

SUBMISSION

Thursday, 10 October 2024

AMA submission to the House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into the health impact of alcohol and other drugs in Australia

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Introduction

The Australian Medical Association (AMA) welcomes the opportunity to make a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into the health impacts of alcohol and other drugs in Australia. The AMA is concerned about the impacts that harmful alcohol and other drugs use have on the health and wellbeing of the individual and their loved ones, as well as the broader societal impact on the Australian community.

The AMA acknowledges the social, physical and mental health of people who experience the harms of alcohol and other drug use — and that of their families, including unborn children — is often at risk because their drug use underpins reduced household income and social disruption. Alcohol and other drug dependencies can be linked to high levels of comorbid mental health disorders, and other addictive behaviours. The harmful use of alcohol and other drugs can have associated impacts, including family breakdown, escalated incidences of domestic violence, criminal activity, disruption and/or loss of employment, heightened mental illness and self-harm, and social isolation.

When interacting with members of the community struggling with alcohol and other drug use, stigmatisation is frequent, leading to inadequate support. It is imperative the committee sees substance use as a health issue associated with dependency, and typically linked to previous incidences of trauma and mental illness, not a criminal issue. Support is needed to be free of stigma, with appropriate identification, treatment and support offered by qualified health professionals and social services. This work must be done with the engagement and collaboration of multiple sectors, acknowledging the role the social determinants of health play in harmful alcohol and other drug use.

The AMA's submission will be responding to the following terms of reference:

- a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society.

- 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.

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.

a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society.

Alcohol is viewed as a fabric of Australian culture and not as a drug that has serious health and social implications. Alcohol is a psychotropic drug, and just like cannabis, cocaine and LSD, has an impact on cognition, emotions, and perception. Unfortunately, Australia needs to do better in enabling all Australians equitable access to support services. It is not uncommon to hear stories of people driving three hours or more to access the nearest support service session. Many Australians view alcohol and other drugs as merely recreational and do not fully understand the high mortality and morbidity associated with the person at risk, and the wider societal impacts.

Poor health outcomes in Australia relating to alcohol and other drugs

In 2018, 4.5 per cent of the total disease burden in Australia was due to alcohol use, making it the fifth leading risk factor contributing to disease burden.¹ Excess alcohol has been contributed to 40 per cent of liver cancers, almost 20 per cent of chronic liver disease cases, and 14 per cent of suicides and presentation of self-inflicted injuries. Excess alcohol was also determined to be 25 per cent of the burden of road traffic injuries involving motor vehicle occupants. The use of illicit drugs (including opioids, amphetamines, cocaine and cannabis) is rising in Australia with a 35 per cent increase recorded between 2003 and 2018. Alcohol and other drugs can harm the wellbeing of individuals and families in multiple ways, including through adversely impacting mental health, physical health, foetal and child development, financial security, and relationships.

The role of health professionals

The role of medical practitioners, particularly general practitioners (GPs), play a central role in identifying patients at risk, noting that people seek help in a range of ways and can present with other physical and mental health problems.

The role of general practitioners

GPs play a crucial role in the prevention, detection and management of harmful substance use, dependence and behavioural addictions. GPs are a trusted and credible source of advice, and international research has shown people with substance dependence often prefer to engage with their GPs, rather than attending outpatient drug dependency services.² GPs are often the first point-of-call for identifying, diagnosing and managing harmful substance use,³ and must be better supported to continue this role. In many cases, GPs may be the sole provider of medical care for a

patient facing substance use disorder. GPs make a positive contribution within the community, interacting with those facing substance-related harm through community-centred health services.⁴ GPs have a major role in supporting the family and community, as well as the patient affected by substance use problems.

Several significant barriers need to be overcome to help GPs continue to play a pivotal role in supporting their patients. Funding, support, workforce and sustainability issues are negatively impacting general practice in Australia. Improving the funding of GPs must be prioritised to ensure patients can develop a long-term relationship with a local GP or general practice and provide the foundation for every Australian to have their own 'medical home'.⁵ Focus must also be given to multidisciplinary care that is coordinated and centred in general practice, allowing patients to receive equitable access to comprehensive, holistic, longitudinal treatment, for improved health outcomes.

Treatment for substance dependence must be based on clinical decisions about the most appropriate approach for the individual, considering the extent and severity of the problems, the individual's goals, and health and safety considerations. To maximise opportunities for early health professional intervention, the AMA believes there should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk.

