

Wednesday, October 22, 2025

Dr Mike Freeland MP
Committee Chair
PO Box 6021
Parliament House
Canberra ACT 2600

Email: Health.Reps@aph.gov.au

Dear Dr Freeland MP

Re: Issues paper relating to the health impacts of alcohol and other drugs in Australia

The Massage & Myotherapy Australia Submission is in response to the House of Representatives Standing Committee on Health, Aged Care and Sport's call for comments on the issues paper relating to the health impacts of alcohol and other drugs in Australia.

Despite being largely self-funded, the Submission outlines the significant contribution and benefit of remedial massage therapy and myotherapy (massage therapy) when administered by professional qualified massage therapists as part of an integrated program of support. Based on this benefit, it provides suggestions to improve funded access and integration within alcohol and other drugs (AOD) support services and programs.

The focus is exclusively on qualified professional remedial massage therapists and myotherapists (Diploma, Advanced Diploma, Bachelor) advocating for greater recognition and government-supported integration of professional massage therapists.

The Submission reports client feedback and outcomes to provide further insights into how support and rehabilitation services for individuals involved in AOD rehabilitation and recovery programs can be improved.

The Summary Table of Issues, Recommendations and Outcomes that is included in the Submission reflects the lived experience of members providing services to AOD clients, and a process to achieve an appropriate level of integration in AOD support services.

Thank you for the opportunity to add this evidence, experience and suggestions of our members.

Yours sincerely



Ann Davey
CEO

Overview

1. Defining the scope of this submission

This submission is concerned only with qualified professional remedial massage therapists and myotherapists (massage therapists) who hold recognised qualifications listed in the Australian Bureau of Statistics jobs and skills taxonomy and as defined by OSCA 2024 v1.0 (Occupation Standard Classification for Australia).

These accredited professional massage therapists hold Australian Qualifications Framework (AQF) recognised qualifications, including Certificate IV, Diploma, Advanced Diploma and Bachelor’s degrees.

Massage therapy is the most used complementary therapy¹ for both therapeutic and remedial needs.

Qualified professional massage therapists deliver healthcare interventions that alleviate pain, stress, and limitations in movement arising from illness, injury, or lifestyle conditions such as those associated with overuse, repetitive strain and alcohol and other drug (AOD) dependency and withdrawal.

The submission distinguishes professional massage therapy and myotherapy — manual manipulation of soft tissues (muscles, tendons, ligaments) — from quasi-massage and other non-professional practices. Adjunct methods (e.g., myofascial dry needling, aromatherapy) may support, but do not define, massage therapy.

Different modalities are used depending on client/patient needs:

- *Therapeutic massage therapy*: relief from aches, pain, and stress.
- *Remedial massage therapy*: management of chronic musculoskeletal and postural conditions, injuries, and rehabilitation.
- *Myotherapy*: advanced training in higher-level clinical assessment and treatment protocols.

Professional massage therapists employ integrated, evidence-informed approaches for a range of conditions, including disease recovery, injury, dysfunction, pain, and emotional tension (see Table 1 below).

Qualified massage therapists generally draw on a variety of techniques and adjunct services to assist in addressing a specific condition which can include:

Table 1: Conditions for which massage is applied		
Disease and injury	Dysfunction and pain	Emotion
palliative conditions, i.e. cancer	postural & thoracic	neural tension
muscular tears & strains	sacroiliac, lumbar & hip	tension & stress
tendonitis & tendinopathy	neck & shoulder	relaxation
surgery recovery	reduced range of motion	headaches
	reduced fitness & strength	restlessness

2. Submission summary

In preparing this document, the Association conducted an online survey of its 8,400 members (the 2025 Survey) about their experiences in providing professional massage therapy services to people with AOD dependencies.

¹ Steel A, Leach M, Wardle J, Sibbritt D, Schloss J, Diezel H, Adams J. The Australian Complementary Medicine Workforce: A Profile of 1,306 Practitioners from the PRACI Study. *J Altern Complement Med*. 2018 Apr;24(4):385-394. doi: 10.1089/acm.2017.0206. Epub 2018 Jan 2. PMID: 29293360.

