Achieving balance

The Queensland Alcohol and Other Drugs Plan 2022–2027

Queensland Government

Queensland
Mental Health Commission

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Feedback

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Interpreter

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this plan, you can contact us on **1300 855 945** and we will arrange an interpreter to effectively communicate the plan to you.

Document licence

Acknowledgements

The Queensland Mental Health Commission respectfully acknowledges Traditional Custodians of the lands and waters across Queensland. We pay our respect to Elders, past, present and future, and acknowledge the important role played by Aboriginal and Torres Strait Islander peoples as the First Nations people, and their traditions, cultures and customs across our communities.

We acknowledge that Aboriginal and Torres Strait Islander peoples are two unique and diverse peoples with their own rich and distinct cultures.

We acknowledge that the introduction of alcohol and other drugs has caused disproportionate effects for Aboriginal and Torres Strait Islander communities and recognise the right to self-determination and the need for community-led approaches to support healing and to strengthen resilience.

We recognise all people affected by harm from alcohol and other drug use and commend their resilience and courage. We are grateful for their open and honest feedback and views about what works and what needs to change.

We thank the Queensland Mental Health and Drug Advisory Council, the Queensland Aboriginal and Islander Health Council, the Queensland Network of Alcohol and Other Drug Agencies and other key stakeholders who have provided feedback and contributed to the development of this plan.

Resources for media

Alcohol and other drug resources have been developed to assist media to communicate safely, respectfully and responsibly. They can be accessed here: **https://mindframemedia.imgix.net/assets/src/uploads/Mindframe_AOD_Guidelines.pdf**

Contents

Message

From the Premier and Minister

Many Queenslanders experience problematic alcohol and other drug use, the effects of which reverberate across families, friends, colleagues, service providers, communities and government.

Importantly, the determinants of problematic substance use are complex and have social, environmental and economic origins that extend beyond the direct influence of the health sector or government.

That's why addressing the harms of problematic substance use requires comprehensive whole-of-community support as much as government commitment and action.

Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance) represents another step in our government's ongoing commitment to address harmful alcohol and other drug use.

This is backed by investment.

The 2022–23 Budget sees an additional $1.645 billion over the next five years to improve our mental health, alcohol and other drugs services and respond to the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

This is on top of the $51 million commitment made in 2020 to build three new alcohol and other drugs residential services in Cairns, Ipswich and Bundaberg.

Importantly, *Achieving balance* is a whole-of-government plan that drives cooperation between sectors to enhance our collective responses and strengthen the ties between alcohol and other drug policy, law enforcement and service provision.

We are committed to making more effective use of existing policy and resources to strengthen the foundations of harm minimisation and to improve outcomes for individuals, families, communities and the economy.

Our government is dedicated to supporting, enabling, and equipping Queenslanders with the tools and resources to help prevent and reduce harm associated with alcohol and other drug use, and improving outcomes for all Queenslanders.

Annastacia Palaszczuk
Premier of Queensland

Yvette D'Ath
Minister for Health and Ambulance Services

Foreword

Queensland Mental Health Commissioner

The effects of problematic alcohol and other drug use ripple across society, impacting lives, families, communities and the economy.

Not everyone who drinks alcohol or uses other substances becomes dependent, but even occasional use can prove harmful, and when dependence takes hold the harms multiply significantly.

The impacts can be seen in frontline services and in our communities. Our police and ambulance staff, our emergency departments, courts and prisons, and family violence and child protection services see the effects daily.

Alongside families, communities and government agencies, Queensland has a very committed and capable alcohol and other drug sector, that also knows we as a community and government can collectively do more and respond better to what is a public health issue.

That's what this plan strives to achieve. It seeks to increase the effectiveness of systemic approaches, and to strengthen and broaden our responses so we can better deal with alcohol and other drug use problems and its impacts, better help people living with problem substance use, better support our frontline workers and services, and better ease downstream pressure on government services. Under this scenario, there are numerous winners, but it will take long-term commitment to achieve the change required.

Achieving balance reinforces and expands our commitment to minimise harm, specifically through the three pillars of harm minimisation: harm reduction, demand reduction and supply reduction. But it also seeks to better balance systemic responses between those three pillars through greater emphasis on prevention, treatment and harm reduction.

We know that focusing our effort and investment in these areas is a cost-effective strategy with high returns for individuals, the community and the economy.

Backed by contemporary evidence and people's experiences, our strategic priorities are:

- prevention and early intervention to inhibit the uptake of substance use and offer support early wherever possible
- strengthen treatment and support services to better meet demand and address workforce sustainability
- divert people early to a health response
- reduce stigma and discrimination to promote help seeking behaviours and enhance family support
- reduce harm overall, before behaviours become problematic.

Across these five areas there is a particular focus on supporting families and carers, as well as people living with problematic substance use, to improve outcomes for those most impacted.

Achieving the aims of this plan will require a sustained and collaborative effort across-government and across-community over the next five years. We have a solid foundation to build on thanks to the significant investment by the Queensland Government in recent years and resultant growth in the alcohol and other drug treatment system.

We owe considerable thanks to the many people who have contributed to this plan's development, including people living with alcohol and other drug use, their families, broader community members, frontline service providers and academics specialising in this area. I thank you all for sharing your personal insight, experience and expertise with us.

We now have the challenge and opportunity of realising the plan's objectives. The benefits will be far-reaching for everyone touched by harmful substance use, and I look forward to working together with you to achieve the required balance for all involved.

Ivan Frkovic
Queensland Mental Health Commissioner

At a glance

Achieving balance

Our vision

A fair and inclusive Queensland where all people can achieve health and wellbeing and live lives with meaning and purpose.

Our guiding principles

We hear you, we see you, and we believe in you.

- We are person-centred.
- We value the lived experience of people who use or have used alcohol and other drugs, and their families and carers.
- We value culture and cultural rights and acknowledge culture is protective.
- We respect human rights, equity and dignity.
- We are committed to reducing the marginalisation of those experiencing problematic alcohol and other drug use.
- Our response to alcohol and other drug use is informed by a social and cultural determinants of health approach.
- We believe collective responsibility is vital to reform.
- We adopt a balanced approach that reflects population need and evidence.

Enablers of change

- Balancing investment and effort across the harm minimisation pillars
- Growing a skilled and culturally-capable workforce

Focus areas

Focus area 1
Vulnerability
Individual and family level

Focus area 2
Harm and safety
Community level

Focus area 3
Impact
Systems level

Strategic priorities

Priority 1
Prevention and early intervention

Priority 2
Enhance treatment and support systems

Priority 3
Expand diversion

Priority 4
Reduce stigma and discrimination

Priority 5
Reduce harm

Introduction

Achieving balance puts into action the Queensland Government's commitment to prevent and reduce problematic use of alcohol and other drugs.

The problematic use of alcohol and other drugs affects many sectors, including housing, child safety, corrections, health, justice, employment, education and policing. To minimise the impacts of harm, cross-sectoral action is needed. Actions and shifts are identified across government, non-government agencies and the community over the plan's lifespan to improve individual, family and community outcomes, and set the foundation for reform beyond this plan.

The use of alcohol and other drugs is part of the lives of many Queenslanders. It occurs across a continuum—from occasional use to dependence. Most use is responsible and within recommended guidelines, but harmful use can occur at any point on the continuum, affecting Queensland communities and people of all ages.

The wide-ranging effects of harmful use can be prevented or minimised. Alcohol and other drug harm can be complex, and responses must be multi-faceted if they are to be effective. Harmful use can have significant consequences for individuals, families, communities and the economy. Consequences can include road injuries and deaths, serious illness, family and domestic violence, imprisonment, job loss, breakdown of relationships and other events. The economy also suffers through decreased productivity and additional costs to the health, legal, social and justice systems.

