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1 October 2025

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Dear Committee Secretary,

**Re: Submission to the Inquiry into the Health Impacts of Alcohol and Other Drug Use in Australia**

Please find attached our submission titled *Strengthening Rural Family Support in Substance Use Policy: Evidence from the Family Empowerment Program Trial*, prepared by myself and Dr Julaine Allan from the Rural Health Research Institute at Charles Sturt University.

This submission draws on findings from a randomized controlled trial evaluating the Family Empowerment Program (FEP), an online adaptation of the Community Reinforcement and Family Training (CRAFT) model. The program was delivered to family members and friends of individuals experiencing substance dependence in rural Australia. Our research highlights significant improvements in mental health outcomes for participants and identifies critical gaps in current service provision, particularly for families and rural communities.

We offer this submission in response to the Committee's terms of reference, with particular relevance to equity of access, cross-sector collaboration, and the integration of international best practice into Australian policy. We also provide recommendations for expanding family-focused interventions, improving workforce capacity, and enhancing service accessibility through Medicare funding.

We appreciate the opportunity to contribute to this important inquiry and would welcome any further engagement or discussion with the Committee.

Yours sincerely,  
Heidi Gray  
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## **Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into the Health Impacts of Alcohol and Other Drug Use in Australia**

**Submission Title:** Strengthening Rural Family Support in Substance Use Policy: Evidence from the Family Empowerment Program Trial

**Prepared by:** Heidi Gray<sup>1</sup> and Julaine Allan<sup>1</sup>

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### **Introduction**

The Family Empowerment Program (FEP), adapted from the evidence-based Community Reinforcement and Family Training (CRAFT) model (Meyers et al., 1998), is a targeted intervention designed to support concerned significant others (CSOs)—family members and friends of individuals experiencing substance dependence. CSOs often face elevated levels of psychological distress, including depression, anxiety, and stress, as well as disrupted family relationships and financial strain. Despite their critical role in supporting individuals with substance use issues, CSOs remain underserved in Australia.

### **Gaps in drug and alcohol treatment**

- **Limited Access for Families and CSOs**  
Only 8.1% of all substance treatment episodes in Australia in 2022 involved support for concerned significant others (CSOs), despite their critical role in recovery and their own elevated mental health needs (Alcohol and Drug Foundation, 2024; Australian Institute of Health and Welfare, 2023).
- **Lack of Workforce Trained in Family Approaches**  
There is a shortage of practitioners trained in evidence-based family interventions like CRAFT. Delivering effective family support requires specific training and accreditation, which is not yet widely available across the sector.
- **Rural Service Shortages**  
A majority (57%) of treatment services are located in major cities, leaving rural Australians with limited access. This geographic disparity contributes to poorer health outcomes and higher substance use rates in rural areas (Australian Institute of Health and Welfare, 2023).
- **Barriers to Help-Seeking in Rural Communities**  
Rural Australians face long travel distances, fewer transport options, and reduced anonymity, which increases stigma and discourages help-seeking for substance-related issues (McCann & Lubman, 2018; Thorn & Olley, 2023).
- **Limited Online Services Targeting Families**  
While online interventions are growing, most focus on the individual using substances, not the family. Few online programs are designed specifically for CSOs, and even fewer are practitioner-led (Eék et al., 2020; McCarthy et al., 2022; Osilla et al., 2024; Siljeholm et al., 2022).
- **Inconsistent Integration of Family Support in Treatment Models**  
Family support is not routinely embedded in treatment pathways, despite evidence that engaging families improves outcomes for both the individual and their support network.



## **Evidence from the Family Empowerment Program Trial**

This submission draws on findings from a randomized controlled trial (RCT) evaluating the effectiveness of the Family Empowerment Program delivered online by trained practitioners to CSOs in rural Australia (Gray et al., 2025). The study provides compelling evidence that online practitioner-led interventions can significantly improve mental health outcomes for CSOs, offering a scalable and equitable solution to address service gaps in rural and remote communities.

### **a) Equity, Value for Money, and Outcomes**

The Family Empowerment Program demonstrated strong outcomes for CSOs, including:

- **Significant reductions in depression** (Cohen's  $d = -0.58$ ,  $p = 0.045$ )
- **Increased life satisfaction** (Cohen's  $d = 0.51$ ,  $p = 0.011$ )
- **Improved problem-focused coping** (Cohen's  $d = 0.89$ ,  $p < 0.001$ )

These improvements were sustained at six-week follow-up, indicating lasting benefits. The program was delivered by accredited psychologists via telehealth, reducing geographic and logistical barriers. With 73.8% of participants completing six or more sessions, the program showed high engagement and retention (88.1% at post-intervention measure).

