

# Health Impacts of Alcohol and Other Drugs in Australia

Country SA PHN's submission to House  
Standing Committee on Health, Aged  
Care and Disability

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COUNTRY SA

An Australian Government Initiative

## Acknowledgement of Country

Country SA PHN would like to acknowledge the Traditional Custodians of the lands across Australia and pay respects to the Elders past and present. We recognise and respect the unique cultural and spiritual relationships to the land, waters and seas, which continue to be important to Aboriginal and Torres Strait Islander Peoples living today.



# Contents

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<b>Inquiry: Health impacts of alcohol and other drugs in Australia</b>	<b>3</b>
Purpose	3
Background	3
Evidence	5
Summary	6
<i>a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society</i>	6
<i>b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services</i>	7
<i>c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia</i>	7
Appendix A: Summary of site-specific findings regarding alcohol and other drug related harms, needs and access concerns experienced by country South Australians	8

# Inquiry: Health impacts of alcohol and other drugs in Australia

## Purpose

This submission will address the following Terms of Reference:

- a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society
- b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services
- c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

To address these Terms of Reference, findings from a recently commissioned community consultation on alcohol and other drug (AOD) needs and treatment across country South Australia will be used.

## Background

Country SA PHN has been commissioning AOD treatment service since 2016. Country SA PHN currently commissions nine AOD service providers, with physical service delivery sites available in the following country SA regions:

- Murray Bridge
- Port Lincoln
- Port Pirie
- Kadina
- Port Augusta
- Whyalla
- Mount Gambier
- Coober Pedy
- Barossa Valley
- Gawler
- Kangaroo Island
- Berri
- Ceduna

Some of the commissioned services also offer outreach services to surrounding communities of the above regions.

In 2025, Country SA PHN commissioned an activity to explore the accessibility of AOD services and treatment provision across country South Australia to detail the communities' views related to:

- AOD service gaps, barriers, and enablers
- if services

- meet the needs and preferences of priority groups, and,
- match the needs of the community.

Engagements occurred between March to June 2025 across all six regional Local Health Networks (LHN) in country South Australia with:

- service users (lived experience of AOD use and treatment)
- AOD specialist service providers
- the broader community:
  - health and local services
  - community groups/representatives
  - First Nations groups/Elders
  - peak and representative bodies

Engagements occurred via two approaches:

1. Online surveys for
  - I. people with lived experience
  - II. AOD service providers
2. Focus groups with AOD service users, AOD staff and the broader community at six locations:
  - I. Berri (Riverland Mallee Coorong LHN)
  - II. Ceduna (Eyre and Far North LHN)
  - III. Mount Barker (Barossa Hills Fleurieu LHN)
  - IV. Mount Gambier (Limestone Coast LHN)
  - V. Pt Augusta (Flinders and Upper North LHN)
  - VI. Pt Pirie (Yorke and Northern LHN).

Qualitative data collated from stakeholder and community engagement was collected to explore three core domains as they relate to AOD:

1. Harms
  - I. health harms
  - II. social harms
  - III. economic harms
2. Needs
  - I. stage of behaviour change
  - II. severity of substance dependency and complexity
  - III. age of uptake
  - IV. common substances
  - V. risk/protective factors

### 3. Access.

- I. approachable
- II. acceptable
- III. affordable
- IV. available
- V. appropriate

A total of 355 people participated in the consultation, engaged through the two approaches:

- Survey respondents
  - 68 people with AOD lived experience
  - 54 AOD staff
- Focus group respondents
  - 20 AOD service users
  - 126 members of the AOD and/or health sector
  - 87 broader community members

## Evidence

Focus groups and surveys with AOD service users, AOD staff, and the broader community in country South Australia consistently highlighted the multifaceted harms associated with substance misuse, along with critical gaps in current service provision and opportunities for improvement.

Based on the consultation findings, AOD misuse inflicts significant individual, family, and community **harms**. At the individual level, mental health challenges are the most cited health harm, followed by physical injury and disease. Financial strain and relationship breakdowns, including family violence and child neglect, are also highly prevalent. At a community level, harms extend to increased crime, public disorder, strained health and justice systems, and economic impacts like reduced tourism and business activity, particularly in areas with visible substance misuse. Stigma and discrimination are consistently identified as both individual and social harms.

Individuals struggling with AOD misuse have complex and often overlapping **needs**, requiring a holistic and integrated approach. Key needs identified include comprehensive counselling and behavioural therapies, management of co-occurring mental health conditions, and readily available local detoxification and residential rehabilitation services. Stakeholders identified a need for peer support groups, case management, housing support, and employment/education assistance. Prevention of relapse through planning, mentoring, and ongoing counselling was also considered crucial (particularly from current AOD service users). Specific populations, such as youth, Aboriginal communities, and survivors of domestic violence, require tailored, culturally appropriate, and trauma-informed services.