The evidence shows that while massage therapy is not a cure for AOD dependency, professional qualified remedial massage therapists and myotherapists who are members of an accredited association play an important role in withdrawal management and rehabilitation.

The findings of the 2025 Survey highlight the significant contribution and benefit of massage therapy when administered by professional qualified massage therapists. However, these services are largely self-funded by clients who trial and choose massage therapy as an appropriate form of support for their recovery and wellbeing.

Professional massage therapy is viewed as a valuable and trusted part of recovery, involving measurable progress and greater motivation to continue rehabilitation. Reported benefits by clients include:

- feelings of relief
- relief from pain and muscular tension
- improved sleep and relaxation
- reduced anxiety and stress
- enhanced sense of wellbeing and motivation for continued rehabilitation.

Responses to the 2025 Survey also highlight the difficulties in current government funding arrangements such as time-consuming and burdensome administration. Members find that reporting, intake and documentation hinder the time available for direct care. Many suggest digital systems or streamlined forms should be considered for greater productivity.

Overall, the evidence strongly supports that improved government-funded access to professional massage therapists' services, combined with simplified administrative processes, will help to:

- increase accessibility and equity of care
- enhance rehabilitation and recovery outcomes
- support client autonomy and evidence-based service choice.

3. About Massage & Myotherapy Australia

Massage & Myotherapy Australia is the sector's leader and driving force towards evidenced-based massage therapy and myotherapy services, professional standards, and education in massage therapy, remedial massage therapy and myotherapy.

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for therapeutic massage therapists, remedial massage therapists and myotherapists nationwide, the Association currently services over 8,400 professionally qualified member therapists.

Quantifying professional massage therapy AOD support services

In preparing this Submission, the Association conducted an online members' survey (the 2025 Survey) to understand their experiences in providing professional massage therapy services to individuals with alcohol and other drug (AOD) dependencies.

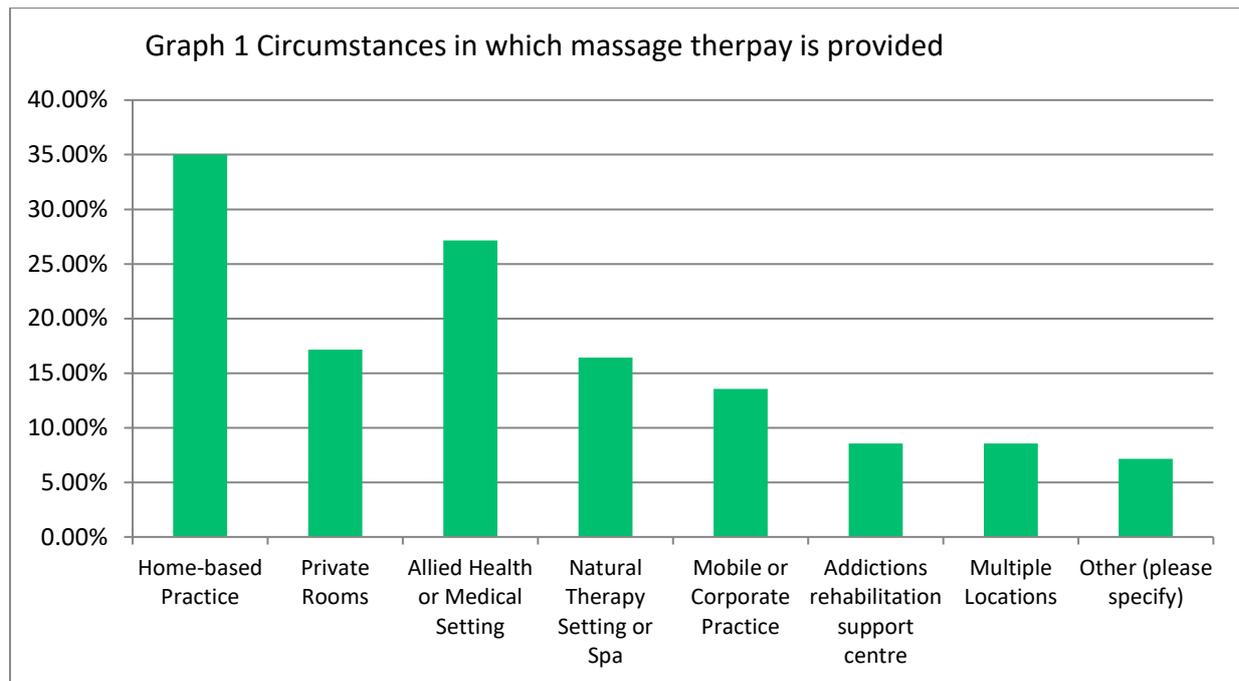
Members indicated that combined remedial massage therapy and therapeutic massage therapy modalities generally help to reduce stress around addiction and improve musculoskeletal and emotional wellbeing such as stress, anxiety, body pain and sleep.

