AODCCC
Alcohol and Other Drug
Consumer & Community Coalition

23rd July 2026

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Department of Health
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AODCCC response to the WA Preventative Health Strategy Consumer Consultation Survey

The following content was submitted to the state government in the form of an online survey.

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) welcomes the opportunity to contribute to the Western Australian Government's first Preventative Health Strategy. As the peak body for alcohol and other drug consumer and community-informed systemic advocacy in Western Australia (WA), AODCCC promotes the interests, education and welfare of people affected by alcohol and other drug use, including families, significant others, supports and allies.

This submission is informed by feedback gathered through AODCCC's monthly reference group, where people with lived and living experience of alcohol and other drugs, including families, carers, and significant others, shared their views on what prevention means in practice, what helps people stay healthy, and what is needed to reduce alcohol and other drug related harms across Western Australia.

Executive Summary

AODCCC strongly supports a preventative health approach that recognises alcohol and other drug use as a public health, social justice and community wellbeing concern. Prevention must be practical, contemporary, community-led and grounded in lived and living experience, including the perspectives of families, carers and significant others. It must also address the social conditions that shape health, including stigma, housing, safety, access to services, education, social connection and exposure to alcohol and gambling promotion.

AODCCC recommends that the Preventative Health Strategy prioritise five key prevention approaches for alcohol and other drugs: *health promotion and education;*

early intervention and screening; improved access to support services; community-led initiatives; and restricting and regulating availability and promotion.

International evidence strengthens this message with the most effective prevention approaches combining upstream, population-level policy with local, community-led action. The Icelandic Prevention Model shows the value of strengthening protective factors around young people through families, schools, recreation, sport and community coalitions; Sweden and other Nordic countries demonstrate the importance of regulating alcohol availability, promotion and pricing; and Portugal's experience reinforces that drug policy works best when it is health-focused and supported by prevention, treatment and harm reduction rather than punishment.

Global evidence relevant to Western Australia

The most relevant global lessons for WA are not about importing a single model unchanged, rather about adopting the principles that are transferable. Invest early, strengthen protective factors, reduce exposure to harmful products, and fund local communities to design responses that fit their context.

Icelandic Prevention Model [1]: Iceland's youth prevention approach is internationally recognised because it shifts prevention upstream. It uses local data, whole-of-community coalitions and sustained investment to strengthen protective factors including family connection, school engagement, sport, recreation and safe community activities. This aligns strongly with AODCCC's advocacy for prevention that supports young people before harms escalate and builds healthier social environments across WA.

Nordic alcohol prevention [2]: Sweden, Norway and Finland show the importance of population-level alcohol harm prevention, including pricing, availability restrictions, advertising controls and strong drink-driving enforcement. These measures support AODCCC's call for WA prevention policy to address the environments that normalise alcohol-related harm, rather than placing responsibility only on individuals and families.

Portugal's health-focused drug response [3,5]**:** Portugal's experience is useful for WA because its success is commonly understood as the result of a broader health system response, encompassing prevention, early intervention, treatment access and harm reduction services. This reinforces the need for WA's Preventative Health Strategy to

treat alcohol and other drug use as a health and social wellbeing issue, not a moral or criminal failing.

Together, these examples support a WA approach that combines community-led primary prevention with evidence-based regulation, early intervention, treatment pathways, peer support and harm reduction.

Key Prevention Priorities

1. **Health promotion and education:** Alcohol and other drug education should begin early, be age-appropriate, evidence-informed and grounded in harm reduction. Education should support children, young people, parents, teachers and the broader community to understand alcohol and other drug harms without relying on stigma, shame or fear-based messaging.

2. **Early intervention and screening:** Prevention requires the ability to identify alcohol and other drug use early and respond before harms escalate. Schools, primary care, hospitals, youth services and community settings should be supported to recognise current and emerging alcohol and other drug trends and provide confidential, non-judgemental pathways to support.