The AMA also suggests grant programs should be established to support the development and implementation of whole-of-practice programs for substance use, suited to practice populations. Media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

Doctors have an important role to play in providing advice to their patients about the harms of excessive alcohol use. The AMA suggests treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with emergency departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals. The AMA also recommends a full range of culturally appropriate treatment approaches should be provided to address alcohol use for Aboriginal and Torres Strait Islander peoples. Resources such as the Alcohol Treatment Guidelines for Aboriginal and Torres Strait Islander Australians should be used and regularly reviewed to ensure they reflect current evidence and best practice. The AMA also acknowledges the work of GPs within the Aboriginal Community Controlled Health Organisations, in working directly with members of the community as it relates to alcohol and other drug use. GPs and other primary healthcare workers, including midwives and child and family health service nurses, must also be supported in discussing alcohol consumption with people of childbearing age, to combat FASD incidence rates.

The role of addiction medicine specialist and other related specialties

Addiction medicine involves the provision of medical care to people with substance use and addiction disorders, including drug and alcohol addiction and pharmaceutical dependency.⁶ Addiction medicine includes primary, secondary and tertiary prevention of harm related to non-medical use of drugs, management of acute drug-related problems, and rehabilitation of people who have a drug dependency.⁷ Addiction medicine also involves a recognised sub-specialty of addiction psychiatry, which has its own formal education and training pathways. It is important those dealing with substance use disorders have professional mental health support to ensure their holistic healthcare

needs are met. Addiction medicine specialists should continue to be recognised appropriately under the Medicare Benefits Schedule.⁸

Specialised addiction services are in short supply across rural and remote Australia. There are extensive wait times for treatment induction, and these services lack resources to enable adequate follow up for patients who frequently have a range of health-related issues, including addiction and mental health,⁹ as well as other health impacting socio-economic concerns, such as housing and employment. In rural areas much of the addiction work is undertaken by GPs, usually over some distance, and often by Telehealth.¹⁰ There is also a major lack of intensive residential rehabilitation programs in rural areas. Improving access to care, via a variety of models close to the patient's location that engages local services will reduce recidivism and local crime rates. These models must include adequate support (financial and non-financial) to encourage the participation of GPs and community pharmacies within rural communities.

All Australians with a mental illness deserve to have ready access to quality specialist mental healthcare based on their needs. The mental health workforce plays a vital role, in supporting those who are experiencing the harms of substance use. Access to the appropriate support services and security must be available for all GPs and mental health practitioners to ensure they can continue supporting patients with complex mental health needs.¹¹

The role of Aboriginal and Torres Strait Islander AOD workers

The Aboriginal and Torres Strait Islander AOD workforce is significantly underdeveloped. Approximately 17 per cent of AOD-treatment clients are Aboriginal and Torres Strait Islander peoples, and yet only 6 per cent of the AOD workforce are Aboriginal and Torres Strait Islander workers. Increasing the Aboriginal and Torres Strait Islander AOD workforce will assist in creating more culturally safe services.¹²

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.

The AMA acknowledges that while substance use programs may have similarities, there are also core differences in programs tackling issues around alcohol and other drug use, due to the legal use differences of certain substances. As such, we identify programs and initiatives that work for alcohol, and other drugs separately.

Effectiveness of current health initiatives related to harmful alcohol use

There is strong evidence self-regulation and voluntary codes are not effective in stemming inappropriate and irresponsible promotion of alcohol to young people. Effectively, without independent regulation and meaningful penalties for being non-compliant, the alcohol industry is run by the industry, for the industry. The opportunity to comment on this model arose in 2022 when the AMA made a [submission](#) into the Australian Beverages Advertising Code (ABAC) Scheme Limited

Responsible Alcohol Marketing Code Review. In this submission, a number of regulations were called for to improve prevention and reduction of harms related to alcohol consumption:

- Prohibit marketing communications, packaging and branding that targets or appeals to children and young people.
- Prohibit the production and sale of alcoholic energy drinks and ban any marketing that promotes the use of energy drinks in conjunction with alcoholic beverages, including the promotion of alcoholic energy drinks at licensed venues.
- Prohibit the sponsorship of sporting events, youth music events and junior sports teams, clubs and programs by alcohol companies or brands. Organisations should be encouraged and assisted to source alternative funding.
- Limit the amount of alcohol marketing as well as its content. The volume of alcohol marketing young people are exposed to has consistently been shown to affect their drinking behaviours and is not sufficiently addressed through content regulations.
- Prohibit alcohol advertising and promotion in locations, publications, and at times that are likely to influence teenagers and children. This should apply to point-of-sale promotions, branded merchandise, product placement, and new digital technologies, such as social media, which we noted in our recent submission to the Parliamentary Inquiry into the influence and impact of social media on Australian society,¹³ viral campaigns, mobile phones, and online behavioural profiling.
- Require that alcohol advertising encourages no more than the daily levels of consumption recommended by the National Health and Medical Research Council (NHMRC) for low-risk drinking and indicates what those levels are.
- Require that all contexts of alcohol promotion include simple and clearly visible information about the health risks of excess consumption and urge pregnant women not to consume alcohol. This should include point-of-sale, naming, and digital media.

Mechanisms should be developed for global governance and standard setting to control alcohol marketing across national borders. Models for this may include the WHO Framework Convention on Tobacco Control. The AMA is also actively involved in labelling and product content reviews undertaken by Food Standards Australia and New Zealand (FSANZ), including more recently energy labelling standards for alcohol products. The AMA supported the proposed addition of energy labelling on alcoholic beverages to further inform consumers on the energy content contained in these beverages. This was an important step in regulating and standardising how consumers are informed on energy contents across the food and beverage industry. Energy intake is a major contributing factor to maintaining good health and reducing the risk of chronic disease related to unhealthy body weight.

In 2023, the AMA [joined](#) the Foundation for Alcohol Research and Education (FARE) and the RACGP to call for health warnings on alcohol. Warning labels on the effects of alcohol can help consumers make better choices, improving their health, and reducing the pressures on the health sector that are directly related to excessive drinking. Such labels have been effective in helping pregnant consumers remember the harms of drinking during pregnancy, as it relates to Fetal Alcohol Spectrum Disorder.

The AMA advocates that the harmful effects of excess alcohol consumption are best reduced through targeted prevention, which includes appropriate labelling of alcoholic beverages, and educating the

community on how best to understand and make choices around their consumption of alcoholic beverages.

The AMA strongly advocates for improving the health literacy of all Australians, as a key preventive measure to combat unhealthy levels of alcohol consumption. A specific improvement should be through targeted health education for young people regarding alcohol consumption, that includes a strong focus on critical media literacy skills, with the evolution of targeted online marketing and inducements towards young people of particular concern to the AMA.

Effectiveness of current health initiatives related to other drug use

The AMA believes the best way to improve health outcomes relating to the use of illicit substances is to treat substance addiction with intelligent compassion, as a health issue, not a criminal issue. This means the involvement of law enforcement in harm reduction strategies must be one of collaboration and engagement with health professionals. Both sectors should work in collaboration, with improved health outcomes being the focus.¹⁴

The AMA supports the introduction of innovative policy models and trials. If introduced in a controlled manner, funded and evaluated appropriately, they may reduce harm and improve outcomes for users and society at large. Some of these models include needle exchanges, pill testing, prisoner interventions and services, novel treatments, and degrees of decriminalisation for some drugs etc.¹⁵ Law enforcement can help make harm reduction strategies, such as pill testing sites, and safe injecting rooms, safe for all involved.

Pill testing

The AMA supports sanctioned, appropriately supervised, and monitored high-quality pill testing trials to minimise the risk to young people, and build an evidence base to determine the effectiveness of pill testing in Australia.¹⁶ In recent years, analysis and consultation methods of pill testing have been trialled around the country, preventing people from using unusually strong or contaminated drugs, as well as communicating knowledge around drug harms and safer use.¹⁷ These trials have been a success, with patrons and stakeholder support, and have had a positive impact on drug knowledge, attitudes and behaviours.¹⁸ Almost two-thirds of the Australian public support pill testing at music festivals.¹⁹ Pill testing sites are now also being trialled at permanent locations, that have seen new drugs identified and drug users better informed on the makeup of substances they are using.²⁰ These centres are having significant wins. The CanTEST site in the ACT, which is in its first 22 months of operation, tested more than 2,600 samples, with more than 10 per cent of samples being voluntarily discarded by clients following testing. The service has picked up substances in samples that were unexpected, and higher dosages of certain drugs. The CanTEST service also delivered more than 3,600 health and alcohol and drug interventions to individuals and groups in its first year, with some clients receiving multiple interventions in one visit.²¹ The AMA is pleased to see similar sites being considered in other jurisdictions, including announced sites in Queensland and Victoria.

