



**Drug ARM**

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The Honourable Members of the House of Representatives Standing Committee on Health, Aged Care and Sport  
Parliament House  
CANBERRA, ACT 2600

30/09/2024

**SUBJECT: RESPONSE TO THE INQUIRY INTO THE HEALTH IMPACTS OF ALCOHOL AND OTHER DRUG USE IN AUSTRALIA**

Dear Committee Chair,

On behalf of Drug ARM, I welcome the opportunity to contribute to the Standing Committee's inquiry into the health impacts of alcohol and other drug (AOD) use in Australia.

The Drug Awareness & Relief Foundation (Australia) is founded upon 175 years of support for positive transformation. Through its subsidiary, Drug ARM, we provide compassion and specialist care in Australia through a range of mental health, alcohol and other drug awareness, rehabilitation and management programs.

As an organisation working with people, families and communities every day on these issues, we recognise the importance of this inquiry in shaping the future of alcohol and other drug services and ensuring they meet the needs of all Australians.

### **1. Equity in Service Delivery**

The question of whether current AOD services are delivering equity, value for money, and the best outcomes for all Australians is of critical importance. At Drug ARM, we see firsthand the challenges marginalised populations—such as Indigenous Australians, culturally and linguistically diverse communities, individuals experiencing homelessness, and those involved in the justice system—face in accessing appropriate services. In many cases, rural and remote areas are underserved, leaving vulnerable individuals without adequate support.

We have witnessed this in our own service delivery. For example, Drug ARM provided a Clean Needle Program in Adelaide for many years, which saw clients traveling significant distances from rural areas to access essential harm reduction services, highlighting a major gap in equity of access. In other programs, we are having to turn away non-English speaking clients due to lack of funding for interpreter services.

Recruitment for regional and rural roles is an ongoing challenge, and funding erosion over many years due to ineffective service agreement indexing, have left not for profit service providers unable to attract suitably qualified staff. In regional areas, there may be long wait lists due or gaps in service due to these recruitment issues. In metropolitan areas, the demand greatly outweighs the sector's capacity to respond and

many of our counselling programs have waitlists of over 3+ months at all times. These are just some examples of the equity issues that impact on the people and families who are seeking support.

We strongly recommend that funding models be reviewed to ensure that services can be expanded to underserved populations. Moreover, we encourage ongoing efforts to integrate culturally appropriate and trauma-informed care into all AOD services, particularly for Indigenous Australians.

## **2. Effectiveness of Current Programs and Initiatives**

Effective AOD treatment requires the ongoing evaluation of programs to ensure they are delivering the best possible outcomes for individuals and society. Currently, a wide range of AOD programs are in place across Australia, including harm reduction initiatives, counselling, day programs, and residential treatment services. These programs provide critical support for individuals struggling with substance use, helping to reduce health, social, and economic harms.

However, one significant barrier to assessing the true effectiveness of many AOD programs is the lack of funding for robust evaluation and research. Many services, particularly those run by not-for-profits and charities like Drug ARM, often operate without the financial resources to properly evaluate their outcomes. This limits the sector's ability to deliver evidence-based programs, as services are frequently designed based on evidence-informed approaches rather than grounded in comprehensive, real-time data.

Without proper evaluation, identifying the most effective interventions becomes difficult, creating challenges for continuous improvement. For example, while day programs and counselling services have shown promising results in helping individuals recover, more resourcing is needed to conduct longitudinal studies that assess their long-term impact on relapse prevention, community reintegration, and overall wellbeing. Similarly, outreach and education programs would benefit from ongoing evaluation to better target vulnerable populations and refine strategies that prevent substance use and its associated harms.

The solution lies in increasing the allocation of resources dedicated to program evaluation and research across the AOD sector. This would allow services to measure their outcomes more effectively and identify areas where they can improve. Additionally, it would help establish a stronger evidence base for programs, ensuring that future interventions are not only evidence-informed but genuinely evidence-based. This is essential for the continued development of AOD treatment services that are both effective and efficient in delivering outcomes for individuals, families, and communities.

Day Programs provide structured treatment and recovery services without the need for residential care, making them a cost-effective and flexible option for individuals. They allow participants to engage in therapeutic activities during the day while maintaining their connection to family, employment, and community life. Evidence from Drug ARM's day programs shows that participants experience significant improvements in both physical and mental health, reduced substance use, and enhanced community reintegration.

