THE UNIVERSITY OF SYDNEY
Matilda Centre

Inquiry into the health impacts of alcohol and other drugs in Australia

Submission by The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney

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Table of contents

About the Matilda Centre

The Matilda Centre for Research in Mental Health and Substance Use is a multidisciplinary research centre committed to improving the health and wellbeing of people affected by co-occurring substance use and mental disorders. Established in 2018, the Matilda Centre for Research in Mental Health and Substance Use aims to generate innovative and workable solutions to address substance use and mental disorders, which are currently the leading global causes of burden and disease in young people.

We work closely with research, youth and lived experience collaborators to share skills, synergise data and harness new technologies to develop and trial innovative prevention and early-intervention programs for co-occurring substance use and mental disorders.

We're committed to;

- bringing together globally recognised researchers with a shared commitment to the prevention, early intervention and treatment of mental and substance use disorders
- leading research to build the evidence base for a thriving and empowered younger generation
- engaging with decision-makers and people with lived experience to enact real change
- acting as a focal point and link between University of Sydney researchers, policy leaders and clinicians.

The Matilda Centre hosts an NHMRC Centre of Research Excellence in PREevention of Mental Illness and Substance use; the PREMISE Next Gen CRE. Funded in 2024 by the Australian National Health and Medical Research Council, PREMISE brings together the next wave of leaders from 6 world-leading translation research centres in youth mental health and substance use, to drive policy and practice reforms that address emerging trends, latest evidence and critically reflect priorities identified by young people.

Executive summary

The Matilda Centre welcomes the opportunity to engage with this Inquiry. We express our thanks to the Chair, Dr Mike Freelander MP, for his management of this Inquiry and to all of the members for their efforts to improve health and wellbeing outcomes for the Australian Community.

This submission has been prepared with generous input from two Matilda Centre and PREMISE Next Gen CRE Youth Advisory Board members.

In our submission we respond to the terms of reference of the Inquiry, and make ten recommendations to reduce the social, health and economic impacts of Alcohol and Other Drugs (AOD) in Australia. These recommendations aim to support a coordinated, evidence-driven response to reduce AOD related harms in Australia, with a particular focus on prevention, treatment, and research.

Preventing the uptake of AOD use is one of the most effective ways to reduce AOD related harms, as well as social and economic burden and we welcome the prevention focus of this inquiry. Overall health expenditure in Australia is higher per capita than the OECD average, **yet currently preventive health only accounts for 1.34% of that total expenditure, compared to an average of 2.8% in OECD countries** (GBD 2019 Australia Collaborators 2023).

Our submission highlights key barriers to the delivery of equitable and quality AOD care and provides five recommendations to close Australia's gaps in AOD treatment access and evidence-based practice. We suggest the **development of a National AOD Research Strategy is crucial to identifying and addressing knowledge and evidence gaps within the Alcohol and Other Drugs (AOD) sector** and, ultimately strengthen Australia's response to AOD harms. To complement this National AOD Research Strategy, government investment in a **Medical Research Future Fund (MRFF) AOD Research Mission** would enable access to new approaches to prevention, diagnosis, treatment and recovery, strengthen the Australian AOD research ecosystem, build the next generation of research leaders and support lived experience collaboration and leadership. Additionally, we call for targeted investment in **high-quality research collaborations with Aboriginal and Torres Strait Islander communities** to address the pressing need for culturally responsive and effective programs that specifically tackle AOD-related harms in these communities, ensuring equitable and effective support.

Our submission demonstrates the potential to expand **the reach of three effective Australian Government Department of Health and Aged Care programs (*Positive Choices, OurFutures, and Cracks in the Ice)* to prevent and reduce alcohol and other drug (AOD) harms**, especially among priority populations like young people, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations. The Australian Government Department of Health and Aged Care can support **the delivery of evidence-based, curriculum-aligned prevention programs in school settings through the development and implementation of a new AOD drug education framework.**

Finally, our submission identifies the **opportunity to harness the potential of existing targeted digital prevention and early intervention programs to further assist priority populations and reduce AOD-related harms in Australia.**

Summary of recommendations

Recommendation 1. Increased, long-term investment in AOD treatment sector to meet unmet needs and current gaps in service availability.

Recommendation 2. Implementation, regulation, oversight and regular review of national standards of quality care in AOD across the public, non-government and private sectors.

Recommendation 3. Rollout of a national Minimum Qualifications Framework for the AOD workforce with co-occurring mental health conditions as core area of competency.

Recommendation 4. Ongoing funding for resources to support the AOD sector in the provision of quality evidence-based treatment including continued workforce development.

Recommendation 5. Development of a National AOD Research Strategy to ensure evidence gaps are identified and met.

Recommendation 6. Fund a Medical Research Future Fund (MRFF) Alcohol and Other Drugs (AOD) Research Mission to support innovative research to understand and respond to evolving AOD trends, and to improve knowledge on the effective prevention, detection, diagnosis and treatment of substance use disorders.

Recommendation 7. Invest in high quality research collaborations with Aboriginal and Torres Strait Islander communities to address the pressing need for effective programs to prevent AOD related harms among Aboriginal and Torres Strait Islander peoples.

Recommendation 8. Increase the reach of three existing, and highly effective programs *(Positive Choices, OurFutures, Cracks in the Ice)* that prevent and reduce AOD harms, particularly among priority populations.

Recommendation 9. Develop and implement a new AOD drug education framework focused on supporting and resourcing the sustainable implementation of evidence-based, curriculum-aligned universal and selective prevention programs.

Recommendation 10. Harness the potential of targeted digital prevention and early intervention programs to support priority populations and reduce alcohol and other drug-related harms in Australia.

Responses to 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

Ensuring all Australians have equity of access to quality alcohol and other drug (AOD) care is currently impeded by a severe lack of funding, resources and nationally consistent standards of quality care. We provide a summary of key barriers to the delivery of equitable and quality AOD care below, as well as five key recommendations to close Australia's gaps in AOD treatment access and evidence-based practice.

Alcohol and other drug (AOD) use disorders are common health conditions in Australia and have remained so for over a decade. The 2020-21 Australian National Study of Mental Health and Wellbeing (NSMHWB) found that 19.6% of Australians had experienced an AOD disorder in their lifetime, and 3.3% had experienced an AOD disorder in the past 12-months (ABS 2022). Current prevalence shows minimal decreases from the previous 2007 NSMHWB, which reported comparable lifetime (24.7%) and 12-month (5.1%) prevalence of AOD disorders (Slade et al. 2007).

