



Inquiry into the health impacts of alcohol and other drugs in Australia

Queensland Mental Health Commission

Introduction

The Queensland Mental Health Commission (Commission) welcomes the opportunity to make a submission to the *Inquiry into the health impacts of alcohol and other drugs in Australia*. The Commission is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013* to drive ongoing reform towards a more integrated, evidence-based and recovery-oriented mental health, alcohol and other drugs and suicide prevention system in Queensland.

A primary function of the Commission is to develop a whole of government strategic plan to improve the mental health and wellbeing of Queenslanders. The current strategic plan is *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028 (Shifting minds)*. *Shifting minds* is complemented by 3 whole of government sub-plans:

- *Achieving balance: The Queensland Alcohol and other Drugs Plan 2022-2027 (Achieving balance)*
- *Every life: The Queensland Suicide Prevention Plan 2019-2029 (Every life)*
- *Queensland Trauma Strategy 2024-2029 (Trauma Strategy)*.

The Commission notes the interconnectedness of issues related to mental health, alcohol and other drugs, suicidal distress, and experiences of trauma. As such this inquiry has points of connection to strategic priorities under all of these plans.

This submission has been prepared by the Commission and is limited to our review of the relevant literature, previous Queensland reports and inquiries, and strategic priorities contained within *Shifting minds*, *Achieving balance*, *Every life*, and the *Trauma Strategy*. It is not intended to be a comprehensive response to the health, social and economic impacts of alcohol and other drugs in Australia.

This submission will address the three areas outlined in the Inquiry terms of reference, drawing on domestic and international policy experiences and best practice, where appropriate.

- a) Are current services across the alcohol and other drugs sector delivering equity for all Australians, value for money and the best outcomes for individuals, their families and society?**

Investment

Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027 (Better Care Together) was released in 2022 and is the Queensland Government's statewide plan for the delivery of state-funded mental health, alcohol and other drugs, and suicide prevention services. The plan is supported by \$1.948 billion in new funding over five years and includes an investment of \$219 million in the alcohol and other drugs treatment and harm reduction service system plus an additional \$47.9 million announced in 2023.

However, it is widely acknowledged that more services are required, in order to be provided at the right time or place when people need them. These challenges are particularly evident in rural, regional, and remote areas, where access is even more limited.

To improve equity, achieve value for money, and optimise outcomes for people who use drugs, their families and society, a more balanced approach investment across the pillars of harm minimisation: supply reduction, demand reduction, harm reduction, would be required. Nationally, data indicates the majority of funding in relation to drugs is

directed towards supply reduction, primarily through law enforcement and criminal justice initiatives. For example, Ritter et al. (2024)¹ suggest that in the 2021-22 period, governments spent around:

- 64.3% on supply reduction (e.g. enforcement)
- 27.4% on demand reduction (e.g. treatment services)
- 6.7% on prevention (e.g. community education and health promotion)
- 1.6% on harm reduction (e.g. needle and syringe programs, supervised consumption rooms, drug checking).

This is despite evidence showing that harm reduction and demand reduction strategies both provide benefits that exceed costs, while supply reduction strategies, such as enforcement related to personal use, have been evidenced to impose social costs. For example, the former Queensland Productivity Commission's *Inquiry into Imprisonment and Recidivism* states:²

"All available evidence suggests drug prohibition is not an effective or efficient policy. The results of the CBA [cost-benefit analysis] undertaken for this inquiry suggest that there are significant net benefits from moving away from a policy of criminalising drug users." (p. 246)

Research suggests that for every dollar invested in alcohol and other drugs treatment, society receives an estimated return of \$7 in:

- reduced healthcare costs
- criminal justice expenses
- improved productivity.³

While many people who use alcohol and other drugs do not require treatment⁴, there remains a shortage of treatment services for those who do. In addition, there are gaps in the types of services available and the workforce required to deliver them. For example, access to inpatient withdrawal services is a gap, with access to residential rehabilitation often being conditional upon completing a period of withdrawal management. Some drugs, such as alcohol, can cause complex and potentially life-threatening withdrawal symptoms, including seizures and death, necessitating inpatient withdrawal for severe cases.

As part of the 2022 *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, Queensland Health stated:⁵

"For state-funded bed-based alcohol and other drugs (AOD) withdrawal services there is currently one dedicated 16-bed hospital withdrawal unit at the Royal Brisbane and Women's Hospital in Metro North Hospital and Health Service (HHS). This provides a statewide service. Public hospital bed-based AOD withdrawal may also be delivered through hospital admission to a medical ward in HHSs according to capacity and clinical need."

According to the Queensland Drug and Alcohol Services Planning Model (Q-DASPM) the number of existing AOD withdrawal beds is 31 per cent of the estimated beds required in 2022. This is 28 per cent of the Q-DASPM estimated requirements for 2027." (p. 4)

This highlights one example of the need for balanced investment into responses to alcohol and other drugs. *Achieving balance* lists 2 key enablers to improving responses to alcohol and other drugs in Queensland. These are:

- Balancing investment and effort across the harm minimisation pillars

¹ Ritter, A., Grealy M., Kelaita P and Kowalski M. The Australian 'drug budget': Government drug policy expenditure 2021/22. 2024; Sydney, NSW: Drug Policy Modelling Program.

² <https://s3.treasury.qld.gov.au/files/Imprisonment-Volume-1-final-report.pdf>

³ Ettner et al in Ritter, A., L. Berends, J Chalmers, P., Hull, K., and M. Gomez. New Horizons: The review of alcohol and other drug treatment services in Australia. Final Report. 2014; Sydney, University of New South Wales.

⁴ <https://www.health.gov.au/sites/default/files/documents/2020/08/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf>

⁵ <https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/Queensland%20Health%20Responses%20to%20QTONS.pdf>

- Growing a skilled and culturally-capable workforce.

These priorities align with evidence suggesting that providing high quality services that meet community demand requires a rebalancing of investment towards demand reduction, harm reduction, and prevention. This rebalancing needs to be supported by a shared commitment to joint system planning, increasing workforce capacity and capability, improving system coordination, collaboration and communication.

Funding for alcohol and other drugs treatment flows from a range of different bodies, primarily Commonwealth and state and territory government agencies, as well as through a range of health services and other allied professionals. Enhancing coordination and collaboration between these funding bodies is likely to improve efficiencies, deliver better value for money, and enhance their impact on communities.

