AODCCC
Alcohol and Other Drug
Consumer & Community Coalition

Response to the Inquiry into the Health Impact of Alcohol and Other Drugs in Australia

House Standing Committee on Health, Aged Care and Sport

December 2024

Acknowledgment of Country

The Alcohol and other Drug Consumer & Community Coalition acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of this country and its waters. We pay our respect to elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples.

Recognition of Lived and Living Experience

We recognise the individual and collective expertise of those with a lived or living experience of alcohol and other drugs. We appreciate and respect the emotional labour and vulnerability that is present in this space. We recognise the work of those who came before us to build the foundations to enable this work to take place.

About AODCCC

The AODCCC is a membership-driven not for profit organisation with 775 active members (as of 3rd December 2024). It was established in 2018 as the state peak body for alcohol and other drug consumer-driven systemic advocacy in Western Australia. Our aim is to empower the voices of consumers, their families, and supports, who are impacted by alcohol and other drug use.

We play a vital advocacy, representational and capacity building role for the Western Australian community. We engage our members, amplifying their voices and draw on their lived and or living experience and expertise. It is our commitment to ensure that these voices are heard and can stand side to side with community leaders, policy makers and governments to begin addressing the common and prevalent stigmas associated with alcohol and other drug use in our society.

Through systemic advocacy we strive to achieve our vision and mission for the betterment of those impacted by the prevalent alcohol and other drug use within Australian society, our aim is to empower the voices of consumers, their families and supports ensuring health and wellbeing of the whole community.

AODCCC Submission- Inquiry into the health impacts of alcohol and other drugs in Australia.

Thank you for the opportunity to respond to the *Inquiry into the health impacts of alcohol and other drugs in Australia.* The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) appreciates the chance to provide a focused and current lived and/or living experience lens of alcohol and other drugs health impacts directly from its membership base to this essential inquiry.

The AODCCC acknowledges the mounting concerns from the community, that alcohol and other drugs continue to have an ongoing and significant impact on the wellbeing of the Australian population. We welcome this inquiry with a view to ensure that our existing alcohol and drugs policies, treatment services, community programs, and workforces are supported to be regulated and evidence based and that improved, effective and responsive prevention and reduction strategies for alcohol and other drug-related health, social and economic harms are continuously developed and implemented in Australia, resulting in an overall more compassionate approach to drug use. To perceive it as a health and social issue, building policy reform and public education around this commonsense principle.

To address the Terms of Reference outlined in the inquiry the AODCCC hosted a consumer focus group and paid willing members to attend and actively participate in the consultation. The attendees participated in robust and dynamic discussions and passionately shared their experience, wisdom, and knowledge.

This submission reflects the voices of AODCCC members, providing a lens that considers and prioritises alcohol and other drug lived and/or living experiences and expertise.

AODCCC thanks all the participating members for their contribution to this response.

AODCCC Calls to action.

1. **A system wide approach to addressing stigma and discrimination**: In order to address stigma and discrimination, a system wide, coordinated approach is needed, including health, education, justice, housing and employment, understanding alcohol and other drug issues impact all Australian's regardless of cultural or socioeconomic backgrounds.

   Advocate for policy changes that reduce stigma and discrimination against people who use drugs.

   Promote public education campaigns to shift perceptions and reduce stigma.

2. **National Quality Framework for Drug and Alcohol Treatment Services**. Implement a regulatory process to implement the National Quality Framework for Drug and Alcohol Treatment Services in relation to treatment services, including those that do not receive government funding.

   Improve safety and quality control of all AOD treatment services.

   Ensure a national standard of care for consumers regardless of a services funding source.

3. **Improve access to treatment services**: There are significant challenges in accessing treatment services, especially in regional and rural areas due to workforce shortages and limited services.

   Increase funding for treatment services, especially in regional and rural areas.

   Address workforce shortages in the AOD sector through targeted recruitment and training programs.

4. **Secure sustainable funding and clear policy direction**: Government funding for NGO services is short-term and insufficient, hindering innovation and the ability to meet growing demand.

   Lobby for long-term, sustainable funding for NGO services.

   Develop clear policy directions to support innovation, service planning, and delivery.

5. **Ensure representation and inclusion of Lived and Living Experience**: It is essential to include the voices of people with lived and living experience, including priority populations like First Nations, multicultural, gender and sexuality diverse communities, and those in contact with the criminal justice system.

   Always include voices of people with lived and living experience in policy-making processes.