3. **Improving access to support services:** Timely, affordable and confidential access to treatment, harm reduction, peer support, mental health care, detoxification and other supports is essential to prevention. Barriers such as stigma, fragmented referral pathways, limited mental health beds and service wait times increase the risk of preventable harm.

4. **Community-led initiatives:** Local communities are best placed to identify what prevention looks like in their context. The Strategy should fund and support grassroots initiatives, peer-led responses, culturally safe programs, sporting and community role models, Aboriginal-led approaches and inclusive community events that promote harm reduction and wellbeing. WA should also consider a locally adapted trial of the Icelandic Prevention Model or Planet Youth approach [4], with strong community leadership, lived and living experience input and local data guiding action.

5. **Restricting and regulating availability and promotion**: Preventative health policy must address the environments that normalise and encourage alcohol and other drug harms, including alcohol and gambling advertising, promotion in public spaces and community exposure to harmful messaging. International evidence from WHO, OECD and Nordic alcohol policy settings support strong action on alcohol availability, pricing and marketing as practical prevention measures, particularly to reduce exposure and

harms among children, young people and communities already carrying a disproportionate burden [2,6,7,8,9].

Responses to consultation themes

Staying healthy:

For AODCCC members, staying healthy is inseparable from safety, housing, social and cultural connection, mental health, access to supports and freedom from stigma. A safe and secure environment is a necessary foundation for health. Without stable housing, safety and connection, people are less able to make use of prevention messages or engage with support services.

Members also emphasised that alcohol and other drug education should begin early and involve both children and adults. Prevention must equip parents, carers, teachers and community members with the knowledge and confidence to support children and young people before harms escalate.

AODCCC therefore supports a broad understanding of health that includes physical health, mental health, emotional wellbeing, cultural connection, stress management, access to healthcare and social supports, and healthy environments.

Factors that promote good health:

AODCCC members identified reducing alcohol and other drug related harms as a core preventative health priority. Good health is promoted when people can access support early, when services are easy to find and engage with, and when education is honest, practical and harm reduction focused.

Members supported grassroots and community-based approaches that promote health prevention for alcohol and other drug harms. They also highlighted the importance of removing or reducing public advertising for harmful products, particularly where advertising normalises alcohol, gambling or other harmful behaviours.

Community examples that help people stay healthy:

Members identified positive examples such as community groups, sporting role models, social media campaigns, inclusive events and child-focused activities that promote healthy habits. These examples demonstrate the importance of meeting people where they are, using trusted messengers and creating prevention messages that are locally relevant and accessible.

AODCCC recommends that community celebrations, sporting clubs, youth activities, PRIDE events and family-friendly activities be supported to include visible, practical harm reduction and preventative health messaging.

A healthier Western Australia for future generations:

For AODCCC members, a healthier Western Australia would include better alcohol and other drug education in schools, stronger support for parents and teachers, early identification of young people who may need support, and confidential referral pathways through schools and community services. Staying healthy requires an underlying education of AOD from a relevantly early age.

Members called for practical harm reduction measures, including access to pill testing, better access to treatment, more non-judgemental healthcare, increased mental health beds, peer workers embedded in services, and more contemporary responses to current and emerging alcohol and other drug trends.

AODCCC also supports embedding alcohol and other drug peer workers and trained health professionals in hospitals and community settings to connect people with detoxification, treatment, peer support and other services at the point they are ready to seek help.

Preferred goals and why they matter:

AODCCC supports goals that increase opportunities for health and wellbeing across the lifespan, shift the health system towards preventative, community-based and integrated care, and make prevention a priority in government policy and budgets. Prevention cannot be effective if it is treated as an optional add-on rather than a core function of the health and social support systems.

Members were clear that reducing harm requires early identification of alcohol and other drug use, education for parents, training for support staff, visible public health messaging, funding for alcohol and other drug free events, and more consistent investment across government responsibilities.

Preferred guiding principles and why they matter:

AODCCC strongly supports the principle that communities can drive change in their local area. Community-led prevention is more likely to be trusted, relevant and responsive to local needs. Members also emphasised that change must be

underpinned by evidence, including lived and living experience evidence and the perspectives of families, carers, and significant others.