However, a lack of system coordination can burden organisations and the workforce, creating inefficiencies and ultimately reducing service accessibility. For example, inconsistent reporting requirements, misaligned funding cycles, and short-term funding arrangements can increase administrative workloads and contribute to workforce instability, ultimately affecting the continuity and quality of care.⁶

Strategies to improve system coordination, collaboration and communication include:

- Harmonised performance monitoring
- Joint planning and co-commissioning initiatives
- Improving transparency and information sharing
- Coordinating governance mechanisms at the intra-jurisdictional and inter-jurisdictional level.
- Stabilising funding arrangements (e.g. longer contracting), proportionate to consumer price index, to enhance consistency of available services.

Alcohol and other drugs treatment and harm reduction services demonstrate a strong return on investment with significant social and fiscal benefits to the community. Addressing issues with planning, system design, workforce capacity and gaps in care is likely to enhance equity, value for money and contribute to reducing long-term social and economic impacts of alcohol and other drugs use for Australians.

Workforce

The specialist alcohol and other drugs workforce is diverse. In Queensland, there are differences in the workforce profiles between government and non-government services, along with differing, but often complementary, service types and models of care. For example, government services provide the bulk of medically assisted treatment, while residential rehabilitation is provided solely by the non-government sector. Services such as counselling are provided by both government and non-government specialist alcohol and other drugs services.

Attracting and retaining skilled, qualified, and experienced workers is key to the delivery of high-quality alcohol and other drug services. Systemic, multi-faceted, and coordinated approaches to workforce planning are crucial to ensure continued and effective responses to alcohol and other drug related issues and to meet future service demand⁷.

Currently, workforce sustainability is a concern across Queensland's alcohol and other drugs sector. Key challenges include, stigma associated with alcohol and other drugs work, and difficulty recruiting and retaining staff in regional, rural and remote areas. Addressing these issues requires targeted strategies, including:

⁶ Ettner et al in Ritter, A., L. Berends, J Chalmers, P., Hull, K., and M. Gomez (2024). New Horizons: The review of alcohol and other drug treatment services in Australia. Final Report. Sydney, University of New South Wales.

⁷ Roche, A. and R. Nicholas. "Workforce development: An important paradigm shift for the alcohol and other drugs sector. *Drugs: Education, Prevention and Policy*; 2017; 24(6): 443-454.

- **Addressing stigma:** High levels of stigma are associated with alcohol and other drug use, particularly illicit drug use, that negatively influence the way alcohol and other drug work is perceived and valued.⁸
- **Embedding alcohol and other drugs content in education:** Exposure to alcohol and other drug content in educational settings is required, including specialist and generalist alcohol and other drug education in both the vocational and tertiary sectors. This includes ensuring dedicated alcohol and other drug content in professional areas such as psychology, social work, medicine and nursing.⁹
- **Expanding access to quality alcohol and other drug training:** Workers require continuous learning to ensure they have the knowledge and skills to respond to emerging issues such as new and emerging substances on the illicit market (e.g. nitazenes).
- **Incentivising regional workforce recruitment and retention:** People in regional, rural and, remote areas are more likely to drink at risky levels and experience the same levels of illicit drug use as those in metropolitan areas, however, services are less accessible. Incentivising regional recruitment and retention can include initiatives such as relocation support, salary supplements, and career progression opportunities.¹⁰
- **Provide ongoing professional support:** Given the demanding nature of alcohol and other drugs work, supports such as clinical supervision, employee assistance programs, and ongoing opportunities for learning and development help to improve retention and workforce sustainability.¹¹
- **Fostering and growing the peer workforce:** Evidence shows that incorporating lived-experience (peer) workforce into alcohol and other drugs service settings improves client engagement, supports stigma reduction, and enhances outcomes. Fostering growth of the peer workforce requires formalised pathways into employment and career progression, appropriate levels of supervision and support, and integration of roles all levels of an organisation to achieve positive impact and sustainability.¹²

Inequity of access for specific populations

The Commission recognises that there are a number of specific population groups that continue to experience inequity in access to alcohol and other drugs programs and initiatives. For example:

- First Nations peoples experience significant inequities due to systemic, cultural, and socioeconomic barriers including intergenerational trauma, systemic racism, and the need for more First Nations led services.
- Culturally and linguistically diverse communities face barriers such as language difficulties, cultural stigma, and the need for more culturally responsive services.
- People in or transitioning out of custodial settings are at heightened risk of experience substance use concerns, including overdose, and often experience issues around continuity of care, which increases risk.
- People living in rural and remote parts of Queensland experience significant geographic, workforce, and resource challenges with limited availability of services.
- People who identify as LGBTIQ+ often encounter stigma and discrimination in health care and other settings, which can limit access to services and prevent help seeking.
- Young people face additional barriers due to service gaps and unique developmental needs that necessitate specialist youth approaches to alcohol and other drugs treatment and harm reduction.
- People with full time care responsibilities for children often struggle to access services due to ongoing family obligations and a lack of flexible support options and program structures that accommodate their needs.

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https://www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf

⁹ <https://www.health.gov.au/resources/publications/national-alcohol-and-other-drug-workforce-development-strategy-2015-2018?language=en>

¹⁰ <https://adf.org.au/insights/regional-remote-aod/>

¹¹ <https://www.health.gov.au/resources/publications/national-alcohol-and-other-drug-workforce-development-strategy-2015-2018?language=en>

¹² Bassuk, E. L., Hanson, J., Greene, N. M., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for substance use disorders: Assessing the evidence. *Journal of Substance Abuse Treatment*, 63, 1-9
<https://www.sciencedirect.com/science/article/pii/S0740547216000167>

First Nations

It is well evidenced that First Nations peoples are more likely to abstain from alcohol than non-First Nations peoples.¹³ However, due to the ongoing impacts of colonisation (e.g. disconnection from culture, institutional racism), First Nations peoples are disproportionately affected by alcohol and other drugs harms. This influences health, social, and economic outcomes for First Nations communities.¹⁴ For example, in 2022, the rate of unintentional drug-induced death among First Nations people was far higher at 23.3 per 100,000 compared to 6.1 per 100,000 people for non-Indigenous Australians.¹⁵

Currently, there is a shortage of dedicated alcohol and other drug services designed for, and led by, First Nations peoples.¹⁶ This gap, coupled with various socioeconomic, cultural, and systemic barriers, limits access to culturally-safe alcohol and other drugs treatment for First Nations peoples. Culturally appropriate responses to alcohol and other drugs treatment in Australia are critical to address inequitable access.