Medically supervised safe injecting centres

For substances administered via injection, there is an increased risk associated with the transmission of blood borne viruses, as noted in the AMA's position statement on [Blood Borne Viruses](#). Medically supervised injecting centres enable people to inject substances, such as heroin, in a clean

environment with sterile injecting equipment, under the supervision of trained staff. Studies examining the centres in Australia confirm that medically supervised injecting centres are associated with a range of positive outcomes for the individual and the community.²² Law enforcement approaches can make these spaces a safe and health-orientated space, rather than a negative setting focused on the criminality of drug use.²³

Prevention programs

Preventing experimentation and initiation of drug use, and subsequent dependence, is an important public health goal. School-based resilience building programs have been shown to reduce substance use²⁴ but programs that solely focus on drug use prevention show more limited success.²⁵

Internationally, there are some models that appear to be successful in reducing experimentation and initiation of substance use among children and young people. The Youth in Iceland approach, for example, introduced a range of measures that have substantially decreased substance use.²⁶ For those who have already initiated drug and alcohol use, there is evidence that brief interventions with healthcare professionals are an effective means of treating some substance use problems.²⁷ This helps to prevent the marginalisation of substance users, instead offering safe and accessible health intervention and care. This further amplifies our call for greater support for the GPs providing this intervention support.

Red Frogs program²⁸

Red Frogs is the largest harm minimisation and early intervention service in Australia. The core work of Red Frogs is to provide direct relief from alcohol-and drug-related issues that are known to cause anxiety, suffering, distress and helplessness among the youth of Australia.

Red Frogs' mission is to provide direct relief by:

- Peer Support: being a positive peer presence in alcohol-fuelled environments where young people gather.
- Education: educating young people on safe partying behaviours and understanding the consequences of their actions.
- Activities: promoting and providing non-alcoholic and/or diversionary activities that engage young people in these environments.
- Referrals: being a point of referral to professional services.
- Pastoral care: providing pastoral care for young people who are suffering from alcohol abuse, substance abuse, sexual abuse, emotional abuse, physical harm, self-harm, attempted suicide, or who are otherwise in a state of helplessness.²⁹

The AMA sees real value in programs like Red Frog, which look at local and early intervention for young people, at events associated with high alcohol and other drug consumption. Many of the practices Red Frogs engages in are strong on destigmatisation and encourage help-seeking behaviours. These programs must be accessible to all young people across Australia and be adequately funded to continue this work.

Local Drug Action Teams (LDAT)³⁰

LDAT is a nationwide program that collaborates with community groups to prevent and minimise the harms caused by alcohol and other drugs. The Alcohol and Drug Foundation (ADF), funded by the Australian Government, works with LDATs, helping them to build or extend local partnerships, and

develop and deliver evidence-based activities where it matters the most — at the grassroots, community level.

There are 244 LDATs operating across Australia. LDATs engage community stakeholders, conduct community consultation, gather available data, and implement activities followed by evaluation. The ADF recognises no two communities are the same and believes locally led responses are the most effective when it comes to addressing the challenges of alcohol and other drugs. The LDAT Program provides multiple [resources](#) available to the public on best practice for primary prevention strategies.

Rehabilitation and treatment programs

Access to drug rehabilitation and treatment programs can decrease law enforcement expenditure through intervention, which can lead to decreased recidivism. Drug rehabilitation services offer help through a range of health services, including treatment, counselling, and support. These programs and services can be offered through community-based treatment centres, or residential rehabilitation services. These services provide holistic health advice and support to those impacted by the harms of drug use. In many cases, they help individuals develop tools to help them live without a need to use drugs.³¹ The AMA particularly agrees with the need for accessible and equitable treatment services. As mentioned, the current treatment system has insufficient resources to meet demand, and even where treatment is available, this does not necessarily meet the individual needs of patients. Without a timely option to access relevant treatment, patients with substance use disorders are likely to decline, sometimes eventuating in engagement with the criminal justice system, at significant cost to both the individual and the community. The AMA is acutely aware of the need for increased availability of alcohol and other drug treatment services throughout the community, so doctors can readily refer patients showing risk factors.

