

Drug and Alcohol Program: Consultation briefing on draft DAP program logic and KPIs

Stage 2

March 2026



Australian Government
Department of Health, Disability and Ageing

www.health.gov.au

Thank you for your feedback

More than 70 submissions represented a diverse geographic distribution and a broad cross-section of the AOD sector

Many submissions were supportive of the overall reform direction

- Four-pillar structure welcomed as clear and coherent
- Support for a whole-of-system, continuum-of-care approach
- Multi-year funding seen as critical for stability and workforce retention
- Recognition of lived and living experience and peer roles welcomed
- Alignment with national strategies and evidence-based practice supported



As well as receiving feedback on the program logic and KPIs, both day-to-day service issues and broader system concerns were raised

- Greater emphasis on harm reduction needed
- Ongoing workforce pressures (recruitment, retention, supervision)
- Desire for better reflection of the complex drivers of risky AOD use
- Need for clear definitions of key terms
- Some concerns about language and framing
- Concerns about data and reporting burden, particularly for smaller providers



The department has updated the program logic and KPIs to reflect feedback

But keep
in mind...

The DAP is only one component of a complex and interdependent system

- Many issues raised sit beyond the scope of this process so may not be directly reflected in the changes
- E.g. National governance, system settings and investment balance across the National Drug Strategy Pillars
- Feedback remains valuable for ongoing policy work such as considering the work of the current *Parliamentary Inquiry into the health impacts of AOD* and other future national policy directions
- E.g. Reducing stigma

The DAP plays an important but partial role in the broader social support system

- It is one particular Australian Government funding mechanism that focuses on AOD
- Sits alongside state and territory AOD funding and other government programs and systems such as mental health, housing, justice and social services

The program logic describes what the DAP is trying to achieve and the KPIs are the measurement mechanism

- Program logic guides intent rather than prescribes service types or delivery models
- It has been designed to avoid constraining innovation, local adaptation and emerging practices
- It allows for peer-led programs, community based and community designed recovery supports, holistic and integrated approaches, and services responding to complex transitions such as release from custodial settings

The grant opportunity guidelines will support feedback on the operational and funding elements of the DAP

Much of this operational and funding detail will come through the grant opportunity guidelines (GOGs)

- GOGs will explain eligible activities and funding arrangements
- E.g. Capital projects are unlikely to be supported
- GOGs will outline data and reporting expectations
- GOGs will provide clarity on any focus or weighting which could include heavier weighting for activities that focus on national priorities or activities that respond to community need
- E.g. Prevention and early intervention funding is likely to be weighted towards national activities

The draft DAP program logic and KPIs are being designed to inform the DAP GOGs



Not all AOD activities are listed in the program logic. It has been designed to cover the potentially diverse range of services



Once refined, based on this consultation process, the draft KPIs discussed in this presentation will be outlined in the GOGs. To reduce reporting burden, it is proposed that service providers will only be required to report against a maximum of **five KPIs per sub-program.**

There is now greater emphasis on priority populations, harm reduction and person centred, integrated care in the new program logic assumptions

Evidence informed practice is also included

Harm reduction is a core principle across the entire AOD system supporting safety, dignity, wellbeing and engagement

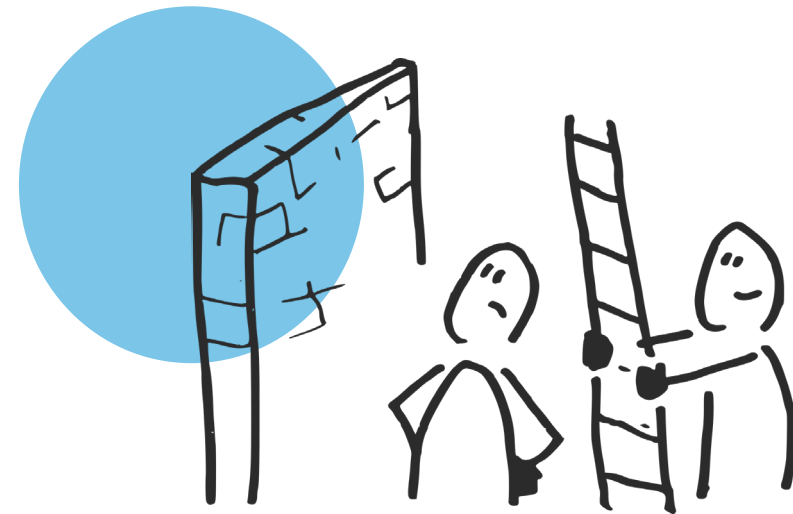
- Harm reduction informs the prevention, early intervention, treatment, recovery and/or management and system enablers pillars
- Harm reduction activities remain part of the DAP, but are not presented as a separate pillar, noting that many harm-reduction services are delivered under state and territory legislation and regulatory frameworks
- To ensure national alignment and keep the program logic streamlined, harm reduction has been added to the early intervention pillar

A stronger equity lens helps to recognise that some priority population groups experience higher levels of AOD-related harm

- Some people also face greater barriers to accessing services
- Equity issues include location, disadvantage and justice involvement

Risky AOD use is influenced by broader social, cultural and economic factors

- People's experiences are shaped by contextual factors like housing stability, trauma, mental health and financial security
- These factors sit outside the scope of the DAP but there is recognition that they shape outcomes
- So, integration and coordination with other services is important



Other issues consistently raised in stage 1 feedback



Stakeholders support recognising innovation and adaptive service delivery

- This includes emerging approaches and low threshold approaches that reduce barriers to access
- Peer-led and flexible models are important for engaging people who experience barriers to traditional service models or are reluctant or unable to access more structured forms of care

The success of the DAP depends on a strong workforce

- Workforce capability and sustainability is critical
- Peer roles, training and career pathways were noted as important
- Services also need appropriate digital and physical infrastructure to support the workforce



The sector was concerned with the KPI reporting burden and there was confusion about reporting responsibilities



Providers only need to report against orange KPIs

- The indicators that were not shaded orange and don't have an asterisk will be populated by the department using other data sources

Provider submitted

Department populated

The KPIs have been updated to better cover service entry points and models across the AOD care continuum and frame clearer measures.

