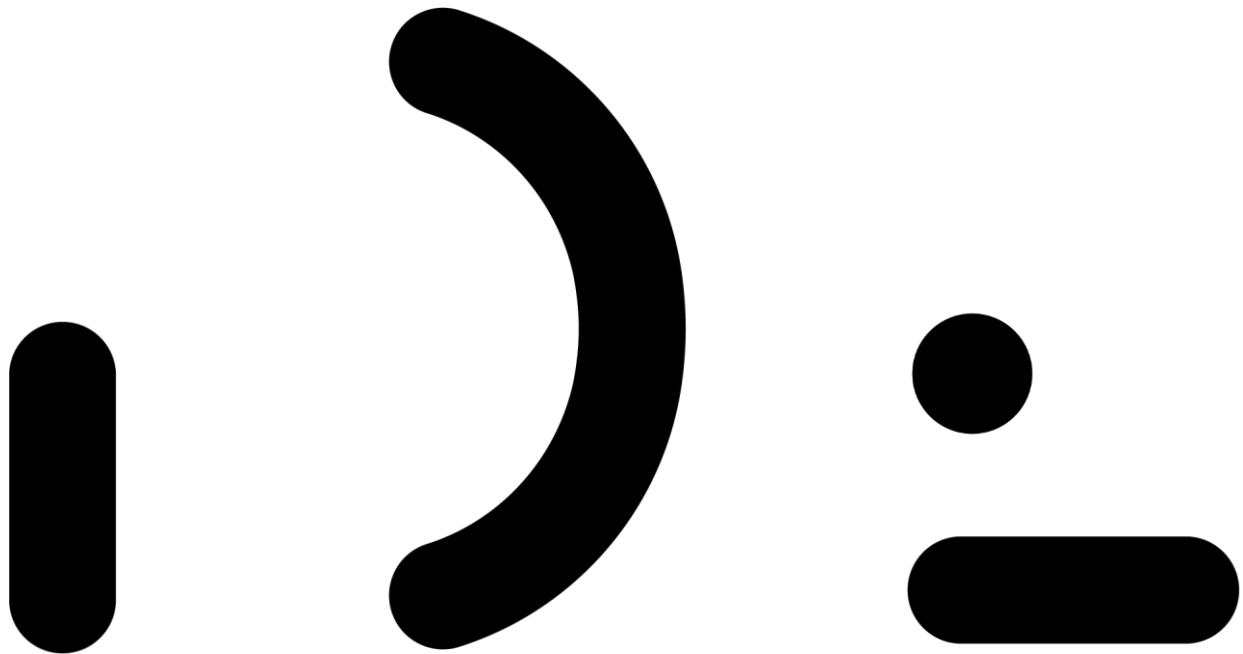




Inquiry into the health impacts of alcohol and other drugs in Australia

Alcohol and Drug
Foundation

Supplementary
submission – October
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Foreword

The Alcohol and Drug Foundation (ADF) is Australia's leading alcohol and other drug harm prevention organisation.

We welcome the opportunity to provide this supplementary submission to the *Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia*. The ADF previously contributed to the first iteration of this inquiry (Submission #77, attached for your reference).

This supplementary submission summarises the key points and twenty recommendations from our original evidence, incorporating updated data and research, and highlighting new developments and opportunities that have emerged since.

In addition, this second submission advances two new recommendations focused on countering health misinformation and strengthening innovative models of care in AOD. A full list of recommendations, including those from our previous submission, is provided in the Appendix. This supplementary submission is structured around the Inquiry's four Terms of Reference, with relevant recommendations from the first and second submissions referenced throughout the text.

Executive Summary

Alcohol and other drugs (AOD) continue to impose a heavy burden on Australia's health, families and communities. Alcohol alone accounts for 5.1% of Australia's total disease burden, contributing to more than 200 preventable conditions, including several cancers, cardiovascular disease, diabetes, stroke and injuries.^{1,2} Annually, alcohol accounts for 60% of all AOD hospital admissions and 14% of all injury deaths.³ More than one in four Australians drink at levels that place their health at risk, and early exposure to alcohol continues to endanger young people – impairing neurological development, increasing the risk of injury, and alcohol dependence later in life.⁴ The total social cost of alcohol was estimated at \$75b in 2022-23.⁵

Illicit drugs also represent a major public health challenge. Around one in five Australians used an illicit drug in the past year, and overdose deaths have exceeded 2,000 annually for the past decade.^{6,7} Despite substantial investment in law enforcement, illicit drugs remain widely available, easily accessible and stable in price – demonstrating the importance of a balanced approach across the pillars of the National Drug Strategy.^{6, 8,9, 10} The total social cost of illicit drug use is estimated at \$30 billion per year.⁵

Australia's current investment in responding to AOD harms is heavily imbalanced.