The AMA sees real value in drug courts, which accept referrals from local courts for those who will be charged and imprisoned, who are dependent on prohibited drugs. If a person is accepted into one of the drug court programs, specialised addiction support is given, helping to reduce recidivism in the future.³² Recovery support groups are also a proven tool, improving recovery outcomes regarding addiction, and lowering rates of reoffending.³³

Rethink Addiction suggests law enforcement costs count for \$5.8 billion out of the \$12.8 billion total cost of drug addiction in Australia.³⁴ Drug-related budget spending in Australia is largely spent on law enforcement (61–69 per cent), compared to treatment (20–23 per cent), prevention (9.5 per cent), and harm reduction (2.5 per cent).³⁵ This is despite research showing for every dollar spent on drug treatment, \$7 is saved, and for every dollar spent on harm reduction, \$27 dollars is saved.³⁶ Money would be better spent on adequate funding of prevention, harm reduction, and the programs that improve health and decrease recidivism. In turn, these programs decrease the need for law enforcement spending, and improve the health of Australians.

FORWAARD Aboriginal Corporation³⁷

The AMA advocates that strengths-based, culturally safe and community-led approaches to addressing the health harms of alcohol and other drug use are the best practice. Some of these models include rehabilitation centres that are led by Aboriginal Community Controlled Organisations.

Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD) Aboriginal Corporation, based in Darwin, Northern Territory, is a not-for-profit, Aboriginal-controlled business,

providing alcohol and drug rehabilitation services in a secure environment, that is culturally appropriate and supportive of efforts at rehabilitation, for mostly Aboriginal and Torres Strait Islander peoples. The FORWAARD facility now accommodates up to 16 residents, catering for both males and females with alcohol and drug-related problems. The corporation offers a holistic approach to the treatment and recovery for mostly Aboriginal and Torres Strait Islander clients through its ongoing support and care programs.

FORWAARD Aboriginal Corporation assists people in need by:

- Providing alcohol and drug awareness/prevention programs with the community.
- Delivering 12-week alcohol and other drugs residential rehabilitation programs.
- Delivering 12-week alcohol and other drugs day rehabilitation programs.
- Offering continuing care support for people who have graduated from its rehabilitation program.
- Presenting educational and support programs for families impacted by the effects of alcohol and drugs.³⁸

Similar community-led facilities, which have a strong emphasis on culturally safe care, can be found through the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN), which is a network of representatives of Aboriginal residential rehabilitation services across Australia.³⁹

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.

The AMA would like to reiterate the intersectionality between harmful alcohol and other drug use, and the social, cultural, commercial and political determinants of health.⁴⁰ It is vital many sectors work together to combat the influence of these determinants, using a 'health in all policies' lens.

Cross-sectorial and cross-government responsibility

Addressing harmful alcohol and other drug use is a shared responsibility. The Australian Government can show leadership in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses, and health-focussed other drug use interventions.

National alcohol policy needs to foster local initiatives and solutions to local problems and empower local communities to adopt their own local alcohol action plans to respond to local needs. A major responsibility lies with the alcohol manufacturing and retail industry itself to take concrete and serious steps to make sure it does not profit at the expense of those who may be harmed by excess alcohol use.

Links to gender violence

One of the strongest risk factors for domestic violence/abuse is alcohol and drug use. When alcohol and drugs are combined with behavioural issues, it increases the levels of aggression by perpetrators. In 2021–22, almost half (47 per cent) of the women who had experienced male perpetrated sexual assault in the past 10 years believed alcohol or another substance contributed to the most recent incident.⁴¹ The 2022–2023 National Drug Strategy Household Survey showed 21 per cent of respondents aged 14 and over (an estimated 4.6 million people) had been verbally or physically abused or put in fear by someone under the influence of alcohol in the previous 12 months.⁴² The National Homicide Monitoring Program reported that in 2020–21 domestic homicide offenders had consumed alcohol in 12 per cent of incidents where an offender had been identified and used illicit drugs and/or prescription drugs at non-therapeutic levels in 9.2 per cent of incidents.⁴³

The AMA implores the committee to consider the links between alcohol and other drugs use, and raising rates of gender and domestic violence, and consider ways in which social, housing, legal and health services can be better supported to assist victims. The AMA also suggests preventive opportunities should be considered around the point-of-sale of alcohol online and early education for young people around respectful relationships and their use of alcohol and other drugs.