- Stakeholders are concerned that reporting requirements may place a greater strain on smaller organisations and specialised services.
- Measures should be feasible and appropriately scaled, improving data quality could require some providers to expand their current data capabilities and resourcing.
- Adjustments were made to accommodate various service contexts, including entry points, workforce representation, and operational challenges.
- Feedback cautioned over-attributing population-level outcomes to the DAP alone.

There is now a terminology list to provide more clarity on definitions

While some terms may vary across the literature, we have aligned them to the context of the DAP

Term	Definitions
Integrated AOD treatment	Integrated alcohol and other drugs treatment refers to a comprehensive approach that addresses co-occurring health, social, financial, supported by linkages to other services that address broader determinants of substance use and help reduce barriers to treatment.
Risky AOD use	Behaviours that increase the risk of alcohol-related disease or harm.
Emerging AOD use	Early-stage or newly identified patterns of AOD use within individuals often characterised by experimentation or increasing frequency, before dependence or significant harm occurs
Priority groups	For the purposes of the DAP, priority groups will be those identified in national AOD strategies and policies e.g. National Drug Strategy 2017-2026
Skilled multidisciplinary workforce	Workers who possess a diverse set of skills and can perform multiple roles or functions with the aim of providing care and support that meets individual patient/client needs.
Aftercare support	Aftercare support refers to structured services and assistance provided to individuals after completing treatment or rehabilitation, aimed at helping them successfully transition back into everyday life.
Cultural safety	Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need. Cultural safety is met through actions from the majority position which recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally safe.
Evidence Informed	An evidence-informed approach involves using research evidence alongside practitioner expertise and the lived experiences of stakeholders to guide decisions, program design, or service delivery. Unlike strictly evidence-based approaches, which rely on interventions validated through rigorous controlled studies, evidence-informed practices allow for innovation and adaptation while still grounding decisions in credible knowledge

We are now seeking your feedback on the updated program logic and KPIs along with the data inputs to the needs-based funding model

The original version of the DAP program logic and KPIs are available on the Consultation Hub

- [Click to access the Stage 1 consultation pack](#)

Your feedback will inform the final versions of the program logic and KPIs which will be shared as part of Stage 3

- The breadth of the feedback means that it's not possible to address every issue raised
- Updates reflect key and consistent feedback
- It is not possible to achieve a perfect outcome through a single process when undertaking reforms in a complex, interdependent system
- The aim is to deliver a program that is stronger than it was and that the evidence base builds to inform future improvements

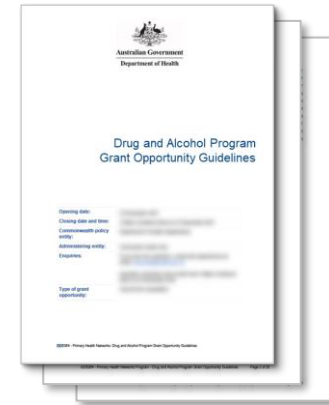
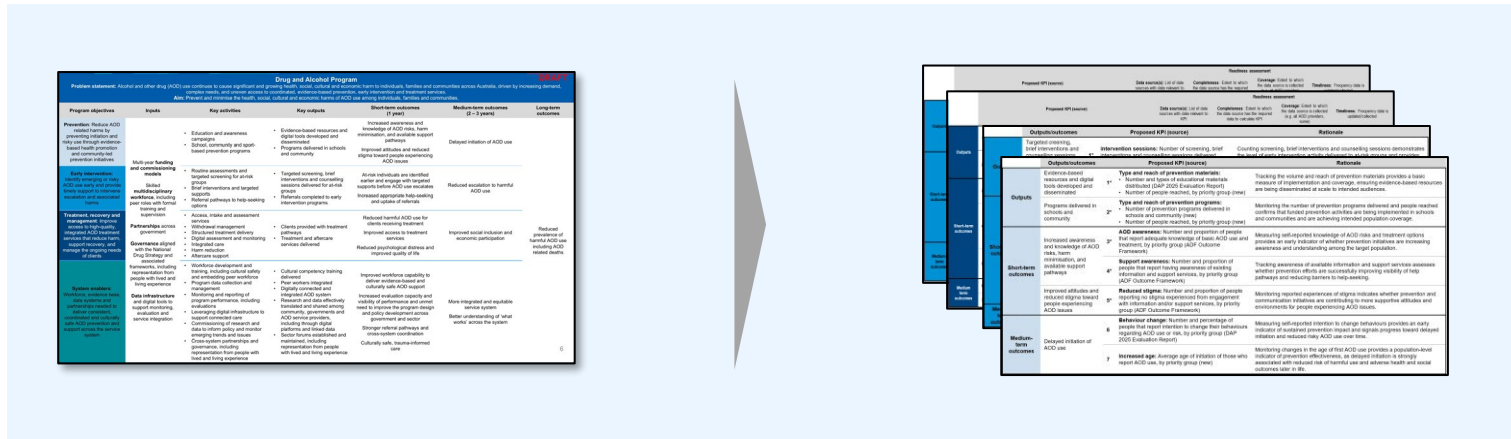


Purpose: The department is seeking feedback on a the updated DAP program logic and KPIs to inform the development of new GOGs

The department has designed a draft **DAP program logic** to outline how the program's activities contribute to the long-term outcome of reducing prevalence of harmful AOD use

Draft **KPIs** have been developed to measure how the DAP and its service providers are progressing towards the outcomes stated in the draft program logic, with KPIs planned to be sourced from a variety of data sources

The draft program logic and KPIs will inform the development of the new **DAP grant opportunity guidelines (GOGs)**



The department is now **seeking stakeholder input and feedback** on the draft program logic, and to understand the sector's readiness for the proposed set of KPIs.