6. **Implement Trauma-Informed Approaches**: Policies and treatments should be trauma-informed, with education and support for the AOD workforce.

   Integrate trauma-informed care into all AOD policies and treatment programs.

   Provide education and support for the AOD workforce on trauma-informed practices.

7. **Enhance family support services**: Increased access to tailored, specialist services for families and friends affected by AOD issues is recommended, along with training for health and social support agencies in family-inclusive practices.

   Increase access to specialist services for families and friends affected by AOD issues.

   Train health, mental health, and social support agencies in family-inclusive practices.

8. **Expand harm reduction strategies:** Strategies like drug checking service and supervised consumption environments can mitigate risks and encourage users to seek treatment.

   Support the establishment of supervised consumption environments and drug checking services.

   Promote harm reduction strategies to mitigate risks and encourage treatment seeking.

9. **Advocate for policy reforms and public education**: Larger policies and public education programs are needed to address the barriers to obtaining help and to promote a more compassionate approach to drug use.

   Push for larger policy reforms to address barriers to treatment.

   Implement public education programs to foster a compassionate approach to drug use.

10. **Increased action to address alcohol related harms**: As alcohol is the substance causing the largest impact to health in our communities, and with intersecting issues like domestic violence and motor vehicle deaths, more needs to be done to meet these impacts head on, including addressing ease of access, (online home delivery of alcohol, "buy now pay later" options), online advertising and marketing to vulnerable populations including young people (including the increasing market of alcopops), addressing the normalisation of binge drinking through engaging lived and living experienced community members and amplifying their voices, bringing to light the toll it takes, while collaborating and identifying solutions.

    Limit exposure to alcohol and provide safety measures to reduce impulse buying and explore minimum unit pricing.

    Consider interventions that have been successful in reducing tobacco usage, like plain packaging and advertising bans.

    Increase support and treatment options for families, including crisis intervention.

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;

Based on our consultation responses regarding whether Australians receive equitable services for drug and alcohol use, there were mixed opinions. Some participants believe that services are distributed and omnipresent, regardless of socioeconomic status or location. Some respondents found counselling services to be positive and accessible, especially once they were aware of them. For migrant or refugee communities, these services were particularly beneficial as they often came with no out-of-pocket costs.

They highlighted the availability of various support programs and treatment facilities across the country. However, others feel that there are significant disparities, particularly in rural and remote areas where access to services is limited. They also highlighted that stigmatised populations, including first nations, often face additional barriers to receiving adequate care. Overall, the feedback suggests that while there are efforts to provide equitable services, there are still large gaps that need to be addressed to ensure everyone has equal access to the support they may need.

During the consultation, the AODCCC members highlighted several possible key areas for improvement in providing equitable and effective services for drug and alcohol use in Australia. The membership believes there is a strong need for more accessible translated materials and resources to cater to Australia's ever-growing diverse communities, underpinned with empathetic culturally appropriate service delivery led by skilled and qualified professionals. Improved diversity trainings and funding for service providers are crucial to better understand and support everyone's unique situation and their needs to address their wellbeing and health. Our members strongly believe the definition of recovery in relation to alcohol and other drugs should be more flexible, recognising that it is not a one-size-fits-all process. Members noted that consumers often struggle with navigating the complex service systems due to a lack of clear pathways and reliance on insider knowledge. This underscores the need for more transparent, holistic, and accessible processes. Targeted education and marketing, especially for culturally and linguistically diverse communities and stigmatised populations are deemed essential to reduce barriers and promote inclusivity. Members also stated that realistic alcohol and other drug education and knowledge dissemination in schools is vital, ensuring that all young Australians are provided with factual and evidence-based information. The feedback also emphasised the importance of incorporating consumer committees with lived and living experience to provide valuable insights and drive timely improvements within services. It was recognised that current peer workers and peer support programs are vital for guiding individuals through their wellness journey, offering relatable support and understanding and empowering peers to support each other and help families navigate the sometime complex system. Additionally, members stated the need to reform the *Medicines and Poisons Act 2014* **[1]** and *Drugs of Addiction Notification Regulations* **[2]** relating to the *Drugs of Addiction Record*. Individuals seeking treatment for drugs of addiction or Schedule 9 poisons, for example, Opioid substitution treatment programs (Community Program for Opioid Pharmacotherapy) are placed on a Drugs of Addiction Record, this can have long term implications for the individual in accessing medical treatment, while also adding to the social stigma of drug dependence which can impact employment and housing. With a minimum period of 5 years on the record, it can discourage individuals from seeking help.

