geographic area, yet staff capacity is the most under-resourced compared to other PHNs delivering the same program.”*

Social factors such as the influence of social media, stigma surrounding mental health and the interplay between alcohol use and mental well-being were often highlighted **(15.5%)**.

A significant **36.9%** of responses noted a lack of public awareness and promotion of available services, particularly those open after-hours.

Key suggestions included:

- “Clear, centralised access points such as mobile apps, waiting room directories, or a one-stop shop for mental health support”
- “Increased availability of interpreters, bicultural workers, and culturally appropriate services”
- “A strong call for greater compassion, person-centred care, and post-discharge support”

Timely care and adequate resourcing were identified as a priority by **25.7%** of respondents, who raised concerns about:

- Insufficient funding
- Limited access to mobile and after-hours services

- Long wait times
- Lack of emphasis on preventative care and early intervention

### Experiences of AOD supports

**24.1%** of respondents reported services are overwhelmed and under-resourced, with staff burnout, high turnover, and limited availability leading to inadequate follow-up and support. People with complex needs, particularly those with a dual diagnosis of AOD and mental ill health, are often excluded due to poor system integration and lack of holistic care options.

**17.5%** highlighted negative patient experiences, including short-term support, lack of follow-up, and unclear communication.

Some respondents did share positive experiences, citing *“compassionate care from local drug and alcohol teams and flexible, high-quality online programs like SMART Recovery”*.

### Approaches to enable service collaboration and support for priority populations

**35%** of participants identified a need for more **inclusive care, education, and support, particularly for diverse and priority populations by:**

- Strongly advocating for the inclusion of real stories, peer support, and workers with lived experience.
- Noting the need for services to address trauma, reduce stigma, and avoid “one-size-fits-all” models.
- Mention of meaningful training is needed across all levels, especially around AOD, mental health, First Nations perspectives, neurodiversity, and working with diverse communities.
- Support for integrated, holistic care.

**19.6%** of respondents highlighted the need for a skilled workforce, calling for GPs trained in crisis management, with expertise in AOD and a focus on holistic, person-centred care.

## CONCLUSION

The consultation provided an excellent opportunity to network, engage, and discuss the key priorities for our region in a welcoming and safe environment. There are several distinct priorities for improving AOD services and supports in our region, as determined by the people who engaged with SWSPHN during this consultation period.

### Top priorities

1. **System change** – There is a strong call for system-wide change through increased, long-term funding and better resourcing of the AOD workforce. This includes support for community-based services, improved access to treatment, and capacity building to meet rising demand.
2. **Improved coordination and collaboration** - Participants emphasised the importance of stronger collaboration across services—through interagency partnerships, local health forums, communities of practice (COPs), and ongoing consultation. Building and maintaining local relationships is seen as key to improving outcomes.
3. **AOD awareness and perceptions** - There is a clear need to address stigma around alcohol and other drug use. Respondents highlighted the importance of education, public awareness campaigns, and more compassionate, person-centred approaches to shift community attitudes and promote help-seeking.