Pillars: The DAP’s activities have been grouped into four pillars across the full AOD continuum of care (updated)

Proposed grouping (pillars)	
Prevention: Focused on preventing initiation and risky use of AOD through evidence-based, whole-of-population health promotion and community-led prevention initiatives	<i>Special consideration has been given so that to Fetal Alcohol Spectrum Disorder (FASD) activities can be reflected across all pillars.</i>
Early intervention: Targeted intervention programs for at-risk groups aimed to identify emerging or risky AOD use early and mitigate AOD-related harms	
Treatment, recovery and management: Services that respond to AOD harm to stabilise health, address co-occurring needs and support sustained recovery and strengthen connections to community	
System enablers: Workforce, evidence base, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention and support across the service system	

This grouping:

- Captures all of the DAP’s activities in at least one of the pillars
- Gives service providers a clear view of where their activities fit into the overall picture of the program

Service providers may deliver activities aligned to one or multiple pillars. Provider funding and reporting will align to the pillar(s) relevant to the activities delivered by that provider.

The draft DAP program logic and KPIs have been structured in this framework to recognise that **all AOD services fit together**, and all **contribute to reducing the prevalence of harmful AOD** use over time.

Program logic: The draft DAP program logic outlines the program’s inputs, activities, outputs and outcomes in total, reflecting its diverse service offering

The DAP program logic reads left to right (consultation stage 1 draft shown below). That is, inputs support key activities, activities drive key outputs and over time, outputs drive outcomes.

Drug and Alcohol Program DRAFT						
Problem statement: Alcohol and other drug (AOD) use continues to cause significant and growing health, social, cultural and economic harm to individuals, families and communities across Australia, driven by increasing demand, complex needs, and uneven access to coordinated, evidence-based prevention, early intervention and treatment services. Aim: Prevent and minimise the health, social, cultural and economic harms of AOD use among individuals, families and communities.						
Program objectives	Inputs	Key activities	Key outputs	Short-term outcomes (1 year)	Medium-term outcomes (2 – 3 years)	Long-term outcomes
Prevention: Reduce AOD related harms by preventing initiation and risky use through evidence-based health promotion and community-led prevention initiatives	Multi-year funding and commissioning models Skilled multidisciplinary workforce , including peer roles with formal training and supervision Partnerships across government Governance aligned with the National Drug Strategy and associated frameworks, including representation from people with lived and living experience Data infrastructure and digital tools to support monitoring, evaluation and service integration	<ul style="list-style-type: none"> Education and awareness campaigns School, community and sport-based prevention programs 	<ul style="list-style-type: none"> Evidence-based resources and digital tools developed and disseminated Programs delivered in schools and community 	<ul style="list-style-type: none"> Increased awareness and knowledge of AOD risks, harm minimisation, and available support pathways Improved attitudes and reduced stigma toward people experiencing AOD issues 	Delayed initiation of AOD use	
Early intervention: Identify emerging or risky AOD use early and provide timely support to intervene escalation and associated harms		<ul style="list-style-type: none"> Routine assessments and targeted screening for at-risk groups Brief interventions and targeted supports Referral pathways to help-seeking options 	<ul style="list-style-type: none"> Targeted screening, brief interventions and counselling sessions delivered for at-risk groups Referrals completed to early intervention programs 	<ul style="list-style-type: none"> At-risk individuals are identified earlier and engage with targeted supports before AOD use escalates Increased appropriate help-seeking and uptake of referrals 	Reduced escalation to harmful AOD use	
Treatment, recovery and management: Improve access to high-quality, integrated AOD treatment services that reduce harm, support recovery, and manage the ongoing needs of clients		<ul style="list-style-type: none"> Access, intake and assessment services Withdrawal management Structured treatment delivery Digital assessment and monitoring Integrated care Harm reduction Aftercare support 	<ul style="list-style-type: none"> Clients provided with treatment pathways Treatment and aftercare services delivered 	<ul style="list-style-type: none"> Reduced harmful AOD use for clients receiving treatment Improved access to treatment services Reduced psychological distress and improved quality of life 	Improved social inclusion and economic participation	Reduced prevalence of harmful AOD use including AOD related deaths
System enablers: Workforce, evidence base, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention and support across the service system		<ul style="list-style-type: none"> Workforce development and training, including cultural safety and embedding peer workforce Program data collection and management Monitoring and reporting of program performance, including evaluations Leveraging digital infrastructure to support connected care Commissioning of research and data to inform policy and monitor emerging trends and issues Cross-system partnerships and governance, including representation from people with lived and living experience 	<ul style="list-style-type: none"> Cultural competency training delivered Peer workers integrated Digitally connected and integrated AOD system Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data Sector forums established and maintained, including representation from people with lived and living experience 	<ul style="list-style-type: none"> Improved workforce capability to deliver evidence-based and culturally safe AOD support Increased evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector Stronger referral pathways and cross-system coordination Culturally safe, trauma-informed care 	More integrated and equitable service system	Better understanding of 'what works' across the system

The DAP program logic is organised to reflect DAP service types under the pillars of the care continuum, such that there is a set of activities, outputs and outcomes for each pillar.