To enhance equitable access to alcohol and other drugs treatment services for First Nations peoples, it is essential that the service system:

- Strengthen cultural safety
- Enable self-determination
- Recognise the value of culture and kinship
- Build on existing strengths and resilience
- Address intergenerational trauma
- Accept cultural models and frameworks of healing.¹⁷

For example, trauma-informed care that integrates cultural practices and understanding of historical contexts can foster trust, engagement and ultimately better outcomes for First Nations peoples. Additionally, accepting and embedding cultural models into service design, such as traditional healing methods, can significantly enhance alcohol and other drugs treatment outcomes.

First Nations peoples experience significant stigma related to alcohol and other drugs use, which is a key contributor to inequity of access to services and supports. *Don't Judge, and Listen: Experiences of stigma and discrimination related to problematic alcohol and other drug use* explored the impact of alcohol and other drug related stigma on First Nations communities, families and individuals in Queensland.¹⁸ Key findings included:

- First Nations peoples experience multiple forms of stigma and discrimination related to race, clan, location, and alcohol and other drugs use.
- Racism is attached to several stereotypes of First Nations people, including in relation to alcohol and other drugs use.
- First Nations peoples felt judged by mainstream services and that these services lacked understanding of their experiences.
- Most felt that they could not get support for mental health and alcohol and other drugs concerns where and when they needed it
- Individual resilience stemming from strong kinship support, stable housing and financial security contributes to alleviating the effects of racism
- Elders help communities overcome trauma/harm associated with racism and alcohol and other drugs issues.

The report suggests the following recommendations for improvement:

¹³ <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people#illicitdruguse>

¹⁴ https://www.health.qld.gov.au/_data/assets/pdf_file/0019/1121383/health-equity-framework.pdf

¹⁵ Penington Institute. (2024). Annual Overdose Report. Available at https://www.penington.org.au/wp-content/uploads/2024/08/PEN_Annual-Overdose-Report-2024.pdf

¹⁶ https://www.qmhc.qld.gov.au/sites/default/files/qmhc_dont_judge_and_listen_report.pdf

¹⁷ https://www.niaa.gov.au/sites/default/files/documents/publications/mhsewb-framework_0.pdf

¹⁸ https://www.qmhc.qld.gov.au/sites/default/files/qmhc_dont_judge_and_listen_report.pdf

- Educating staff in mainstream services on racism and First Nations cultures
- Enhancing non-emergency services and extending the hours of operations of such services to better meet community needs
- Increasing the focus on services to individuals with moderate to low needs at the preventative end of the spectrum
- Strengthening the inclusion of cultural diagnoses and healing in the mainstream service system, to support the 'healing' journey
- Improving access to and outreach of services to the community, and considering co-locating alcohol and other drugs services with other types of services to minimise stigma
- Strengthening government accountability/transparency over allocation and management of funding for Aboriginal and Torres Strait Islander services
- Enhancing workforce participation and supporting career pathways for First Nations peoples in the field of alcohol and other drugs and addressing gaps in trauma-informed and mental health related training.

The Commission supports dedicated investment in Aboriginal and Torres Strait Islander community-controlled services to deliver services for their communities.

Culturally and linguistically diverse populations

Queensland has a large culturally and linguistically diverse (CALD) population, with over one in five Queenslanders born overseas (22.7%) and 13.5% of Queenslanders speak a language other than English at home, according to the 2021 Census.¹⁹ Despite this diversity, there is currently limited publicly available or peer reviewed data to determine the prevalence of alcohol and other drugs use and harms in CALD communities. However, existing reports indicate that the unique experiences of some CALD communities may increase their risk of experiencing alcohol and other drugs use concerns and related harm. These include:

- Stressors inherent to the settlement process
- Experiences of torture and trauma
- Financial difficulties
- Racism
- Separation from family and friends
- Employment challenges
- Intergenerational conflict.

CALD communities are also significantly under-represented in the alcohol and other drugs treatment and harm reduction system. Barriers to service access include:

- Language barriers
- Limited access to culturally appropriate programs and services
- Lack of awareness of the support available
- Different cultural and spiritual conceptualisations of alcohol and other drugs use that may impact on help seeking.

Stigma and shame associated with alcohol and other drug use in CALD communities is also identified as a major barrier to accessing alcohol and other drugs support and can lead to emotional distress, isolation and loneliness.

¹⁹ Australian Institute of Health and Welfare (2021). Available at <https://www.abs.gov.au/media-centre/media-releases/2021-census-highlights-increasing-cultural-diversity#:~:text=Shared%20language%20is%20a%20component,how%20well%20they%20spoke%20English>.

Addressing this inequity requires a concerted effort to reduce barriers at the system, service, and community levels to enable CALD communities to better engage with and access alcohol and other drug services, supports, and information. Some good practice examples are highlighted in the following resources:

- *Preventing alcohol and other drug related harm in multicultural communities*²⁰
- *CALD AOD Project Final Report*.²¹

People in and exiting custodial settings

In 2022, almost 2 in 5 (37%) of people who exited prison in Australia reported using illicit drugs while incarcerated and 1 in 7 (14%) indicated they injected drugs in prison.²² Around 17% of the total prison population in Queensland accessed ODT programs.²³ This data shows that drug use is prevalent among prison entrants, with a high proportion of these entrants likely to find methods of continuing to use while in prison. It highlights the strong need for treatment and harm reduction programs within the prison system.

The recent expansion of opioid dependence treatment (ODT) in Queensland prisons, in the form of long acting injectables, is an important step towards reducing harm and enhancing safety within correctional centres and the broader community. While an encouraging step, treatment and harm reduction interventions in Queensland prisons could be expanded and enhanced.

Harm reduction initiatives such as access to condoms, sterile injecting equipment, safer using education, and evidence-based health care advice are well established in community settings and have proven public health benefits. Extending equitable access to these interventions within prisons is essential for improving health outcomes, reducing the spread of infectious diseases, and enhancing the safety of people in prison as well as the broader community.

