



WRAD Health Inc.
(Formerly Western Region Alcohol and Drug Centre Inc.)
A0000179Y Established 1983
ABN 54 223 738 596

Handbury Medical Suites
172 Merri Street, Warrnambool Vic 3280
Ph: 03 5564 5777
Fax: 03 5564 5700
E: wrad@wrad.org.au
www.wrad.org.au

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

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

Submitted by: WRAD Health

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1. Introduction

WRAD Health (formerly Western Region Alcohol and Drug Centre Inc.) is a not-for-profit, community-based health organisation based in Warrnambool, Victoria. For 40 years, WRAD Health has provided integrated alcohol and other drug (AOD), mental health, and primary healthcare services across the Great South Coast region of Victoria. Our multidisciplinary model combines medical, psychological, and psychosocial care under one roof, supported by evidence-based family engagement programs.

As both a treatment provider and a community educator, WRAD Health witnesses daily the profound impact that alcohol and other drugs have not only on individuals but also on their families and the broader community. We welcome the opportunity to contribute to this inquiry and highlight the urgent need for families and significant others to have equitable access to treatment, education, and support.

2. The Health Impacts on Families

Alcohol and drug use rarely occurs in isolation. For every person experiencing problematic substance use, there are multiple family members; parents, partners, children, siblings whose health and wellbeing are significantly affected.

Families often experience:

- Chronic stress, anxiety, depression, and trauma exposure.
- Sleep disturbance, physical illness, and emotional exhaustion.
- Relationship breakdowns, financial hardship, and social isolation.
- Reduced capacity to maintain employment and caregiving responsibilities.
- Secondary stigma and shame that prevent help-seeking.

Research indicates that family members of people with substance use disorders present to GPs, emergency departments, and mental health services at higher rates than the general population, yet their needs are seldom formally assessed or treated. Families are often the first to notice risk behaviours and are key motivators in recovery, yet they receive the least structured support within our health system.



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3. Gaps in Current Treatment and Policy Settings

Despite the National Drug Strategy's recognition of families as a cornerstone of prevention and recovery, investment in family-inclusive practice remains fragmented and under-resourced. Key gaps include:

- **Limited access to dedicated family programs:** Most public AOD funding prioritises individual treatment, leaving families dependent on overstretched community organisations or centralised telephone support or peer support groups.
- **Geographical inequity:** Rural and regional families face significant barriers to accessing specialised family therapy or group programs that are locally based.
- **Workforce constraints:** Many clinicians lack formal training in evidence-based family interventions such as CRAFT (Community Reinforcement and Family Training), Invitation to Change (ITC), or the 5-Step Method.
- **System fragmentation:** Poor integration between AOD, mental health, and primary care services prevents coordinated family support.
- **Insufficient prevention focus:** Families often engage only after crisis has occurred, when prevention and early intervention could have mitigated harm.

4. The Role of Family-Centred Treatment in Recovery

Families are not passive bystanders, they are active agents of change. When families are supported, outcomes improve for everyone:

- Individuals are more likely to enter treatment and stay engaged longer.
- Family members experience improved mental health, resilience, and safety.
- Intergenerational harm is reduced through early intervention with children.
- Communities benefit from stronger social cohesion and reduced service demand.

At WRAD Health, we are keen to grow our family support programs such as SMART Family and Friends online group, *A Healthier Way to Help*, partnership project with local Mental Health & Wellbeing service adapted from the *Invitation to Change* model equip families with practical communication strategies, boundary-setting skills, and emotional regulation tools. These programs transform guilt and frustration into understanding and constructive action. These types of services need to be part of standard care to ensure we change the narrative that substance use issues are only an individual issue and neglect families.

5. Recommendations

To reduce the health impacts of alcohol and other drugs on families, WRAD Health recommends:

1. **Dedicated Funding for Family Treatment and Support:**
Create a specific funding stream under the National AOD Program to commission evidence-based family interventions and peer-led programs nationally.



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2. **Integration of Family Support into AOD Service Frameworks:**
Mandate family-inclusive practice as a core component of AOD service standards and commissioning frameworks, with measurable outcomes.
3. **Training and Workforce Development:**
Invest in upskilling the AOD and mental health workforce in family-centred approaches, such as CRAFT, ITC, and Motivational Interviewing for Loved Ones (MILO).
4. **Accessible Regional and Digital Delivery:**
Fund hybrid and online delivery models to overcome distance barriers in regional areas, ensuring rural families receive equivalent support whilst also provide local face to face accessible model.
5. **Early Intervention and Child Wellbeing:**
Strengthen collaboration between AOD, family services, and education sectors to identify and support children affected by parental substance use.
6. **Research and Evaluation:**
Support national research into family-specific outcomes, cost-effectiveness, and service models, building on the existing evidence base comparable to that of individual treatment.

6. Conclusion

Families are the hidden frontline of the alcohol and drug health crisis. They absorb much of the emotional, financial, and social burden, yet remain largely invisible in policy and funding frameworks. Supporting families is both a moral and economic imperative it prevents crisis, enhances recovery outcomes, and fosters healthier communities.

WRAD Health urges the Committee to ensure that family access to treatment and support becomes a central pillar of Australia's alcohol and other drugs policy reform. With adequate investment, training, and system alignment, Australia can lead the world in family-inclusive AOD care.

Contact for Further Information

Mark Powell

Chief Executive Officer

WRAD Health

172 Merri Street, Warrnambool VIC 3280

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