Service providers are not expected to deliver every activity or output. Instead, the draft program logic shows the full range of inputs, activities, outputs and outcomes across the entire program and its diverse service providers.

Service provider level

Broader community level

Service providers may undertake activities in one or more of the pillars. The combined impact of service providers’ outputs help to achieve medium to longer term outcomes and the overall aims of the DAP.

Drug and Alcohol Program

Problem statement: Alcohol and other drug (AOD) related harms continue to cause significant and growing health, social, cultural and economic impacts to individuals, families and communities. This is driven by increasing demand for AOD supports, complex needs, and uneven access to coordinated, evidence-based prevention, early intervention and treatment services.

Aim: Prevent and minimise the health, social, cultural and economic harms of AOD use among individuals, families and communities.

Assumptions: Risky AOD use is influenced by a range of structural and social factors, including disadvantage, trauma, housing instability, involvement with the justice system and unemployment and can disproportionately impact specific priority population groups. These factors can increase vulnerability and compound the impacts of risky AOD use. Effective AOD programs employ a person-centred, culturally appropriate, evidence informed and harm minimisation approach. In practice, it is acknowledged reaching these goals often requires working outside the AOD sector. The care continuum provides opportunities to address AOD related harms in a range of settings, with strengths-based approaches tailored to the person's unique needs, substance, intervention and context.

Program objectives	Inputs	Key activities*	Key outputs	Short-term outcomes (1 year)	Medium-term outcomes (2 – 3 years)	Long-term outcomes
<p>Prevention: Reduce AOD related harms by preventing initiation and risky use through evidence-informed health promotion and community-led prevention initiatives</p>	<p>Multi-year funding and commissioning models guided by need and equity</p>	<ul style="list-style-type: none"> Education and awareness campaigns School, community and sport-based prevention programs 	<ul style="list-style-type: none"> Evidence-based resources and digital tools developed and disseminated Programs delivered in schools and community 	<p>Increased awareness and knowledge of AOD risks, harm reduction and available support pathways, and overall demand reduction</p> <p>Improved attitudes and reduced toward people experiencing AOD issues</p>	<p>Delayed initiation of AOD use</p>	
<p>Early intervention: Identify emerging or risky AOD use early, provide timely support and raise awareness of available supports to reduce escalation and associated harms</p>	<p>Skilled multidisciplinary workforce, including but not limited to clinical, social, peer and First Nations roles supported by formal training and supervision</p>	<ul style="list-style-type: none"> Routine assessments and targeted screening for at-risk groups Brief interventions, case management and targeted supports Referral pathways or campaigns to promote awareness of support options Harm reduction 	<ul style="list-style-type: none"> Targeted screening, brief interventions and counselling sessions delivered for at-risk groups Individuals accessing services through a diverse range of entry points 	<p>At-risk individuals are identified earlier and engage with targeted supports before AOD use escalates</p> <p>Increased appropriate help-seeking</p>	<p>Reduced escalation to harmful AOD use</p>	<p>Reduced prevalence of harmful AOD use including AOD related deaths</p>
<p>Treatment, recovery and/or management: Improve access to high-quality, integrated AOD treatment services that reduce harm, support recovery, and manage the ongoing needs of clients</p>	<p>Partnerships across government agencies to deliver coordinated, integrated AOD program responses.</p>	<ul style="list-style-type: none"> Access, intake and assessment services Withdrawal management Structured treatment delivery Digital assessment and monitoring Integrated care and coordination Aftercare support Harm reduction 	<ul style="list-style-type: none"> Clients provided with treatment pathways Treatment and aftercare services delivered 	<p>Reduced harmful AOD use for clients receiving treatment</p> <p>Improved access to treatment services</p> <p>Reduced psychological distress and improved quality of life</p>	<p>Improved social inclusion and economic participation</p>	<p>Policy and practice is shaped by evidence and longitudinal data</p>
<p>System enablers: Workforce, evidence base, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention and support across the service system</p>	<p>Governance aligned with the National Drug Strategy and associated frameworks, including representation from people with lived and living experience</p> <p>Data infrastructure and digital tools to support monitoring, evaluation and service integration</p>	<ul style="list-style-type: none"> Workforce development and training, including cultural safety and embedding peer workforce Program data collection and management Monitoring and reporting of program performance, including evaluations Leveraging digital infrastructure to support connected care Commissioning of research and data to inform policy and monitor emerging trends and issues Cross-system partnerships and governance, including representation from people with lived and living experience 	<ul style="list-style-type: none"> Cultural competency and representation Peer workers integrated Digitally connected and integrated AOD system Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data Sector forums established and maintained, including representation from people with lived and living experience 	<p>Improved workforce capability to deliver evidence-based and culturally safe AOD support</p> <p>Increased evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector</p> <p>Stronger referral pathways and cross-system coordination</p> <p>Culturally safe, trauma-informed care</p>	<p>More integrated and equitable service system</p> <p>Better understanding of 'what works' across the system</p>	<p><i>An organisation is not required to undertake all activities within a given stream. This is not intended as an exhaustive list of every activity underpinning the DAP. The department will consider targeted and innovative approaches adopting place-based models tailored to the local context and population.</i></p>

Program logic: Service providers may deliver activities across multiple program objectives, contributing to a broad range of outputs and outcomes

Service providers could fall across multiple program objectives, delivering a range of activities and contributing to a broad set of outputs and outcomes. For example, on the diagram below, activities, outputs and outcomes that may apply to FASD service providers have been highlighted to demonstrate how a service provider's activities may span across multiple of the draft DAP program logic's pillars.