AOD treatment access is increasing, yet there is still substantial unmet treatment need. AOD treatment episodes have increased by 21.1% in the last decade, from 891 annual AOD treatment episodes per 100,000 Australians in 2013-14 to 1,079 treatment episodes in 2020-21 (AIHW 2024a). However, while approximately 650,800 Australians experienced AOD disorders in 2020-21, AIHW service data shows that in 2020-21 only 139,300 Australians received AOD treatment (most commonly counselling, 38.1% of episodes) (AIHW 2024). In 2019, the University of New South Wales (UNSW) Drug Policy Modelling Program estimated annual unmet need for AOD treatment to be between 26.8 - 56.4%, inclusive of people who may not meet criteria for an AOD disorder, but still have AOD treatment needs (Ritter, Chalmers & Gomez 2019). Among those who are able to access AOD services, there is a significant delay to receiving that treatment. National estimates indicate that on average, Australians live with substance use problems for 18 years before their initial contact with treatment services (Chapman et al. 2015).

When people can access treatment, AOD services are significantly under resourced. The chronic and severe underfunding of AOD services in both the public and non-government sectors has long been recognised. While the Australian Institute of Health and Welfare (AIHW) has publicly accessible data available for mental health service expenditure that adjusts for inflation, no equivalent dataset exists for AOD services (AIHW 2024b). The most recent estimate for AOD treatment funding was conducted by the UNSW Drug Policy Modelling Program for FY 2021-22. Estimates indicated that approximately 0.63% of total government expenditure ($5.45 billion) was spent on AOD, with two-thirds (67.9%) spent on law enforcement and less than a third (29.1%) spent on AOD treatment (Ritter et al. 2024). The Australian Alcohol and Other Drug Council's (AADC) 2024 pre-budget submission stressed that a lack of indexation and consistency in funding agreements has made long-term planning and continuous quality improvement a major challenge for the AOD sector (AADC 2024). Unsurprisingly, the lack of investment in the Australian AOD sector has also resulted in recent Australian inquiries and reports finding critical AOD workforce shortages (Howard 2020;

Searby & Burr 2020). For example, the inaugural 2022 NSW AOD Workforce Census found that 1 in 8 AOD sector roles (12%) were vacant on the day of census, and services reported ongoing difficulties in recruitment and retention (NSW Ministry of Health 2023).

There are no nationally consistent standards of quality care for Australian AOD treatment services. Following the publication of the first National Drug Strategic Plan in 1993, the Australian Government developed no accompanying national standards for AOD services until the publication of the 2018 National Quality Framework for Drug and Alcohol Treatment Services (NQF) (AGDoH 2018), followed by the 2019-2029 National Framework for Alcohol, Tobacco and other Drug Treatment (NTF) (AGDoH 2019). During this 25-year gap, the AOD sector responded by either: i) using standards specific to AOD services developed by various peak AOD bodies, state governments or other accreditation providers, or ii) using existing standards for other sectors (e.g., mental health, community service or primary care) (Pockley 2004; QMS 2009; AGDoH 2018). The rollout of the NQF and NTF has also been impeded by a lack of a national committee guiding its implementation across the AOD sector. The NQF had an implementation period of just three years (2019 - 2022) under the guidance of the Ministerial Drug and Alcohol Forum (MDAF) and the Council of Australian Governments (COAG) (AGDoH 2018), however, both bodies were defunded during the COVID-19 pandemic (Parliamentary Joint Committee on Law Enforcement 2021). Following the disbandment of MDAF and COAG, no national committee has taken ownership for implementing the NQF, resulting in low levels of uptake across services as of 2023 (AADC 2023). Furthermore, the private residential rehabilitation sector, which has grown to meet the gaps in service availability in the public and non-government sectors, continues to be unregulated when provided outside of hospital settings. Findings from two recent inquiries into VIC and WA's private AOD sectors both advocated for consistent, nation-wide regulation to protect clients from poor treatment outcomes and abuse (Health Complaints Commissioner 2018; Education and Health Standing Committee 2022).

There are no nationally consistent measures of quality care for Australian AOD treatment services. Due to the lack of national quality standards for AOD care, there are also no nationally consistent indicators to measure quality care across the AOD sector. The AOD Treatment Services National Minimum Dataset (AODTS NMDS) was established in 2000, however, this is limited to service data (e.g., treatment type, substance of concern), and does not include clinical treatment outcomes (e.g., Patient Report Outcome Measures), which have been variably implemented by state peak AOD bodies or individual services (Kelly et al. 2021). As a result of the diversity in service standards being used in AOD services, both national AOD frameworks consist of non-prescriptive guiding principles (i.e., 'frameworks', not 'standards'). The 2018 NQF consists of nine guiding principles for treatment and a requirement that AOD services are accredited against one of eight sets of existing service standards (AGDoH 2018). Similarly, the 2019-2029 NTF provides additional guiding principles across multiple areas of treatment (AGDoH 2019). For AOD services, this lack of practical, measurable indicators of 'quality care' in the NQF has drawn criticism, and a lack of resources has been cited as a major barrier to meeting these frameworks for quality care (Henriksen 2022; AADC 2023).

There are no nationally consistent qualifications for Australian AOD workers.
While a lack of consistent quality standards and indicators make evaluating the outcomes of AOD care difficult at an organisational-level, quality care is also compromised at a workforce-level due to a lack of national approaches to workforce development. The first national AOD workforce development strategy was not developed until 2014 (Intergovernmental Committee on Drugs 2014), and no national accreditation body has been established for AOD workers; instead, minimum qualification standards for AOD workers have been implemented

in select jurisdictions only (e.g., VIC, ACT) (ATODA 2023; Victorian Government Department of Health 2023). While some specialist AOD workers (e.g., addiction medicine specialists, AOD nurses) are registered under AHPRA, the most recent national AOD workforce survey (*n* = 1,506 AOD workers) indicates that less than half (46%) of workers have AOD-related qualifications at a vocational or tertiary level (Skinner, McEntee & Roche 2023).

Organisational capability for co-occurring mental health conditions continues to be a priority for the AOD sector. Estimates indicate that almost half of clients seeking AOD treatment have at least one co-occurring mental disorder, and clients accessing AOD treatment services with co-occurring conditions are at higher risk of treatment non-completion and relapse (Marel et al. 2022). Despite the prevalence and harms associated with co-occurring conditions and the AIHW recognising people with co-occurring mental health conditions are a priority population for AOD services (AIHW 2024a), for over 30 years numerous reports, workforce surveys, peer-reviewed studies and national workforce development strategies have shown that AOD workers feel overwhelmed when treating clients with co-occurring mental disorders, as they don't have access to adequate knowledge and resources (McDermott & Pyett 1993; Siggins Miller Consultants 2003; Lee & Allsop 2020; Skinner, McEntee & Roach 2020). The latest national AOD workforce survey (*n* = 1,506) found that >60% of AOD workers wanted additional training to manage clients with co-occurring mental health issues, making it the leading training gap (Skinner, McEntee & Roche 2023).