People living in regional, rural and remote Queensland

People living in regional, rural and remote areas can face greater risk of alcohol and other drugs related harms than those who live in urban areas. For example, research shows a higher prevalence of alcohol-related harm for people living in rural and remote communities.²⁴ Further, unintentional overdose deaths remain consistently high in rural and regional Queensland, and in 2022, the rate of deaths in regional Queensland was 5.7 deaths per 100,000 population.²⁵

There are barriers to treatment access for people living in regional and remote Queensland. Many services are not available in all parts of the state, and service demand continues to outpace availability. Rural Queenslanders often have to travel long distances to access treatment, which can result in separation from social support networks and interfere with other protective factors. The financial costs associated with travelling, including time away from work, can further exacerbate challenges accessing treatment.

As indicated above, workforce shortages and recruitment and retention issues in regional, rural and remote areas remain ongoing challenges for enhancing equity of access in these areas of Queensland. Targeted incentives such as competitive remuneration, relocation support, professional development opportunities can help to attract and retain an alcohol and other drugs workforce in these regions.

LGBTIQ+

People who identify as LGBTIQ+ often experience multiple forms of stigma related to sexuality, gender, and substance use. This can create significant barriers to accessing alcohol and other drugs treatment and harm reduction services, especially if there is distrust in institutions that are perceived to have perpetuated harm against LGBTIQ+ communities. The *Queensland Trauma Strategy* commits to 'improve cultural and gender specific

²⁰ <https://eccv.org.au/wp-content/uploads/2023/02/ECCV-VAADA-Joint-Statement.pdf>

²¹ <https://www.vaada.org.au/wp-content/uploads/2018/03/CALD-AOD-Project-final-report.pdf>

²² Australian Institute of Health and Welfare: The health of people in Australian prisons 2022

²³ Australian Institute of Health and Welfare: National Opioid Pharmacotherapy Statistics Annual Data collection

²⁴ Friesen E, Bailey J Hyett S Sedighi S, Lennox de Snoo M, Williams K et al. Hazardous alcohol use and alcohol-related harm in rural and remote communities: a scoping review. *The Lancet Public Health*; 2022;7(2):177-187.

²⁵ Penington Institute: Annual Overdose Report 2024. Available at https://www.penington.org.au/wp-content/uploads/2024/08/PEN_Annual-Overdose-Report-2024.pdf

responses required to prevent re-traumatisation, particularly in institutional settings'.²⁶ By investing workforce development, including support for organisations to adopt and embed trauma-informed and appropriate ways of operating for LGBTIQ+ people (e.g. inclusive language, representation on staff, LGBTIQ+ informed policies and procedures), alcohol and other drugs services can foster better trust, engagement, and outcomes.

Young People

Young people experience a range of unique challenges in accessing alcohol and other drugs treatment, including service gaps in residential rehabilitation and withdrawal management options tailored to their needs. For example, there is currently one existing 5 bed withdrawal service in Brisbane and a new 10 bed residential rehabilitation service opening soon in Cairns. While this is a step forward, gaps in service delivery persist across the state, particularly in regional areas.

Additionally, there is a need to prioritise efforts upstream through prevention and early intervention initiatives. Evidence suggests that holistic programs that address the broader social, cultural, historical, and structural determinants of health early in life are likely to improve substance use and mental health and overall wellbeing outcomes for young people as they grow older.²⁷

People with young children

Parents with young children or full time care responsibilities experience significant barriers to accessing residential rehabilitation services. Many facilities are not sufficiently equipped to accommodate children and families in terms of staff profile, program design, funding, and building infrastructure. In Queensland, there are limited options specifically designed for parents with young children. However, examples include a residential rehabilitation service in Rockhampton, which offers two family units allowing parents to bring children up to 10 years old, and another rehabilitation service in Logan offering five family units.

For some parents, there is potential for this to impact child protection decisions, leading to children being placed into care while they seek treatment. Family inclusive treatment options is a critically important aspect of alcohol and other drugs service delivery and need to be supported by appropriate levels of planning and investment. Research shows that family friendly models of care can enhance treatment outcomes for parents and improve the wellbeing of children.

- b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services**

Effectiveness of policy responses to drug use

Contemporary evidence highlights that alcohol and other drug use is best responded to as a public health issue.²⁸ Further, data from the National Drug Strategy Household Survey 2022-23 shows that the majority of Australians support non-criminal responses to drug use such as caution/warnings, no action, referral to treatment or education programs, or fines:

- 93% for cannabis
- 74% for heroin
- 72% for methamphetamine.²⁹

²⁶ https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC_Old_Trauma%20Strategy_Report_Accessible.pdf

²⁷ <https://community.adf.org.au/get-started/prevention-strategies/>

²⁸ <https://s3.treasury.qld.gov.au/files/Imprisonment-Volume-1-final-report.pdf>

²⁹ AIHW. National Drug Strategy Household Survey 2022-23. Australian Institute of Health and Welfare. Available at <https://www.aihw.gov.au/getmedia/3d4fa3d1-208b-4955-bae6-9571c391cc85/National-Drug-Strategy-Household-Survey-2022-2023-12-Technical-information.xlsx>

For people experiencing drug use concerns or dependence, diversion to health-based responses can disrupt the potential harms caused by contact with the justice system.³⁰ For example, people who avoid a criminal record often experience better social, educational, and employment outcomes.³¹ Diversion to health-based responses also reduces reliance on police, court and prison resources, alleviating pressure on the criminal justice system.³²

For these reasons, Action 34 in the *Queensland Trauma Strategy 2024-2029 (Trauma Strategy)* commits to:³³

“Enhance help-seeking and prevent system-related trauma for people who use drugs by continuing to shift towards health-related responses, including human rights and the legislative environment.” (p. 33)

In May 2024, Queensland introduced a legislated expanded Police Drug Diversion Program. Under the program, police are required to issue a caution for possession of any illicit substance for personal use on the first offence. A tiered approach is applied for subsequent offences. That is, on the second and third occasion, police must refer the person to a health intervention, which they are required to attend. On the fourth occasion, a notice to appear in court is issued for minor drug possession.