Regarding **access**, while over half of lived experience survey respondents are current clients of AOD service providers, with many rating services as approachable and friendly, there was still significant barriers to access in country regions. General practitioners are the most frequently used local service outside of AOD-specific providers. However, concerns exist regarding long waitlists, restrictive intake processes, limited after hours availability, and a critical lack of local detoxification and rehabilitation options, forcing individuals to travel far from their communities to access treatment. Transportation issues, particularly for those without licenses, further hinder access. Stigma is a major deterrent to seeking help, and many are unaware of available services. AOD staff, in contrast to lived experience individuals, tend to rate service adequacy, collaboration, and coordination less favourably.

These insights present a picture of the challenges posed by AOD harms and the current service landscape in country South Australia. While acknowledging the dedication of existing providers and the positive impact many have on individuals, the findings identify gaps, particularly in accessibility to withdrawal and rehabilitation services, integrated care, and long-term support.

Refer to Appendix A for a summary of site-specific findings.

## Summary

In response to the House Standing Committee inquiry into the health impacts of alcohol and other drugs in Australia, the communities views from the Country SA PHN consultation activity completed in June 2025 have been used to inform the terms of reference as detailed below.

### a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society

Findings from the community consultation showed that currently funded AOD services in country South Australia are achieving good outcomes for clients and their families in the regions they currently operate and reducing AOD use and harms despite funding limitations and limited service options. Improvements are required to achieve the best outcomes for all country South Australians, regardless of geographical location and demographic profile.

**Equity of access** to AOD treatment services is an issue for rural and regional South Australians. In many locations in country South Australia, general practitioners are the only option for people seeking help for AOD use which means use and associated harms may escalate.

To reduce the impact of AOD use, achieve equity of access and enable best outcomes for individuals, their families and community in country South Australia, it is recommended that the following be considered:

1. **Increase services.** To expand AOD services, promote rehabilitation, and establish more community-based groups.
2. **Enhance accessibility and flexibility.** Develop affordable, local detoxification and rehabilitation facilities, introduce innovative models like home detoxification with professional monitoring, and provide after hours appointments, outreach services and improved transport options.
3. **Integrated and holistic care.** Creating "one-stop shops" and co-located services for multiple needs, fostering better collaboration between AOD, mental health, housing, and justice services, and ensuring trauma-informed approaches for people with complex needs. Co-location with non AOD services may also reduce barriers to access from stigma.
4. **Consider funding models that facilitate service coordination and collaboration.** This could involve streamlining funding arrangements, reducing overlapping responsibilities or incentivising formal agreements and clear referral pathways between AOD services and other sectors to reduce fragmented care and a lack of interconnectedness between AOD services and other crucial support systems.
5. **Longer term specialised support.** Providing longer-term counselling (beyond six months), and developing specialised services for youth, and survivors of domestic violence. Many lived experience stakeholders identified a mentor, or personalised connector would be beneficial in navigating their recovery.
6. **Improved service promotion, service navigation and education.** Developing clear, accessible, and widely distributed information about available AOD services. This could involve developing user-friendly directories, dedicated navigation support, or "buddy/ mentor/ connector" programs to guide individuals through the system. The goal should be to create "green lights" at each connection point.

7. **Workforce development.** Increasing the number of qualified AOD professionals, including male and Aboriginal workers, and supporting existing staff in gaining AOD qualifications.
8. **Stigma reduction.** Implementing education and awareness initiatives to reduce societal stigma and encourage help-seeking behaviour.

### b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services

Current programs and initiatives across country South Australia are working at capacity within their capabilities aligned to resourcing whilst trying to mitigate workforce challenges. However, country South Australia residents consistently highlighted the multifaceted harms associated with substance misuse, along with critical gaps in current service provision and opportunities for improvement. To improve prevention and reduction of alcohol and other drug-related harms, it was recommended that effective planning, mentoring, and ongoing counselling is required.

Specific populations, such as youth, Aboriginal communities, and survivors of domestic violence, require tailored, culturally appropriate, and trauma-informed services to achieve best outcomes related to prevention and reduction of AOD-related health, social and economic harms. Refer to Appendix A.