The Australian Government Department of Health and Aged Care (AGDoHA) has invested in increasing mental health capability in the AOD sector by funding the development and dissemination of evidence-based Guidelines (*Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*, which are now in their third edition (Marel et al. 2022). The Guidelines are also accompanied by resources to facilitate their uptake of into practice, including a website to host the Guidelines (**www.comorbidityguidelines.org.au**), online self-paced and skills-based training programs; and more recently an online community of practice, organisational implementation toolkit and the first National Practice Standards for co-occurring conditions, which are anticipated to be available in 2025. It is crucial that these activities receive ongoing funding to support workforce development in this area.

Mental health services are at capacity, and quality care indicators do not facilitate collaboration between AOD and mental health services. National mental health workforce shortages and long waitlists for mental health care present a major barrier to delivering quality care for AOD services. For example, the 2022 Australian Psychological Society workforce survey (*n* = 1,456 psychologists) showed that one in three respondents were unable to take on new clients, an increase from one in five in 2021. A majority (73.5%) of respondents had waiting lists, and reported clients were waiting between 3-6 months to access care (APS 2022). Importantly, there is no indicator of quality for either the AOD or mental health sector specific to providing coordinated care for clients with co-occurring conditions. Both the NQF, NTF and National Mental Health Service Standards (NMHSS) acknowledge the high rates of co-occurring conditions and the importance of collaboration, but neither has any accreditable criteria to regulate this in practice (AGDoH 2018; AGDoH 2019; Commonwealth of Australia 2010).

A National AOD Research Strategy is needed to identify and align efforts to prioritise critical evidence gaps. The importance of national research strategies has been recognised by the mental health sector through the inaugural National Mental Health Research Strategy in 2022, and the healthcare sector more broadly through the National Health and Medical Research Strategy which is currently under development (National Mental Health Commission 2022; AGDoHA 2024a). No equivalent strategy has been developed for the AOD field. A National AOD Research Strategy has the potential to help identify evidence gaps, reduce the duplication of efforts across NHMRC, MRFF and other funded AOD research, and ultimately strengthen Australia's response to AOD harms. A comprehensive and inclusive approach to the development of such a strategy should reflect the contemporary AOD landscape, be responsive to population shifts in risk factors and emerging trends, and designed to address existing policy, practice, community and lived experience priorities. Clear timelines and milestones for implementation are also essential to the effective execution of such a strategy.

Recommendation 1: Increased, long-term investment in AOD treatment sector to meet unmet needs and current gaps in service availability.

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Recommendation 3: Rollout of a national Minimum Qualifications Framework for the AOD workforce with co-occurring mental health conditions as core area of competency.

Recommendation 4: Ongoing funding for resources to support the AOD sector in the provision of quality evidence-based treatment including continued workforce development.

Recommendation 5: Development of a National AOD Research Strategy to ensure evidence gaps are identified and met.

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

Adolescence marks the onset and escalation of alcohol and other drug (AOD) use. Adolescence is the peak time for the onset of AOD use, with the initiation of alcohol use typically occurring during middle to late adolescence, and the onset of drug use during late adolescence (Figure 1). According to the latest data from the Australian Secondary School Students Alcohol and Drug (ASSAD) survey, 22% of 12–17-year-old youths had consumed alcohol in the past month, and of those, 46% had engaged in risky drinking (drinking 5+ drinks on a single occasion), 14% had smoked a cigarette, 30% had used e-cigarettes, and 13% had used cannabis (Scully, Bain et al. 2023; Scully, Koh et al. 2023). This is particularly concerning as the early initiation of alcohol and other drugs increases the risk of negative outcomes many of which can have long-term impacts, including poor school performance, school dropout, juvenile offending, and an increased risk of drug dependence and mental illness during adulthood (Heradstveit et al. 2017; Kelly et al. 2015; Townsend, Flisher & King 2007; Zapolski et al. 2019). In addition, AOD use is linked to over 200 recognised disease conditions, with a recent Australian Burden of Disease study finding that substance use disorders, which typically emerge during adolescence and young adulthood, ranked in the top 5 largest disease impacts in Australia (AIHW 2021a).

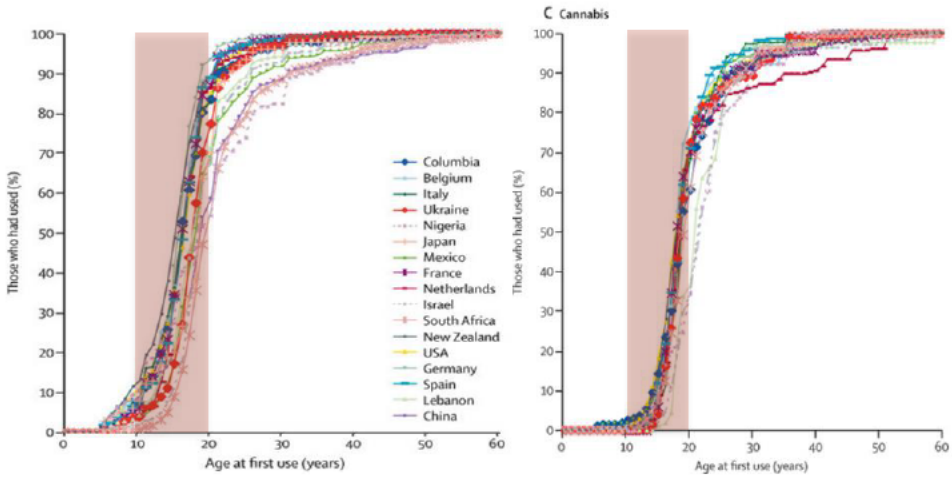


Figure 1: Adolescence (shaded regions) is the peak time for initiation of substance use including alcohol (left graph) and cannabis (right graph) and therefore is a key time to prevent and intervene early to reduce AOD harms (Degenhardt 2016).

We have witnessed an alarming rise in e-cigarette use among young people. E-cigarette use among young Australians is a significant public health threat that warrants immediate attention. Since 2019 lifetime use of e-cigarettes has tripled among young people aged 14-17 (from 9.6% in 2019 to 28% in 2022/3) and increased four-fold for those aged 18-24 (26% in 2019 to 49% in 2022/3). Now almost half of people aged 18-24 in Australia have used an e-cigarette at least once in their lifetime, and 21% identify as current users (AIHW 2024c).

Recent surveys of secondary students across Australia echo these increases. The Australian Secondary School Students Alcohol and Drug (ASSAD) Survey indicated that in 2022, almost one third (30%) of Australian secondary school students had ever used e-cigarettes and 16% had vaped in the past month (Scully, Koh et al. 2023). Findings from our own large randomised

controlled trials also indicate that roughly a third of young people have ever tried e-cigarettes (Gardner et al. 2023). Despite earlier claims that most vaping among young people is transient, and largely limited to current smokers (Mendelsohn, Wodak & Hall 2023), two thirds of secondary students reported *never* having smoked a tobacco cigarette before their first e-cigarette. This suggests that the rise in e-cigarette use is distinct from cigarette use, and that there is an emerging generation of young vapers who would otherwise be nicotine-free if it were not for the advent of these products.