The strategic priorities in this plan reflect the far-reaching effects of problematic alcohol and drug use, and the important contribution that a wide range of government agencies and the non-government and private sectors can make to achieve better outcomes for individuals, families, communities and the system.

Achieving balance is a whole-of-government, whole-of-community plan that builds on the government's existing investment. It emphasises that collective leadership and action is critical to success.

> *Not everyone who drinks alcohol or uses other substances will develop problems. Some people use substances without experiencing any significant short- or long-term harm. However, there is a proportion of the population who require treatment, care and support to reduce harms from their alcohol, tobacco, prescribed medication and illicit drug use.*[2]

A word about language

Words are important. The language that is used and the stories told can carry hope and possibility or can be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes.[3]

Negative views and attitudes, along with conscious and unconscious bias against people experiencing problematic alcohol and drug use are not helpful.

Queenslanders have emphasised the power of positive language and the role it plays in encouraging people with lived experience, their families and carers to seek help.

Understanding how to talk about problematic alcohol and drug use will contribute to the inclusion and recovery of people with lived experience.

Building on the existing system

Queensland has already significantly reduced tobacco smoking rates since the 1990s.[4] This was achieved through a dedicated, multi-faceted strategy. Significant progress has also been made under the Queensland Government's *Action on ice* plan to address crystal methamphetamine use and harm.

While both the Queensland Government and the Australian Government have significantly invested in the delivery of alcohol and drug services in Queensland, investment needs to be leveraged to achieve similar outcomes for problematic alcohol and other drug use to those achieved for tobacco smoking.

In 2019–20, there were approximately 194 specialist alcohol and other drug agencies in Queensland. Thirty-two per cent were government-run services and 68 per cent were run by non-government agencies receiving public funding.[5] Approximately half operated in major cities, with 19 per cent operating in inner regional areas, 21 per cent in outer regional areas, and 11 per cent in remote and very remote areas.[6] Services cater to people seeking assistance for their substance use and provide support for families and carers.

The harm minimisation approach is inclusive of regulated drugs such as tobacco and alcohol, and illicit drugs. Illicit drug use includes drugs prohibited by law and prescription or over-the-counter medications used in ways that are not prescribed or intended.[7]

Responses to minimise harm need to be developed by and for a range of individuals, cohorts and services, and with an understanding of how policy can contribute to harm and affect social determinants of health such as housing and employment.

Many drivers of health reside in everyday living and working conditions—the circumstances in which people grow, live, work and age. These social determinants can strengthen or undermine the health of individuals and communities.

Social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources. Examples of social determinants include housing, employment and income, education, early childhood development, social connectedness, poverty and socio-economic conditions. Social determinants can be thought of as the 'upstream' factors that lead to or prevent ill health.[8,9]

***Achieving balance* builds on *Shifting minds: Queensland Mental Health, Alcohol, and Other Drugs Strategic Plan 2018–2023 (Shifting minds)* and the *Queensland Alcohol and Other Drugs Action Plan 2015–17*, and will guide Queensland's effort to achieve greater balance across the three pillars of harm minimisation over the next five years. Harm minimisation incorporates harm reduction, demand reduction and supply reduction, and is a progressive, balanced and comprehensive approach that has featured in Australian drug strategies since 1985.**

Figure 1. *AOD services in Queensland*

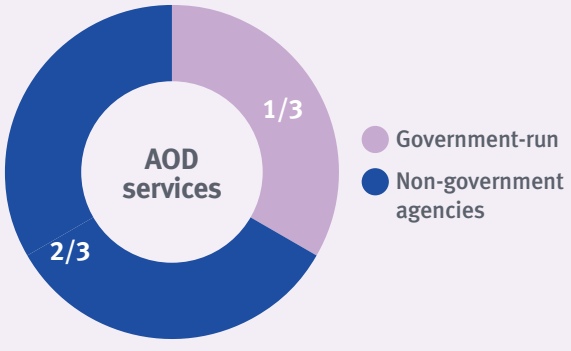
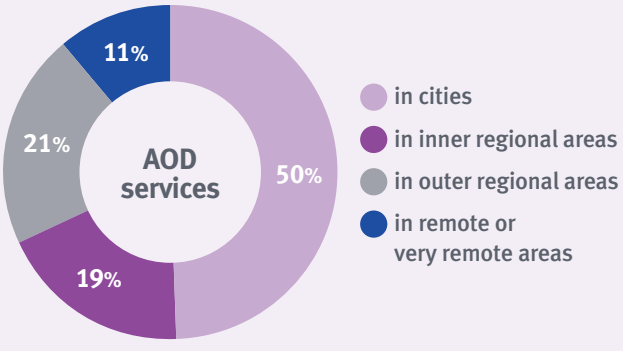


Figure 2. *AOD service distribution*

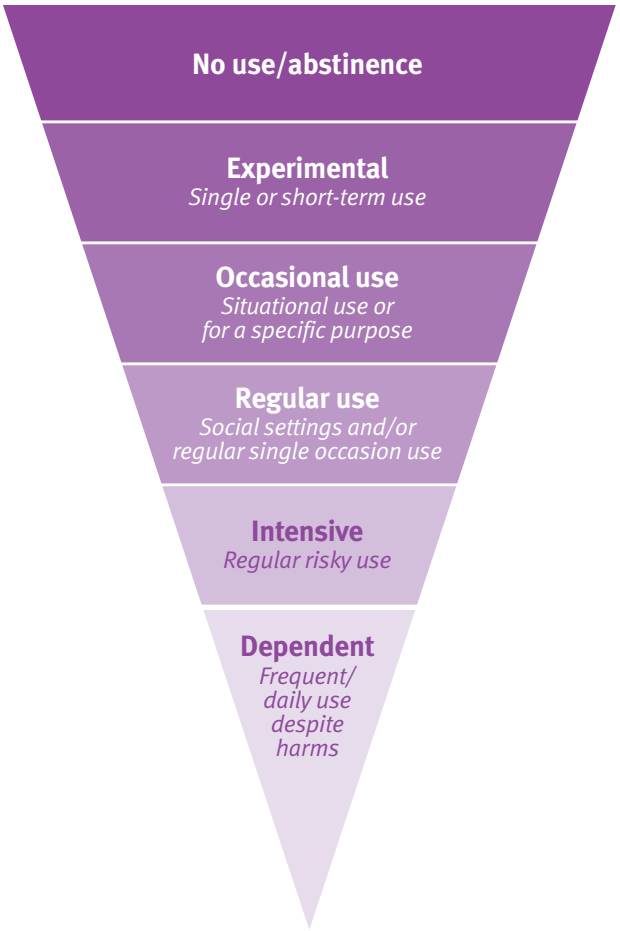


The case for change

Preventable harm

An accurate understanding of the harm alcohol and other drug use can have on individuals, families and communities is needed to effectively prevent and minimise harm. Harm can be experienced by the person using the substance and by other individuals, families and communities. Harm to the person using the substance can include physical, psychological and social harm, whereas harm to others can include domestic and family violence, motor vehicle crashes and disruption to community safety.