The feedback from our consultation indicates significant concerns regarding the value for money provided by Alcohol and Other Drug Residential Rehabilitation services. Members voiced that despite the Non-Government Organisation services providers receiving government funding, (which comprises 90% of the alcohol and other drug sector in Western Australia, or 69% nationally **[3]**)**,** require Centrelink payments from consumers to access treatment, the services often do not reflect the value expected. Additionally, there are concerns about the accessibility of services for those not receiving Centrelink benefits. It appears that individuals who are not receiving Centrelink payments may be turned away or required to pay substantial amounts out of pocket, which can be a significant barrier, in addition to the reduced capacity to maintain paid employment when in treatment or when facing significant substance use challenges. This situation may inadvertently push individuals to hit "rock bottom," increasing harm to themselves and community. Alternatively, the private sector in-patient services are seen as prohibitively expensive, with fees up to $1000 per night, is not justified by the services offered, like mindfulness classes and journaling. This raises questions about the overall effectiveness and accessibility of these services. Housing issues further complicate the situation, as stable housing is a critical component of a person's wellness and capacity to focus on treatment goals. A barrier to treatment is often due to the risk of losing housing, as the ability to pay rent while away for up to 12 weeks accessing residential rehabilitation is unrealistic. This scenario is also common in public housing, with individuals denied a pause period on rent payments so

they can pay for their treatment. Supports and the option to hold housing while accessing treatment is essential to providing equitable opportunities. For those at risk of losing their housing while entering residential rehabilitation facilities, or single parents with kids to support, this is a major barrier to treatment. The feedback suggests a need for more inclusive and accessible pathways to support, ensuring that all individuals, regardless of their financial status, family situation or housing predicament, can receive the help they need to address their health concerns. There is a perceived lack of humanised support, which detracts from the quality of care.

The member feedback during our consultation has provided a nuanced view of the overall value and effectiveness of the AOD sector, to address the issues highlighted in our consultation, the AODCCC membership believes several key considerations are necessary:

- Combat stigma, discrimination, and bias: It is essential to address and reduce stigma, discrimination, bias, and judgment among staff within healthcare and AOD services. This can be achieved through comprehensive sensitivity and empathy training, ensuring that all staff members treat consumers with respect and understanding, making sure services are genuinely accessible to all, without barriers created by unhelpful staff attitudes. This includes making sure that consumers feel welcomed and supported from their first point of contact. Many respondents felt a lack of meaningful human connection in services, often feeling isolated and alone. Members indicated they would like reception staff and other frontline workers to be more empowered to provide supportive and non-judgmental assistance, avoiding behaviours that could be perceived as gaslighting or dismissive.
- Regulation, accreditation, and auditing: the implementation of AOD service Government regulations and implementing a stringent external accreditation and auditing process to ensure consumer safety and accountable service delivery standards would help prevent issues like exploitation and abuse. This should include regular unannounced visits and audits.
- Implementation of national standards for all AOD treatment providers, ensuring reputable accreditation, ethical and regulatory evidence-based standards, including all faith-based services and those not receiving government funding.
- Mental health and AOD services integration: Members expressed there is a significant gap in the integration of mental health and AOD services. Individuals with co-occurring issues often find themselves falling through the cracks, denied access to treatment because they do not fit into a specific criteria, with services unable to work collaboratively to meet the needs of the individual and their families. This creates a significant risk for the community.
- Capacity and education: The effectiveness of a service is not solely dependent on the individual’s effort but also their capacity to access and advocate for themselves. A lack of self-advocacy education can significantly hinder this process.
- Cost and awareness barriers: Identified vulnerable groups often face barriers related to cost and awareness, making it difficult for them to access necessary services. Clear and consistent fee structures for services offered would help make services more accessible. Some members went as far as to suggest that services are prohibited from taking ‘’whole’’ Centrelink payments to ensure that individuals have more autonomy of their support payments alongside accessing services to address their health concerns.
- Availability of benzodiazepines: There is concern about the ready availability and prescribing of benzodiazepines within services, including juvenile prisons, which can be counterproductive and create a significant risk of dependence.
- Follow-up or after care: Members believe there is a notable lack of follow-up care once individuals leave a service, which can lead to negative outcomes such as homelessness, lack of job opportunities, and other social issues. Our members believe more extensive and long-term funding allocation is needed in this area to support this complex process.