Findings from our own body of research at The Matilda Centre indicate that the mean age at first e-cigarette use is 14 (Gardner et al. 2023), highlighting the critical importance of prevention. The adolescent brain is highly neuroplastic, and early administration of nicotine has been shown to result in changes in underlying brain structure, potentially increasing young people's susceptibility to future nicotine addiction, as well as mental disorders and other substance use (Leslie 2020).

Targeted investment in AOD research is critical to improving our understanding changing trends and risk factors for substance use, and determining which interventions work, for whom, and why. Existing funding models such as the Medical Research Future Fund (MRFF) could be harnessed to focus investment on high impact research with clear translational pathways. An AOD research mission addressing national AOD priorities will contribute to a safer, healthier Australia by enabling access to new approaches to prevention, diagnosis, treatment and recovery. An AOD mission with also strengthen the Australian AOD research ecosystem, build next generation of research leaders and support lived experience collaboration and leadership.

Preventing the uptake of AOD use is one of the most effective ways to reduce AOD related harms, as well as social and economic burden and we welcome the prevention focus of this inquiry. Health expenditure in Australia is higher per capita than the OECD average, yet currently preventive health only accounts for 1.34% of that total expenditure, compared to an average of 2.8% in OECD countries (GBD 2019 Australia Collaborators 2023). This is despite Australian research showing that prevention interventions are consistently more cost-effective than treatment when focusing on harms related to alcohol (Cobiac et al. 2009). AOD prevention programs are diverse in the settings within which they are delivered, with programs trialed across community, family, school, college, healthcare, and mass-media contexts. **Evidence to support the use of school-based programs for AOD prevention is strongest**, followed by family-based programs and multi-component programs (Mewton et al. 2018). The effectiveness of prevention programs based in college, healthcare, leisure activity settings, and community contexts remains largely unknown, due to mixed findings and/or insufficient evidence (Mewton et al. 2018). Notably, evidence from two high quality meta-analyses (Siegfried et al. 2014; Werb et al. 2011) shows that mass-media based approaches are not effective at preventing alcohol and other drug use (Mewton et al. 2018).

Barriers to implementation limit uptake of evidence of school-based AOD prevention in Australia. While there are a range of evidence-based AOD education and prevention programs that exist, often the approaches that are implemented in Australian schools have little evidence to support their effectiveness (Lee et al. 2016). There are several barriers to effective implementation of school-based AOD programs, including low teacher confidence, lack of support, lack of knowledge and awareness about the strategies and programs that are evidence based, and time constraints (Stapinski et al. 2017). Further research, and investment in implementation of evidence-based programs is needed to reduce these barriers.

Most of the research investigating the effectiveness of prevention programs has focused on their effect in the short-term, and little is known about the long-term effects. A recent review conducted by researchers at the Matilda Centre (manuscript currently being prepared for publication), identified twenty-three school-based prevention programs that have been developed and/or trialed within Australia. Of these, only three have examined long-term effects beyond 3-years. They have found that relatively brief (2 to 6 session) programs implemented in early adolescence can have sustained preventative effects, including reductions in the use and associated harms of alcohol, for up to 7 years and into early adulthood (Teesson et al. 2024; Newton et al 2022a). In addition, of the 23 Australian school-based alcohol and other drug prevention programs in Australia, only one was developed for primary school students, six targeted older adolescents (Grades 10-12), and the remaining (n=16) were aimed at students in Years 7 and 8. This distribution reflects the historical trend that substance use often begins during early adolescence. However, we lack strong evidence about the most effective age at which to implement prevention programs, warranting further research, particularly given the changing substance use trends in recent years (Scully, Bain et al. 2023; Scully, Koh et al. 2023; Livingston et al. 2020; Livingston et al. 2022). Compared to the last review of Australian school-based prevention programs in 2012, our recent review identified a substantial increase in the number of online school-based substance use prevention programs, i.e., those facilitated by computers or the internet. This reflects the major impact of digitisation on health promotion and prevention in the last decade. The evolving social and technological environment must be met with equivalent progress in prevention program development, adaptation, and implementation to ensure students have access to the most effective programs before transitioning into adulthood.

Investment in high quality research collaborations with Aboriginal and Torres Strait Islander communities is required to address the pressing need for effective programs to prevent AOD related harms among Aboriginal and Torres Strait Islander peoples. Despite evidence to support the effectiveness of school-based AOD prevention programs in mainstream populations, there has been limited research into the effectiveness for Aboriginal and Torres Strait Islander youth. Our international systematic review of programs for Indigenous young people identified just four studies that evaluated school-based programs aimed at reducing alcohol or drug use among Aboriginal and Torres Strait Islander youth (Snijder et al. 2020). Of these, two studies did not include statistical tests of efficacy, and the other two reported no benefit of the evaluated program. There is an urgent need to address this gap in effective AOD prevention programs for Aboriginal and Torres Strait Islander youth, particularly given the disproportionate burden of disease from AOD that is experienced by these youth. Indeed, more Aboriginal Australians die due to drug and alcohol-related causes than any other disease group, including suicide and cardiovascular illnesses (AIHW 2016). Among young Aboriginal people aged 15-24, alcohol is the number one contributor to the burden of disease. Consequently, the need for culturally inclusive prevention programs for Aboriginal and Torres Strait Islander youth was identified by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 and endorsed by the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 Framework (AGDoH 2021).

To address gap in effective AOD prevention for Aboriginal and Torres Strait Islander youth, the Australian Government Department of Health funded the Matilda Centre, in partnership with the NHMRC Centre of Research Excellence in Aboriginal Health and Alcohol and Aboriginal-owned creative agencies (*Gilimbaa, GARUWA, Cause/Affect)*, to develop a school-based wellbeing and alcohol and drug prevention program called *Strong & Deadly Futures.* Program development drew on the effective preventative components of the *Our Futures* program,

and was informed by extensive consultation with Aboriginal communities, youth, and health services, to ensure that the program addressed the unique contexts and contributors to drug use among Aboriginal and Torres Strait Islander youth. Importantly, these consultations highlighted the need to approach AOD prevention holistically, incorporating cultural strengths and recognising the inter-relationships between body and mind and connection to community and culture.

The *Strong & Deadly Futures* program comprises eight curriculum aligned lessons, co-developed with youth, in which central preventative and health promotion messages are delivered via an animated story that follows the lives of a group of Aboriginal and non-Aboriginal teenagers (Snijder, Stapinski et al. 2021). Core messages are further reinforced via interactive classroom activities, and the program storyline and activities incorporate a focus on Aboriginal cultural strengths. A pilot trial of the program found that this culturally-inclusive approach to AOD prevention was well received by both Aboriginal and/or Torres Strait Islander and non-Aboriginal youth, and school staff appreciated the engaging and inclusive format of the program and were able to implement the program with high fidelity (Routledge et al. 2022). The success of this pilot trial paved the way for an NHMRC-funded randomised controlled trial in 22 schools across WA, QLD and NSW to rigorously evaluate the program's efficacy compared to as AOD education as usual (Stapinski, Routledge et al. 2022). The final 2-year follow-up for the trial will be completed in 2024, with final trial results expected early 2025. Continued investment and authentic partnerships with Aboriginal and Torres Strait Islander communities are critical to collect this important research evidence and address the pressing need for effective programs to prevent the substantial AOD related harms among Aboriginal and Torres Strait Islander peoples.