In 2021–22, 64.3% of government spending (\$3 billion) was directed to law enforcement, compared with 27.4% for treatment, 6.7% for prevention, and just 1.6% for harm reduction.¹¹ This funding profile demonstrates significant relative underinvestment in approaches that are strongly supported by evidence and will contribute significantly to reductions in cost and harm. The result is growing rates of drug harm, an overburdened treatment system with uneven access across regions and ongoing

pressure on the AOD workforce, which is affected by short-term funding, staff shortages and low remuneration.^{12,13}

The AOD sector's integration with primary healthcare, mental health and other social services also remains limited, hindered by stigma that deters people from seeking help. The World Health Organization ranks illicit drug use as the most stigmatised health condition globally, with alcohol dependence ranked fourth.¹⁴ Stigma not only marginalises people who use drugs but also undermines prevention and early intervention efforts.

Looking ahead, Australia faces a rapidly changing AOD landscape.

Substances are becoming more potent, drug markets more dynamic, and alcohol more accessible through online sale and delivery. At the same time, the rise of misinformation – amplified by social media and artificial intelligence – poses new risks to public understanding of AOD risks and harms. The commercial determinants of health continue to impede evidence-based reform. While the alcohol industry remains the most significant example of how commercial interests can undermine public health, emerging markets such as medicinal cannabis highlight the importance of proactive regulation to prevent similar patterns from developing.¹⁵

Australia stands at a crossroads. A comprehensive, systems-based approach is needed – one that values prevention, early intervention and harm reduction in supporting the treatment sector, and that is guided by evidence, coordination and transparency. This includes stronger investment in prevention and digital innovation, effective regulation of harmful products, robust governance and national coordination, and an approach to AOD that is well-funded, coordinated, evidence-based and free from stigma. With strategic leadership and sustained investment, Australia can protect public health, empower communities, and support all Australians to live healthier, safer lives.

A. Assess whether current services across the AOD sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families and society.

Current services across Australia's alcohol and other drugs (AOD) sector are not delivering equity for all Australians. Two key factors drive this:

- First, the AOD service sector faces persistent structural challenges: chronic under-investment, workforce shortages, fragmented governance, poor coordination and lack of integration with adjacent systems such as primary health.
- Second, most investment in AOD remains focused downstream, where harms have already manifested, while upstream prevention and early intervention are neglected. This approach sustains a reactive model of care, forfeiting the substantial health and economic gains that come from preventing harm before it occurs.¹⁶

Delivering equity for Australians experiencing AOD harms extends beyond access to treatment. It includes equitable access to the benefits of evidence-based AOD prevention – including

regulatory environments that protect public health, and timely, accessible information and supports that assist people to make informed decisions about their AOD use before dependence and/or harms become entrenched. True equity means fewer people, across all demographics and circumstances, reaching crisis point because there are policies, programs and protections in place that prevent or delay the development of AOD-related problems, and ensuring effective supports are available when and where they are needed.

A well-funded, coordinated and evidence-based AOD system – supported by an engaged primary healthcare sector, strong national governance, health-led policy and a commitment to stigma reduction – would deliver equity, value for money and the best outcomes for individuals, families and communities. Expanding prevention and early intervention while safeguarding the capacity of the treatment sector will ensure every person has access to effective, evidence-based support, wherever they are in their journey of AOD use and recovery.

Sector funding and coordination

As identified in our previous submission, demand for AOD services continues to grow, with significant gaps between supply and demand. This means many people wait longer for treatment or miss out entirely. To address this, the ADF recommends more collaborative and predictable funding arrangements for the AOD service sector (**Recommendation 10**) and realising the promise from the current National Drug Strategy and rebalancing investment across law enforcement, treatment, prevention and early intervention, and harm reduction (**Recommendation 9**).¹⁷

Outcomes are also being constrained by a lack of capacity to predict and respond in a coordinated way to emerging risks. The abolition of the Ministerial Drug and Alcohol Forum in 2020 left a critical gap in intergovernmental coordination, with no body now responsible for overseeing national AOD strategies or ensuring consistency across jurisdictions. The ADF recommends re-establishing a dedicated federal coordination body to improve policy alignment across jurisdictions and enhance our capacity to respond to emerging risks (**Recommendation 8**).

AOD stigma and primary care

One of the key challenges to improving prevention and early intervention is the persistence of stigma and the limited engagement of the primary healthcare system in responding to AOD-related issues. Stigma deters people from seeking help, contributes to poor treatment outcomes, and reinforces the marginalisation of affected individuals, their families, and even the AOD workforce. The Federal Government should lead a coordinated, national effort to address stigma by reviewing the language and framing of public policies, leveraging influence to improve media reporting standards, and supporting organisations led by people with lived and living experience (**Recommendation 20**).