The Commission welcomes Queensland’s expanded Police Drug Diversion Program as a positive step towards more fulsome health-based approaches to drug use. A two-year independent evaluation of Queensland’s expanded Police Drug Diversion Program is currently underway. However, a recent study undertaken by Griffith University and QuIVAA, the peak representative body for people who use drugs in Queensland, investigated the lived-experience of people who use drugs involved in Queensland’s new drug diversion program³⁴. The research provides early indications of positive results in providing meaningful alternatives to the previous penalties for illicit drug possession, including enhancing both health and social outcomes.

Effectiveness of harm reduction programs and initiatives

The effectiveness of harm reduction initiatives in reducing alcohol and other drugs health, social and economic related harms is well-established. Despite this, harm reduction receives the lowest level of investment and resourcing across all three pillars of harm minimisation. According to the latest Australian drug budget report, only 1.6% of the federal drug expenditure was allocated to harm reduction.³⁵

Preventing overdose

In Queensland, there were 321 unintentional drug induced deaths in 2022³⁶. As the drug market continues to evolve, there is a need to strengthen traditional harm reduction strategies while also innovating in response to new drug trends. Nitazenes and other synthetic opioids have recently emerged on the Australian illicit drug market, including in Queensland. Nitazenes are stronger than fentanyl and can be hundreds of times more potent than heroin. Given the strength of these opioids, they significantly increase risk of overdose death and overdose-related harm.

Overdose is preventable, however, preventing overdose requires implementation of a comprehensive suite of evidence-based harm reduction initiatives.

Naloxone

The Australian Government is investing \$19.6 million over four years from 2022-2023 in the National Take Home Naloxone (THN) program.³⁷ The THN program has made naloxone (a life saving opioid overdose reversal

³⁰ <https://s3.treasury.qld.gov.au/files/Imprisonment-Volume-1-final-report.pdf>

³¹ Blais E, Brisson J, Gagnon F, and Lemay S. Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion measures. *International Journal of Drug Policy*; 2022; 105.

³² <https://unsworks.unsw.edu.au/bitstreams/6a87fbd3-36dc-492c-8552-0de1e4e6aaec/download>

³³ https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC_Old_Trauma%20Strategy_Report_Accessible.pdf

³⁴ Piatkowski J., Kill E., Keating, C. Understanding the experiences of people who use drugs participating in Queensland’s new Drug Diversion Program. Brisbane, Australia: Queensland Injectors Voice for Advocacy and Action and Griffith University; 2024.

³⁵ Ritter, A., Greal M., Kelaita P and Kowalski M. The Australian ‘drug budget’: Government drug policy expenditure 2021/22. 2024; Sydney, NSW: Drug Policy Modelling Program.

³⁶ Penington Institute: Annual Overdose Report 2024. Available at https://www.penington.org.au/wp-content/uploads/2024/08/PEN_Annual-Overdose-Report-2024.pdf

³⁷ <https://www.health.gov.au/our-work/take-home-naloxone-program/about-the-take-home-naloxone-program>

medication) available free to people who may experience or witness an overdose. Evidence-based strategies to further enhance the availability and accessibility of naloxone in community and prison settings include:

- Distribution via public health vending machines
- Expanding distribution to the general public and non-medical first responders³⁸
- Expanding the number of settings where naloxone can be accessed
- Communication campaigns to increase community awareness of THN and reduce stigma
- Providing training to custodial officers to recognise overdose and administer naloxone
- Ensuring naloxone is accessible to custodial officers to promptly and effectively respond to overdose.

For example, Queensland Police Service is rolling out an initiative for police to carry naloxone in tactical first aid kits.³⁹ This follows a successful trial by the Western Australian Police Force and will contribute to reducing overdose deaths in Queensland.

Drug checking

Drug checking is a health service involving the chemical analysis of substances coupled with a health assessment and brief intervention for people who provide a sample of their substances for testing. These services can operate as either fixed or mobile sites. People who access the service undergo a thorough assessment in relation to their substance use, its impact on their health, and are encouraged to make behavioural changes in relation to their use, including advice that it is safest not to use substances.

In 2022, a systematic review of drug checking services found that drug checking services influence behavioural intention among people who use drugs and that changes in behaviour are found to be most common when substances are not as expected or drugs of particular concern.⁴⁰

Drug checking services began operation in Queensland in March 2024 and offer both fixed and mobile facilities. Between April and August 2024, the fixed site services recorded 219 attendees and tested 392 samples⁴¹. Among those who disclosed their intentions, 16% planned to dispose of their substances, and 23% intended to reduce their dose. Analysis revealed unexpected adulterants in 27 samples. Of the participants, 48% had never previously discussed their alcohol or other drug use with a healthcare professional, highlighting the important role of drug checking in prevention and early intervention efforts.

Queensland's drug checking services have also been instrumental in identifying dangerous substances, contributing to early warning systems and statewide drug trend surveillance. On 26 November 2024, Queensland Health issued an alert regarding the detection of a nitazene in counterfeit oxycodone tablets, a discovery made by Queensland's fixed site drug checking service. By enabling the rapid dissemination of this alert, the service played a critical role in raising awareness and reducing the potential harms associated with this dangerous substance.

The majority of Australians support drug checking. In 2022-2023, 64.4% of Australians support drug checking which is a statistically significant increase from 56.4% in 2019.⁴²

Early warning systems

The Commission notes the positive steps Queensland Health has taken towards establishing an early warning system, as well as the work of other stakeholders nationally, through initiatives such as the Prompt Response Network.⁴³ Early warning systems help to connect different data-points, facilitate information sharing, and enable timely, coordinated responses by issuing prompt alerts to people who use drugs. A fully operational early warning

³⁸ Rando J, Broering D, Olson J, Marco C, Evans S. Intranasal naloxone administration by police first responders is associated with decreased opioid overdose deaths. *American Journal of Emergency Medicine*; 201; 33(9):1201-4.

³⁹ <https://statements.qld.gov.au/statements/100942>

⁴⁰ Maghsoudi N, Tanguay J, Scarfone K. et al. Drug checking services for people who use drugs: a systematic review. *Addiction*; 2022; 117(3):532-544.

⁴¹ https://www.quihn.org/wp-content/uploads/2024/09/First-Four-Months-Summary-Report-v1.2_20240913_FINAL.pdf

⁴² Caluzzi G, Torney A, Callinan S. Who supports drug-checking services in Australia? An analysis of 2019 National Drug Strategy Household Survey data. *Drug and Alcohol Review*; 2023; 42(6):1553-1558.