Targeted investment in AOD prevention and early intervention research and programs are required to support other priority populations such as people living in regional and remote areas, parents, culturally and linguistically diverse (CALD) communities.

People living in regional and remote communities experience unique challenges to receiving care such as poor access, distance from services, cost and cultural barriers. The rates of daily smoking and alcohol use are higher in regional and remote areas than in major cities, as are rates of methamphetamine use (AIHW 2024d). Therefore, AOD prevention is even more critical in the context of poor access to treatment. However, more often than not, health prevention and promotion programs do not cater for the unique experiences of young people living in regional areas e.g. greater exposure to risks such as long-distance driving and higher rates of social isolation. It is therefore important that we address the critical need for accessible, evidence-based prevention approaches for AOD use, tailored to the unique needs of young people living outside of major cities.

Parents are key agents of adolescent socialisation, especially in the initiation and development of drug and alcohol use. It is critical that parents are equipped with evidence-based prevention information and resources. Despite what many parents think, parents play a critical role in healthy adolescent development, even when the strong impact of peer influence begins to emerge. Young people with concerns related to drug and alcohol turn to parents as a primary source of support (Hampshire & Di Nicola 2011), and parenting practices are consistently associated with delayed initiation and use of alcohol and drugs among teenagers (Ryan, Jorm & Lubman 2010). However, many Australian parents do not act in accordance with evidence-based recommendations regarding parenting strategies that reduce risk for drug-related harm such as communication and modelling (Yap, Jorm & Lubman

2015). Our own consultation with parents suggests this may be related to a lack of clear guidance; parents actively seek information about illicit drugs and parenting practices to prevent drug use, primarily from friends or the internet, but report low to modest confidence communicating and influencing their children's choices around alcohol and other drug use (Stapinski et al .2015). A systematic review of longitudinal studies identified a number of parenting strategies that were consistently associated with delayed initiation of alcohol use among teenagers, including parental monitoring, limiting access to alcohol, parent-child relationship quality, parental involvement and communication (Ryan, Jorm & Lubman 2010). Reduced alcohol consumption was additionally predicted by parental discipline and disapproval of adolescent alcohol use. Interventions designed to modify parenting practices have proven effective in reducing adolescent alcohol use (Koning et al. 201). These findings highlight the importance of involving parents in efforts to reduce the considerable harms associated with teenage alcohol and other drug use.

The transition to adulthood is associated with unique personal and social role changes, such as commencing new employment or study, new living arrangements, and increased autonomy and responsibility. It is therefore vital to support for young adults as they transition out of school. Although current cohorts of young people are delaying substance use initiation compared to previous cohorts, the rate of escalation of use from late adolescence to young adulthood remains high (Khan 2019; Reitsma et al 2015). Emerging adulthood, typically defined as 18–25 years, is a critical developmental period when young people have increased exposure to risky behaviours, such as AOD use. Alcohol use, for example, is the fifth highest cause of life lost among emerging adults in Australia, and this burden is disproportionately high among youth with mental illness (AIHW 2021b). To prevent the substantial burden associated with AOD use, it is imperative to intervene early and target harmful patterns of use when they first emerge, to prevent progression to entrenched life-long disorders**.** This post-school period is an important opportunity to reinforce and strengthen the skills they learned while at school, or to assist those young people who require additional support to acquire these skills or to navigate the challenges of emerging adulthood. Effective, non-stigmatising and sustainable early interventions (including harm reduction-based interventions) for youth are needed to achieve significant and lasting reductions in AOD-related harms.

Recommendation 6. Fund a Medical Research Future Fund (MRFF) Alcohol and Other Drugs (AOD) Research Mission to support innovative research to understand and respond to evolving AOD trends, and to improve knowledge on the effective prevention, detection, diagnosis and treatment of substance use disorders.

Recommendation 7. Invest in high quality research collaborations with Aboriginal and Torres Strait Islander communities to address the pressing need for effective programs to prevent AOD related harms among Aboriginal and Torres Strait Islander peoples.

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

Schools and the online environment are opportune settings in which to implement AOD prevention activities. Schools provide both the infrastructure to deliver education and the appropriate social and learning environment to attenuate risks. Outside of the family environment, school is the primary setting within which the development of young people can be shaped. Recent systematic reviews indicate that universal school-based programs, delivered to all adolescents, regardless of the level of risk, can produce small to moderate reductions in substance use (Das et al. 2016; Onrust et al. 2016; Strom et al. 2014). Even small effect sizes can translate to large population health effects and have been associated with significant savings in terms of financial cost (Matthay et al. 2021).

Similarly, online resources have become the primary sources of information and research across communities, and, through appropriately managed portals, facilitate the promotion of credible research and information, ready review and update, and the provision of tailored resources and information (Champion et al. 2013; Champion, Newton & Teesson 2016).

Thus, there is a significant opportunity for the Australian Government Department of Health and Aged Care to **increase the reach of three existing, highly effective online programs to reduce AOD harms**. In the following we briefly examine the effectiveness of these three programs and outline key opportunities for increasing their reach amongst priority populations.

Program 1: *Positive Choices*

Positive Choices **(positivechoices.org.au)** is an award-winning Australian Government Department of Health and Aged Care national initiative developed to address the known gap in the implementation of evidence-based drug prevention approaches in Australia, by providing direct access to a range of evidence-based, engaging and easy to implement AOD resources.

Developed by the Matilda Centre in consultation and collaboration with school staff, parents and students, ***Positive Choices*** **addresses priority areas of the National Drug Strategy 2017-2026 and the National Preventative Health Strategy** (Stapinski et al. 2017). The target audience for *Positive Choices* includes teachers, principals, school counsellors, Aboriginal education officers, youth workers, parents, young people, and anyone working with young people or seeking information about AOD and prevention strategies.

Particular consideration is given to marginalised and harder to reach populations, including Aboriginal and Torres Strait Islander young people and Australians living in regional and rural areas. In September 2017, the *Positive Choices Aboriginal and Torres Strait Islander Peoples portal* (**https://positivechoices.org.au/aboriginal-and-torres-strait-islander-peoples/)** was launched, providing access to drug prevention resources specifically developed for, and in consultation with, Aboriginal and Torres Strait Islander youth and their teachers and parents. Development of Strong & Deadly Futures, the first AOD prevention program for Aboriginal and Torres Strait Islander youth that is inclusive and builds on cultural strengths, was completed in 2018 and this program is currently under evaluation.
Positive Choices **has disseminated evidence-based AOD prevention resources to >4 million school staff parents and youth** (Figure 1) and the evaluation of the National Ice Action Strategy (NIAS) highlighted that *Positive Choices* is operating well and efficiently, has a robust monitoring and evaluation methodology, and a strong commitment to collaborative design (Cash et al. 2021). The evaluation noted that continued investment will ensure that *Positive Choices* remains up to date and continues to deliver benefits to its users and the community.