The online format offers value for money by reducing infrastructure costs and enabling broader reach, especially in rural areas where 57% of treatment services are concentrated in major cities. The program's scalability and cost-effectiveness make it a viable model for national implementation.

### **b) Effectiveness of Current Programs and Equity of Access**

The FEP directly addresses the lack of CSO-specific services in Australia, particularly in rural regions. Participants in the study were recruited from Modified Monash Model areas MM2–MM7, ensuring representation from diverse rural settings. The intervention was tailored to the unique challenges faced by rural CSOs, including stigma, limited anonymity, and reduced access to in-person services.

Compared to self-guided reading materials, the practitioner-led FEP was significantly more effective in improving mental health outcomes. This highlights the importance of interactive, therapist-supported interventions over passive information delivery. The program also aligns with best practice by focusing on both CSO wellbeing and strategies to engage the identified person (IP) in treatment.

### **c) Cross-Sector Contributions to Prevention and Recovery**

The Family Empowerment Program exemplifies how sectors beyond health—particularly education, social services, and digital infrastructure—can contribute to early intervention and recovery. The program's delivery via telehealth leverages digital inclusion efforts and supports workforce development through practitioner training and accreditation.

Furthermore, the program's emphasis on improving family functioning and coping strategies contributes to social resilience, potentially reducing the burden on justice, housing, and employment services. By empowering CSOs, the program indirectly supports the recovery of individuals with substance use issues, creating a ripple effect across multiple domains.

### **d) Domestic and International Best Practice**

CRAFT has demonstrated cross-cultural effectiveness in the USA and Europe. The Family Empowerment Program is the first to adapt and evaluate CRAFT in the Australian context, specifically targeting rural populations. The study's findings confirm that online practitioner-led CRAFT is both effective and acceptable in Australia, aligning with international best practice while addressing local service gaps.



The program's success suggests that Australia can lead in implementing digitally enabled, family-focused interventions for substance use, particularly in underserved regions. Future research should explore long-term outcomes, cost-benefit analyses, and broader implementation strategies.

## Conclusion

The Family Empowerment Program represents a promising, evidence-based approach to supporting families affected by substance use in rural Australia. It delivers equitable access, strong mental health outcomes, and aligns with international best practice. We recommend that the Committee consider the integration of practitioner-led online family interventions like FEP into national alcohol and other drug strategies, with particular attention to rural and remote service delivery.

## Recommendations

### 1. Expand Access to Family-Focused Interventions Nationwide

- **Recommendation:** Integrate the Family Empowerment Program into national alcohol and other drug treatment strategies, ensuring availability across all jurisdictions, especially in rural and remote areas.
- **Rationale:** The RCT demonstrated significant improvements in depression, life satisfaction, and coping for CSOs. Scaling this program would address the current service gap, where only 8.1% of treatment episodes involve family support.

### 2. Fund Online Practitioner-Led Delivery Models

- **Recommendation:** Allocate funding to support online, practitioner-led delivery of evidence-based programs like FEP.
- **Rationale:** Online delivery overcomes geographic barriers and stigma in small communities, offering equitable access to high-quality care for rural Australians.

### 3. Include CSO Support in Standard Treatment Protocols

- **Recommendation:** Mandate the inclusion of CSO support programs as part of routine care for individuals entering substance use treatment.
- **Rationale:** Supporting CSOs improves family functioning and indirectly enhances treatment engagement and outcomes for the identified person (IP).

### 4. Invest in Workforce Development and Accreditation

- **Recommendation:** Support training and accreditation pathways for psychologists and social workers to deliver CRAFT-based interventions.
- **Rationale:** The success of FEP was linked to practitioner expertise. Building a skilled workforce ensures fidelity and effectiveness of delivery.

### 5. Include the Family Empowerment Program as a Medicare-Rebate Service

- **Recommendation:** Advocate for the Family Empowerment Program (FEP) to be listed as a Medicare-rebate service under the Better Access initiative or similar mental health funding schemes.
- **Rationale:** Financial barriers prevent many families from accessing psychological support. Including FEP under Medicare would improve affordability and accessibility, particularly for rural Australians. It would also incentivize service providers to offer family-focused care and align with national mental health priorities to support carers and families affected by substance use.



## 6. Conduct Long-Term and Economic Evaluations

- **Recommendation:** Fund longitudinal studies and cost-benefit analyses of FEP and similar programs.
- **Rationale:** Understanding long-term impacts and economic value will inform sustainable policy and funding decisions.

## 7. Promote Cross-Sector Collaboration

- **Recommendation:** Encourage partnerships between health, education, justice, housing, and social services to identify and support CSOs early.
- **Rationale:** Substance use affects multiple domains. A coordinated response can enhance prevention, reduce harm, and support recovery.



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