### c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

Sectors beyond health can play a vital role in the prevention, early intervention, recovery and reduction of AOD-related harms in Australia. Harms attributed to AOD use extend beyond the health system and can intersect with the criminal justice system, housing, social services, education and employment services and tourism industry. Findings from the consultation commonly demonstrated a need for housing support, and employment/education assistance for people who experience AOD related harms. Refer to Appendix A for a summary of site-specific findings regarding alcohol and other drug related harms, needs and access concerns experienced by country South Australians.

## Appendix A: Summary of site-specific findings regarding alcohol and other drug related harms, needs and access concerns experienced by country South Australians

Domains		Strategic findings and learnings	Berri	Ceduna	Mt Barker	Mt Gambier	Pt Augusta	Pt Pirie
Harms	Health	Addiction and dependence	✓	✓	✓	✓	✓	✓
		Mental health conditions and emotional distress	✓*	✓*	✓*	✓*	✓*	✓*
		Physical harms including risky behaviour, injury overdose	✓	✓	✓*	✓	✓	✓
	Social	Antisocial behaviour, including public disorder and nuisance	✓	✓*		✓	✓*	✓
		Burden on the law enforcement and justice system		✓			✓	✓
		Community fear and division		✓			✓	✓
		Damaged relationships and domestic and family violence	✓*	✓	✓	✓	✓	✓
		Elder abuse		✓			✓	✓
		Family breakdown and child neglect/abuse	✓*	✓*	✓	✓	✓*	✓*
		Health system strain	✓	✓	✓	✓	✓	✓
		Homelessness	✓	✓	✓	✓	✓	✓
		Increased crime		✓			✓	✓
		Intergenerational drug and alcohol use and unemployment						✓
	Stigma and discrimination	✓	✓	✓*	✓*	✓	✓*	
	Economic	Cost to community in restoring public amenities		✓			✓	✓
Financial problems		✓	✓	✓	✓	✓	✓	
Tourism and business impact		✓	✓			✓		

Domains		Strategic findings and learnings	Berri	Ceduna	Mt Barker	Mt Gambier	Pt Augusta	Pt Pirie
Needs	Services	Case management/care coordination	✓	✓	✓	✓	✓*	✓
		Counselling and behavioural therapies	✓*	✓	✓*	✓*	✓	✓*
		Employment and education support		✓			✓	
		Face-to-face services outside main regional hub				✓*		
		Housing support	✓	✓*	✓	✓	✓	✓
		Local detoxification and withdrawal management	✓*	✓*	✓*	✓*	✓*	✓*
		Local residential rehabilitation (rehabilitation)	✓*	✓*	✓*	✓	✓*	✓*
		Management of co-occurring mental health conditions	✓	✓	✓	✓	✓	✓
		More outreach services	✓					
		Peer support groups	✓	✓	✓	✓	✓	✓
		Prevention of relapse, through planning, mentoring, counselling	✓	✓	✓	✓	✓	✓
	Priority Groups	Aboriginal peoples	✓	✓*	✓	✓*	✓*	✓*
		Families and children	✓*	✓	✓	✓	✓	✓
		Isolated Individuals and those living alone	✓	✓	✓*	✓	✓	✓
		Men	✓	✓	✓	✓	✓	✓
		Middle to older aged women						✓*
		People leaving prison or on home detention	✓	✓*	✓	✓	✓*	✓
		People who are homeless	✓	✓	✓	✓	✓	✓
		People with mental health conditions	✓*	✓	✓*	✓	✓*	✓
		Refugees				✓		
Sporting clubs		✓						
Young people		✓*	✓*	✓*	✓*	✓	✓*	

Domains		Strategic findings and learnings	Berri	Ceduna	Mt Barker	Mt Gambier	Pt Augusta	Pt Pirie
Access	Service Access	Insufficient day to day support	✓	✓		✓	✓	✓
		Lack of culturally safe services	✓ *	✓ *	✓ *	✓	✓	✓ *
		Lack of knowledge of local services				✓		✓ *
		Lack of GP access / No bulk billing available	✓	✓	✓ *	✓ *	✓ *	✓
		Lack of local detoxification and rehabilitation	✓ *	✓ *	✓	✓	✓	✓
		Lack of service interconnectedness	✓ *	✓	✓	✓	✓	✓
		Lack of service knowledge impacting service navigation and access	✓	✓	✓	✓	✓	✓
		Lack of transport	✓	✓	✓ *	✓ *	✓	✓
		Limited after hours services	✓	✓ *	✓	✓	✓ *	✓
		Limited opening hours	✓	✓	✓	✓	✓	✓
		Limited outreach	✓	✓		✓	✓ *	✓
		Long wait lists	✓	✓	✓	✓	✓	✓
		Program duration is not long enough		✓			✓	✓

\* Frequently raised through engagement in the region.

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