At the same time, stronger integration between AOD and primary healthcare is essential to ensure people can access early, non-judgemental, and effective support. Primary care providers are often the first point of contact for individuals at risk, yet AOD remains peripheral in many care models (often due to AOD-related stigma). Although community health services frequently compensate for gaps in the system, they lack the clinical capacity and funding to manage AOD issues alone, especially in the absence of strong engagement from primary healthcare. The ADF recommends that the federal government work with states and territories to identify barriers to

coordinated primary care for people who use AOD, and to strengthen the role of Primary Health Networks (PHNs) in preventing and reducing AOD-related harms (**Recommendation 11**).¹

B. Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of AOD-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.

An effective AOD service system must not only meet current needs but also be future-proofed. This means ensuring our programs and policies are designed to reduce demand over time through prevention, early intervention and preparedness.

Australia's AOD services currently deliver high-quality, evidence-based and life-saving interventions across diverse models of care, including counselling, pharmacotherapies, residential rehabilitation and brief interventions. However, as outlined in the ADF's original submission, demand for treatment continues to outstrip capacity, and the gap is widening. As drug markets evolve – introducing new, more potent and diverse substances – these pressures are set to intensify. With existing services already under strain and drug surveillance systems remaining fragmented and inconsistently coordinated, Australia's overall readiness to respond to emerging challenges is compromised.

Australia is failing to make meaningful progress against several key performance measures outlined in the National Alcohol and Drug Strategies. The proportion of people exceeding national alcohol guidelines has not changed since 2019, and alcohol-attributable hospitalisations continue to rise.¹ ¹⁸ The burden of disease attributable to alcohol has plateaued at 5.1%, while that associated with illicit drugs has increased from 1.8% in 2011 to 2.9% in 2022–23.¹ National rates of AOD treatment access have stagnated, and the proportion of clients exiting treatment due to planned completion has declined since 2020.¹⁹ It is estimated that the current supply of AOD service only represents 26.8% to 56.4% of that potential treatment population (between 400,000 and 750,000 people).¹²

This situation represents a cascade of missed opportunities, not only for those not able to access appropriate treatment when and where they need it but missed opportunities to intervene upstream. For example, alcohol is the primary drug of concern in about 42% of treatment episodes in Australia.²⁰ Pharmacotherapies (i.e. medications) for alcohol use disorder are a first line treatment (in conjunction with psychosocial interventions): they are highly effective, low-cost, easy to use and can be prescribed in general practice.²¹ However, it is estimated only 3% of Australians with AUD receive pharmacotherapy.²² Instead, they miss out on effective treatment, experience escalating harms and eventually require more intensive and costly interventions such as withdrawal and rehabilitation. This single example represents a clear programmatic and policy failure: where low-cost, effective interventions fall by the wayside in favour of less effective, higher threshold options downstream.

¹ Further detail on the reforms needed to position Australia's AOD service system for long-term success is provided on pages 16–20 of the ADF's original submission.

Governments face a clear choice: to continue expanding treatment funding indefinitely to keep pace with rising demand, or to complement treatment investment with stronger, preventative action that reduces demand in the first place. Building a sustainable system requires the latter – leading with evidence, expanding investment in prevention and early intervention, and improving drug surveillance and intelligence (see **Recommendations 7, 8 and 9** for more on the latter). Strengthening these upstream systems will both protect public health and relieve pressure on the treatment sector over the long term.

Investing in prevention and early intervention is essential to improving the efficacy of our treatment systems by reducing pressure and delivering better value for money. Programs such as the ADF's [Good Sports](#) and [Local Drug Action Teams](#) (LDAT) initiatives demonstrate the value of empowering communities to identify and respond to local risks. Early intervention provides tools and resources that support individuals to recognise, manage and reduce AOD use before dependence or harms develop. These strategies are vital because not everyone who experiences risky or problematic use will require formal treatment, yet early support can prevent escalation and reduce harm. By helping people understand their use, identify risks, and make informed changes, early intervention reduces the likelihood that dependence or harms become entrenched, improving long-term health outcomes.

Digital innovation offers major opportunities in both prevention and early intervention. Interactive apps, chatbots and online platforms can provide non-judgemental, evidence-based information and support for behaviour change – particularly for young people who may be reluctant to seek help through traditional pathways.

Families and friends of people who use alcohol and other drugs also play a vital role in reducing AOD harm but often lack the knowledge and confidence to act when concerned. Accessible, evidence-based information and support can help them engage with their loved ones earlier, reducing harms and easing pressure on the treatment system.²³ Similarly, harm-reduction strategies are a proven, cost-effective part of Australia's national response but remain under-funded and unevenly distributed. Initiatives such as drug checking, supervised injecting services, and take-home naloxone programs have demonstrated strong evidence of effectiveness but require sustained investment and national coordination to ensure equitable access across jurisdictions.