Education and health literacy

The AMA recommends appropriately targeted and sustained mass media campaigns on the harms of alcohol use are essential and should be funded from a levy on alcohol products. Similar campaigns on the risk of other drugs should also be considered and informed by current trends in drug use. There is high value in classroom-based programs that develop teenagers' decision-making skills and resistance to risk-taking. These should be implemented in Australian schools, as well as other programs that educate teenagers about the harms of alcohol and other drug use. These programs must be evidence based and appropriate for all students across their age ranges and diverse needs. The AMA also suggests caregivers' behaviour in relation to alcohol and other drug use, and the way in which adolescents are introduced to alcohol, has an influence on children's future drinking patterns. Caregivers should be supported and encouraged to explain to their children the various harms associated with alcohol and other drug use. It is also important to recognise young people are influenced by a diverse range of external influences through sports clubs, school events, extra-curricular activities, and community groups they are members of. These influences must also be considered in education and support program development.

The AMA believes NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are determined as high risk and in what setting. For example, people can have health conditions where any consumption of alcohol can exacerbate symptoms. These guidelines can inform the community on the risks of excessive alcohol consumption by young people, that can be damaging to brain development and intellectual function.

The AMA supports measures to enhance consumer understanding that drives informed and healthy choices. As changes such as [energy labelling](#) are introduced, FSANZ must make concentrated efforts to ensure the public is aware of the changes and are educated on how to interpret the information presented to them.

The AMA encourages FSANZ to develop a public education campaign to support labelling changes to raise awareness. The AMA reported in 2012 that young people are highly susceptible to marketing and alcohol consumption. This is a trend that continues to be evident across digital platforms as content development has evolved over the past 10 years.

Appropriate regulation through FSANZ must also be maintained to ensure alcoholic beverage producers are adhering to the standards of labels required under the proposed energy labelling regulations in proposal P1059. This must also be appropriately regulated in line with nutrition content claims are per section 5.6.3 of the consultation paper. This will ensure nutritional claims meet compositional limit standards and are not confusing for consumers.

Positive Choices website⁴⁴

Positive Choices is an online portal to help Australian schools and communities' access accurate, up-to-date evidence-based alcohol and other drug education resources. To meet this need, the Department of Health and Aged Care funded the development of the online portal, *Positive Choices*, that recognises and incorporates cultural diversity and provides access to interactive evidence-based drug education resources for school communities. The site was developed in collaboration with researchers, teachers, parents and students across Australia, and the government in collaboration with University of Sydney's Matilda Centre for Research into Mental Health and Substance use.

The site supports groups within the community, including teachers, students, parents and families, Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse peoples, and includes sections on topics that are specifically prevalent, such as vaping, emerging drugs, alcohol, to name a few. This is a fantastic health literacy resource that must be funded and updated, along with other health literacy resources, such as Health Direct.⁴⁵

Good Sports program⁴⁶

Good Sports supports and inspires community sporting clubs to set up a better environment for players, volunteers, supporters and officials. For more than 25 years, it has helped clubs tackle tricky topics such as alcohol, drugs, smoking, mental health and safe transport. Sporting clubs can sign up to the free program, supported by the ADF. The Good Sports program works with clubs to show their communities they are a welcoming place. It also helps clubs attract sponsors and meet their duty of care to club members. This helps club members and volunteers know they can come along to a welcoming and safe environment to socialise and participate in the sport they love. Parents and carers know their kids are free to enjoy sport in a family-friendly environment where they are assured the club will role-model healthy behaviours. Good Sports also ensures clubs comply with any legal requirements around smoking and alcohol, and provides materials to support the mental health of members.⁴⁷

BreakThrough program⁴⁸

The AMA acknowledges misinformation in the media and public discourse about alcohol and other drug use creates stigma and shame for people who use these substances and their families, making it more difficult to seek help.

BreakThrough is a program for family, friends and partners of people with addictive behaviours and offers practical strategies about how to talk to loved ones about their substance use, better respond to and manage challenging behaviours, and make self-care a priority. The program has been

developed by Turning Point, Self Help Addiction Resource Centre (SHARC) and the Bouverie Centre, BreakThrough is funded by the Victorian Department of Health.