Positive Choices reduces barriers to the effective implementation of school-based AOD programs, which include low confidence, lack of support, lack of knowledge and awareness about the strategies and programs that are evidence based, and time constraints (Stapinski et al. 2017). *Positive Choices* is also regularly evaluated and continually updated to meet end-user needs including the development of resources for culturally and linguistically diverse communities, new resources in response to trends (e.g., vaping, non-medical use of pharmaceutical stimulants).Evaluation findings demonstrate *Positive Choices'* ability to positively impact behaviour, with most participants who were not already implementing best practice AOD prevention strategies intending to do so after interacting with the portal (Stapinski, Nepal et al. 2022).

Increasing Australian Government Department of Health and Aged Care investment in *Positive Choices* to a level commensurate with the scope of the problem it addresses, will facilitate expanded access to evidence-based AOD prevention resources across the country. Ongoing investment in *Positive Choices* will contribute to increasing the accessibility of evidence-based alcohol and other drug prevention resources and information to teachers and parents so they can make informed choices in their use of prevention programs. Further investment in *Positive Choices* is critical to ensure the portal continues to respond to the emerging needs of the Australian community and remains a world-leading evidence-based, trusted resource supporting communities to reduce harms associated with alcohol and other drug use. Additional investment could support expansion of culturally appropriate resources for priority populations including new resources for Culturally and Linguistically Diverse (CALD) communities, and expansion of resources for Aboriginal and Torres Strait Islander youth.

Program 2: Our Futures (formerly Climate Schools)

OurFutures is a suite of digital interventions delivered in schools to prevent the uptake, and reduce the harmful use, of alcohol and other drugs. The development, evaluation and translation of the *OurFutures* interventions was led by researchers at The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney in collaboration with >20 institutions and >60 researchers globally.

The programs are delivered to high school students via engaging online cartoon lessons and interactive activities. The *OurFutures* programs were co-designed with >210 students & >390 teachers and include a range of curriculum aligned, interactive online program for students in years 8-10 to prevent the use of alcohol, cannabis, ecstasy, and psychostimulants, and to improve mental health and lifestyle risk behaviours.

Specifically, the programs are:

- Underpinned by a social influence and harm-minimisation framework;
- Co-designed by young people and 'peer-led' in design;
- Include interactive online cartoon storyboards across 4-6 (40 min) lessons delivered during health education classes. The cartoon storyboards follow a group of young people and through these stories the learning and behaviour change is activated;
- Provide evidence-based information, normative education, and resistance skills training.

The programs have been rigorously evaluated through eight cluster randomised controlled trials including >21,000 students from >240 schools across Queensland, New South Wales, Western Australia, the Australian Capital Territory and Victoria. These world-first trials demonstrated *OurFutures* to be more effective than face-to-face health education in preventing alcohol, cannabis and ecstasy use, and reducing psychological distress, up to 3 years post-intervention (Teesson et al. 2020; Newton et al. 2014; Champion et al. 2018a). Impressively, results also showed long lasting effects on preventing harmful alcohol use 7 years after delivery, i.e. students who received the alcohol intervention at age 13 were 88% less likely to drink heavily & 96% less likely to develop an alcohol use disorder at age 20 (Newton et al. 2022a). **These findings represent some of the longest follow-up data, and largest and most sustained effect sizes in the AOD prevention field to date.**

The *OurFutures* research led to a paradigm shift in how schools deliver AOD education by providing effective and easy to implement digital interventions to prevent AOD use. *OurFutures* has had exceptional uptake by policymakers (119 policy cites; 76% int'l) including being cited in the UK NICE guidelines for effective alcohol interventions in secondary education (NICE 2019). Nationally, *OurFutures* is endorsed by state education departments (VIC, NSW, SA), included on registries of recommended programs and used by the Aust Drug Foundation to train Local Drug Action Teams (280 Aus-wide) on how to deliver best practice AOD education (ADF 2023).

OurFutures Vaping program to tackle the youth vaping epidemic. OurFutures provides the ideal platform to address the urgent need for effective prevention of youth vaping. To that end, our team recently secured MRFF funding to develop and test the first online program to

prevent vaping and related harms in Australia (MRFF funding; 2022-25). The program is the largest and most rigorously tested preventive intervention for vaping in Australia: a total of >5,000 Year 7/8 students in 40 schools across NSW, WA, and QLD are currently enrolled in a two-arm cluster randomised controlled trial among, with full trial results imminent. Recent preliminary findings show an increase in knowledge about harms and risks, a reduction in intention to use and overall excellent feedback from students and teachers. Since trial commencement there has been very high demand for the program Australia-wide (AGDoHAC 2024b), which is a testament to the quality and rigor of the study, as well as the appealing nature of the program and its' easy to implement 'pick up and go' online format which is designed to reduce teacher burden.

The Not-For-Profit, Sydney University-based OurFutures Institute works with schools to roll-out the OurFutures program to secondary schools across Australia. To date, these effective programs have reached >38,000 students from >1,400 schools across every state/territory in Australia. In addition, in the last 6 months the OurFutures Institute has had ~1,000 Australian high schools enquire about the new OurFutures Vaping program. As such, we have offered up to 250 schools the opportunity to access OurFutures Vaping as part of our early access scheme in 2024. All 250 spots have already been taken up (these are paid implementations ($10 per student)), reflecting the incredibly high demand for the program (AGDoHAC 2024b). Schools from every state and every sector have signed up, illustrating the broad support for the solution and school's willingness to prioritise a solution and utilise budget to deliver something in their schools. However, a number of barriers remain. Many interested schools have unfortunately not had sufficient funding to allocate to the program, and many of these schools are in regions where vaping and the risk of harm is highest. Further, teachers can face administrative hurdles, often driven by school-specific policies and procedures which can prevent them from accessing the program. In all, this means that many schools who have been very interested have either not been able to afford the program or have not had the administrative support to do so. The bottom line being vulnerable children who would otherwise benefit from vaping prevention ultimately miss out.