A FASD service provider is likely to deliver a **subset of activities** from one or multiple pillars.

The activities delivered by a FASD service provider would **contribute to a subset of the program logic's outcomes**, according to the types of activities that they deliver.

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Program objectives	Inputs	Key activities	Key outputs	Short-term outcomes (1 year)	Medium-term outcomes (2 – 3 years)	Long-term outcomes
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Early intervention: Identify emerging or risky AOD use early and provide timely support to intervene escalation and associated harms		<ul style="list-style-type: none"> Routine assessments and targeted screening for at-risk groups Brief interventions and targeted supports Referral pathways to help-seeking options 	<ul style="list-style-type: none"> Targeted screening, brief interventions and counselling sessions delivered for at-risk groups Referrals completed to early intervention programs 	<ul style="list-style-type: none"> At-risk individuals are identified earlier and engage with targeted supports before AOD use escalates Increased appropriate help-seeking and uptake of referrals 	<ul style="list-style-type: none"> Reduced escalation to harmful AOD use 	
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An example of how a service provider's individual activities can map to the **treatment, recovery and management** pillar is provided on the next page...

KPIs: A set of draft KPIs is intended to measure how the DAP and its service providers are progressing towards the outcomes stated in the DAP program logic

KPIs submitted by providers will play an important role in helping the department **understand program outputs and short-term outcomes.**

A key purpose of consulting on the KPIs is to understand sector readiness to report against them. This includes seeking **feedback on the feasibility and practicality** of collecting the required information and delivering the associated activities.

Noting that the KPIs are draft and subject to this consultation process, the department expects that organisations funded through the new process will be required to **report against the KPIs that best align with the activity/activities being delivered.**

Where provider activities span multiple draft program logic pillars, KPIs to be reported against will be agreed as part of the grant negotiation process.

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Early intervention: Identify emerging or risky AOD use early and provide timely support to intervene escalation and associated harms		Skilled multidisciplinary workforce, including peer roles with formal training and supervision	<ul style="list-style-type: none"> Routine assessments and targeted screening for at-risk groups Brief interventions and targeted supports Referral pathways to help-seeking options 	<ul style="list-style-type: none"> Targeted screening, brief interventions and counselling sessions delivered for at-risk groups Referrals completed to early intervention programs 	<ul style="list-style-type: none"> At-risk individuals are identified earlier and engage with targeted supports before AOD use escalates Increased appropriate help-seeking and uptake of referrals 	Reduced escalation to harmful AOD use
Treatment, recovery and management: Improve access to high-quality, integrated AOD treatment services that reduce harm, support recovery, and manage the ongoing needs of clients	Partnerships across government	<ul style="list-style-type: none"> Access, intake and assessment services Withdrawal management Structured treatment delivery Digital assessment and monitoring Integrated care Harm reduction Aftercare support 	<ul style="list-style-type: none"> Clients provided with treatment pathways Treatment and aftercare services delivered 	<ul style="list-style-type: none"> Reduced harmful AOD use for clients receiving treatment Improved access to treatment services Reduced psychological distress and improved quality of life 	Improved social inclusion and economic participation	Reduced prevalence of harmful AOD use including AOD related deaths
System enablers: Workforce, evidence base, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention and support across the service system	Partnerships across government	<ul style="list-style-type: none"> Workforce development and training, including cultural safety and embedding peer workforce Program data collection and management Monitoring and reporting of program performance, including evaluations Leveraging digital infrastructure to support connected care Commissioning of research and data to inform policy and monitor emerging trends and issues Cross-system partnerships and governance, including representation from people with lived and living experience 	<ul style="list-style-type: none"> Cultural competency training delivered Peer workers integrated Digitally connected and integrated AOD system Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data Sector forums established and maintained, including representation from people with lived and living experience 	<ul style="list-style-type: none"> Improved workforce capability to deliver evidence-based and culturally safe AOD support Increased evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector Stronger referral pathways and cross-system coordination Culturally safe, trauma-informed care 	More integrated and equitable service system	Better understanding of 'what works' across the system

The department is planning to **supplement its understanding of the DAP's impact** gained from provider-collected KPIs by collecting and calculating **additional KPIs from a range of external sources**, such as:

- The National Drug Strategy Household Survey (NDSHS)
- The Alcohol and Other Drug Treatment Services National Minimum Dataset (AODTS NMDS)
- Linked administrative data (e.g., ATO records to understand employment rates)



Please note that successful service providers will **receive detailed guidance** on KPI collection, calculation, and transfer to the department.

Proposed KPIs for prevention (1 of 2)