- Accurate reporting of consumer experiences and ''actual outcomes'': The actual outcomes for many individuals include homelessness, lack of job opportunities, monitored lives, premature deaths, and family separations. Despite these outcomes, services may still report success if drug use ceases, which does not fully capture the individual's overall well-being. Services should provide transparent and accurate statistics that portray qualitative and quantitative data and provide not just success rates but also the quality of care and consumer experiences. This includes post-treatment support and the overall well-being of individuals after they leave the service.
- Lived experience representation and employment: Increased representation of individuals with lived experience within all levels of organisation and government is necessary. This provides valuable insights and improves the relevance and effectiveness of care. Hiring leaders and staff with lived and living experience significantly improves the quality of support because these individuals can offer unique insights and empathy that are crucial for effective treatment and successful outcomes.

By reflecting and considering our members insights and knowledge AOD services can become more equitable, transparent, supportive, and effective, providing better support for those in need, leading to better outcomes for individuals their families, and their communities.

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.

During our consultation process members reflected on and explicitly discussed several programs and initiatives that they had first-hand experience of. Members shared both positive and concerning experiences within the existing spectrum of service models available to them in Western Australia. Members conveyed their understanding that funding limitations were hugely responsible for the lack of evidently needed programs and initiatives, especially in rural and remote areas.

- The West Australian Community Program for Opioid Pharmacotherapy (CPOP): Members acknowledged that this program helps manage opioid dependence and is effective in preventing deaths from opioid overdoses but expressed that there is a need for better education and awareness about their impact on consumers dental health. Members also expressed concern about perceived barriers to access treatment, wait times, a punitive approach to dosing guidelines, relating to take away dosing to support lifestyle pressures and the need for a more collaborative approach inviting consumer input and feedback. It is suggested that there needs to be more support and emphasis on the relationship with the pharmacists as they are seeing the consumer daily.
- Western Australia Recovery College Alliance: Members indicated that the college model provides a sense of community and connection, helping individuals feel less isolated and more supported in their recovery journey. The members believe that the recovery college is effective in reducing isolation and providing community support, especially for those who use alcohol and other drugs.
- AOD Peer/support workers/advocates: Members indicated that having AOD trained peer/support workers or advocates (sometimes through the NDIS system) can make individuals feel more supported and taken seriously, as they have someone to witness and validate their AOD treatment journey and psychosocial experiences. This includes harm reduction and peer led services like Peer Based Harm Reduction WA for example.
- The Work and Development Permit Scheme is a partnership between the Department of Justice, Legal Aid WA, and the Aboriginal Legal Service of Western Australia. The scheme is designed to help people who are having trouble paying court fines due to hardship. Under the initiative, eligible people can apply to complete approved activities under the supervision of a sponsor, in place of

paying the amount owed. Possible activities include medical or mental health treatment and treatment for alcohol and other drug use.

- Emergency department diversion programs: Programs like those offered by RUAH divert distressed patients away from emergency departments to more appropriate services. Members believe that these services are effective in reducing the burden on emergency departments and providing appropriate care.
- Government dental programs: These programs aim to provide dental care, although there are issues with unclear processes and unsupported treatment, especially for prisoner's. Members indicated that these programs are effective to some extent but need better funding, clearer processes, and support, especially for vulnerable populations.

The members recognise that alcohol and other drug services in Western Australia are mostly composed of community-based, not-for-profit organisations. The members understand that they utilise several types and models and strategies within their services, including pharmacotherapy, awareness and education, harm reduction, prevention, early intervention and diversion programs, medically supervised withdrawal, residential therapeutic communities, and intoxication management or community led abstinence programs. The feedback from the consultation participants suggested that ongoing improvements and considerations in relation to identified priority populations to ensure equity of access for all Australians to relevant treatment and prevention services should consider:

- Addressing stigma, discrimination, and bias: Comprehensive training and education to reduce stigma, bias, and judgment among staff and community.
- Lived and living experience leadership and staff: More counsellors and staff with lived and living experience to provide empathetic and relatable support.
- Improved government department service attitudes: Training for reception and frontline staff to be more supportive and avoid behaviours like gaslighting.
- Enhanced accessibility: Making services more accessible to all, including those not on Centrelink, and ensuring clear and transparent pathways.
- After or follow-up care: Implementing and funding robust follow-up care to support individuals after they leave a service or institution.
- Integration of mental health and AOD Services: Better integration to ensure individuals with co-occurring experiences receive comprehensive care.