4. Member Q & A survey results

The 2025 Survey posed a series of questions and multiple-choice answers about the drug and alcohol support services provided by professional massage therapists. The results are presented below.

a. Circumstances in which massage therapy is provided

Significantly, only around 8.57% of members provided massage therapy services in addiction and rehabilitation support centres. As shown in Graph 1 below, the rest are provided in different locations such as allied health and primary health clinics and private rooms.



b. Source of new AOD clients

Members reported that the main source of new AOD clients was through word-of-mouth (74.68%) indicating that the therapist’s reputation and outcomes for people with AOD dependency drives choice of therapist.

Referrals from clinicians and other health professionals are also significant including:

- GP Chronic Condition Management Plan (16.46%)
- Allied health referral (39.24%)
- recognised provider of a government-funded program (7.59%)
- private health insurance (27.85%).

c. Funding sources

Responses indicated that Government programs funded only 10.07%, around 8.6% were partially subsidised, and the majority were privately funded by clients who were seeking or were recommended massage as a support (81.29%).

Greater coordination and collaboration in funding appears necessary as members indicated many disparate and largely unrelated sources of government funding as listed below:

- Department of Veterans Affairs
- NDIS
- Aged Care Home Care Package
- WorkCover
- Queensland Health – Drug and Alcohol
- Department of Justice – Gambling, NSW government funding,
- State/Territory Health Funding
- PBS (Pharmaceutical Benefits Scheme).

Some members indicated an awareness of multiple funding sources such as:

- DDAL (Drug Diversion Appointment line)
- Turning Point (Drugs, Alcohol & Gambling)
- Windsor House Private
- Malvern Private and some Private Health insurance
- Treatments and number of clients.

d. Client access to massage therapy services

Members indicated that financial constraints often pose difficulties for clients to continue with massage therapy.

They also reported that the number of sessions can be affected by the complexity of the client’s condition, such as relapse, physical and emotional, the referring Rehabilitation Centre and length of stay at the centre.

Additionally, members indicated that 58.11% of clients present with alcohol addiction only, drug addiction 47.30% only, or both 59.46%.

Other members noted that their clients may have other personal issues in life that led to addiction.

e. Duration and number of sessions

Members reported that longer more structured sessions per client would typically complete a standard outpatient drug and alcohol treatment or detox program.

Fewer sessions (1–4) may be sufficient for brief interventions, while more intensive cases require 12–24 or more sessions, followed by ongoing maintenance, such as once per month.

Additionally, the exact number of massage sessions may vary depending on the severity of dependence and client engagement.

Arrangements that allow for a more flexible number of sessions and integration enables time to build therapeutic rapport, address underlying psychological issues, provide relapse prevention strategies, and support long-term behavioural change.