*

KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

Outputs/outcomes	Proposed KPIs for prevention (source)	Rationale
Outputs	1* <p>Type and reach of prevention materials:</p> <ul style="list-style-type: none"> • Number and types of educational materials distributed, including digital and non-digital formats (DAP 2025 Evaluation Report) • Number of people reached (including digital reach such as unique visits, downloads, impressions, etc.), by priority group where applicable (new) 	Measuring the volume and reach of prevention materials, using analytics-based metrics where appropriate (e.g. digital outreach), provides a basic measure of implementation and coverage, ensuring evidence-based resources are being disseminated at scale to intended audiences.
	2* <p>Type and reach of prevention programs:</p> <ul style="list-style-type: none"> • Number of prevention programs delivered, by setting (primary school, secondary school, vocational/TAFE, university, community groups, etc.) (new) • Number of unique participants, by program delivery postcode and priority group (new) 	Monitoring the number of prevention programs delivered and people reached confirms that funded prevention activities are being implemented in schools and communities and are achieving intended population coverage.
Short-term outcomes	3* <p>AOD awareness: Number and proportion of prevention program participants that report increased knowledge of basic AOD use and treatment, by priority group (ADF Outcome Framework)</p>	Measuring self-reported knowledge of AOD risks and treatment options provides an early indicator of whether prevention initiatives are increasing awareness and understanding among the target population.
	4* <p>Support awareness: Number and proportion of prevention program participants that report increased awareness of existing information, support services and treatment pathways, by priority group (ADF Outcome Framework)</p>	Understanding awareness of available information and support services assesses whether prevention efforts are successfully improving visibility of help pathways and reducing barriers to help-seeking.
	5* <p>Reduced stigma: Number and proportion of prevention program participants reporting:</p> <ul style="list-style-type: none"> • no stigma experienced from engagement with information and/or support services, by priority group (ADF Outcome Framework) • feeling safe to access services and talk about their AOD use, by priority group (new) 	Monitoring reported experiences of stigma indicates whether prevention and communication initiatives are contributing to more supportive attitudes and environments for people experiencing AOD issues.

Proposed KPIs for prevention (2 of 2)

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Outputs/outcomes	Proposed KPIs for prevention (source)	Rationale
Medium-term outcomes Delayed initiation of AOD use	6 Intent to change behaviour: Number and percentage of people that report intention to change their behaviours regarding AOD use or risk, by priority group (DAP 2025 Evaluation Report) <i>Data source: ADF Information Services Survey</i>	Measuring intent to change or avoid AOD use indicates individuals' susceptibility to trying substances, where greater intentions to change behaviour make individuals more likely to resist opportunities to experiment, thereby delaying initiation of AOD use.
	7 Increased age: Average age of initiation of those aged between 14-29 who report AOD use, by priority group (new) <i>Data source: AIHW NDSHS</i>	Monitoring changes in the age of first AOD use provides a population-level indicator of prevention effectiveness, as delayed initiation is strongly associated with reduced risk of harmful use and adverse health and social outcomes later in life.

Proposed KPIs for early intervention (1 of 2)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
Outputs	Targeted screening, brief interventions and counselling sessions delivered for at-risk groups	1* Intervention sessions: Number of screening, brief interventions and counselling sessions delivered, including through harm reduction services (DAP 2025 Evaluation Report)	Counting screening, brief interventions and counselling sessions demonstrates the level of early intervention activity delivered to at-risk groups and provides an indicator of service responsiveness and capacity.
	Individuals accessing services through a diverse range of entry points	2* Point of entry: Number and proportion of people accessing early intervention services, by point of entry (new)	Tracking point of entry to early intervention services measures how people successfully access support, helping to identify whether services are being reached through referral pathways, walk-in access or other pathways.
Short-term outcomes	At-risk individuals are identified earlier and engage with targeted supports before AOD use escalates	3* Number of at-risk individuals identified and engaged: <ul style="list-style-type: none"> Number and proportion of people identified as at-risk of harmful AOD use, by priority group (new) Number and proportion of identified at-risk individuals who commence an early intervention program, by priority group (new) 	Tracking the number and proportion of people identified as at risk provides an indicator of the system’s ability to detect emerging AOD risk early and target supports appropriately. Measuring engagement among identified at-risk individuals demonstrates whether early intervention pathways are accessible and effective in connecting people to timely support.
	Increased appropriate help-seeking and uptake of referrals	4* Early help-seeking: <ul style="list-style-type: none"> Number and proportion of people who report previous help seeking behaviour (new) Reported reasons for seeking help (new) Number and proportion of people who report experience of delays or barriers when seeking help (new) 	Understanding reasons for help-seeking and prior attempts provides insight into whether early intervention initiatives are encouraging people to seek help sooner and reducing delays to support.
		5* Positive experience: Number and proportion of people in early intervention program reporting positive experiences with delivered services, by priority group (modified from the ADF Outcome Framework)	Tracking participant-reported experience assesses the quality and acceptability of early intervention services, which is critical for sustained engagement and effective outcomes.

Proposed KPIs for early intervention (2 of 2)

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	Outputs/outcomes		Proposed KPI (source)	Rationale
Medium-term outcomes	Reduced escalation to harmful AOD use	6	<p>Progress to harmful use: Number and proportion of clients of intervention programs that do not progress to harmful AOD use, by priority group (new)</p> <p><i>Data source: AIHW NDSHS, AIHW National Non-admitted Patient Emergency Department (NAPED)</i></p>	Understanding the proportion of early intervention participants who do not progress to harmful AOD use measures the effectiveness of early supports in preventing escalation and reducing downstream harm.

Proposed KPIs for treatment, recovery and management (1 of 3)

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KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
Outputs	Clients provided with treatment pathways	1* <ul style="list-style-type: none"> Number of clients, and proportion of clients on a treatment plan: <ul style="list-style-type: none"> Number of clients, by priority group (new) Number and proportion of clients with a treatment plan for whom an episode of care was closed during the reporting period (NSW NGO AOD KPI #5) 	Monitoring the number of clients provides an indicator of access and informs supply and demand for treatment services within the system. Measuring the proportion of clients with a documented treatment plan demonstrates quality and continuity of care, ensuring treatment is planned, coordinated and person-centred.
	Number of treatment and aftercare episodes of care delivered	2* <ul style="list-style-type: none"> Number of episodes delivered: <ul style="list-style-type: none"> Number of episodes of care initiated (new) Number of episodes of care completed (new) Number of aftercare episodes completed (new) 	The number of treatment services delivered reflects the volume of structured treatment activity provided and supports monitoring of service utilisation over time. Tracking aftercare services confirms that post-treatment supports are being provided, supporting continuity of care and reducing the risk of relapse following treatment completion.

