Australian Alcohol & Other Drugs Council

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Dear Dr Freelander

AADC's second submission to the Inquiry into the health impacts of alcohol and other drugs in Australia: A plea for national leadership to address the ongoing critical shortfall in AOD service access

The Australian Alcohol and other Drugs Council (AADC) would like to take this opportunity to thank the House of Representatives Standing Committee on Health, Aged Care and Disability for accepting Minister Butler's request to continue the Inquiry into the health impacts of alcohol and other drugs (AOD) in Australia, which was commenced by the previous Standing Committee on Health, Aged Care and Sport under the previous Parliament.

This submission builds on the comprehensive recommendations contained in AADC's first submission to the Inquiry (submission number 45 under the previous Parliament) and summarises what our member organisations see as the most pressing issues for the new Committee's consideration in the 48th Parliament in that context.

AADC would also like to acknowledge the expansion of the new Committee's remit to include disability, which we are confident will promote greater emphasis on synergies between applicable service systems moving forward. In this context, AADC has been particularly focussed on highlighting potential synergies between initiatives across the Health and Disability portfolios in collaboration with our national partner organisations over the last two years, with Chapter 2 of the recent NT Coroner's report of the Inquest into the death of Kumanjayi Walker further highlighting implications for the AOD sector in terms of: the need for greater access to Fetal Alcohol Spectrum Disorder (FASD) assessments and the National Disability Insurance Scheme (NDIS); enabling more inclusive engagement in the AOD service system; and supporting transition to community for people exiting residential AOD treatment in particular. These are issues that were discussed at length in AADC's previous online event on *'Alcohol and other drugs, disability and overrepresentation in the criminal justice system: forging new partnerships and pathways to achieve better outcomes',* the video of which is available on our website. AADC has also subsequently partnered with the National Organisation for Fetal Alcohol Spectrum Disorder (NOFASD Australia) to develop and launch a new online training course: *FASD-Informed Practice for the Australian Alcohol and Other Drug Workforce*, which supports AOD professionals to better understand and respond to individuals diagnosed with, or possibly living with undiagnosed, FASD. The recording of the online launch showcasing this new resource – along with related materials – is now available on the AADC website.

With the recommencement of the Inquiry, we are writing to follow up on AADC's previous submission, again highlighting that the AOD sector is currently experiencing significant challenges to its capacity to continue to deliver services to Australians who need them, their families, friends and communities. These challenges are in no

small part impacted directly by the increasing complexity of clients presenting to AOD services across the country, as exemplified again in the NT Coronial Inquest report and also further highlighted in the recently released Report on the 2024 NSW Drug Summit.

AADC believes that 2025 and 2026 represent a time of opportunities for both the Australian Government and the broader Parliament to work towards addressing long-standing problems for the AOD sector in Australia and we specifically request the Committee's assistance to ensure that current processes are effective. We note the opportunities presented by the Inquiry into the health impacts of AOD in Australia, particularly with a view to ensuring that any recommendations arising can inform Federal Budget considerations for the 2026-27 financial year.

Further, we note that an evaluation of the Australian Government Department of Health, Disability and Ageing's Drug and Alcohol Program (DAP) is currently being completed, and scoping work is also currently being undertaken by the Department for the next iteration of the National Drug Strategy, with the current National Drug Strategy set to expire in 2026. We note that all three of these processes – the Inquiry, the DAP evaluation and the development of the new National Drug Strategy – present opportunities to make a difference for a sector that is currently in a state of ongoing crisis. We are however concerned that any delays in concluding these current processes could lead to further delays in implementing recommendations and actioning current priorities that the sector can ill-afford at this stage.

By way of context, every year in Australia - for at least the past decade - almost half a million people are turned away from AOD treatment because of a lack of capacity in the sector. During that same time period, the number of drug-related deaths has gone from exceeding to now being around double the national road toll. If you include alcohol-related deaths, it looks more like three times as many deaths as the road toll. So, while each and every year around half a million Australians have been denied treatment for an AOD problem, the number of people who die each year has unsurprisingly continued to trend upwards. These are thousands of preventable deaths.

At the same time, numerous reports and Parliamentary inquiries have recommended a greater investment in demand and harm reduction measures to address this ongoing national tragedy. AADC's previous submission points out that this current inquiry represents the 13th inquiry into AOD-related harms since 2018. The previous 12 inquiries have been clear and consistent on the need for greater balance across the demand, harm and supply reduction pillars of Australian drug policy and specifically the need for more investment in the AOD and harm reduction sectors. Most recently at the national level, the Joint Committee on Law Enforcement's report on the challenges and opportunities for law enforcement in addressing Australia's illicit drug problem recommended that an evaluation of the current National Drug Strategy include a review by the Australian Government, in consultation with State and Territory governments, of the current resourcing for the three pillars of the Strategy (harm reduction, demand reduction and supply reduction), and that should the differences in investment still be substantial, consideration should be given to increasing funding for demand and harm reduction measures.

Subsequent to that report being tabled, a report by UNSW's Drug Policy Modelling Program found that expenditure by governments across the country on AOD treatment (all types) was less than half that spent on law enforcement, with prevention and harm reduction initiatives receiving significantly less than that. The report also highlighted that the proportions of government expenditure going to each of these areas had remained very much the same for at least the last twenty years.

Meanwhile, demand for AOD services has been increasing, with numerous government and media reports exploring the dangers of unregulated private and for profit AOD services that have popped up to meet community demand in the absence of there being enough capacity in the high quality and more accountable government-funded AOD sector. At the same time, the implementation of the National Quality Framework for Drug and Alcohol Treatment Services has been significantly hampered by the disbanding of critical national governance structures that previously provided a vehicle for policy, program and funding coordination between Australian and State and Territory governments.