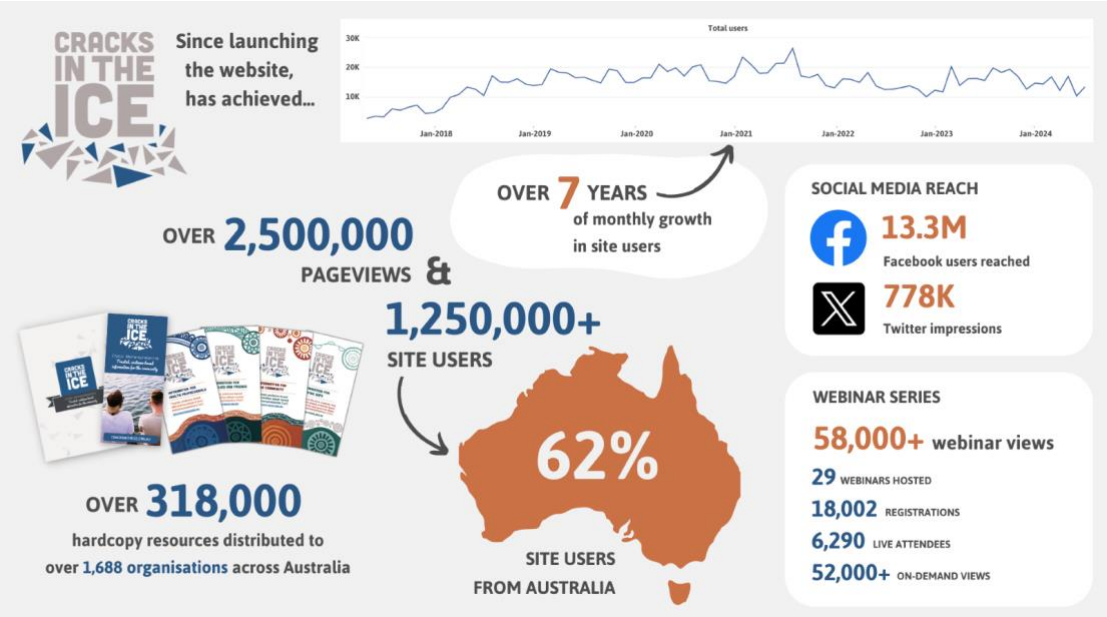
A national roll-out of the effective OurFutures programs funded by the Federal Government and endorsed as best practice would both be welcomed by the states and all school sectors and would also create universal access to schools regardless of their resources. This means that *all children* at risk of AOD use will have the opportunity to develop effective skills to reject them and thus prevent youth uptake in Australia.

Program 3: *Cracks in the Ice*

Methamphetamine use is an increasing global concern, and Australia has one of the highest rates of use worldwide. In the 2022-23 National Drug Strategy Household Survey, meth/amphetamine was rated as the drug of most serious concern and most likely to be associated with a 'drug problem' by the Australian community. The impacts are particularly high among vulnerable populations (e.g., families, Aboriginal and Torres Strait Islander peoples) and those living in regional, remote, and very remote areas of Australia. ***Cracks in the Ice*** **(cracksintheice.org.au) is a multi-award winning Australian Government Department of Health and Aged Care** initiative initiated in response to the harms associated with crystal methamphetamine use. Developed by the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney in close partnership with community, including those with lived experience, their families, and health workers (Champion et al.

2018b), *Cracks in the Ice* in addresses priority areas of the National Drug Strategy 2017-2026 and the National Preventative Health Strategy.

This critical Australian Government Department of Health and Aged Care initiative aims to develop and disseminate evidence-based resources about crystal methamphetamine to improve knowledge, reduce stigma, and increase access to care for people who use crystal methamphetamine, their families, health workers and communities. Since launching in 2017, *Cracks in the Ice* has provided resources to over 1.2 million community members achieving extraordinary reach and uptake (refer to Figure 1).



Aboriginal and Torres Strait Isander peoples experience a disproportionate burden of harm from methamphetamine (Snijder & Kershaw 2019), but there are few culturally appropriate resources available to support families, communities and health workers. With a strong focus on a community participatory process, co-design and responsivity to community needs, the *Cracks in the Ice* toolkit for Aboriginal and Torres Strait Islander peoples launched on 21 July 2021 to address this gap. To date these resources have been accessed by >1.25M people.

Evaluation of *Cracks in the Ice* among >2,100 Australians found that it is meeting the needs of the Australian community along with improving knowledge and decreasing stigmatising attitudes (Kershaw et al. 2021; Deen et al. 2021). Further, an independent evaluation of the National Ice Action Strategy highlighted the greater than expected reach and impact of *Cracks in the Ice*, the inbuilt rigorous evaluation methods and excellent working relationships between *Cracks in the Ice* and community groups, centres of excellence, media outlets, and Aboriginal and Torres Strait Islander groups, noting that these relationships have been instrumental in ensuring broad community access and reach. These findings provide important evidence of the impact of *Cracks in the Ice* as a significant public health initiative (Cash et al. 2021).

Australians living in regional, rural and remote areas are a priority. The use and impact of methamphetamine is high among those living in regional, remote, and very remote areas of Australia. Multiple data sources indicate an increase in methamphetamine related harms including helpline calls, drug treatment episodes, hospital admissions and drug related deaths. Additionally, the latest National Drug Strategy Household Survey (2022-2023) found that

people who had recently used methamphetamines were more likely to report a mental health condition and to be experiencing high or very high levels of psychological distress compared to people who had recently used any other illicit drug. Given that regional, rural and remote areas generally have less access to traditional services and treatments, it is important to implement accessible and innovative prevention strategies, build resilience, intervene early, and develop the capacity of the community and health workforce to better respond to methamphetamine related harms.

Increasing investment in *Cracks in the Ice* to a level commensurate with the scope of the problem it addresses, will facilitate expanded access to evidence-based AOD prevention resources across the country. Specific investment in access for Australians living in regional, rural and remote areas would increase equity of access to evidence-based resources to reduce harms associated with crystal methamphetamine use. Expansion of culturally appropriate, community identified resources for Aboriginal and Torres Strait Islander peoples is needed to meet current information and resource gaps. Resources focused on families, translation into additional Aboriginal languages, and the strengthening and building of strong connections at both service and community levels are central to the ongoing success of these world-first resources in reducing the impact of use of and harms from crystal methamphetamine among Aboriginal and Torres Strait Islander peoples. Additional investment could also support the co-creation of resources for priority populations including Culturally and Linguistically Diverse (CALD) communities.

Government funding can significantly influence implementation of school-based AOD prevention. Despite the existence of effective evidence-based AOD prevention programs, there is a significant "know-do" gap between what we know works and what is scaled-up and invested in. This is largely due to implementation barriers that hinder widespread dissemination of effective programs including restricted government funding for prevention initiatives, lack of training in professional communities, and restricted knowledge of, or support for, prevention in the general public and policy arenas (Catalano et al. 2012).