In conclusion, a diversity of treatment options is key to meeting the needs of the community, a one size fits all approach can be a significant barrier and limits the wellbeing potential of all Australian's. Whether it is a harm reduction approach, a psychosocial or abstinence model, community based or residential treatment, we need national standards for all AOD treatment providers, ensuring reputable accreditation, ethical and regulatory evidence-based standards is essential to consumer safety. Underpinning all this is the need for effective consumer codesign and meaningful feedback and reporting mechanisms.

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.

Co-occurring experiences are prevalent within our member base. As outlined in the AODCCC 2024-2025 Annual Membership Survey **[4],** which received responses from eighty-seven members.

Approximately 85% of members who completed the survey have experienced mental health issues, 71% have been impacted by trauma, 65% struggle with isolation or loneliness and the same percentage are impacted by physical health issues. Approximately 58% of members surveyed have experienced domestic violence or coercive control, 50% have faced housing instability, 49% have had justice involvement and

30% of members have experienced barriers to education and employment, alongside their alcohol and other drug use.

Members expressed their strong belief during the consultation focus group that truly addressing alcohol and drug-related harms in Australia requires a comprehensive, multi-sectoral, holistic approach involving various community sectors, beyond health. They highlighted and discussed a broad spectrum of best practice and contemporary treatment models that emphasise the importance of integrating efforts across various sectors, including education, employment, justice, social services, and housing, to effectively prevent, intervene early, support recovery, and reduce related harms of alcohol and other drugs.

Consultation participants indicated that education plays a crucial role in prevention and early intervention. Implementing comprehensive, evidence-based drug education programs in schools would equip young people with the knowledge and skills to make informed decisions about their health and wellbeing. Programs that promote social and emotional learning would also help build resilience and reduce the likelihood of substance use. Additionally, training educators to recognise early signs of substance use and refer students to appropriate services is deemed essential. Our members call for schools and universities to implement comprehensive substance use education programs that start early and continue through higher education. These programs should focus on the function drugs and alcohol plays for individuals, the relationship it has with crisis management, trauma, and identity and all the associated risk, including the impact on mental health and relationships. Our members believe that peer-led initiatives and involving parents in educational efforts would enhance the effectiveness of these programs.

It was also noted that medical and nursing staff receive a limited amount of drug and alcohol education as part of their preparation for practice. The inclusion of alcohol and other drug education in tertiary curriculum is essential. moving away from a condition-centric medical model towards a holistic, person-cantered, and preventive approach that views and treats all aspects of alcohol and drug use as a health concern.

Members discussed that employment is a key factor in recovery and reducing AOD-related harms, but also a huge barrier. Providing job training and employment opportunities for individuals in recovery can enhance their economic stability and self-esteem, reducing the risk of relapse. Employers can also contribute by creating supportive workplace environments, offering employee assistance programs, and implementing policies that support individuals with AOD issues and histories.

The consultation participants strongly advocated that the justice sector could contribute significantly through improved diversion programs that redirect individuals with AOD issues away from the criminal justice system and into treatment and support services alongside community policing strategies that help in identifying and supporting individuals at risk of substance abuse. Additionally, addressing the availability of substances within correctional facilities and offering supported withdrawal and rehabilitation programs would help reduce recidivism and support long-term recovery.

Stable housing is viewed as a critical component of wellbeing by our members. Housing-first models, which prioritise providing stable housing before addressing other issues, have been shown to be effective in supporting recovery and reducing AOD-related harms. Providing access to affordable housing and supportive housing programs that offer on-site services evidently help individuals maintain their recovery and improve their overall health and well-being.

Social services are integral to providing the necessary support for individuals and families affected by AOD issues. In an ideal system case management services help individuals navigate the complex system of care, ensuring they receive the appropriate services and support. Social workers should also provide counselling, connect individuals to community resources, and advocate for their needs. The members indicated that

more support and training is needed within social services to address the prevalent stigma and discrimination and lack of empathy when addressing AOD issues.

AODCCC members passionately conveyed that tech and media companies should develop and implement algorithms that limit targeted alcohol advertising, especially to vulnerable populations. Social media platforms should be leveraged to spread awareness about the dangers of alcohol misuse and provide resources for those seeking help. Police and legal systems should play a crucial role by enforcing stricter regulations on alcohol sales and delivery services. This includes ensuring rigorous age verification processes and monitoring compliance with laws related to alcohol advertising and marketing. Media outlets should contribute by producing and disseminating content that highlights the risks of alcohol and drug misuse and showcases stories of recovery and resilience. They should also be mandated to support and fund public health campaigns aimed at reducing substance abuse and promote community wellbeing.