BreakThrough provides families with the skills and knowledge to navigate the alcohol and drug treatment system and obtain the best possible outcomes for loved ones. We explore some of the barriers to seeking help and how to overcome these. All participants are given information about ongoing support activities.⁴⁹

The AMA knows it is imperative that support services are not just designed for the individual struggling with alcohol or other drug use but are also available for the individual's support network.

Communications and marketing

The AMA is concerned by the rapidly evolving landscape of online advertising and algorithm creation, and the lack of fit-for-purpose regulation to keep pace with emerging platforms and technologies.⁵⁰ During the COVID-19 pandemic, the marketing and accessibility of alcohol online boomed. Due to the increased use of digital advertising, children are more likely to see alcohol marketing in their day-to-day lives than adults. This is due to digital platform use⁵¹, with the lack of age-restriction regulation allowing easy access to alcohol companies' social media accounts, websites and points of sale by default.⁵² The alcohol industry collects data through loyalty programs, which can be matched with social media data, to generate models that link purchase patterns with time of day, week or month, mood and social events.⁵³ These algorithms can identify those who consume at a high-volume and target them. In the case of addiction this means vulnerable consumers are targeted disproportionately, because the algorithms work to identify the most susceptible consumers.⁵⁴

The World Health Organisation European Charter on Alcohol (1995) states all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.⁵⁵ This must include the right to use digital platforms, free from alcohol advertising and algorithms pushing alcohol sales. Reducing alcohol marketing might not immediately solve the problem of young people misusing alcohol, but it will address a powerful driver in the mix of factors shaping alcohol consumption. As part of a toolbox of measures designed to tackle the harms associated with alcohol misuse, restricting alcohol marketing has the potential to deliver both positive health outcomes and overall cost savings.

People experiencing addiction should be offered the best available treatments and supports to recovery.⁵⁶ The AMA is supportive of addiction treatment services that also consider online sources of addiction to assist with treatment and recovery. This also includes the positive use of algorithms to help identify those needing support, directing them to the right services online.⁵⁷

The role of law enforcement

The AMA supports the use of health education diversion programs for other drug alcohol-related offences, particularly with young people who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol and other drug use and harms.

The AMA regards harm minimisation as an overarching strategy that aims to prevent and reduce the harms associated with substance use in the community.⁵⁸ Harm minimisation considers the consequences for individuals and the community and is based on the following principles:

- Substance use, legal and illegal, is an inevitable part of society.

- Substance use occurs across a continuum, ranging from occasional use to dependence.
- A range of harms are associated with different types and patterns of substance use.
- A range of approaches can be used to respond.

The approaches harnessed as part of a harm minimisation response include supply reduction, demand reduction, and harm reduction. Law enforcement should be involved in the design and implementation of harm reduction strategies in the communities they serve to ensure they remain un-siloed, health-focused, and safe.

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high-risk substance use. It is crucial they are identified as early as possible and appropriate measures are taken to stop the impact to their health and wellbeing and prevent broader community safety becoming further impacted.

Data Improvements

Accurate, timely and comprehensive indicators, and monitoring of alcohol and other use, and substance-related harms, must be uniformly collected across states and territories as a matter of urgency.

- Alcohol sales data should be collected so the sales volumes of each beverage and outlet type can be determined at a local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.
- The evidence base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.
- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups.
- Data on substance use and patterns collected by government departments or authorities should be readily available to alcohol and other drug researchers and program evaluators. The AMA acknowledges the important work undertaken by the Australian Institute for Health and Wellbeing (AIHW) in presenting this data, as it relates to the burden of disease and support programs.

Conclusion

For meaningful improvement to reduce the impacts of alcohol and other drugs in Australia, an open and realistic discussion is required. This discussion must recognise the probable benefits of shifting the focus from stigmatisation, criminalisation and penalties for alcohol and drug users, to providing suitable healthcare and treatment for those who need it.

In 2024, we understand the multitude of health, social, climate and economic challenges that impact all our lives. The AMA asks that this inquiry takes a particular focus on how disadvantaged groups are especially vulnerable to harmful substance use, and that the intersectionality of substance use with other issues is also well understood and considered. We hope this inquiry leads to meaningful and evidence-based reform and action in this important area of public health.

Contact

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