Consequently, the Joint Committee on Law Enforcement's report on the challenges and opportunities for law enforcement in addressing Australia's illicit drug problem also recommended that the Australian Government re-establish a national governance structure under the National Cabinet architecture, bringing together representatives across the Commonwealth, States and Territories, to oversee the implementation of the National Drug Strategy moving forward. We are interested to know if there is any update in terms of the Australian Government's response to the recommendations of this previous Inquiry, and how its recommendations are being factored into the considerations of the current Inquiry, particularly in relation to the establishment of a sector-inclusive national governance framework, in line with Recommendation 1.

In terms of addressing the current Inquiry's Terms of Reference, to be blunt - from our perspective, the answers to the well-documented crisis currently impacting the AOD sector - and its capacity to deliver services to Australians who desperately need them – are already well established and quite clear. **Funding and coordination for implementing National Drug Strategy priorities needs to be enhanced.** It's not that currently funded services are doing a bad job. It's simply that there aren't enough of them and they are not adequately and sustainably funded to meet increasing community demand. Equity of access and coverage of services in rural, regional and remote areas also needs particular attention. Given that none of these matters sit exclusively within the remit of Australian or State and Territory governments, bringing together the relevant Ministers, Departments and non-government representatives to undertake joint planning and coordination is crucial. The establishment of a national governance framework, including Ministerial-level representation, would also facilitate consideration of cross-portfolio and whole-of-government responses at both the national and state/territory levels. In addition, it would enable direct engagement with existing governance structures at the national level (such as the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee) to promote stronger linkages in the development and implementation of related national strategies (such as the soon-to-be-developed new National Drug Strategy and the soon-to-be-released new National Hepatitis Strategies).

Also of immediate concern to the AOD sector is the impending conclusion of Commonwealth funding for AOD services under the afore-mentioned Australian Government Department of Health, Disability and Ageing's Drug and Alcohol Program (DAP). In short, all Commonwealth funding currently being provided to AOD services from the Department – including via Primary Health Network commissioning processes – is currently set to conclude at the end of the current financial year. This also includes funding currently provided under the long-standing Drug and Alcohol Treatment Services Maintenance (DATSM) program, which has provided supplementation to Commonwealth funding contracts with AOD sector organisations/services since the transition to the 'modern' award system at the national level over a decade ago. In summary, all funded organisations and services currently have no funding security beyond 2025-26, with many anticipating having to commence wind-up preparations at the end of the 2025 calendar year as a direct result. It would obviously be of significant comfort to the sector if current levels of Commonwealth funding could be assured, so at least current service viability could be maintained, while possible responses to the demonstrable ongoing nationwide shortfall in AOD sector funding and capacity continues to be considered by both the Committee and the Australian Government.

In terms of AADC's remit and capacity to reflect the consolidated views of the AOD sector, AADC is the national peak body representing the AOD sector. We work to advance health and public welfare through the lowest possible levels of AOD related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level. AADC's founding members comprise each state and territory peak body for the AOD sector, other national peak bodies relating to the AOD sector, and professional bodies for those working in the AOD sector. AADC also has Associate Members – the Drug Policy Modelling Program (UNSW), National Youth Substance Use Research Centre (UQ), National Drug Research Institute (Curtin University) and National Drug and Alcohol Research Centre (UNSW) are our current Associate Members. AADC's membership is designed around a representative model. Every organisation eligible for ordinary membership of AADC must be a representative body able to demonstrate it represents one or more of our key sector constituencies, namely: specialist health services working to prevent and reduce harms that can be associated with the use of AOD; practitioners working in AOD treatment settings and the areas of prevention and early intervention; researchers and evidence-informed policy specialists in the AOD field; and, people who use or have used AOD and their families. Our 2025-26 Pre-Budget submission and original submission to the Inquiry into

the health impacts of AOD in Australia previously outlined a series of evidence-informed recommendations for action by the Australian Government in both the short and longer terms, that were based on several years of sector-wide consultation. These submissions also provide further background and context to the issues summarised in this submission and are re-attached for your further consideration.

In light of the multiple current opportunities for new leadership, policy and funding directions at the national level - including through the Inquiry into the health impacts of AOD in Australia and the expanded remit of the House Standing Committee on Health, Aged Care and Disability - AADC sees 2025 and 2026 as crucial years for national action to finally start addressing the issues that have plagued the AOD sector for decades now, leading to the ongoing avoidable deaths of thousands of Australians each and every year. We aren't just coming to you with problems. We are also offering practical solutions based on evidence, expertise and experience. We are asking that the Committee hears our plea and seeks to guide and inform national action to ensure better health and social outcomes for the individuals, families and communities we all serve.

AADC would welcome the opportunity to meet with the Committee to discuss any queries you may have in relation to the issues and recommendations highlighted again in this submission and/or the related attachments. We would be happy to appear before the Committee at a public hearing or meet privately either in person or online if that is preferrable. Please do not hesitate to contact me directly on [redacted] or via email at [redacted] at any stage.

We look forward to hearing from you and stand ready to provide any further information that may assist the Committee's deliberations moving forward. Thank you again for your time and consideration.

Yours sincerely

[redacted]

Melanie Walker
Chief Executive Officer
Australian Alcohol and other Drugs Council
31 October 2025

Attachments:

- AADC 2025-26 Pre-Budget submission (31 January 2025)
- AADC Submission to the Inquiry into the health impacts of alcohol and other drugs in Australia (30 September 2024)