By leveraging the strengths of each sector and fostering collaboration, Australia can create a more effective and comprehensive response to AOD-related harms, ultimately improving outcomes for individuals, families, and communities. By working together, these sectors can create a comprehensive and supportive environment that addresses the root causes of alcohol and drug-related harms and promotes long-term recovery and well-being creating a balanced approach, combining prevention, treatment, and harm reduction, would effectively minimise the negative impacts of alcohol and drug use on individuals and communities.

d) Draw on domestic and international policy experiences and best practice, where appropriate.

Through the AODCCC's ongoing systemic work our members have admired, analysed, discussed, and researched several domestic and international drug policies and initiatives. These have been predominantly underpinned with harm minimisation with the aim of reducing the number of preventable deaths.

Iceland has implemented effective alcohol policies **[5],** including strict regulations on alcohol advertising and sales. The country also focuses on youth education and community-based prevention programs, which have contributed to a significant decline in alcohol consumption among young people.

Scotland Rapid Action Drug Alerts and Response (RADAR) **[6]** is Scotland's drugs early warning system. Using innovative data collection methods, RADAR validates, assesses, and shares information to reduce the risk of drug-related harm by identifying new and emerging harms, recommending rapid and targeted interventions, publishing accessible, up-to-date information on services, harms, and emerging drug trends.

Canada has made strides in harm reduction **[7],** particularly with its support for supervised consumption sites and the decriminalisation of drug use in certain regions like British Columbia. These measures aim to reduce overdose deaths and provide safer environments for drug use.

Switzerland's "Four Pillars" policy **[8]** including: prevention, treatment, harm reduction, and law enforcement has been highly effective. The country offers supervised drug consumption rooms, heroin-assisted treatment, and comprehensive social support services, which have significantly reduced drug-related harm.

Norway is often cited for its comprehensive approach to drug policy **[9].** The country prioritises prevention, intervention, treatment, and aftercare for people who use drugs. Norway's policies are grounded in public health and human rights, aiming to reduce harm rather than criminalise drug use.

Portugal is renowned for its decriminalisation of all drugs in 2001. Instead of criminal penalties, individuals found with lesser amounts of drugs are referred to a “Dissuasion Commission” that can recommend treatment, fines, or other measures. This approach has led to significant reductions in drug-related deaths, HIV infection rates, and overall drug use.

Members expressed frustrations around the differing initiatives and laws in each Australian state in relation to drug policies and variable legislation. Members recognise, acknowledge, and expressed the need for an overall national strategy and framework to ensure that all Australians receive effective, responsive, and non-stigmatised services and suitable supports to address their alcohol and other drug health concerns.

In conclusion

By taking these actions, we can work towards a more equitable and effective approach to addressing drug use in Australia. The AODCCC advocates for comprehensive and compassionate reforms to improve the health and wellbeing of people who use drugs in Australia. The AODCCC believes a focus on reducing stigma, increasing access to services, and ensuring that policies are informed by the lived and living experiences of diverse communities is crucial. The AODCCC recognises the importance of treating drug use as a public health issue rather than a criminal one, and the need for continuous implementation of harm reduction strategies and meaningful policy reforms. The AODCCC believes this holistic and inclusive approach could significantly improve outcomes for individuals and communities affected by drug use.

The AODCCC is thankful to the Committee for facilitating this essential and timely inquiry and recognise the complexity of its scale and potential impact for the Australian community. We hope the committee will carefully consider the voices of our membership alongside the other evidence presented to the inquiry and that the final report will inform common sense and dynamic needed reform.

The AODCCC welcomes the opportunity to discuss this submission with the committee members. If you have any queries or require any further information in relation to this submission, please do not hesitate to contact us at info@aodccc.org

References

1. Medicines and Poisons Act 2024
2. Drugs of Addiction Notification Regulations 1980
3. Alcohol and other Drug treatment services in Australia: early insights
4. AODCCC Annual Member Survey Report 24-25
5. Iceland Alcohol Policies
6. Scotland Rapid Action Drug Alerts and Response (RADAR)
7. Canada’s approach to substance use related harms and the overdose crisis
8. Switzerland’s Four Pillars policy
9. Norwegian National Action Plan on Alcohol and Drugs