Together, increased investment in prevention, early intervention, family and community support, and harm reduction will deliver more equitable, efficient and effective outcomes across the AOD sector. The ADF recommends that the Australian Government:

- Increase support for evidence-based prevention initiatives that strengthen protective factors and reduce risk (**Recommendation 1**).
- Fund the development of early intervention programs and digital tools that enable people to self-manage AOD risks and seek help earlier (**Recommendation 2**).
- Expand initiatives that support family and friends of people who use AOD, encouraging early help-seeking and access to appropriate care (**Recommendation 6**).
- Increase investment in harm-reduction services to ensure equitable access and national consistency (**Recommendation 12**).

Early Intervention

Early intervention focuses on supporting individuals to recognize, manage and reduce AOD use before dependence or serious harm develops. It requires different approaches and tools to those used in treatment, as people at this stage may not identify as needing help or may be reluctant to engage with traditional services.

Effective early intervention involves providing accessible, non-judgemental information, self-assessment tools, and digital resources that empower people to make informed choices and reduce their risk. While not everyone who uses AOD will develop dependence, increased use generally increases harm. Supporting people early – before problems become entrenched – prevents escalation, reduces demand on treatment services, and improves long-term health and wellbeing outcomes in the community.

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 AOD-related harms in Australia.

Reducing AOD harms requires coordinated action across multiple sectors beyond health. The drivers of AOD use and harm are deeply interconnected with broader social, economic and environmental determinants, including education, employment, justice, housing, primary and community health, mental health and suicide prevention. Each of these sectors plays a critical role in prevention, early intervention, recovery and harm reduction – whether through shaping environments that influence health behaviours, providing opportunities for social connection and stability, or supporting pathways to treatment and recovery.

Multiple inquiries have called for stronger engagement and integration between the alcohol and other drug (AOD) sector and other policy areas. For example, the Victorian and South Australian Royal Commissions into Family and Domestic Violence both recommended reforms addressing alcohol availability and access including online sale and delivery.^{24, 25} Similarly, at the September 2024 National Cabinet meeting, First Ministers reaffirmed their commitment to the *National Plan to End Violence Against Women and Children 2022–2032* and agreed to take steps to reduce the role of alcohol in domestic, family and sexual violence.²⁶ However, progress on these commitments has been limited. The ACT remains the only jurisdiction to have introduced regulatory proposals on the online sale and delivery of alcohol, while South Australia has drafted legislation but has not yet introduced it to Parliament.

Effective reform therefore depends on integrated, whole-of-system approaches that extend beyond clinical or treatment settings. This includes strengthening school-based drug education; pursuing justice reform such as alternatives to the criminalisation of personal drug use and consideration of non-commercial cannabis legalisation models; and advancing evidence-based alcohol policy through measures addressing advertising, taxation and availability. Collectively, these initiatives recognise that reducing AOD-related harm is not solely the responsibility of the AOD

service system but a shared endeavour across all sectors (including governments) that influence the conditions in which people live, learn, work and thrive.

Understanding Prevention

The Inquiry's Interim Report described prevention with a sole focus on parenting programs and school-based drug education. While important, these are only one part of an effective prevention system. Effective prevention operates across multiple settings and life stages, addressing broader social and structural factors that influence AOD use and harm.

Prevention strengthens protective factors such as connection to family, school, and community as well as factors such as housing, employment and supportive environments. Because many factors contribute to AOD harm, prevention requires a systemic approach – ensuring policies, services and initiatives target the multiple drivers of harm and build resilience across the whole community.

School-based drug education in the broader prevention context

The education system plays a vital role in preventing and delaying AOD use among young people. As noted in our previous submission, school-based drug education can build knowledge, strengthen protective factors such as social connection and resilience, and help establish lifelong healthy behaviours. However, since the New South Wales Government is currently updating the *National Principles for School Drug Education* (2004), the ADF's original **Recommendation 3** is no longer relevant.²⁷ This welcome reform provides an opportunity to modernise national guidance and ensure that future drug education initiatives reflect current evidence and best practice.