Proposed KPIs for treatment, recovery and management (2 of 3)

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	Outputs/outcomes	Proposed KPI (source)	Rationale
Short-term outcomes	Reduced harmful AOD use for clients receiving treatment	<p>3*</p> <p>AOD use and severity:</p> <ul style="list-style-type: none"> Number and proportion of clients who report a clinically significant decrease in AOD use over the course of treatment, by priority group (NSW NGO AOD KPI #3) Number and proportion of people that report a reduction in severity of dependence over the course of treatment, by priority group (NSW NGO AOD KPI #2) 	Measuring changes in self-reported AOD use provides a direct indicator of short-term treatment effectiveness in reducing harmful substance use. Tracking reductions in severity of dependence reflects early improvements in clinical outcomes and client functioning following treatment.
	Improved access to treatment services	<p>4*</p> <p>Treatment service capacity and timely access:</p> <ul style="list-style-type: none"> Number of clients on waiting lists (new) Average wait times (days) per treatment type for clients on waiting lists (DAP 2025 Evaluation Report) Bed occupancy rate (NSW NGO AOD KPI #10) Number and proportion of people that report they were linked-up with other services when they leave the program (NSW NGO AOD KPI #7) 	Monitoring unmet demand due to capacity constraints and bed occupancy rates provides insight into system pressures and access barriers affecting treatment availability. Measuring average wait times by treatment type assesses timeliness of access and helps identify bottlenecks that may delay care for eligible clients. Tracking service linkages at program exit assesses continuity of care and integration across services, supporting sustained recovery and reduced relapse risk.
	Reduced psychological distress and improved quality of life	<p>5*</p> <p>Improved mental health and quality of life:</p> <ul style="list-style-type: none"> Number and proportion of clients who report any improvement in mental health, by priority group (NSW NGO AOD KPI #4) Number and proportion of clients that report an improvement in overall quality of life, by priority group (NSW NGO AOD KPI #1) 	Measuring improvements in self-reported mental health reflects broader treatment impacts beyond substance use, recognising the strong link between AOD outcomes and psychological wellbeing. Tracking changes in quality of life captures holistic recovery outcomes, including functioning, wellbeing and social participation, which are key indicators of sustained recovery.

Proposed KPIs for treatment, recovery and management (3 of 3)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
<p>Medium-term outcome</p>	<p>Improved social inclusion and economic participation</p>	<p>6</p> <p>Workforce participation: Number and proportion of clients that report an improvement in employment outcomes, by priority group (new)</p> <p><i>Data source: ABS Person Level Integrated Data Asset (PLIDA), ATO administrative data</i></p>	<p>Understanding participation in the workforce captures progress towards economic stability and social inclusion, reflecting improved functioning and recovery-related capability.</p>
		<p>7</p> <p>Social inclusion:</p> <ul style="list-style-type: none"> • Number and proportion of clients in places of detention, by priority group (new) • Number and proportion of clients with an improvement in housing stability, by priority group (new) <p><i>Data source: ABS PLIDA, Criminal Justice Data Asset, Specialist Homelessness Services Collection</i></p>	<p>Understanding changes in interactions with the justice system and housing stability captures reductions in AOD-related harms and improvements in safety, stability and social inclusion.</p>

Proposed KPIs for system enablers (1 of 4)

System enabler activities cut across all pillars, and relevant KPIs will **apply to service providers depending on the services they deliver**. For example, KPIs 1-3 could apply to service-delivery providers. KPI 4 could apply to research-focused organisations. KPIs 5 and 6 are most relevant to peak bodies and other sector coordination services.

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
Outputs	Culturally safe services	<p>Cultural safety:</p> <ul style="list-style-type: none"> Mandatory induction training and regular refresher courses in Aboriginal and Torres Strait Islander cultural competence in place (Y/N) (new) Number and proportion of staff trained in Aboriginal and Torres Strait Islander cultural competence (NSW NGO AOD KPI #9) Number and proportion of First Nations workforce (new) 	Monitoring cultural competence training supports accountability for building a culturally safe workforce and strengthens the system’s ability to deliver accessible and appropriate services for Aboriginal and Torres Strait Islander people.
	Peer workers integrated	<p>Peer workers:</p> <ul style="list-style-type: none"> Number and proportion of lived and living experience (LLE) positions (filled and unfilled) designated across the organisation, by role type and priority group where applicable (new) Number and proportion of services that have at least one LLE position designated into direct service delivery, by role type (new) LLE representation present on advisory groups or boards (Y/N) (new) 	Measuring the proportion of services with peer workers embedded in service delivery demonstrates system-level adoption of lived experience roles and supports recovery-oriented, person-centred practice.
	Digitally connected and integrated AOD system	<p>Digital capability and system integration:</p> <ul style="list-style-type: none"> Services have been listed in a recognised service directory or demonstrating a clear pathway to national discoverability (new) Services use nationally recognised client or organisational identifiers (new) Services use existing national or jurisdictionally endorsed digital tools, platforms or infrastructure (new) Services have provided an electronic extract of the AODTS-NMDS (NSW NGO AOD KPI #13) 	Encouraging reuse of existing national infrastructure and avoiding fragmented, bespoke solutions to enhance digital capability across the AOD sector. This will support service integration and continuity of care, while enabling reliable monitoring, analysis, and reporting of treatment activity and outcomes.