⁴³ <https://nccred.org.au/projects/prompt-response-network>

system is a critical component in ensuring any dangerous substances or trends, including from synthetic opioids, are quickly communicated to the community.

Overdose monitoring

Queensland does not currently have a system that readily captures, connects, and responds to data about fatal and non-fatal overdoses. Overdose monitoring and surveillance systems bring together information to help track trends, improve responses and support more effective policy and planning. Overdose monitoring systems can also support our understanding of the impact of other system initiatives and challenges, providing insights into their impact on overdose rates.

Recently, the Commission contracted the Queensland Network of Alcohol and other Drug Agencies (QNADA) to produce a report outlining the background, evidence, and opportunities for an approach in Queensland.⁴⁴ The Commission also engaged Griffith University and the peak body representing people who use drugs in Queensland (QuIVAA) to produce research into the lived experiences of overdose, which is being used to inform system design.⁴⁵ The Commission is currently working with government and non-government stakeholders to explore the establishment of a system in Queensland.

Overdose prevention centres (also known as drug consumption rooms)

Overdose prevention centres have been adopted internationally since the 1980s and are an evidence-based harm reduction intervention. These facilities allow people to use their own pre-obtained drugs under the supervision of trained staff in a safe environment. However, there are currently no overdose prevention centres operating in Queensland.

Recent research conducted by Griffith University and QuIVAA, exploring the first-hand experiences of overdose, highlights the need for overdose prevention centres in Queensland. Participants emphasised the inherent risks of solitary and unmonitored drug use, particularly in secluded or unsafe locations⁴⁶. Additionally, QuIVAA, QuIHN, QNADA, and The Loop Australia recently published an overdose prevention action plan, which highlights priorities for reform from the perspective of treatment and harm reduction services and people with lived-living experience.⁴⁷

Public support for overdose prevention centres among Australians is growing. In 2022-2023, the majority of Australians supported the establishment of these initiatives (53.3%), which has increased from 46.5% in 2019.⁴⁸ Globally, drug consumption rooms legally operate in 16 countries, with the majority located in Europe and two currently operating in Australia.⁴⁹

Overdose prevention centres are established with the aim of reducing individual and community harms. They typically provide people who use drugs with:

- Sterile injecting equipment and advice on safer injection practices
- A safe, discreet and hygienic space to use drugs under supervision of trained staff
- Primary medical care and emergency care in the event of overdose
- Voluntary referral to social and health-care services where needed
- Access to peer workers, who offer lived-living experience support and foster trust between clients and the service
- Access to health information and referral.

⁴⁴ https://qnada.org.au/wp-content/uploads/2024/06/Fin_20240621_OMDS-Concept-Brief_Final_updated.pdf

⁴⁵ <https://research-repository.griffith.edu.au/server/api/core/bitstreams/080ae86e-6b29-4dc3-b0eb-01cd52dd3cd1/content>

⁴⁶ Piatkowski, T., Kill, W., and Reeve, S. Voices of lived experience: Understanding overdose narratives among people who use drugs in Queensland. Brisbane, Australia: Griffith University and Queensland Injectors Voice for Advocacy and Action; 2024.

⁴⁷ <https://quivaa.org.au/app/uploads/2024/11/Overdose-Prevention-Queensland.pdf>

⁴⁸ AIHW. National Drug Strategy Household Survey 2022-23. Australian Institute of Health and Welfare. Available at <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about>

⁴⁹ Harm Reduction International. (2022). *The Global State of Harm Reduction 2022*. Available at <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

Substantial Australian and international evidence⁵⁰ demonstrates that overdose prevention centres are effective in:

- Preventing overdose deaths and overdose-related harm
- Facilitating access to drug treatment and other health and social supports
- Reducing the spread of blood-borne viruses
- Reducing health service demand associated with overdose
- Reducing injection-related litter.

Importantly, evidence consistently shows that overdose prevention centres do not increase drug use, related risks, or crime in the surrounding areas.⁵¹ For example findings from the Review of the Medically Supervised Injecting Room (2023) in Victoria showed that since its establishment in 2018 there were almost 6,000 overdose responses and no deaths.⁵² Since then it has been reported this figure is now more than 9,000 responses and zero deaths.⁵³

Addressing alcohol related harm

There is a significant body of evidence highlighting the detrimental impact that alcohol has on public health in Australia. While Australian jurisdictions have implemented several initiatives that aim to inform consumers, promote healthy choices and limit alcohol-related harms, alcohol remains a key contributor to the burden of disease. Further consideration should, therefore, be given to developing evidence-based solutions to prevent alcohol-related harms consistent with the *National Alcohol Strategy 2019-2028*.

In 2018, alcohol use was the fifth highest contributor to the burden of disease in Australia (4.5% of total burden). While First Nations peoples are more likely to abstain from alcohol compared to non-First Nations peoples,⁵⁴ the impact of alcohol is disproportionately greater for First Nations communities. For these communities, it is the second highest contributor to the burden of disease, representing 10% of the total burden.

Long-term health impacts of risky alcohol consumption include 7 types of cancer (including liver, bowel, oral and breast), cardiovascular disease, liver cirrhosis and neurological issues such as dementia. Further, due to its high energy content, alcohol can contribute to overweight and obesity. In adults consuming alcohol, it contributes a median of 13.4% of total daily energy intake and an additional 1,514KJ for men and 1,227KJ for women compared to adults who do not drink. Alcohol consumption also contributes to poor nutrition by impairing nutrient absorption, leading to vitamin and mineral deficiencies.

Alcohol labelling in Australia and New Zealand is regulated by the Australia New Zealand Food Standards Code (the Code), which mandates that beverages with 0.5% or more alcohol by volume (ABV) must display alcohol content and the number of standard drinks. The Code prohibits nutrition and health claims on beverages with more than 1.15% ABV, except for voluntary claims about energy, carbohydrate, or gluten content. These restrictions aim to prevent the 'health halo effect' where certain claims might make unhealthy products seem healthier.

Evidence-based strategies that aim to help individuals to make informed, healthy choices have been demonstrated to be effective in other jurisdictions, including mandated energy information and warning labels. Mandated energy information intends to provide clearer information to the public about the alcohol beverages they consume, particularly in relation to the potential impact on their weight. However, content on labels should not mislead consumers to believe that an alcohol beverage may be healthier than another with the same level of alcohol.