While schools remain an important setting, effective prevention extends far beyond the classroom. Prevention is most successful when it operates across sectors – addressing the social determinants of health and strengthening protective factors in communities. Place-based and tailored approaches are particularly important, as they allow prevention efforts to respond to the unique needs and preferences of specific populations. Among young adults (18-30), key factors for risky AOD use include major life transition, negative peer influences and unemployment, while protective factors include access to training and employment pathways, participation in positive social activities, and a sense of belonging in community.^{28 29} For older adults, risk factors such as declining health, bereavement, isolation, pain and mobility challenges can increase susceptibility to AOD harms, while protective factors include family connection, social participation and inclusion.^{30 31}

These examples illustrate the broad potential for evidence-based life-course prevention strategies that promote wellbeing at every age and are contextualised to address local needs through place-based approaches. By investing in initiatives that address social determinants, strengthen protective factors, and empower communities to respond to local needs, Australia can build a prevention system that reduces AOD-related harms before they occur and support people to live healthier, more connected lives (see **Recommendation 1**).³²

Evidence-based drug policy and law reform

Australia's current legal and regulatory approaches to alcohol and other drugs (AOD) continue to drive health and social harms. The legal determinants of health describe how laws, policies and criminal justice systems can directly shape wellbeing – and in Australia, the criminalisation of people who use drugs has significant negative impacts. Criminal justice responses disproportionately affect some groups, reinforcing inequities, creating barriers to support, and entrenching cycles of harm. The vast majority of drug arrests target individual users rather than traffickers or suppliers: 87% of the 140,624 drug arrests recorded in 2020–21 (the last year for which national data is available) were for personal use or possession offences.¹ Criminal penalties, court proceedings and incarceration create long-term consequences for individuals and families, while imposing substantial costs on police, courts and governments.

Decriminalisation of personal drug use – the removal of criminal penalties for possession and use, while maintaining penalties for supply and trafficking – enables health-based responses and reduces the harms of criminalisation. International and Australian evidence supports its effectiveness in reducing stigma, freeing up criminal justice resources and improving access to treatment and support.^{2 3}

At the same time, Australia's cannabis market has rapidly changed with the emergence of medicinal cannabis. While the Therapeutic Goods Administration (TGA) has taken steps to regulate access, ongoing challenges remain around product quality, prescribing practices, and advertising controls. The ADF supports greater regulatory oversight of medicinal cannabis products to ensure consistency, safety and evidence-based use. We also support the removal of criminal penalties for possession of cannabis (as well as limited home growing models and gifting) and oppose establishing commercialised systems that prioritise profit over public health. Australia must remain proactive and adaptive in this space to prevent the rapid expansion of a profit-driven cannabis industry, and to ensure that regulation promotes public health and community wellbeing.

To reduce the negative legal determinants of health and advance evidence-based policy, the ADF recommends that the Australian Government lead national efforts to progress the decriminalisation of personal drug use (**Recommendations 13**), work with states and territories to prioritise the decriminalisation of cannabis use (**Recommendation 14**), and investigate non-commercial models of cannabis legalisation such as limited home-growing, gifting and cannabis social clubs (**Recommendation 15**).

Alcohol policy reforms

As detailed in our original submission, alcohol continues to pose a significant threat to Australia's public health, contributes to more than 200 preventable diseases and health conditions, causes significant reductions in productivity, strongly associated with domestic, family and sexual violence.⁴

Since the ADF's original submission, new evidence has further underscored the significant public health impacts of alcohol. A landmark Australian study has estimated that up to one in 28 Australians may be living with Fetal Alcohol Spectrum Disorder, equating to a national prevalence rate of 3.64%.³³ Internationally, the World Health Organization and the International Agency for Research on Cancer (IARC) have released volume 20 of the *IARC Handbooks of Cancer*

Prevention, which identifies the most effective policy measures for reducing alcohol-related cancers at the population level – namely, increasing alcohol taxation, reducing availability and restricting alcohol marketing.³⁴

To protect Australians from the significant harms caused by alcohol, we must also protect alcohol policy and regulation development from commercial influence. In Australia, commercial groups that profit from alcohol sales continue to exert considerable influence over policy processes. These groups often employ a range of tactics to shape or delay regulatory reform, including selective use of evidence, public relations campaigns, and the commissioning of research that downplays the health impacts of alcohol or questions the need for stronger regulation. For example, research recently released by Retail Drinks Australia ahead of the South Australian Royal Commission into Family, Domestic and Sexual Violence sought to minimise the risks associated with the online sale and delivery of alcohol and questioned the benefits of stronger safeguards.³⁵

Establishing robust, transparent systems for policy development – guided by evidence and informed by public health experts and people with lived experience – would help ensure that policy and regulatory decisions prioritise public health and community wellbeing over commercial interests. This principle should underpin all national alcohol policy processes, including the development of the next National Alcohol Strategy.