Figure 3. *Patterns of alcohol and other drug use*



Alcohol use is one of the leading causes of preventable injury and early death in Queensland and is a leading contributor to the burden of disease. It accounted for 45,000 hospitalisations and 146,200 patient days in Queensland in 2015–16.[10]

Alcohol-related incidents, such as verbal or physical abuse, are often directed at members of the community who are not known to the perpetrator.[11] Compared to citizens in other jurisdictions, Queenslanders are more likely to be a victim of alcohol-related incidents.[12]

In Australia, the estimated health care costs attributable to alcohol ranged from $1.9 billion to $2.8 billion per year (in 2017–18 dollars). The tangible costs of alcohol use amounts to $18.2 billion inclusive of the cost of premature death, healthcare, impacts on workplaces, road traffic crashes, crime and other tangible factors such as domestic and family violence (in 2017–18 dollars).[13]

The Australian drug harms ranking study ranks alcohol as the drug that causes the greatest harm to self and others, followed by crystal methamphetamine and heroin (Figure 4).[14]

Alcohol and other drug use occurs across a continuum, from no use—abstinence—to experimental use, to dependence (Figure 3), and harm can occur with any pattern of use across the continuum.[15]

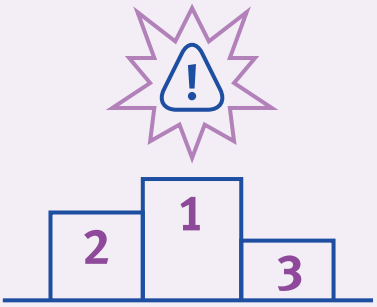
When harm occurs, it can have a significant impact on health and wellbeing across social and economic domains, and can affect individuals, families, children, partners, communities, workers and systems.[16]

The risk and extent of harm are often influenced by the age at which a person is exposed to or starts using a substance, the amount used and the frequency of use.

Nationally

$55 billion

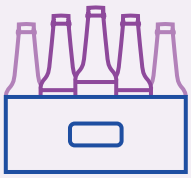
Estimated cost of harm
from alcohol and drug use[a]



Most harmful substances

1. Alcohol
2. Crystal methamphetamine
3. Heroin[b]

Alcohol use



Nationally

Two-thirds
of young men who drink at risky levels consume
11 or more drinks
on one occasion[c]

1.2 million
(1 in 3) Queenslanders exceed single occasion risky drinking **monthly**[d]

890,000
(1 in 5) Queenslanders exceed lifetime **risky drinking**[e]

1 in 4
Aboriginal and Torres Strait Islander people in Queensland have **never** consumed alcohol[f]

50% high school students
in Queensland consumed alcohol in the **past year**[g]

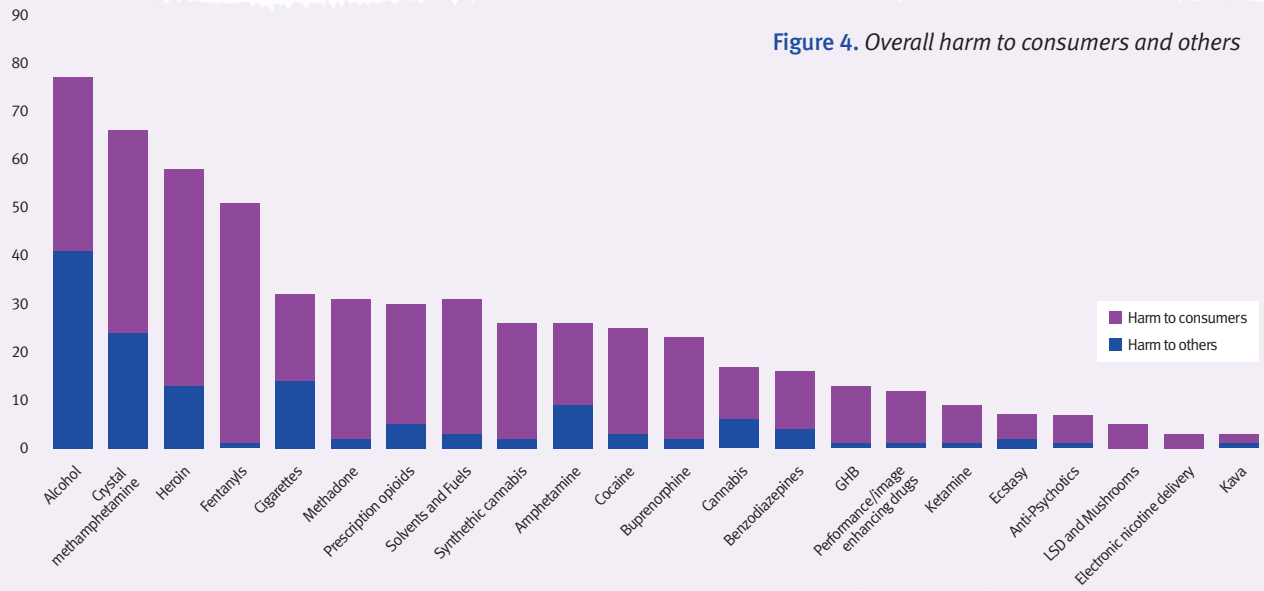


Figure 4. *Overall harm to consumers and others*

Figure 5. *Alcohol Guidelines*

Reducing alcohol consumption can reduce the risk of fetal alcohol spectrum disorder (FASD),[17] which is caused by prenatal exposure to alcohol, can involve lifelong physical and neurodevelopmental impairments, and has been connected with offending and imprisonment.[18]

In 2020, the National Health and Medical Research Council (NHMRC) reviewed the guidelines to reduce health risks from drinking alcohol (Figure 5). The review found increased evidence of a relationship between alcohol consumption and some cancers, including pancreatic, breast, liver and colorectal cancer.[19]

Reducing harmful alcohol consumption also reduces the risk of chronic illnesses including liver disease, cardiovascular diseases, pancreatitis and type II diabetes.[20]

Over the past decade drug-induced deaths in Australia were more likely to be due to prescription drugs than illicit drugs. Unintentional drug-related deaths primarily involve opioids (including heroin and pharmaceutical opioids), followed by benzodiazepine drugs. Unintentional drug-induced deaths associated with a prescription drug have increased substantially, with regional Queenslanders at greater risk of unintentional drug-induced death than their Brisbane counterparts.[21]

While patterns of inhalants use often occur in cycles, the *National Drug Strategy Household Survey* found that the use of inhalants had increased over the past three years.[22] Inhalants use involves deliberate breathing or inhalation of gas or fumes released from solvent products for the purpose of intoxication. Harm related to inhalant use includes potential harm in environments where inhalants are often used (such as public spaces), which increases the risk of accidents while intoxicated. Inhalants use is also linked to neurological, respiratory and/or cardiac conditions or complications.

The 2019 *Youth Needs Census*[23] on substance use in Queensland identified alcohol, cannabis, tobacco and inhalants as the most-used substances among people aged 12–15. While many young people experiment with the use of inhalants, chronic use is more likely in young people experiencing significant disadvantage, such as a lack of stable housing, disengagement from education, and often a history of trauma.[24]

Prevalence

Queenslanders are among the nation's highest risk drinkers. The state's alcohol consumption has decreased overall since 2010, but the proportion of Queenslanders who drink daily is higher than the national average.[25] The 10 per cent of Australians who drink at risky levels account for 54.4 per cent of all alcohol consumed,[26] and men who live in regional and remote areas are more likely to drink at risky levels than those who live elsewhere.