International prevention models also support this principle. The Icelandic Prevention Model is built around local coalitions, regular youth data and practical action to strengthen protective factors in families, schools and communities. For WA, this approach would need to be adapted with Aboriginal leadership, regional and remote realities, youth voice, lived and living experience expertise and sustained funding.

Prevention must also be fair, inclusive and culturally safe. Equal opportunities and fairness should be at the heart of decision-making, particularly for people who experience stigma, discrimination, poverty, unstable housing, mental health challenges, contact with the justice system, or barriers to healthcare.

AODCCC recommends greater investment in lived and living experience peer work, peer-led education, hospital-based peer and nursing responses, and stigma reduction training for emergency department, justice and health service staff.

Recommendations

AODCCC recommends that the WA Preventative Health Strategy:

1. Recognise alcohol and other drug harm reduction as a core preventative health priority.

2. Embed lived and living experience voices, including families, carers, and significant others, in strategy design, implementation, monitoring and evaluation.

3. Fund age-appropriate, evidence-informed and harm reduction focused alcohol and other drug education in schools and community settings, with emphasis on delaying initiation, strengthening protective factors and supporting parents, carers, teachers and trusted community adults.

4. Provide practical current education and resources for parents, carers, teachers and community workers on current and emerging alcohol and other drug trends.

5. Strengthen early intervention and confidential referral pathways in schools, primary care, hospitals and community services.

6. Improve timely access to treatment, detoxification, mental health support, peer support and harm reduction services.

7. Invest in lived and living experience peer workers and alcohol and other drug nurses in hospitals and community settings to support connection to care, including for families, carers, and significant others.

8. Fund community-led, grassroots and culturally safe prevention initiatives, including Aboriginal-led approaches, inclusive events and a WA-adapted trial of the Icelandic Prevention Model or Planet Youth approach for youth AOD prevention.

9. Implement stigma reduction training for emergency departments, justice departments, health services and other frontline workforces.

10. Restrict and regulate alcohol, gambling and harmful product advertising and promotion in public spaces, particularly where children and young people are exposed, and align WA prevention settings with evidence-based measures on alcohol availability, pricing and marketing.

11. Position alcohol and other drug prevention as an upstream investment that reduces later demand on emergency departments, justice systems, crisis responses and acute treatment services.

12. Ensure prevention is recognised in government budgets and supported through coordinated state and federal investment.

Conclusion

The WA Preventative Health Strategy is an important opportunity to build a healthier, safer and more equitable Western Australia. AODCCC urges the WA Government to ensure that alcohol and other drug prevention is practical, properly funded, community-led and informed by lived and living experience, including the perspectives of families, carers, and significant others.

Prevention must go beyond individual behaviour change. It must address the environments, systems and social conditions that shape health, including housing, safety, stigma, access to support, community connection and exposure to harmful promotion. By listening to people and families affected by alcohol and other drug use, the Strategy can support earlier help, reduce preventable harm and strengthen wellbeing across Western Australian communities.

References:

1. European Union Drugs Agency (EUDA) 2024, *The Icelandic Prevention Model (IPM): application of environmental prevention principles based on a systematic local assessment of risk and protective factors*.
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3. Transform Drug Policy Foundation / UNODC Library, *Drug Decriminalisation in Portugal: Setting the Record Straight*.
4. Planet Youth 2026, *Planet Youth and the Icelandic Prevention Model*.
5. UNSW Drug Policy Modelling Program 2024, *Was Decriminalisation Effective in Portugal?*
6. Organisation for Economic Co-operation and Development (OECD) 2021, *Assessing the impacts of alcohol policies*, OECD Publishing, Paris.
7. World Health Organization (WHO) 2025a, *Alcohol availability*, WHO, Geneva.
8. World Health Organization (WHO) 2025b, *Pricing policies on alcohol*, WHO, Geneva.
9. World Health Organization (WHO) 2025c, *SAFER: A world free from alcohol-related harm*, WHO, Geneva.

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