Addressing the harms of alcohol requires coordinated reforms in alcohol marketing, taxation and availability to better protect the health and wellbeing of Australian communities. The ADF recommends the Australian Government implement key taxation reforms, including maintaining six-monthly CPI indexation of excise and abolishing the Wine Equalisation Tax and moving wine and fruit-based alcohol products onto the excise system (**Recommendation 16**). The Government should also establish a legislative framework to regulate alcohol marketing, including restrictions on data collection and the tracking of children's online activity, limits on children's exposure to alcohol advertising, and the creation of mandatory monitoring and compliance mechanisms (**Recommendation 17**). Public awareness of alcohol harms remains limited, and greater investment is needed in initiatives that inform and empower consumers. The ADF recommends the introduction of mandatory, standardised health warning labels on all alcohol products across Australia (**Recommendation 18**). Finally, alcohol regulation continues to vary significantly between jurisdictions; the Australian Government should lead a coordinated, national approach to ensure a comprehensive, evidence-based and consistent framework for regulating alcohol availability (**Recommendation 19**).

D. Draw on domestic and international policy experiences and best practice.

There are significant opportunities for Australia to strengthen the development and implementation of evidence-based AOD responses and policy, drawing on international experience and emerging best practice.

Advances in digital technology, data analytics and artificial intelligence (AI) are reshaping how information is accessed, how health and social services are delivered, and how governments can anticipate and respond to emerging harms. By applying lessons from international experience and adopting best practice, Australia can build a more connected, informed and adaptive system of prevention, treatment and harm reduction. Strategic investment in digital innovation, robust national data systems and trusted information platforms will enhance early detection, strengthen public health communication, and expand access to evidence-based interventions.

National Drug Strategy

Responding to rapidly changing drug markets and the accelerating pace of technological advancement requires a strong, coordinated strategic framework to guide national action. International examples, such as Scotland's *National Drugs Mission Plan 2022-2026*, demonstrate the value of a whole-of-government approach that combines prevention, treatment, recovery and harm reduction under clear accountability and performance measures.³⁶ A similarly integrated, evidence-driven framework would enable Australia to anticipate emerging trends, align jurisdictional responses, and ensure that investment is directed toward the most effective interventions. With renewal of Australia's drug strategy due in 2026, the ADF recommends the Australian Government commits to ensuring the next National Drug Strategy (i) is appropriately monitored and evaluation, (ii) includes an implantation plan that rebalances funding across the pillars of harm minimisation, (iii) links with the intergovernmental coordination mechanism (see **Recommendation 8**), and (iv) is supported by and aligned with relevant sub-strategies (**Recommendation 9**).

Volumetric taxation on alcohol

In August 2023, the United Kingdom implemented a standardised system of volumetric taxation for alcohol – taxing products according to their alcohol content rather than product type. This replaced a complex and inconsistent tax structure with a single, proportional framework applied across all alcohol categories.³⁷ The change was designed to address long-standing anomalies in the previous system, which had incentivised the production and consumption of low-cost, high-strength alcoholic products. By linking duty rates directly to alcohol content, the new system aimed to reduce harmful consumption while improving the fairness and coherence of alcohol taxation.

While the primary objective was to reduce alcohol-related harm, the reform was also designed to ease the transition for industry and support smaller producers. Measures included temporary “easements” to allow businesses time to adapt, duty reliefs for small producers, and a “draught relief” scheme providing reduced tax rates for drinks below 8.5% ABV sold from kegs and pumps. These adjustments helped balance public health goals with economic and administrative considerations, creating a more sustainable and transparent system.³⁷

Modelling of the reform's long-term impact estimated modest reductions in consumption – an average decrease of 0.34% per drinker – but substantial public health gains over 20 years, including the prevention of more than 2,300 deaths and 11,500 hospital admissions compared to no policy change.³⁸ The UK's experience demonstrates how volumetric taxation can simultaneously support public health, simplify administration, and align economic incentives with harm reduction objectives – providing a compelling model for alcohol tax reform in Australia (see **Recommendation 16**).

National early warning system

As outlined in the ADF's previous submission, drug markets continue to evolve rapidly, with potent synthetic and novel psychoactive substances posing an increasing threat to Australia's public health.³⁹ While Australia has not yet experienced a widespread outbreak involving fentanyl analogues or nitazenes, there is no guarantee that this will remain the case. In 2023, contamination of Ireland's local heroin supply with nitazenes resulted in a cluster of more than 50 overdoses.⁴⁰ However, a coordinated national response enabled public health warnings to be issued within 24 hours, preventing fatalities.

Australia has a strong foundation of monitoring and surveillance systems, including the Emerging Drugs Network of Australia (EDNA), police seizure data, toxicology reporting, and drug checking services operating in the ACT, Victoria and New South Wales (noting Queensland has recently closed its service). These programs provide valuable insights into consumption trends and the composition of the illicit drug market. However, there are gaps, for example, police seizures data are not well-integrated and accessible for other agencies working in alcohol and other drugs, and hospitals often have different data collection processes and management systems that are not easily integrated. Without a formal, centralised mechanism to integrate and coordinate their findings, opportunities for rapid response and prevention are lost.