In Queensland, approximately one in three people consumes alcohol at high-risk levels in one sitting at least monthly.[27]

Aboriginal and Torres Strait Islander peoples are more likely than non-Indigenous Australians to abstain from alcohol.[28]

Cannabis is the most-used illicit drug in Queensland, with approximately 12 per cent of Queenslanders regularly smoking cannabis.[29]

The *National Drug Strategy Household Survey* found cocaine was the second most-used illicit drug, with 3.6 per cent of Queenslanders using cocaine in 2019.[30] The use of methamphetamine has fluctuated in Queensland over recent decades. It is no longer among the top five most prevalently used drugs, but crystal methamphetamine (known as ice) contributes to significant harm in Queensland.[31]

The non-medical use of pharmaceutical drugs is a public health problem throughout Australia. Although illicit drug use is more common among younger people, the median age for non-medicinal use of pain killers and opioids is 41.9 years.[32]

Drug use

of Queenslanders **recently used illicit drugs** *(2019)*[h]

Cannabis

most used illicit drug in Queensland (12%)[i]

40%

of people surveyed who use **crystal methamphetamine in Queensland** said it is **easy or very easy** to obtain

6% drop

in illicit drug use by **young people** nationally since 2001[i]

90%

Qld festival/ nightclub patrons

used an illicit drug in **past 12 months**[k]

Unintentional overdose deaths

rose more than 100% nationally *(2006–2016)*[m]

Treatment

Alcohol and other drug treatment is effective in reducing harm because it reduces consumption, improves the health status of people in treatment, improves psychological wellbeing and improves participation in the community. Studies show it is a sound investment achieving a positive return for every dollar invested.[33]

Queensland has a spectrum of interventions and services, ranging from prevention and early intervention through to treatment, maintenance, and continuing care that includes post-treatment planning, relapse prevention and transition support.[34] However, there are barriers to treatment access. There can be significant wait times, and services are not available in all parts of the state, particularly in regional and remote Queensland.

Services cater for people seeking assistance for substance use and also support families and carers. Alcohol, followed by cannabis and amphetamines, have been the most common drugs of concern for people seeking treatment since 2018.[35]

Psychosocial interventions, including counselling, have been the main type of treatment delivered in Queensland since 2016.[36] Other treatment and intervention service types include:

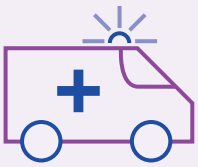
- harm-reduction services such as needle and syringe programs and diversionary centres that offer supervision and accommodation for people who are intoxicated
- medication-assisted treatment, such as the Queensland Health Queensland Opioid Treatment Program
- residential treatment, such as rehabilitation
- withdrawal management, also known as detox, delivered in inpatient or outpatient settings.[37]

The *Queensland Alcohol and Other Drug Treatment Services Framework* reviewed in 2022[38] provides a comprehensive description of the alcohol and other drug treatment service system in Queensland.

Cost and impacts: *Alcohol*

National health impacts

3x all illicit drugs combined[n]



Queensland has

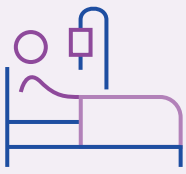
2nd highest **emergency presentations** nationally[p]

$15.4 billion

cost of **non-health impacts** nationally in 2017–18[r]

$1.9–$2.8 billion

National health cost
(2017–18 dollars)[o]



45,000 hospitalisations

146,000+ patient days *(Queensland)*[q]

$1.1–$6 billion

cost of national **productivity loss**[s]

Community perceptions

The *National Drug Strategy Household Survey* demonstrated greater broad community support for investment in education strategies than for law enforcement.[39]

The survey indicated a decline in the proportion of people who supported a prison sentence for illicit drug possession, with most people supporting a referral to treatment or education. The exception was cannabis, where the preferred response was a caution or warning.

Australians surveyed were asked to allocate a hypothetical $100 spend on illicit drug measures across the pillars of harm minimisation. For the first time since 2004, more respondents allocated a higher spend to education ($36) than to law enforcement ($34.80).

Allowing drug users to test their substances at designated sites to increase awareness of purity and other substances contained in drugs was supported by 55 per cent of households surveyed. More than half of Queensland respondents supported testing of drugs at designated sites.

Support for the legalisation of cannabis doubled between 2007 and 2019. In 2019, 41 per cent of respondents supported legalisation of cannabis, compared to 37 per cent who opposed legalisation; in addition 78 per cent of respondents in 2019 indicated they would not use cannabis even if it were legalised.[40]

These changing community perceptions reinforce the importance of engaging with people with lived experience of problematic alcohol and other drug use to ensure responses, from prevention to recovery, are effective.

Cost and impacts: *Drug use*

$500 million

Annual cost
to administer Queensland's current drug policy[t]

Almost two-thirds

of Queensland Magistrates Court drug cases are for **use/possess** (2020–21)[v]

11,200 hospitalisations

48,700 patient days
(Queensland 2015–16)[x]

One third of growth

in new prisoners since 2012 is for **illicit drug offences**[u]
(Queensland)

220% increase

in women imprisoned primarily for illicit drug offences
(Queensland 2012–2018)[w]

Around one-third

of Queensland prisoners are **chronic, low-harm offenders**[y]

The Queensland approach

Achieving balance calls for improved coordination across and within systems and sectors and establishes priorities and a strategic direction across the health, social, education, child safety, employment, housing, economic and justice sectors.

It builds on and strengthens the priorities outlined in *Shifting minds*, including:

- system-wide coordination
- development of multi-agency responses to meet the varied and complex needs of individuals and families
- options to reduce involvement with the criminal justice system
- options to improve responses for people involved in the criminal justice system
- alcohol harm minimisation
- drug policy reform
- increasing alcohol and other drugs prevention and early intervention
- growth and development across the continuum of service responses for problematic alcohol and other drug use
- workforce development responses that support the effective engagement and participation of people with a lived experience, including strengthening the peer workforce.

This plan acknowledges existing challenges and paves the way to address them. Challenges include:

- increased risk of problematic alcohol and drug use because of vulnerabilities associated with social determinants of health
- service demand outweighs availability, particularly in regional and remote areas
- funding cycles for the non-government sector can limit sustainability and growth
- the workforce is not sustainable across alcohol and other drug specialist services
- a crucial need for a comprehensive suite of culturally-safe services and a culturally-responsive workforce.

Measures to address challenges include:

- policy, systems and sector shifts so more people involved with the criminal justice system receive a health response
- targeting investment and effort to where it is most needed and will have the greatest impact
- a greater focus on prevention, early intervention and reducing stigma and discrimination.

Reducing inequality

Social, economic and cultural inequity can lead to lifelong disadvantage and marginalisation, affecting educational, behavioural and health outcomes.[41] There are strong connections between homelessness and other social vulnerabilities, including domestic and family violence, economic hardship, social isolation, unemployment, chronic physical health, mental illness, and alcohol and other drug problems.[42]

While the problematic use of alcohol and other drugs contributes to homelessness, the reverse is also true. People who experience homelessness for long periods are more likely to use alcohol and other drugs at risky levels.[43]

A one-size-fits-all approach to alcohol and other drug policy and service delivery is ineffective because inequities can be a barrier to service and information access. Tailored approaches must consider individual and community circumstances to overcome these inequities.[44]

Human rights

Respect for human rights is fundamental to supporting the recovery of people experiencing problems with alcohol and other drug use. This includes the right to respect and dignity as an individual, prohibition of inhuman or degrading treatment, and equitable access to health care of appropriate quality.

The *Queensland Human Rights Act 2019* encompasses:

- recognition and equality before the law
- cultural rights generally, and cultural rights specific to Aboriginal and Torres Strait Islander peoples
- protection of families and children
- humane treatment when deprived of liberty
- the right to health services.

Taking a humane approach to reducing alcohol and other drug harm does not mean approving of people's substance use.

Recognising the importance of human rights in the development and analysis of drug policy has resulted in policy makers around the world recognising drug use as a health or social problem rather than a criminal problem. This approach has resulted in drug policies that take the needs and rights of individuals and the community into consideration.

Achieving balance is informed by a commitment to human rights for all Queenslanders and seeks to achieve balance in human rights and community safety.

Its implementation will support the *National Agreement on Closing the Gap* targets, including shared decision-making between governments and Aboriginal and Torres Strait Islander representatives, building the formal Aboriginal and Torres Strait Islander community-controlled services sector to deliver services, and shared access to data and information at a regional level.