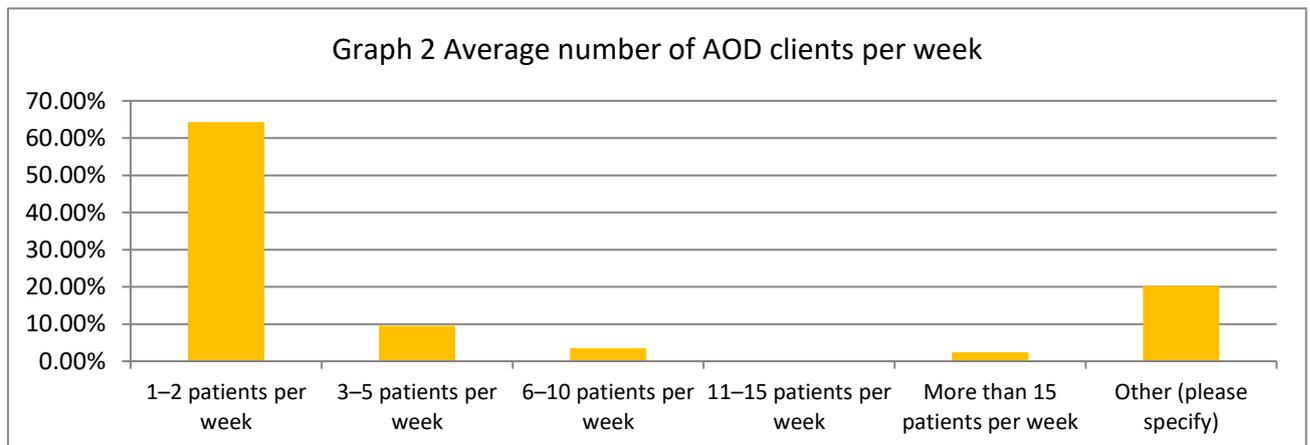
As shown in Graph 2 below, a majority (64.29%) see between 1 and 2 drug and alcohol-related clients a week, with the highest being 15 or more.

The majority (69.88%) of clients receive between 1 and 5 massage therapy treatments per month with around 10% presenting for between 6 and 10 treatments per month.

Additionally, when the client is ready for exercise therapy it is combined with massage therapy to achieve significant improvement.

Other clients present during heightened events when they seek additional support and relief from symptoms.

Around 20% are incidental and occasional sessions when clients present.



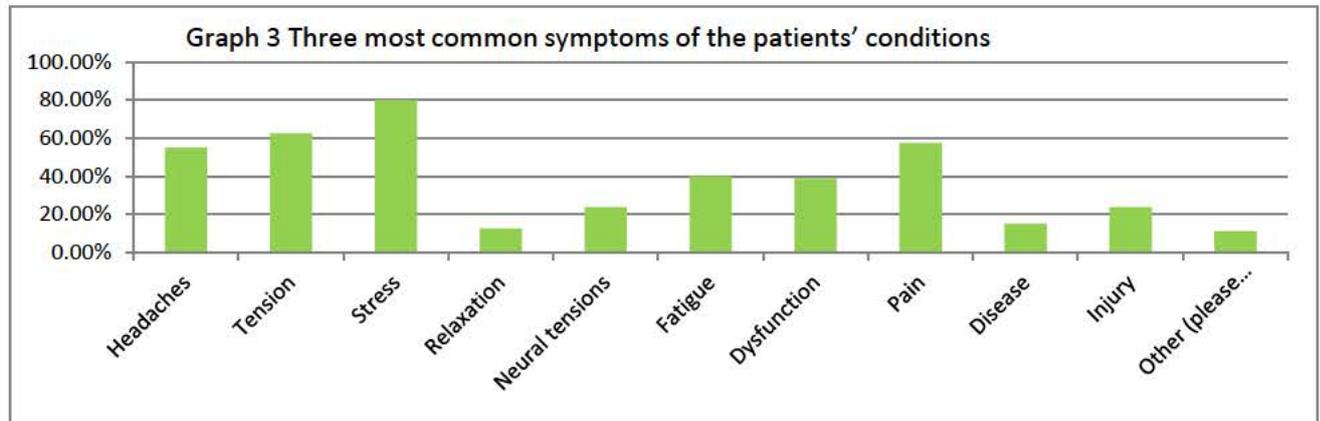
f. Reason for addiction:

The most common source or cause of clients’ condition/s involve personal drug abuse (41.03%); personal alcohol consumption (66.67%) and acquired medical prescription-related dependency (46.15%).