The ADF recommends that the Australian Government take a leadership role in establishing or coordinating a National Early Warning System to ensure rapid, effective, and evidence-based responses to emerging drug harms (**Recommendation 7**).

Countering misinformation in the digital age

The digital environment now exposes Australians to vast volumes of unverified and sometimes harmful information. Young people are particularly vulnerable as they are the most active online and the least likely to engage with traditional health services or official sources of information.

To counter these risks, greater investment is needed in credible, trusted and accessible digital resources that meet people where they are, on the platforms and devices they already use, and provide accurate, evidence-based information in real time. The ADF's [drug info bot](#) (dib) is a leading example. Launched in January 2025, dib is a not-for-profit, AI-powered chatbot and screening tool designed with clinical input to safely connect Australians with reliable, non-judgemental AOD information. Unlike commercial AI models, dib operates on a closed-loop system, drawing only from the ADF's expert-curated, evidence-based content. It integrates the clinically validated ASSIST tool, enabling users to assess their own AOD use and risk, and provides brief interventions and referrals to appropriate support.

Early results demonstrate dib's reach and potential: since January 2025, it facilitated over 21,000 conversations, with nearly half (47%) of users aged 18–25 and 62% aged 18–34. Users engage for an average of 4.5 minutes, most seeking trustworthy information about AOD (53% of queries) or treatment and support (15%).

Expanding the reach of safe, evidence-based digital tools like dib would be a valuable national intervention – helping counter misinformation, improve public understanding of AOD, and prevent harm. The ADF recommends that the Australian Government invest in digital prevention initiatives

that support trusted, evidence-based communication and leverage responsible AI to deliver accurate information and brief interventions online (**Recommendation 21**).

Digital innovation and early intervention models

Community understanding of AOD-related risks remains low. Research shows that most Australians overestimate what constitutes low-risk alcohol consumption and are often unaware of the links between alcohol and conditions such as cancer.⁴¹ Limited awareness of these risks acts as a barrier to behaviour change and help-seeking. For young people – who are often reluctant to access traditional AOD services due to stigma, privacy concerns or mistrust of institutions – accessible digital tools can provide a crucial first point of engagement.

Digital innovation offers significant opportunities to strengthen early intervention and self-management of AOD risk. Approaches such as online screening and brief interventions, mobile apps, chatbots, and interactive education tools can help users identify risk, receive tailored feedback, and connect to supports anonymously and on their own terms. The ADF's drug info bot (dib) and [Path2Help](#) platform are examples of low-threshold, evidence-based digital tools that provide trustworthy, non-judgemental information and link users to appropriate services.

Internationally, digital interventions such as pregnancy-focused alcohol reduction tools, continuous remote alcohol monitoring, and digital recovery support systems demonstrate the potential of technology to reduce harm and improve health literacy across diverse populations.⁴² Many of these digital interventions demonstrate impacts beyond AOD use including improvements in quitting smoking, increasing health literacy as well as improving diet and physical activity.

However, early intervention remains under-utilised and inconsistently available across Australia. Existing digital resources vary in quality, visibility and credibility, and many lack formal evaluation. There is also a growing need to distinguish between evidence-based resources and unregulated content online such as user forums and unregulated AI chatbots. The ADF recommends that the Australian Government fund the development of early intervention programs that support people at risk of AOD harm to access credible, evidence-based information and tools for self-managed behaviour change (**Recommendation 4**).

Building on this, there is an opportunity to improve the accessibility and coordination of early intervention by joining up existing digital AOD services and strengthening links with digital navigation tools that help people find and access appropriate supports. A more connected digital ecosystem can reduce service fragmentation, improve user experience, and ensure individuals receive timely, tailored support regardless of where they enter the system (**Recommendation 5**).

Looking ahead, the Government should invest in the next generation of early intervention models-of-care that harness digital innovation to expand reach, engagement and effectiveness, particularly for young people. This includes exploring international best-practice approaches, supporting the development of scalable, user-centred tools, and embedding robust evaluation frameworks to ensure safety and impact. A coordinated national approach – supported by consistent funding and policy alignment across jurisdictions – will ensure Australia is proactive and adaptive in responding to emerging patterns of substance use and the evolving digital landscape (**Recommendation 22**).