Culturally-safe for Aboriginal and Torres Strait Islander peoples

> *Many generations of Aboriginal and Torres Strait Islander peoples have been impacted by government policy, societal values and exclusion from opportunities that have resulted in disconnection from culture, major disruption to families, unresolved trauma and poverty that has seen this population group become more vulnerable to harm from alcohol, tobacco and other drug use.*[45]

Aboriginal and Torres Strait Islander peoples hold a range of cultural, social and community-based strengths. Due to the ongoing impact of historical events associated with colonisation, Aboriginal and Torres Strait Islander peoples can face a heightened risk of vulnerability.

Culture is a protective factor in health, education, economic participation, and early childhood for Aboriginal and Torres Strait Islander peoples. It reduces disadvantage and contributes to healing. Examples of holistic, community-led initiatives that will continue to develop local resilience, build on existing strengths and facilitate social inclusion are found in social and emotional wellbeing programs, the Local Thriving Communities reforms, and ongoing consideration of the recommendations from the *Bringing Them Home, Closing the Gap* and *Don't Judge, and Listen* reports.

Strengthened cultural safety can be achieved by enabling self-determination, recognising the value of culture and kinship, building on existing strengths and resilience and providing additional culturally-safe support to those experiencing heightened vulnerability because of disconnection from culture and Country.

Achieving balance builds on existing plans and approaches

- The *National Drug Strategy 2017–2026* and its sub-strategies, including the *National Alcohol Strategy 2019–2028*; the *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028*; and the *National Alcohol and Other Drug Workforce Development Strategy 2015–18*
- *Unite and Recover: Queensland's Economic Recovery Plan*, and the government's objectives for the community
- *Shifting minds: Queensland Mental Health, Alcohol, and Other Drugs Strategic Plan 2018–2023*
- *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*
- *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*
- *Our way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037* and action plans
- *Action on ice: the Queensland Government's plan to address use and harms caused by crystal methamphetamine*
- *Queensland Mental Health Alcohol and Other Drugs Workforce Development Framework 2016–2021*
- *Queensland Government final response to the final evaluation report of the Tackling Alcohol-Fuelled Violence Policy*, 2022
- *Working Together Changing the Story: Youth Justice Strategy 2019–23*
- *Domestic and Family Violence Prevention Strategy 2016–26*
- *Supporting Families Changing Futures 2019–2023*
- The Queensland Productivity Commission 2019 *Final Report Inquiry into Imprisonment and Recidivism*, and the *Queensland Productivity Commission Inquiry into imprisonment and recidivism: Queensland Government response 2020*
- *National Quality Framework for Drug and Alcohol Treatment Services*
- *Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcomes Framework*, 2019
- *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029*
- *National Agreement on Closing the Gap*
- Regional and department-specific alcohol and other drugs plans

Harm minimisation

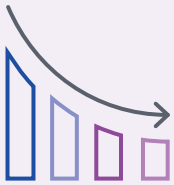
Australia's *National Drug Strategy* is based on a harm-minimisation approach to alcohol, tobacco and other drugs.[46] This approach accepts some Queenslanders will choose to use alcohol, tobacco and other drugs at potentially harmful levels.[47] It acknowledges problematic use as a public health issue and recognises the need for a multi-faceted approach to minimise harm.

This approach includes providing support to people (and their families) who use alcohol, tobacco and other drugs, so they can reduce harm to themselves and the wider community, as well as reducing the role a range of policies plays in inadvertently contributing to harm.

Harm minimisation is an overarching term incorporating the three pillars of harm reduction, demand reduction and supply reduction, as shown in Figure 6.

Balancing investment and effort across the harm minimisation pillars (harm reduction, demand reduction and supply reduction) means taking action across the system, from prevention and early intervention, to community safety, through to treatment and aftercare.

Figure 6. *The three pillars of harm minimisation*



Demand reduction

Preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing the misuse of alcohol, tobacco and other drugs in the community; and supporting people to recover from dependence through evidence-informed treatment.

Examples of demand reduction initiatives:

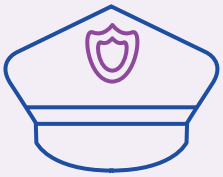
- information and awareness campaigns
- education and early intervention
- restrictions on the marketing and advertising of tobacco, alcohol and prescription drugs
- alcohol and other drug treatment programs.

Harm reduction

Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.

Examples of harm reduction programs:

- needle and syringe programs to reduce sharing injecting equipment
- medically supervised injecting centres that operate as overdose prevention sites
- drug checking, also known as pill testing services
- public intoxication services
- early warning systems.



Supply reduction

Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.

Examples of supply reduction initiatives to limit availability:

- law enforcement operations involving drug seizures and arrests
- disrupting the supply of precursor chemicals used in the manufacture of illicit drugs
- controlling, managing and/or regulating the availability of legal drugs.

Enablers of change

Balancing investment and effort across the harm minimisation pillars

The N*ational Drug Strategy 2017–2026* identifies that effective harm minimisation relies on balanced investment and effort across the harm reduction, demand reduction and supply reduction pillars. Queensland is yet to achieve that balance, with the greatest investment now allocated to supply reduction.[48]

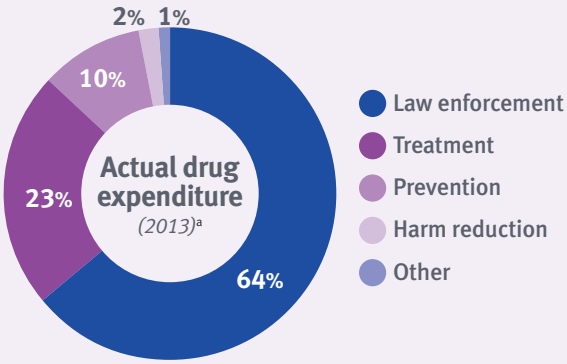
There is no benchmark for an ideal spending mix across the three pillars of harm minimisation. A University of New South Wales Drug Policy Modelling Program study using 2013 data found that, of the approximate $1.7 billion spent by Australian governments on illicit drugs, 64 per cent was allocated to law enforcement, 23 per cent to treatment, 10 per cent to prevention, and only 2 per cent to harm reduction. The research showed that relative expenditure on harm reduction had decreased from 3.9 per cent in 2002–03 to 2.2 per cent in 2009–10.[50]

Harm minimisation relies on evidence-based interventions in all three pillars, including adopting appropriate health-based approaches and balancing the focus of resources within the supply reduction pillar to disrupt supply and reduce the availability of illicit substances.

The enablers of change and strategic priorities in this plan are interconnected and interdependent. Countries that have implemented drug policy reforms with greater balance in expenditure and effort across law enforcement, prevention and health responses have demonstrated the importance of a whole-of-system, whole-of-community approach. To achieve greater balance, the treatment system must be enhanced; to enhance the treatment system, the workforce must be grown. To reduce harm, stigma and discrimination must be addressed. To expand diversion, there needs to be an adequate health system to divert people to.

> *Balance within and between the three pillars will enable a reimagined alcohol and other drugs plan for Queensland.*[49]

Figure 7. *Government drug policy expenditure in Australia 2013*



Growing a skilled and culturally-capable workforce

A qualified, skilled and knowledgeable specialist alcohol and other drug workforce throughout Queensland is critical to a well-functioning treatment system. This specialist workforce focuses on reducing alcohol-and-other-drug-related-harm and demand by providing specific interventions such as harm reduction, medication-assisted treatment, psychosocial interventions, residential treatment and withdrawal management.[51]

It is critical to develop and retain a qualified, skilled and experienced workforce to ensure delivery of quality alcohol and other drug treatment services.

