

26th September 2025

Mental Health Commission
1 Nash Street
Perth, WA, 6000

Proposed strategic directions of the mental health and alcohol and other drugs strategy 2025-2030- AODCCC Final Feedback

Dear Commissioners,

The AODCCC and its member community welcomes the opportunity to respond to the proposed strategic directions of the Mental Health and Alcohol and Other Drug Strategy 2025-2030. We commend the Commission's commitment to progressive reform and acknowledge the strategic pillars outlined as a promising initial framework for evidently needed systemic transformation.

We are also alert to the fact that to see this transformation take place, courageous leadership, robust ongoing investment, and genuine co-design with lived and living experience communities is essential, without it, these pillars risk remaining aspirational rather than actionable.

We have engaged our members, reviewed and commented on several points below, seeking further consideration.

Strategic Pillar 1 - *Approaches that promote wellbeing for everybody:*

While the strategy rightly emphasises universal wellbeing, entrenched stigma and discrimination which continues to deter individuals from seeking help. Public health campaigns alone cannot dismantle these barriers. Cultural relevance must be central—particularly for Aboriginal and Torres Strait Islander communities—through co-designed, community-led initiatives. Moreover, the imbalance between prevention and treatment must be addressed. Upstream investment in harm reduction and early intervention is not optional; it is essential.

We urge the Commission to truly embed harm reduction philosophy into prevention and wellbeing promotion. It is clear programs such as the *Needle and Syringe Program (NSP)*^{1,2,3} demonstrate that compassionate, evidence-based approaches save lives and reduce long-term costs, an example of Harm Reduction in action.

Strategic Pillar 2 - *Supporting people in the community to achieve their own wellbeing goals:*

Person-centred care must be more than rhetoric. Community programs must be flexible enough to accommodate diverse and complex needs. Workforce development is critical—particularly in trauma-informed care and substance use treatment and recovery models. Fragmentation across health, housing, and social services continues to undermine holistic support.

Embedding peer workers across sectors and developing shared care plans that reflect individual goals, and cultural contexts are proven strategies. Peer-led services such as *Peer Based Harm Reduction WA*⁴ exemplify how lived and living experience can drive meaningful outcomes.

Strategic Pillar 3 - *Equitable access to services in the community:*

Equity must be operationalised. Geographic disparities, systemic barriers for marginalised groups, and the digital divide are persistent and unacceptable. Harm reduction services—by design—are low-threshold and inclusive. Expanding mobile outreach units and partnering with Aboriginal Community Controlled Health Organisations (ACCHOs) are critical steps toward culturally safe and accessible care.

Services like *CanTEST*⁵, providing harm reduction and drug checking services (also known as pill testing) in Canberra, show that innovative, low-barrier models can reach those excluded from traditional systems. WA needs to follow suit.

Strategic Pillar 4 - *Specialised and acute services for those who need them:*

Overburdened acute systems, long wait times, and lack of continuity of care are symptomatic of a system stretched beyond capacity. Integrated care for co-occurring conditions remains rare, despite its necessity.

Medically Supervised Injecting Centres (MSICs)⁶ in Sydney and Melbourne have prevented thousands of overdoses and connected individuals to broader support. WA must explore similar models and establish referral pathways from emergency departments to community-based harm reduction services.

Strategic Pillar 5 - *Foundations for contemporary, person-centred systems:*

System rigidity, data gaps, and tokenistic inclusion of lived experience continue to hinder progress. True person-centred systems must be flexible, data-informed, and governed collaboratively. *The National Drug Strategy 2017–2026*⁷ provided a blueprint for embedding harm reduction as a core pillar.

We call for the establishment of cross-sector governance bodies that include consumers, service providers, and policymakers. Shared data systems must be developed to track outcomes and improve integration.

A call to courage:

The time for cautious rhetoric has passed. Harm reduction is not a compromise; it is understanding, experience and evidence in action. Prevention is not a slogan; it is a promise to future generations. Collective Impact is not a buzzword; it is the only way forward.

We urge the MHC to be forthright. To stand shoulder-to-shoulder with the peaks and organisations across Australia who are already leading the way—those who have built trust, delivered results, and held the line for our most vulnerable. Collaboration must extend beyond state borders. The challenges we face are national, and so too must be our response.

Let's stop pouring millions into campaigns that speak **about** people and instead invest in programs that **stand with** them. Let's redirect those funds into peer-led outreach, culturally safe services, mobile harm reduction units, and trauma-informed care.

The AODCCC remains committed to working collaboratively with the Commission to ensure that every person in Western Australia is met with respect, dignity, destigmatised support, and equitable opportunity.

- **AODCCC Team and Members**

Yours sincerely,



Alex Arpino
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Alcohol and Other Drug Consumer and Community Coalition

¹ Australian Injecting and Illicit Drug Users League (AIVL). (2024). *Needle and Syringe Programs in Australia: Peer-led Best Practice*. <https://aivl.org.au/wp-content/uploads/2024/03/AIVL-NSP-Best-Practice-report.pdf>

² Your Community Health. (2022). *NSP Program Refresh Final Report*. https://www.yourch.org.au/wp-content/uploads/2024/08/NSP-Refresh-Final-Report_designed.pdf

³ Thompson, A. J., & Levy, M. H. (2025). The potential benefits of a needle and syringe program in Australian prisons. *Medical Journal of Australia*, 222(8). https://www.mja.com.au/system/files/issues/222_08/mja252644.pdf

⁴ Peer Based Harm Reduction WA (PBHR WA) is a peer-based consumer-led organisation that provides health and harm reduction services for people who use drugs. - [Peer Based Harm Reduction WA](#)

⁵ CanTEST Health & Drug Checking Service, also known as pill testing, is a free and confidential health and harm reduction service operating on Ngunnawal & Ngambri lands (Canberra ACT). [CanTEST Canberra - Health & Drug Checking Service](#)

⁶ Medically Supervised Injecting Centres (MSICs) [Medically Supervised Injecting Centre \(MSIC\)](#)

⁷ The National Drug Strategy 2017–2026 [national-drug-strategy-2017-2026.pdf](#)

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