E. Appendix: Recommendations

1. Increases support for place-based, evidence-based primary prevention initiatives targeting AOD harm that facilitate community ownership of action.
2. Ensures the availability of targeted evidence-based prevention and early intervention initiatives for subgroups at higher risk of AOD harm that consider the unique circumstances of people who use AOD.
3. Updates the National Principles for school drug education (2004) and provides guidance on evidence-based AOD education programs
4. Funds the development of early intervention programs that support people who are at risk of experiencing AOD harm to seek support and information for early behaviour change. This should include tools and resources to self-manage behaviour change.
5. Explores and funds joined up digital AOD services as well as supporting links to digital navigation services.
6. Increases investment in initiatives that support family and friends of people who use AOD, and that encourage early help seeking.
7. Takes a leadership role in establishing a National Early Warning System and develops systems that ensure up to date evidence on effective, evidence-based responses to drug-related harm.
8. Works with States and Territories to re-establish an AOD specific intergovernmental coordination mechanism, like the Ministerial Drug and Alcohol Forum (MDAF).
9. Ensures the future National Drug Strategy
 - a. has a commitment to its monitoring and evaluation, and that the appropriate coordination mechanisms are in place to facilitate this.
 - b. Includes a stronger focus on regulation as form of managing supply of AOD
 - c. Has the ability to respond to emerging issues of concern, that links with the re-established intergovernmental coordination mechanism.
 - d. Includes an implementation plan and associated funding that rebalances investment across prevention, harm reduction, treatment and law enforcement.
 - e. Has sub-strategies addressing AOD harm among First Nations people and AOD Workforce Development that are current and appropriately resourced.
10. Facilitates meaningful consultation with the AOD sector to enhance coordination and implements a strategic approach to planning and funding. This should include five year time frames for funding agreements that include indexation, renewal notices at least six months prior to the expiration of funding agreements and adequate funding and time allocation for meaningful evaluation.
11. Considers barriers to coordinated primary care for people who use AOD within the current primary care reforms and the role of PHNs in supporting prevention, early intervention and treatment to reduce AOD related harms.
12. Increases investment in evidence-based harm reduction services and ensures equitable access to these services.
13. Demonstrates leadership regarding decriminalisation of personal drug use, to aid jurisdictions in designing and implementing evidence-based drug policy. This should include:
 - a. Consideration by the federal government of conflicts between its own laws and state and territory laws.

- b. Reviewing the threshold quantities set out in the *Commonwealth Criminal Code Act 1995* that delineate between personal possession and trafficking
 - c. Partnering with the State and territory Governments to undertake reform prioritising a health response to illicit drug possession for personal use.
- 14. Encourages states and territories to remove criminalisation of personal use and possession of cannabis and support the introduction of limited home-growing and gifting of cannabis.
- 15. Supports research into alternative and non-commercial models of cannabis legalisation and their outcomes.
- 16. Makes a clear statement regarding the purpose of alcohol taxation policy in Australia, which supports the role of alcohol taxation in reducing alcohol-related harms and offsetting their costs. This should include:
 - a. Preservation of six-monthly CPI increases on the alcohol excise to ensure that real prices of alcohol do not crease over time, maintaining their public health effect.
 - b. Reforming the alcohol taxation system in Australia to remove the WET and place wine products on the excise system.
 - c. Hypothecation of a portion of the alcohol exercise to fund programs that prevent and treat alcohol-related harms in the community.
- 17. Introduce a regulatory framework with a legislative basis that effectively protects the community from exposure to alcohol marketing. This framework must include specific provisions which:
 - a. Prohibit the collection, use and disclosure of personal information for commercial marketing purposes unless a person has provided active, informed, voluntary and non-incentivised opt-in consent.
 - b. Prohibit the tracking, profiling, monitoring or targeting of children for commercial purposes, particularly for use by companies selling harmful products. This should be done as part of the proposed Children's Online Privacy Code, which has been recently announced in response to the Privacy Act Review in 2023.
 - c. Limit exposure of children to alcohol advertising on live TV and BVOD
 - d. Establish mandatory compliance as well as effective administration, surveillance and deterrence systems for infringements.
- 18. Works with states and territories to introduce mandatory, standardised health warning labels on alcohol products.
- 19. Shows leadership and coordination with the jurisdictions in ensuring a comprehensive, evidence-based, and actionable approach to regulating alcohol availability.
- 20. Takes steps to reduce stigma of people who use alcohol and other drugs including:
 - a. Investigate and implement opportunities to decrease structural stigma including the way in which government policies, campaigns and communication tools contribute to stigma.
 - b. Influence and improve the way media reports on AOD issues by leveraging existing guidelines.
 - c. Supports organisations representing people who use drugs in amplifying the voice of lived and living experience.
 - d. Improve knowledge and understanding among the general public and dispel myths about AOD use and dependence.
- 21. Invest in and develop trusted, AI-powered digital prevention initiatives that counter AOD-related misinformation and expand public access to accurate, evidence-based information and support.

22. Invest in innovative, evidence-based digital early intervention models-of-care to expand the reach, accessibility and effectiveness of early intervention in Australia.

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