Current challenges include:

- an ageing workforce, with more than 30 per cent estimated to reach retirement by 2035
- limited availability of specialist education and training
- limited access to training in managing complexity
- attracting and retaining Aboriginal and Torres Strait Islander peoples in the workforce to bring valuable cultural knowledge and community experience
- workforce stigma that can deter people from pursuing a career in this workforce
- attracting and retaining workers in rural, remote and regional areas.[52]

High levels of stigma are exacerbated by challenges with workforce health and wellbeing, which is essential to service sustainability, particularly for Aboriginal and Torres Strait Islander workers who often manage multiple professional and personal roles in communities.

Peer workforce

Peer support is not a new phenomenon and has been a long-term feature of the harm-reduction approach. Aboriginal and Torres Strait Islander peoples' healing circles are a form of peer support practised for centuries.

Peer workers are an essential part of the alcohol and other drug workforce. They bring a range of skills, knowledge, perspectives and life experiences to support others on their recovery journeys. They bring a message of hope that recovery is possible. Importantly, they provide a valuable complement to clinical approaches to treatment. Peer worker roles are different to members of the alcohol and other drugs workforce with a lived experience, including lived personal experience or through a family member or other contact.[53]

Other workforces

Better equipping the mainstream primary health care and maternal health workforces as well as the education, family support services, employment, justice and corrections workforces, will improve capacity to respond to alcohol and other drug use and reduce the likelihood of harm. These workforces play an important role in the provision of early and targeted support to people who may be at risk of harm and can refer people to specialist services as required.

They require training and support relevant to alcohol and other drug issues and responses, including how to reduce stigma and provide a trauma-informed response.

Focus areas

Focus area 1
Vulnerability

Individual and family level

Recognising people's vulnerability and addressing the underlying causes of problematic alcohol and drug use can reduce harm. Evidence-informed collective action is needed at individual, population and system levels to respond to vulnerabilities and strengthen protective factors.

Why is this important?

Trauma, isolation and disadvantage play powerful roles in creating underlying vulnerability to alcohol and other drug problems, particularly when people are exposed to multiple risk factors beyond their control.[54,55]

Alcohol-and-other-drug-related-harm, including dependence, can affect anyone at any stage of life. Vulnerability can result from reduced resilience and wellbeing due to inequality, adverse childhood or other traumatic experiences, and other social determinants of health.

Social determinants of health involve the conditions in which people are born, grow, work, live and age, and the forces and systems that shape their daily lives. Individual developmental, social and environmental factors can either protect people from harm or heighten their level of vulnerability.

Groups that may experience disproportionate vulnerability include people with co-occurring mental health conditions, children and young people, older people, people in contact with the criminal justice system, culturally and linguistically diverse populations, Aboriginal and Torres Strait Islander peoples, and people identifying as gay, lesbian, bisexual, transgender or intersex.[56]

This plan focuses on reducing vulnerability and addressing the underlying causes of problematic alcohol and other drug use by:

- providing the best start in life
- providing trauma-informed responses
- increasing resilience and wellbeing.

Focus area 2

Harm and safety

Community level

Responding to the complexity of alcohol-and-other-drug-related-harm will contribute to a resilient and thriving Queensland.

Why is this important?

Alcohol and other drug use damages the economy by decreasing productivity, and contributing to road crashes and the costs of healthcare and law enforcement. In 2010, the social costs of alcohol misuse in Australia were estimated at $14.35 billion. The highest costs were associated with productivity losses (42.1 per cent), traffic accidents (25.5 per cent) and the criminal justice system (20.6 per cent).[57,58]

A 2020 Australian Institute of Health and Welfare study found that alcohol and other drug use contributed to more than $55 billion in estimated preventable health and other harms across Australia each year.[59] The study noted that alcohol-related problems had a significant impact across Australia.

In 2019, a survey found that 12 per cent of Queensland's emergency department presentations were alcohol-related.[60] The number of alcohol-related hospitalisations in Queensland has doubled from 22,460 in 2002–03[61] to 45,000 in 2015–16. These statistics highlight the individual and community impacts of problematic alcohol and other drug use.

When Queenslanders are healthy and able to contribute, families are stronger, communities are safer, and all sectors and systems work together in a thriving state and economy.

Focus area 3

Impact

Systems level

Harm can be reduced through collective action to develop connected and informed planning, share information, and leverage local and regional experience and knowledge across all sectors of the community.

Why is this important?

Policy, legislation and systems can result in unintended consequences for people who use alcohol and other drugs, and their families and communities. For example, implementation of some policies has increased imprisonment rates for minor illicit drug offences when no other offence has been committed. Drug law reforms that reduce criminalisation can also reduce stigma and discrimination, which is a barrier to seeking treatment and support.[62]

Significant opportunity remains to strengthen cross-sectoral capacity and capability, and improve coordination across service systems. There is a collective need to understand and act on evidence-based and informed strategies that work across the three pillars of harm minimisation. This includes implementing support services, undertaking law enforcement activities, reducing rates of re-offending, and reducing the availability of alcohol and other drugs contributing to harm.

There is no one solution to the potential harm associated with alcohol and other drugs. It is a complex problem requiring a variety of responses and a commitment to work together across levels of government, sectors and the community.

Priority 1

Prevention and early intervention

Strategic priorities

Prevention and early intervention are important public health strategies designed to prevent the uptake and problematic use of alcohol and other drugs, and reduce potential harm. They aim to reduce the effect of risk factors and enhance protective factors. Strengthening prevention and early intervention reduces vulnerability and demand, and delivers a high return on investment.[63]

Prevention responses can be categorised as primary, secondary and tertiary, with each targeting different groups. Primary prevention is delivered prior to substance use problems occurring and can be 'universal', with delivery to a whole group, regardless of individual risk factors, or 'selective', with delivery to higher-risk individuals. Secondary or 'indicated' prevention is also referred to as 'early intervention' and it is delivered to individuals who are already experiencing substance use problems but have not yet developed a substance use disorder. Tertiary prevention is provided to individuals who are experiencing problems with their substance use and are likely to meet criteria for a substance use disorder. It is aimed at preventing further harm.[63]

Evidence demonstrates that preventing the uptake of substance use and delaying the age of initiation or first-use protects against alcohol-and-other-drug-related-harm across the life course. The earlier a person starts using alcohol or other drugs, the greater the risk of harm and of poor individual, social and system outcomes.

Prioritising prevention and early intervention will reduce the impact on people and communities and reduce demand for acute and specialist alcohol and other drug treatment services.[63]

Awareness of harm

Raising alcohol and other drug literacy can build positive individual, family, community and service attitudes, increase awareness of harm, and support people to seek help earlier.

Targeting efforts to different life stages can increase impact and could include, for example, providing clear information to young people to increase lifelong understanding of potential harms and ways to build positive attitudes.

Media and advertising play a key role in shaping and perpetuating attitudes and influencing the prevalence, patterns and harms associated with alcohol and other drug consumption.[64,65] It is critical that the media follow evidence-based guidelines to ensure responsible portrayal and balanced reporting of alcohol-and-other-drug-related-issues.

Family-based approaches

Family-based and carer-based prevention approaches can be effective in reducing harm. Research indicates these are most effective when focused on a range of personal and social issues, rather than on alcohol and other drugs alone.[66]

Many parents and carers find it difficult to build their own knowledge and skills, and locate credible and age-appropriate information and resources to help initiate and guide effective conversations about alcohol, tobacco and other drugs. Many people believe introducing children to alcohol in the home can be protective, yet research has found that supplying any amount of alcohol to children is associated with adverse outcomes and alcohol-related harms.[67]

Addressing vulnerabilities

Best start in life

It is clear that the foundations of early life can positively or negatively affect a child's life course. This includes experiences before conception, during pregnancy, in infancy and in early childhood.[68,69] It is important to reduce adversity and inequity in family and social circumstances during this time.[70,71]

Parental use of alcohol and other drugs during pregnancy and in the early years can also affect child development and early attachment, and lead to developmental conditions such as fetal alcohol spectrum disorder.