Proposed KPIs for system enablers (2 of 4)

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KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
Outputs	Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data	<p>4*</p> <p>Research and data dissemination:</p> <ul style="list-style-type: none"> Number and type of research and data materials translated and disseminated with evidence of reach (e.g. downloads, views, attendances), by priority group Research activities align with the intent of the National Drug Strategy (NDS) and DAP, and informed by best-practice evidence (Australian and international) (new) Research activities that pertain to First Nations people or communities establish mechanisms to give effect to Indigenous Data Sovereignty (new) 	Sharing research and data across the community, government and AOD service providers supports a consistent, evidence-based understanding of emerging trends, community needs and effective interventions. Ongoing dissemination of new insights supports informed decision-making and continuous improvement.
	Sector forums established and maintained, including representation from people with lived and living experience	<p>5</p> <p>Sector forums:</p> <ul style="list-style-type: none"> Number of sector forums established and meeting at least four times per year (new) Forums demonstrate diverse representation (including regional services and ACCHOs) (Y/N) (new) <p><i>Data source: Not currently available</i></p>	Tracking the establishment and regular operation of sector forums demonstrates system-level coordination, collaboration and structured engagement across stakeholders.
		<p>6</p> <p>LLE representation:</p> <ul style="list-style-type: none"> Proportion of sector forums that include regular, supported participation from people with LLE, by priority group (new) <p><i>Data source: Not currently available</i></p>	Measuring lived and living experience participation ensures that system governance and improvement processes are informed by consumer and community perspectives, supporting meaningful co-design and accountability.

Proposed KPIs for system enablers (3 of 4)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
Short-term outcomes	Improved workforce capability to deliver evidence-based and culturally safe AOD support	<p>7</p> <p>Skilled workforce:</p> <ul style="list-style-type: none"> Number and proportion of respondents reporting that AOD sector workers are better skilled and/or more confident in their roles (National AOD Peaks CB Evaluation) Number and proportion of workforce responding adequate access to support structures (supervision, training, professional development) (new) <p><i>Data source: National AOD Peaks CB Evaluation</i></p>	Measuring perceived improvements in workforce skill and confidence assesses whether system investments are strengthening the capability required to deliver high-quality, evidence-based and culturally safe AOD services.
	Increased evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector	<p>8*</p> <p>Evaluations planned:</p> <ul style="list-style-type: none"> Number and proportion of funded sector support organisations that deliver structured evaluation capability-building support to services, including training, tools, guidance, mentoring, or community of practice (new) Number and proportion of funded services that undertake at least one service-level evaluation activity, including outcomes monitoring, client feedback analysis or review of service effectiveness (new) 	Monitoring evaluation support and service-level evaluation activity strengthens evaluation capability and readiness by ensuring services have the tools and capacity to monitor outcomes, generate evidence, and support continuous improvement.
	Stronger referral pathways and cross-system coordination	<p>9</p> <p>Collaborations: Number and proportion of survey respondents reporting collaborations/consortiums built and/or strengthened (National AOD Peaks CB Evaluation)</p> <p><i>Data source: Not currently available</i></p>	Measuring strengthened collaborations reflects improved coordination across services and sectors, supporting integrated pathways and improved client outcomes.
	Culturally safe, trauma-informed care	<p>10*</p> <p>Culturally safe and trauma-informed services:</p> <ul style="list-style-type: none"> Number and proportion of people that report the service was culturally safe and inclusive (NSW NGO AOD KPI #8) Number and proportion of people that report the service was safe, respectful and trauma-informed (new) <hr/> <p>11*</p> <p>Accreditation: The organisation holds current and valid accreditation relevant to the AOD treatment types / services being provided (NSW NGO AOD KPI #11)</p>	Client-reported experiences of cultural safety and inclusion, alongside accreditation status, provide indicators of service quality and adherence to culturally safe, trauma-informed standards.

Proposed KPIs for system enablers (4 of 4)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes	Proposed KPI (source)	Rationale
Medium-term outcomes	More integrated and equitable service system	12 System improvement: Number and proportion of survey respondents reporting improved AOD system changes (National AOD Peaks CB Evaluation) <i>Data source: National AOD Peaks CB Evaluation</i>	Measuring stakeholder-reported system improvements provides insight into whether investments in workforce, data and partnerships are resulting in a more integrated, responsive and equitable AOD service system.
		13 Positive outcomes: Number and proportion of survey respondents reporting improved service user outcomes (National AOD Peaks CB Evaluation) <i>Data source: National AOD Peaks CB Evaluation</i>	Tracking perceptions of improved service user outcomes reflects whether system-level changes are translating into meaningful benefits for people accessing AOD services.
	Better understanding of 'what works' across the system	14 Evaluations completed: Number of evaluations completed (new) <i>Data source: Not currently available</i>	Tracking the number of evaluations completed provides an indicator of the system's capacity to generate evidence on program effectiveness and performance, supporting a stronger understanding of what works and informing continuous improvement and investment decisions.

Proposed KPIs across all pillars

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

Outputs/outcomes	Proposed KPI (source)	Rationale	
<p>Long-term outcomes</p>	<p>Reduced prevalence of harmful AOD use including AOD related deaths</p>	<p>1 Prevalence: Proportion of the population reporting harmful or high-risk AOD use</p>	<p>This KPI provides a population-level measure of the prevalence of harmful AOD use, enabling monitoring of long-term trends and assessment of the overall impact of prevention, early intervention and treatment strategies.</p>
		<p>2 Deaths: Number of AOD related deaths</p>	<p>Tracking the number of AOD related deaths captures the most severe and preventable consequences of harmful substance use and provides a critical indicator of system effectiveness in reducing harm and protecting population health.</p>