⁵⁰ Levenson T, Yoon G, Davoust M, Ogden S, Marshall B, Cahill S et al. Supervised injection facilities as harm reduction: A systematic review. *American Journal of Prevention Medicine.*; 2021; 61(5):738-49.

⁵¹ Belackova, V. and Salmon, M. (2017). Overview of international literature – supervised injecting facilities and drug consumption rooms. Sydney: Uniting Sydney Medically Supervised Injecting Centre.

⁵² https://www.monash.edu/_data/assets/pdf_file/0009/3249792/review-of-the-msir-final-report-february-2023.pdf

⁵³ <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Leading%20Reform%20Summit%202024/Presentation%20slides/Simone%20Heald%20and%20Nathan%20Stam%20presentation%20slides.pptx>

⁵⁴ <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people#illicitdruguse>

Warning labels aim to improve the public's understanding of the potential health impacts of consuming alcohol. Consumer research and regulatory impact assessments supported the introduction of pregnancy warning labels on alcohol to reduce the incidence of Fetal Alcohol Spectrum Disorders, and these labels became mandatory on all alcoholic beverages labelled after July 2023 in Australia and New Zealand. In a world first, from 2026, Ireland will mandate alcohol warning labels which highlight the risks of liver disease and fatal cancers.⁵⁵ This policy has been welcomed by many public health advocates.

In addition, initiatives that address system level, societal and environmental factors that may contribute to unhealthy alcohol consumption include advertising restrictions and minimum unit pricing.

Alcohol advertising in Australia is regulated by state and national laws, along with industry self-regulation. The *Queensland Liquor Act 1992* prohibits advertising free or discounted liquor for on-premises consumption, except in restaurants. The Australian Government Broadcasting Services Standards 2029 restrict alcohol advertisements around children's C rated TV programs, while the voluntary industry self-regulated Alcohol Beverages Advertising Code set standards for signatories related to responsible marketing, such as not using depictions of irresponsible behaviour, strong appeal to minors, or actors and influencers under 25. However, industry self-regulated codes are inadequate at protecting vulnerable populations, and research has found that content violations are common and young people are exposed disproportionately to alcohol marketing⁵⁶.

Alcohol sponsorship in sport is a key advertising channel, generating considerable media reach. Alcohol sponsorship in sport also has a significant cultural and financial association, and therefore reducing alcohol sponsorship in sport will require strong public support. Recent surveys indicate that around half of Australians support alcohol sponsorships being removed from elite sport.⁵⁷ A number of countries currently do not permit alcohol sponsorship of sport including France, Norway, Croatia, Lithuania and Russia.⁵⁸

Evidence also supports minimum unit pricing (MUP) as an effective strategy to reduce alcohol-related harm. MUP sets a floor price per standard unit of alcohol, ensuring that alcohol cannot be sold below a defined price. This approach specifically targets cheap, high strength alcoholic beverages, which reduces demand and consumption due to cost.

Research investigating the impacts of the floor price in Scotland, Wales and the Northern Territory demonstrates the effectiveness of MUP in reducing alcohol related harm in communities. For example, the introduction of the floor price in the Northern Territory was followed by a significant reduction in:

- Alcohol-related ambulance callouts
- Emergency department presentations
- Assaults
- Arrests
- Road crashes
- Child protection cases.⁵⁹

In addition to broader public health strategies, alcohol management plans (AMPs) have been implemented in some parts of Queensland within Aboriginal and Torres Strait Islander communities. However, blanket prohibitions can result in unintended consequences, such as issues around increased enforcement and criminalisation. This highlights the importance of the design and implementation of approaches being determined and led by First Nations

⁵⁵ Government of Ireland. S.I. No 249/2023 – Public Health (Alcohol) (Labelling) regulations 2023. Available at <https://www.irishstatutebook.ie/eli/2023/si/249/made/en/print>

⁵⁶ Noel J, Babor T, Robaina K. Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. *Addiction*; 2017;112:28-50.

⁵⁷ Dekker M, Jones A, Maulik P, Pettigrew S. Public support for alcohol control initiatives across seven countries. *International Journal of Drug Policy*; 2020;82:102807.

⁵⁸ World Health Organisation. Alcohol marketing in the WHO European Region: Update report on the evidence and recommended policy actions. World Health Organisation. Regional Office for Europe; 2020; available at <https://iris.who.int/bitstream/handle/10665/336178/WHO-EURO-2020-1266-41016-55678-eng.pdf?sequence=1>

⁵⁹ Coomber K, Miller P, Taylor N, Livingston M, Smith J, Buykx P, et al. 2020. [Investigating the introduction of the alcohol minimum unit price in the Northern Territory](#): Final report. Geelong: Deakin University.

communities to reflect their unique cultural needs and context. This should be supported by systemic support that addresses the broader social, cultural, structural, and historical determinants of health.

The impact of stigma

Problematic alcohol and other drugs use are recognised as one of the most stigmatised health conditions in the world.⁶⁰ Stigma and discrimination continue to undermine provision of equitable services by creating barriers to seeking and receiving help to address alcohol and other drugs use concerns. Further, some populations experience compounding stigma and discrimination, leading to additional barriers to accessing care, support and social inclusion. For example, First Nations peoples, people experiencing homelessness, people from cultural backgrounds, and/or sexuality and gender diverse people can face heightened stigma, resulting in further inequities.

Stigma related to alcohol and other drug use can⁶¹:

- Negatively affect self-esteem and engender feelings of worthlessness and hopelessness
- Result in isolation and disconnection from friends, family and other networks
- Be a trigger for further alcohol or other drugs use
- Lead to or compound existing social disadvantage, especially where other forms of discrimination exist.

The Commission's paper *Changing Attitudes, Changing Lives* highlights options for systemic reform to reduce stigma and discrimination for people who use drugs.⁶² Key findings include:

- All social service sector workforces, including health, housing, child safety and justice, build staff capacity to recognise and reduce stigma and discrimination by providing ongoing training and professional development opportunities.
- Anti-stigma training should be delivered in partnership with people with a lived-experience of alcohol and other drugs use, targeted to the relevant audience/s.
- Explore a range of strategies to enhance the engagement of individuals and families with people with a lived-experience of alcohol and other drugs use in policy and service planning.
- Health care and social services, across a range of settings, work to ensure that a welcoming environment that respects the dignity and worth of all clients, including people who use alcohol and other drugs is provided.
- Health care service providers identify the rights and responsibilities they have adopted, and how they are promoted to people accessing their services, their staff and their organisation as a whole. Should gaps be identified, develop and promote a statement of rights and responsibilities, ensuring that they are inclusive of people experiencing problematic alcohol and other drugs use. An active awareness and promotion campaign should accompany the statement of rights and responsibilities to ensure that people who access the services can enact their rights.