Counselling services are integral to helping individuals address the underlying causes of their substance use. Drug ARM offers individual and group counselling sessions that use evidence-based practices, such as cognitive behavioural therapy (CBT) and motivational interviewing, to support behaviour change. Counselling also provides

clients with the tools to manage relapse triggers and strengthen their resilience against future challenges. This is particularly effective in relapse prevention and long-term recovery, as it empowers individuals to build sustainable coping mechanisms.

Outreach and education programs, such as school-based programs, can help young people navigate choices relating to substance use, aiming to reduce the likelihood of substance use issues later in life. The importance of funding effective AOD education in schools cannot be overstated, as evidence-informed programs have been shown to delay the onset of substance use and promoting informed, healthy choices.

Outreach services are essential for reaching marginalised groups, such as people experiencing homelessness, who may not readily access traditional treatment settings. Drug ARM's outreach teams work directly within communities to provide support, engage individuals in treatment, and offer harm reduction education. However, more resources are needed to expand outreach services to ensure no one is left behind, particularly in underserved regions.

### **3. The Role of Non-Health Sectors**

Sectors beyond health—such as education, employment, justice, and housing—play an essential role in reducing alcohol and other drug related harms. Addressing the social determinants of health through housing assistance, job training, and education opportunities is critical for preventing relapse and supporting long-term recovery. We have seen great success through diversion programs and collaboration with community housing services, helping individuals stabilise their lives and re-engage with their communities. During COVID, our Street Outreach Services witnessed the immediate positive impact that housing and an increase in social welfare income on some of the most vulnerable Australians – people who are homeless or on the fringe of homelessness.

There is also a significant overlap between AOD use and domestic and family violence (DFV), with alcohol frequently being an exacerbating factor in incidents of DFV for both victim and perpetrator. The AOD sector must be better equipped to address these co-occurring issues, ensuring individuals experiencing or perpetrating DFV receive the appropriate support. Substance use can also be a form of domestic violence. Drug ARM has seen clients who have been coerced into using substances, creating dependency as a way of controlling their partner. Some clients have been injected with substances without their consent, while intoxicated or in their sleep. We have clients seeking support for substance use who tell us they don't know how to inject it – their partner has been doing it for them. For these reasons, we encourage the Committee to consider the importance of cross-sector collaboration in addressing AOD issues, ensuring individuals have the comprehensive support they need for recovery.

### **4. Drawing on Best Practice and International Experience**

Australia has the opportunity to learn from international best practices in alcohol and other drug prevention. Beyond treatment programs, there are numerous alcohol policy interventions that have proven effective in reducing alcohol-related harms at a population level. Evidence from domestic and international contexts demonstrates that structural policy levers, such as taxation, restrictions on marketing practices, and the implementation of warning labels, can significantly impact alcohol consumption rates and related health outcomes.

Increasing the price of alcohol through taxation is one of the most effective ways to reduce harmful alcohol consumption. Countries like Sweden and Norway have shown



that high alcohol taxes reduce consumption rates and associated harms, such as liver disease, accidents, and violence.

Alcohol marketing, particularly in relation to young people, is a critical area where further regulation can mitigate harm. Countries like France, through the Loi Évin law, have restricted alcohol advertising in public spaces, sports events, and on television, significantly reducing youth exposure to alcohol marketing.

Warning labels on alcohol packaging can serve as a preventative measure by educating consumers on the risks associated with alcohol consumption. In Canada, the introduction of labels linking alcohol consumption to cancer risks resulted in a significant reduction in alcohol sales during the trial period.

Another important policy lever is limiting alcohol availability through restrictions on sales times and outlet density. Research from countries like Scotland has shown that reduced trading hours and limiting the density of alcohol outlets can lead to lower consumption rates and fewer alcohol-related injuries and hospitalizations. Countries like New Zealand have implemented multi-faceted alcohol policies that combine taxation, advertising restrictions, and minimum pricing strategies. These measures have reduced the societal burden of alcohol-related harms while supporting public health efforts.

While treatment programs play a vital role, broader population-level interventions are critical for effectively addressing alcohol-related harms. Drug ARM recommends that the Committee consider the introduction of comprehensive alcohol policy reforms. These measures, alongside current harm reduction and treatment initiatives, will lead to better health outcomes for individuals, families, and society at large.

### **Conclusion and Next Steps**

Drug ARM intends to provide a full submission later during the inquiry period in November, with more detailed input and recommendations. However, we would welcome the opportunity to engage with the Committee or individual members prior to the submission deadline to discuss our perspectives in more depth. We believe such discussions could offer valuable insights as you consider the health impacts of alcohol and other drug use in Australia.

Thank you for considering our input, and we look forward to contributing further to this important inquiry.

Sincerely,

Brad Strong  
**Chief Executive Officer**  
Drug ARM