Adverse childhood experiences that undermine a child's sense of safety, stability and attachment include sustained poverty, recurrent physical, emotional, or sexual abuse, emotional or physical neglect, an incarcerated household member, homelessness, parental depression, suicidality or mental illness, and family violence. Such experiences are strongly related to alcohol and other drug harm and negative—potentially lifelong—outcomes.

Young people

Young people who experience risk factors such as family conflict, peer group pressures, exposure to experimental use of alcohol and other drugs, and mental health issues can be particularly vulnerable. Comprehensive and coordinated early interventions can help manage this heightened vulnerability.

Improved outcomes can be achieved through understanding the characteristics and pathways of children and young people at risk of entering the youth justice system and by strengthening connections across departments and sectors to provide better support before cycles of disengagement and offending become entrenched.

> *As part of growing up, many young people will try or experience one or more risky behaviours. Vulnerability becomes problematic when negative behaviours or experiences multiply and there are few or no supports in place to assist young people. The individual developmental, social and environmental context in which young people grow up can mean they confront issues that they do not have the skills, knowledge or support to get through. Their development may be impeded by disrupted family lives, poverty, homelessness or isolation.*[72]

Priority 1

Prevention and early intervention

Strategic priorities

Priority actions

Enhance prevention and early intervention to reduce harm and improve outcomes.

1 Improve coordination across systems to:

- build the capacity and capability of maternity and primary care service providers to deliver early, multi-faceted alcohol and other drug prevention interventions
- support general practitioners, including in Aboriginal and Torres Strait Islander Community Controlled Health Organisations, to incorporate evidence-based prevention in primary health care
- increase culturally-appropriate, evidence-informed family supports and interventions targeted at problematic alcohol and other drug use by parents
- improve early identification of vulnerability and provide targeted programs for children and young people, including Aboriginal and Torres Strait Islander people-specific initiatives, and initiatives for people involved with youth justice and out-of-home care systems
- increase risk-awareness and support options for fetal alcohol spectrum disorder across communities and within workforces.

2 Improve community prevention and harm reduction awareness to:

- improve shared understanding of alcohol-and-other-drug-related-harm and protective factors from the early years through to older people
- continuously improve school-based alcohol and other drug education, focusing on informed decision-making for young people and demonstrated evidence of program effectiveness
- strengthen alcohol and other drug literacy through sustained and integrated communication campaigns to improve community awareness, attitudes, and behaviours
- investigate options for reducing alcohol sponsorship and advertising in sport, recreation and on government-owned facilities
- provide training and development to the media to support compliance with credible guidelines that are person-centred and focused on reducing harm, such as the Mindframe and Common Cause guidelines
- implement an online portal of evidence-based and culturally-appropriate alcohol and other drug prevention resources designed for families and communities in Queensland, including harm reduction resources and help-seeking opportunities, such as the Ice Help campaign.

Priority actions

Enhance prevention and early intervention to reduce harm and improve outcomes.

3 Improve prevention and early intervention through earlier identification and provision of appropriate child, youth and family services for children and young people experiencing vulnerabilities, such as trauma, fetal alcohol spectrum disorder, disability, developmental delay, and risky or challenging behaviours:

- strengthen social, cultural, educational and vocational engagement and responses for vulnerable young people
- enhance school engagement strategies for students at risk of or engaged in alcohol and other drug use
- prioritise programs incorporating connection to Country and culture with Aboriginal and Torres Strait Islander peoples and services co-designed in partnership with local communities
- provide resources and community-based programs tailored to culturally and linguistically diverse communities
- improve awareness of the role of trauma and adverse childhood experiences in the development of problematic alcohol and other drug issues by embedding trauma-informed approaches throughout government and non-government agencies.

Priority 2

Enhance treatment and support systems

Strategic priorities

Despite investment and other measures to increase and sustain capacity, Queensland's current alcohol and other drug treatment system is unable to fully meet demand.[73] There is a need to build the capacity of services and support systems to meet community expectations of service availability. Ensuring the sustainability of a culturally-capable, skilled and well-equipped alcohol and other drug workforce is critical. Improved coordination, alignment and linkage of existing data sets will enable development of a comprehensive understanding of service gaps and the effectiveness of interventions. This requires cross-sectoral actions broader than Queensland Health state-funded alcohol and other drug services.

The service system needs to develop the workforce required to meet the state's needs, particularly in regional and remote areas. Workforce planning must consider improved education, job creation, recruitment, job security, retention, career pathways, and the development and maintenance of professional skills. Initiatives to retain and expand the workforce should include access to trauma-informed training[75] to ensure workers are equipped to meet client needs while avoiding the secondary traumatic stress that can contribute to workforce attrition. People with alcohol and other drug problems also need care and support from primary healthcare, general practice and services.[74]

Efforts to enhance early intervention and treatment support should be prioritised for Aboriginal and Torres Strait Islander peoples, young people, families and carers. Where services are primarily for Aboriginal and Torres Strait Islander peoples, they should be delivered by Aboriginal and Torres Strait Islander community-controlled organisations or mainstream (non-Indigenous) culturally-capable providers that adopt holistic approaches.

The evidence is clear—treatment works. However, it can be challenging to access treatment because the right type of treatment may not be available at the right place, at the right time. Individuals and families may also fear stigma and discrimination about accessing services. Service accessibility can be improved with statewide referral and triage services via telehealth and online, such as the 24-hour-a-day Queensland Health Adis alcohol and other drug information service.

Trauma-informed responses

People who have experienced trauma are more likely to develop mental illness, problematic alcohol and other drug use and physical health issues. Trauma can be a single event or repeated events resulting in complex trauma.

Approximately 75 per cent of adult Australians have had a traumatic experience.[75] While trauma is relatively common and can have profound consequences, everyone reacts to traumatic experiences differently. A traumatic experience does not mean a person will develop problems with alcohol and other drugs, but it can increase the risk.[76] This increased risk is why all workforces engaging with people with problematic alcohol and drug use should be capable of providing a trauma-informed response.

Good practice spotlight
Stretch2Engage

The *Stretch2Engage* framework aims to increase and improve the meaningful engagement of people with lived experience, their families, carers, friends and supporters in service design and evaluation. The framework can be used across both government and non-government sectors.

This evidence-based framework places responsibility for engagement of service users on service providers. It prompts services to ask how they can more effectively engage with service users, and is designed to change how engagement is understood, resourced and implemented. The framework emphasises the need for organisations to build engagement capability.

Stretch2Engage was piloted and evaluated in 2018–19 and was found to deliver improved service delivery and collaboration, including benefits for people using services.

Priority actions

Enhance treatment and support systems to reduce harm and improve outcomes.

1 Provide appropriate training and support to the alcohol and other drug specialist workforce and supporting workforces in other sectors to enable them to effectively respond to problematic alcohol and other drug use, including managing complexity, by:

- working with education providers to enhance course offerings and improve evidence-based alcohol and other drug content in the tertiary curriculum for medical, allied health, justice, human services and nursing students to improve knowledge and skills and reduce misconceptions
- promoting the alcohol and other drug sector as a worthwhile career, on par with other health professions, to reduce workforce stigma and improve recruitment and retention throughout the system
- growing the harm-reduction workforce to support the provision of harm reduction service types such as primary and secondary needle and syringe programs and diversionary centres
- providing access to trauma-informed care training across sectors, including strategies to help manage secondary—or vicarious—trauma.

