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Submission to the House of Representatives Standing Committee on Health, Aged Care and Disability

Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

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Date: 6 October 2025

Introduction

I welcome the opportunity to provide this submission to the Committee's inquiry into the health impacts of alcohol and other drugs (AOD) in Australia. As President of the **Australian Multicultural Action Network (AMAN)**, and as a community leader engaged in health advocacy, I bring forward perspectives shaped by working closely with diverse communities, seniors, young people, and vulnerable populations across the ACT and nationally.

Alcohol and other drug use remains one of Australia's most pressing public health challenges. Its health, social, and economic harms touch families, workplaces, and communities in profound ways. A national response must be **equitable, evidence-driven, culturally responsive, and multidisciplinary** in order to reduce harms and support recovery.

This submission addresses the Committee's Terms of Reference.

(a) Assessing Current Services for Equity, Value, and Outcomes

- **Equity of Access:**
 - CALD communities often face language, stigma, and cultural barriers in accessing treatment and prevention services.
 - Regional and remote Australians face service shortages, while urban centres struggle with waiting lists.
 - **Value for Money:**
 - Services focused on prevention and early intervention are cost-effective compared to downstream hospitalisations and justice-system involvement.
 - Current funding remains overly skewed toward acute responses rather than sustained prevention and recovery supports.
 - **Best Outcomes:**
 - Best outcomes are seen where treatment integrates medical, psychosocial, and community supports. For example, community-based rehabilitation programs show higher retention rates than purely clinical models.
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(b) Effectiveness of Current Programs and Initiatives

- **Prevention and Reduction Programs:**
 - School-based education programs are uneven across jurisdictions; evidence suggests those that focus on resilience, critical thinking, and peer influence outperform fear-based campaigns.
 - Harm-reduction initiatives such as needle exchange and pill testing save lives and reduce long-term health burdens.
 - **Priority Populations:**
 - **Young people:** Highly vulnerable to binge drinking and emerging drug use. Education, peer-led outreach, and family support are critical.
 - **First Nations peoples:** Require culturally grounded, community-led solutions, building on successful models like Aboriginal Community Controlled Health Organisations (ACCHOs).
 - **CALD and migrant groups:** Require bilingual mental health and AOD services, as stigma and cultural norms often prevent early help-seeking.
 - **Equity of Access:**
 - Existing services often lack cultural safety frameworks. Tailored programs that acknowledge faith, language, and community norms can enhance trust and participation.
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(c) Contributions of Other Sectors Beyond Health

- **Education:** Early intervention through schools and universities can reduce experimentation and normalisation of alcohol and drug use.
 - **Employment:** Vocational pathways and workplace programs for people in recovery can prevent relapse and rebuild dignity.
 - **Justice:** Diversionary programs (drug courts, treatment pathways) are more effective and humane than punitive incarceration for non-violent drug offences.
 - **Social Services:** Stable housing, financial counselling, and family support are essential to sustaining recovery.
 - **Community Organisations:** Partnerships with not-for-profits can extend outreach into culturally diverse and hard-to-reach groups.
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(d) Domestic and International Best Practice

- **Domestic:**
 - The NSW Drug Summit (1999, 2024) highlighted bipartisan agreement on the value of harm reduction, community engagement, and prevention.
 - Successful state-based initiatives, such as Victoria’s Medically Supervised Injecting Room, provide evidence of reduced overdoses and hospital strain.
 - **International:**
 - **Portugal’s decriminalisation model** has reduced overdose deaths and HIV transmission by shifting focus from punishment to treatment.
 - **Iceland’s youth program** (curfews, family engagement, sports access) drastically reduced teenage alcohol and drug use through holistic prevention.
 - **Canada’s integrated AOD strategies** embed housing and social care within recovery models, reducing relapse rates.
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Key Recommendations

1. **Expand prevention and harm-reduction initiatives** nationally, including pill testing, safe injecting facilities, and alcohol moderation campaigns.
2. **Strengthen culturally and linguistically responsive services**, ensuring CALD and migrant communities can access safe, stigma-free treatment.
3. **Embed AOD supports into broader service systems** – housing, employment, education, and justice – to address root causes and sustain recovery.
4. **Shift funding balance toward prevention and early intervention**, recognising its cost-effectiveness and long-term benefits.
5. **Adopt international best practice models** (Portugal, Iceland, Canada) while tailoring them to Australian contexts.

6. **Empower community-led solutions** by resourcing not-for-profits and grassroots organisations already trusted within vulnerable communities.
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Conclusion

Alcohol and other drug-related harms demand a **whole-of-society response**. Law enforcement alone cannot resolve this issue; we must invest in **health-first, prevention-oriented, and community-driven strategies**.

By integrating health, education, justice, and social services, while tailoring approaches for vulnerable groups, Australia can create a more equitable, effective, and humane system that reduces harm, prevents addiction, and fosters recovery.

I commend the Committee for revisiting this inquiry, and I urge that its outcomes prioritise prevention, equity, and community wellbeing.

Respectfully submitted,

Ravi Krishnamurthy

President – Australian Multicultural Action Network (AMAN)