Engaging people with a lived and living experience and building the peer workforce

Developing the alcohol and other drugs lived experience and peer workforce is a key whole of government priority under *Shifting minds* and *Achieving balance*. 'Including the voices of lived experience in service delivery reform' is also recommendation 4 of the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.⁶³ These priorities are consistent with the Commission's commitment to enhance the capability of the workforce,

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https://www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf

⁶¹ Alcohol and Drug Foundation. Alcohol and other drug stigma: Why it matters and what you can do about it. 2024; Available at https://cdn.adf.org.au/media/documents/Mini_Bulletin-_AOD_Stigma.pdf

⁶² Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use. Available at

https://www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf

⁶³ <https://www.parliament.qld.gov.au/Work-of-the-Assembly/Tabled-Papers/docs/5722t743/5722t743-64f1.pdf>

including the lived-living experience workforce, and support the system to deliver integrated, personalised, and trauma informed care.

Evidence demonstrates that involving people with lived-living experience in the design, implementation and evaluation of initiatives can significantly improve their effectiveness.⁶⁴ In the alcohol and other drug sector, the value of peer work is increasingly recognised and supported by a growing evidence base.⁶⁵ Key benefits include:

- Enhancing and supporting client experiences
- Creating safer and more welcoming spaces when accessing services
- Enhancing engagement and fostering positive interactions with AOD services
- Adding organisational value by contributing to service delivery and policy design.⁶⁶

The criminalisation of drug use represents a significant structural barrier to implementing peer programs, particular within the alcohol and other drugs sector, where these roles are highly valued. For example, many roles require Working with Children Checks and even minor drug-related charges can result in disqualification, regardless of whether the position involves direct interaction with children.

This requirement poses difficulties in establishing positions such as harm reduction peer workers in prisons or those in clinical and community settings. The Commission has heard from people with lived-living experience that the process of obtaining a Working with Children Check under these circumstances can be exhaustive and re-traumatising, involving extended wait times, appeals, referencing, and document gathering and may still lead to an unsuccessful application.

Addressing these challenges requires a nuanced approach that recognises the demonstrated evidence and value of lived-living experience in alcohol and other drugs treatment and harm reduction efforts, while also safeguarding vulnerable populations. An evaluation of policy barriers could enhance lived-living experience engagement and support better public health outcomes.

c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

Alcohol and other drugs use are a complex and multifaceted issue that requires coordinated commitment and action across sectors beyond health. *Achieving balance* recognises the important role that other sectors such as education, employment, justice, and housing play in preventing and reducing alcohol and other drug related harms. Currently, differing philosophies and approaches in relation to alcohol and other drugs use across sectors impact the consistency and effectiveness of responses.

Enhancing the capacity of broader workforces with a shared, foundational understanding of alcohol and other drugs related issues, along with ensuring system structures support this knowledge, will strengthen responses and reduce the likelihood of harm. This will enable better implementation of 'no wrong door' policies for people who use alcohol and other drugs, ensuring the provision of early and targeted support. It will also facilitate effective referrals to specialist services for those at risk of harm, creating a more cohesive and responsive system of care.

For example, housing insecurity exacerbates alcohol and other drugs harms, however people who experience substance use challenges are often faced with conditions such as abstinence to obtain or retain housing. This approach is misaligned with well-established evidence that, particularly for a person experience dependence, this can be an unachievable expectation for someone seeking housing support. *More Than a Roof* highlights the importance of a Housing First approach, which acknowledges the need for harm reduction and stable housing as the foundation for addressing these complex issues.⁶⁷

⁶⁴ Mental Health Lived Experience Engagement Network: The Lived Experience Governance Framework (2023).

⁶⁵ Tracy K, Wallace S. Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*; 2016; 143-154.

⁶⁶ Emery E, Matthews A and Duggan M. 'A little bit of hope goes a long way': Exploring the role of peer workers in alcohol and other drug rehabilitation services. *Journal of Substance Use and Addiction Treatment*; 2024; 163.

⁶⁷ https://www.qmhc.qld.gov.au/sites/default/files/more_than_a_roof_supportive_housing_position_statement.pdf

Further, adopting trauma-informed approaches can serve as an important stigma reduction strategy. Experiences of trauma and substance use problems are interconnected, with trauma often a precursor and ongoing contributing factor to problematic alcohol and other drugs use. Experiencing problems with use can also increase vulnerability to trauma. For these reasons, ensuring responses to alcohol and other drugs use are trauma-informed across systems facilitates better outcomes. All systems and workforces can implement varying levels of trauma informed approaches, depending on their focus and scope.⁶⁸ Being trauma informed involves:

- Realising the widespread impact of trauma
- Recognising the signs and symptoms of trauma
- Responding by integrating knowledge about trauma into policies, procedures, and practices
- Resisting re-traumatisation often caused by systems and organisational approaches.⁶⁹

Addressing stigma across sectors, including structural and systemic stigma, is crucial to improving responses and reducing alcohol and other drugs related harm. The Commission's *Changing Attitudes, Changing Lives* report (p. 5)⁷⁰ identified:

“Stigma and discrimination have been found to be most pervasive in five settings:

1. Health care and public health
2. Welfare and support services, including housing
3. Police, public order and criminal law
4. Employment
5. Society at large.

In these settings stigma and discrimination negatively impact people's access to services (including health care), fair treatment in the justice system, employment opportunities, relationships with family and friends, their feelings of social inclusion, and their drug use.”

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⁶⁸ https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/QMHC_Old_Trauma%20Strategy_Report_Accessible.pdf

⁶⁹ https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

⁷⁰ Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use. Available at https://www.qmhc.qld.gov.au/sites/default/files/downloads/changing_attitudes_changing_lives_options_to_reduce_stigma_and_discrimination_for_people_experiencing_problematic_alcohol_and_other_drug_use.pdf