Other members reported that AOD is often combined with mental health issues.

g. Most common symptoms:

Graph 3 below lists the most common symptoms presenting with AOD clients as indicated by members.



Members reported other noted conditions such as large lipomas, trauma, anxiety psychological, low self-worth, and dysfunctional nervous system.

5. Summary of member comments and feedback

The 2025 Survey also asked members to describe the services and treatments provided, client outcomes and feedback. The following summarises these lived experiences.

a. Client benefit and positive outcomes

Clients consistently reported feeling relief, improved sleep, reduced anxiety and a sense of wellbeing. Massage therapy is viewed as a valuable and trusted part of rehabilitation and recovery. Some mention measurable progress and greater motivation to continue rehabilitation.

b. Emotional and mental health support

Massage therapy contributes to clients feeling calm, cared for and connected. Therapists note improvements in confidence and mental wellbeing as well as physical relief.

c. Trust, confidentiality and respect

Members reported that establishing trust, non-judgement and confidentiality are viewed as essential, especially with clients recovering from addiction. Members emphasised creating a safe and supportive space.

d. Communication challenges

Clients may struggle to express themselves or recall information due to concentration difficulties or medication effects. Building rapport takes time.

e. Importance of client feedback

Therapists value feedback to adapt treatment. Feedback is described as positive, motivational, and evidence of therapeutic success. Some note difficulty interpreting deeper client feelings, highlighting the need for holistic and integrated support services.

f. Treatment adaptation

Therapists adjust treatment for clients experiencing withdrawal, trauma or emotional vulnerability – often using gentle touch or relaxation-focused techniques.

6. Challenges and barriers

a. Cost and Funding Barriers

Self-funding is common.

Clients often cannot afford the recommended frequency of sessions. Members also reported lack of government funding and GP understanding of massage therapy benefits.

b. *Paperwork and administrative burden*

Paperwork and administration were repeatedly described as difficult, time-consuming or burdensome.

Members find reporting, intake and documentation hinder direct care. Many suggested digital systems or streamlined forms to remedy this. One comment noted positive support from clinic administration in managing paperwork (particularly NDIS-related).

c. *Burnout/emotional load on therapists*

Some members mentioned burnout or emotional strain when dealing with vulnerable clients.

d. *Lack of systemic support/GP awareness*

Comments highlighted limited GP referrals and under-recognition of massage therapy as an associated allied health service.

Supporting clinical evidence

In addition to the lived experience as outlined in this submission and the 2025 Survey results, the evidence indicates that massage therapy when administered by professional qualified massage therapists is a reasonable evidence-informed adjunct in detox settings for managing acute withdrawal symptoms (anxiety, physiological arousal, sleep disturbance, pain).

While current clinical research is limited in scale and duration, the available evidence demonstrates the need for funded programs and larger RCTs that measure short-term withdrawal outcomes and mid/long-term outcomes (duration of recovery, treatment engagement, relapse rates, quality of life).

Importantly, the professionalism and regulation of the sector provide strong foundations for consistency in massage therapy treatment protocols.

The nationally-recognised qualifications, defined competencies and practice standards ensure uniformity in massage therapists' training by recognised and accredited training organisations (ATOs), administrative processes, session structure and modality use.

This professional framework enables the implementation of interpretable, replicable and scalable results within both government and non-government funded AOD support programs.

a. *SA Health*

SA Health reports that research indicates that massage therapy can be a valuable support for alcohol dependency recovery, helping to ease alcohol withdrawal symptoms by reducing anxiety, muscle pain, and improving sleep.

b. *Queensland University study²*

A published study by M. Reader R. Young and JP Connor, 'Massage therapy improves the management of alcohol withdrawal syndrome' showed that those receiving massage generally showed reductions in pulse rate on 3 of the 4 days of treatment compared to the control group. Massage was also more effective in reducing Alcohol Withdrawal Scale scores in the early stages of the detoxification process. Respiration in the massage group was reduced toward the end of the detoxification admission.