For example, when it comes to school-based AOD prevention, schools themselves decide what AOD education to implement. This results in schools often implementing programs that are not supported by scientific evidence for effectiveness. For example, the most widely disseminated drug education program in Australian schools is a private program developed in the late 1970s. Despite this program's popularity, there is little evidence to support its effectiveness, and in fact, some evidence suggests it increased alcohol and tobacco use compared to standard drug education (Hawthorne, Garrard & Dunt 1995). The Australian government and many state governments have continued to invest heavily in private programs, in spite of no evidence of positive impact (Andrews et al. 2004). Lack of proper funding for programs that have been shown to work means that schools may be swayed to make decisions on price more than on effectiveness. **It is imperative that policy makers invest in, and up-scale, only those prevention initiatives with a strong evidence base.**

To ensure that Australian students receive evidence-based prevention, we recommend that a new national framework for AOD drug education be developed. This framework would help schools implement targeted reforms outlined in the Better and Fairer Schools Agreement (2025-2034), focusing on key areas such as equity, excellence, wellbeing, learning, and engagement. We recommend that the framework resource the sustainable implementation of evidence-based, curriculum-aligned AOD prevention programs through:

- The provision of funding to support school licenses for evidence-based AOD prevention programs;
- The provision of professional learning activities, online resources and training modules to empower school communities to implement evidence-based AOD prevention principles and practices tailored to their school and local environment;
- Support to co-ordinate and integrate AOD prevention initiatives in schools;
- Employing people to support the delivery of such programs in schools (e.g., school support officers, mental health promotion workers, psychologists, teachers with AOD qualifications);
- Support for high-risk young people and communities through a coordinated approach between schools and established services and programs addressing AOD use and that leverages technology to provide a wraparound support service for at-risk young people.

Australia has pioneered world-leading approaches to overcome barriers to implementation and to provide evidence-based AOD education consistent with the United Nations Office of Drugs and Crime's (UNODC) International Standards on Drug Use Prevention. **We propose that a new National Framework for AOD Drug Education should focus on scaling up existing effective and evidence-based programs. For example:**

- **Get Ready:** A universal school-based program involving specialist teacher training for Years 7-9 students, shown to increase knowledge about AOD and decrease alcohol and tobacco use (Midford et al. 2016).
- **SHAHRP**: A universal school-based program that addresses alcohol use through a two-year classroom-based program administered by teachers to Year 8-9 students. It has demonstrated effectiveness at reducing alcohol use and related harms, with results replicated internationally (McBride et al. 2004; McKay et al. 2012).
- **Preventure**: A selective, personality-targeted AOD prevention program for high-risk youth, found to reduce AOD use and related harms both within Australia and internationally (Newton et al. 2016; Newton et al. 2022b).
- **OurFutures (formerly Climate Schools)**: A suite of online universal school-based programs for Year 7-10 students which have been found to prevent the uptake and harmful use of AOD in adolescents up to 7-years post delivery (Teesson et al. 2020; Newton et al. 2014; Champion et al. 2018a; Newton et al. 2022a).

Research indicates that digital prevention and early intervention programs can reduce AOD use among young people. Digital AOD interventions also offer several potential advantages, including increased student engagement and high implementation fidelity. Importantly, programs delivered in this way can reach large populations of and are readily scalable to meet the needs of young people (Champion et al. 2013; Champion, Newton & Teesson 2016). **Emerging adults in rural and regional areas, face significant barriers to help-seeking such as concerns about privacy and stigma, cost, and difficulties accessing treatment**. These difficulties are compounded by a lack of available services, and greater concerns about privacy in small close-knit communities. Despite the peak in development of AOD use through adolescence to emerging adulthood, most young people do not seek help.

Online services and programs have huge potential to increase the reach and impact of AOD prevention and early intervention approaches, for three key reasons:

1) Young people report a preference for internet-delivered over face-to-face treatments, appreciating the greater anonymity, convenience ease of access and control that it provides,

2) Online early intervention programs have demonstrated effectiveness in helping young people manage commonly co-occurring mental and alcohol use disorders, e.g., the Deal program for depression and hazardous alcohol use, and the Inroads program for anxiety and hazardous alcohol use,
3) Online programs have the potential to provide much needed resources to help young people in rural and regional areas, where there is a severe lack of services.

The Illicit Project (**www.theillicitproject.com**) for example, is an effective universal, on-line neuroscience-based harm reduction program that upskills young people in harm reduction strategies that prevent AOD use harms while promoting self-help and wellbeing (Debenham et al. 2021). (Stockings et al. 2016). The online program leverages neuroscience principles and empowers young people to make positive health decisions. Currently the program has been shown to be effective in a school-based setting (Debenham et al. 2023) leading to decreases in binge drinking, nicotine use and drug (e.g., MDMA, cannabis) use among young people aged 15-17. Government investment to extend this effective online and easy accessible program into university settings has the potential to support young people through the unique transition to adulthood whilst preventing and reducing AOD harms.

Outside of the school context, the *Inroads* program (**https://inroads.org.au/**) is a web-based alcohol early intervention developed specifically for emerging adults (aged 17 to 24). Youth who experience symptoms of anxiety, stress or worry are at greater risk of hazardous alcohol use and progression to alcohol use disorder (Stapinski et al. 2016; Birrell et al. 2015; Smith & Randall 2012), and so the program focuses on the relationships between anxiety and drinking across the transition into early adulthood. The program assists youth to develop cognitive behavioural coping skills to better manage their anxiety and to reduce their alcohol use within safe limits. The program has been evaluated in a randomized controlled trial, which found that participants who received the *Inroads* program reported greater reductions in anxiety symptoms and hazardous alcohol use compared to the control group who received information about alcohol-related harms and safe drinking guidelines (Stapinski et al. 2021). The web-based format of the program means that it can be delivered remotely at low cost, including in rural areas where face-to-face mental health services are limited or non-existent. Investment in the expansion and wide dissemination of *Inroads* to reach youth nationally has the potential to achieve meaningful and lasting reductions in alcohol-related harm.

Recommendation 8. Increase the reach of three existing, and highly effective programs *(Positive Choices, OurFutures, Cracks in the Ice)* that prevent and reduce AOD harms, particularly among priority populations.

Recommendation 9. Develop and implement a new AOD drug education framework focused on supporting and resourcing the sustainable implementation of evidence-based, curriculum-aligned universal and selective prevention programs.

Recommendation 10. Harness the potential of targeted digital prevention and early intervention programs to support priority populations and reduce alcohol and other drug-related harms in Australia.

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

The European Drug Prevention Quality Standards (EDPQS) were published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) aimed to provide expert level quality standards for drug prevention. The standards outline the necessary steps to be taken when planning, conducting, or evaluating drug prevention programs. Moreover, the standards can be used to inform the development of prevention strategies, to assess and develop organisations providing prevention services, or as a reference framework in professional development.

The International Guidelines on Human Rights and Drug Policy is a collaboration between academics, UN entities, and various other stakeholders. The Guidelines aim to apply existing human rights laws to the legal and policy context or drug laws in order to maximum human rights protections. The Guidelines are intended as a reference tool for those working to ensure human rights compliance at local, national, and international levels. Such recommendations made by the guidelines include the removal punitive responses to those using drugs, increased availability of harm reduction and treatment services, and adequate training for those working in drug and alcohol services.

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