The conclusion of this study was that massage shows promise as an adjunct to traditional medical detoxification for alcohol.

² M, Young R, Connor JP. Massage therapy improves the management of alcohol withdrawal syndrome. J Altern Complement Med. 2005 Apr;11(2):311-3. doi: 10.1089/acm.2005.11.311. PMID: 15865498.

c. Managing withdrawal

The same study cited above stated that the massage group had reduced AWS scores after each of the 4 daily sessions and the control group had reduced scores only on 2 days (and increased scores on the other days). Reductions were significantly greater in the massage group on day 1 only.

The massage group also had significantly greater reductions in pulse rate (on 3 of 4 days) and in respiration (day 4 only).

The dose of diazepam used during detoxification did not differ between the groups.

d. Chair massage and anxiety

In another journal article, 'Chair Massage for Treating Anxiety in Patients Withdrawing from Psychoactive Drugs'³ analysis of STAI scores showed a significant reduction in state and trait anxiety for both interventions. The magnitude in the reduction in state and trait anxiety was significantly greater in the chair massage group where the effect on state anxiety was sustained, at least in part, for 24 hours.

Within the clinical context of this study, chair massage was more effective than relaxation control in reducing anxiety. Further investigation of chair massage as a potential nonpharmacologic adjunct in the management of withdrawal related anxiety is warranted.

Policy Suggestions

The following Table 2 lists the Key Issues as identified by members lived experience and provides corresponding policy recommendations and benefits.

Key Issue	Recommended Action	Expected Outcome/Benefit
Limited integration of massage therapy in AOD programs	Formally recognise remedial and therapeutic massage therapy as a complementary service in national and state AOD treatment and rehabilitation programs.	Greater access to holistic recovery services; improved physical and emotional wellbeing outcomes.
Fragmented and inadequate funding	Develop coordinated, multi-program funding models that include massage therapy in AOD and mental health programs (Health, Veterans Affairs, NDIS, Aged Care, Justice, etc.).	Increased affordability and accessibility of treatment for clients; continuity of care.
Low awareness among GPs and clinicians	Expand GP and allied health referral pathways through Chronic Condition Management Plans, allied health networks, and AOD-specific initiatives.	Improved referral rates; integration of massage therapy into multidisciplinary care teams.
Lack of understanding of massage therapy's clinical value	Conduct education and awareness campaigns for healthcare providers and AOD organisations on the therapeutic benefits of massage therapy.	Enhanced professional collaboration and recognition of massage therapy as an evidence-informed intervention.

³ Black S, Jacques K, Webber A, Spurr K, Carey E, Hebb A, Gilbert R. Chair massage for treating anxiety in patients withdrawing from psychoactive drugs. *J Altern Complement Med.* 2010 Sep;16(9):979-87. doi: 10.1089/acm.2009.0645. PMID: 20799900..

Key Issue	Recommended Action	Expected Outcome/Benefit
Workforce strain and emotional load on therapists	Provide targeted CPD programs, clinical supervision, and self-care training for massage therapists working with AOD clients.	Strengthened practitioner resilience; reduced burnout and improved quality of care.
High administrative burden	Introduce streamlined, digital documentation and reporting systems to reduce time spent on paperwork.	More time for direct client care; improved service efficiency.
Insufficient research and data	Fund collaborative studies evaluating the effectiveness and cost-benefit of massage therapy in AOD recovery.	Evidence base to support funding inclusion and policy reform; stronger advocacy case.
Need for holistic, person-centred recovery models	Integrate massage therapy within multidisciplinary care models addressing both physical and emotional wellbeing.	Enhanced treatment engagement, client satisfaction, and long-term recovery outcomes.

Conclusion

Remedial massage therapy and myotherapy, when delivered by qualified and accredited professionals, represent a safe, evidence-informed, and client-centred adjunct within AOD withdrawal, rehabilitation, and recovery programs.

Policies that support the integration of professional massage therapy in government and non-government funded holistic AOD support programs have the potential to deliver improved outcomes of AOD dependent individuals.