2 Build alcohol and other drug workforce sustainability by working with commissioning bodies to improve aspects of service-level funding arrangements such as duration and remuneration, and strengthen joint planning at all levels, including between state and Australian Government agencies.

3 Strengthen treatment and support system responses across the continuum of intervention by:

- improving capacity and linkages across existing services, such as maternity, early childhood, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, education, justice, employment and housing, to increase proactive early intervention with individuals, families and communities experiencing vulnerability
- establish diversionary models and programs that take a cross-sectoral approach and are used at the first indication of risk, considering the needs of children, families and people who have experienced trauma
- creating rural workforce incentives around renumeration and employment conditions.[77]

4 Ensure individuals with complex and high-level needs have access to responsive, timely and intensive mental health and alcohol and other drug services—the right treatment at the right place and the right time.

- Ensure treatment and support options are accessible to all people with disability including people with physical, cognitive, sensory and psychosocial disability.

5 Improve alcohol and other drug treatment options to people involved in the criminal justice system.

6 Implement other harm reduction measures and initiatives to improve health and wellbeing in prison health services and corrective services.

7 Build workforce capacity to recognise and respond to underlying vulnerabilities that could contribute to problematic alcohol and other drug use by clients.

Priority 3

Expand diversion

Strategic priorities

There is clear evidence that law enforcement responses, particularly incarceration, are less effective and more expensive than alcohol and other drug treatment.[78] Rates of alcohol and other drug use are disproportionately high among people who have had contact with the criminal justice system.

A review of the evidence shows:

- prison entrants in 2018 were more likely than the general population to be non-drinkers, but those who did drink were more likely to do so at higher-risk levels than people in the general community
- 67 per cent of prison entrants smoked tobacco daily
- 30 per cent of people in police custody indicated that illicit drug use contributed to their offending
- self-reported alcohol use of people in police custody was also high, with 18 per cent reporting that alcohol contributed to their most recent police detention.[79]

The Queensland Productivity Commission inquiry into imprisonment and recidivism found imprisonment rates in Queensland were increasing despite declining crime rates. The inquiry found that 32 per cent of new prisoners since 2012 were incarcerated due to illicit drug offences. The inquiry also found the rate of imprisonment of women is growing. The Queensland Drug and Specialists Courts Review (2016) found that the majority of illicit drug offences tend to relate to minor drug offences such as possession and use.[80]

Aboriginal and Torres Strait Islander peoples are incarcerated at 13 times the rate of non-Indigenous Australians and report high levels of trauma and psychological distress. A Queensland study of incarcerated Aboriginal and Torres Strait Islander peoples found that the prevalence of post-traumatic stress disorder was 12 per cent in men and 32 per cent in women.[81]

Criminal justice system costs include policing, courts, sentencing, imprisonment and supervising non-custodial sentences. The direct cost of imprisonment in Queensland is almost $1 billion dollars per year. Incarceration has profound adverse effects on prisoners, their families and the community.

The Queensland Productivity Commission inquiry findings challenge the notion that community safety is best served by the current response to people who use alcohol and other drugs and do not commit serious offences.

The Queensland Government response to the Queensland Productivity Commission report included a commitment to increase the range of options available for drug use offences, including expanding treatment services for people who would otherwise go through the criminal justice system and increasing access to health responses.[82]

A 'health response' is a term encompassing a range of health-focused interventions, including therapeutic and psychosocial supports, information and assessment, and triage and referral.

Queensland criminal justice system responses to alcohol and other drug offences include police diversion (for cannabis only), and court diversion through the Magistrates, Children's and specialist courts such as the Drug and Alcohol Court.[83] There are opportunities for health responses at all points, and particularly at the point of contact with police.

Trajectories of criminal offending can be interrupted by offering diversion to health responses for individuals who have not committed other offences. Diversionary approaches channel individuals away from a criminal justice pathway. Such approaches enable proportionate responses based on the severity of harm involved in the use or supply of drugs.[84] Balancing evidence-based and practice-informed drug policy reform with health responses to illicit drug use can be achieved by diverting eligible people to receive education, support and treatment.

Research shows that the earlier a person enters the criminal justice system, the more likely they are to continue to commit offences.[85] Child, youth and family responses equipped to intervene early and work to reduce social and economic disadvantage, can reduce risk factors for youth criminality. Holistic early intervention responses for children and young people that maintain or support engagement in education, training and employment, can positively impact on a young person's trajectory.

Responses must consider the impact of intergenerational trauma, which occurs when people pass unresolved trauma to members of the next generation, including their own children. For example, Holocaust survivors, refugees and asylum-seekers can disproportionately experience intergenerational trauma. In Australia, intergenerational trauma predominantly affects the children, grandchildren and future generations of the Stolen Generations of Aboriginal and Torres Strait Islander peoples who were removed from their families due to government policies from 1910 to 1970.[86]

Healing is a holistic process for many Aboriginal and Torres Strait Islander peoples. Healing addresses mental, physical, emotional and spiritual needs and involves improving connections to culture, family and Country. The healing process is enabled by culturally strong solutions that are developed and driven at a local level and led by Aboriginal and Torres Strait Islander peoples.

Better coordination across mental health, justice, housing, disability, employment, psychosocial supports and the alcohol and other drug treatment system will also improve responses to people involved in the criminal justice system. 'Through care' is a model based on a coordinated approach to prisoner rehabilitation and reintegration that aims to reduce recidivism. It facilitates continuity of care and supervision during prison and after release into the community.[87]

Existing or future investment should be prioritised to resource health responses and streamline processes. A shift of emphasis from diversion to a health response will require expanding the range of treatment types available and increasing the number of alcohol and other drug treatment places available across Queensland.

Priority actions

Increase the availability of health responses and reduce criminal justice responses for people experiencing problematic alcohol and other drug use.

1. Broaden options for police diversion to health responses to encompass people facing minor charges for substance use and possession.
2. Ensure police are supported and equipped to implement diversionary options.
3. Increase availability of health responses for people experiencing problematic alcohol and other drug use across the service system, including housing and domestic and family violence services.
4. Resource evidence-based health options and streamline processes to expand the range of health responses available as diversion options over time.
5. Introduce arrangements to encourage effective health-led support options for people who come into contact with the criminal justice system with holistic and coordinated intervention commencing at the point of contact with the system.
6. Collate the evidence and develop a collaborative, culturally-safe proposal to implement a localised trial for 10- to 14-year-olds for substance-related behaviours, and evaluate its impact.

Priority 4

Reduce stigma and discrimination

Strategic priorities

Many people who use drugs report experiencing stigma, a loss of dignity and a lack of respect for the inherent value of their lives.

Problematic alcohol and other drug use, particularly illicit drug dependence, is recognised as one of the most stigmatised health conditions in the world.[88] There is no evidence that stigma and discrimination discourage illicit drug use, and significant evidence points to the harmful impacts of such stigma and discrimination.[89]

Stigma and discrimination involve expressing strong and usually unfair disapproval. Stigma and discrimination often stem from stereotypes and assumptions that fail to acknowledge or understand the social determinants or other vulnerabilities contributing to people's alcohol or other drug use.

Stigma can lead to isolation, shame, anger, rejection and feelings of worthlessness and hopelessness for people with a lived experience, and for their families and carers. The negative effects are compounded when added to stigma associated with race, gender identity, sexual orientation, cultural identity, homelessness, family and domestic violence, or mental illness.

Stigma and discrimination cause harm because they limit people's willingness to seek or accept support for fear of poor treatment and judgement. Experiences of stigma and discrimination in health and other settings, such as community services, police, law, housing or the workplace can contribute to poorer health, wellbeing, employment and social outcomes.[90]

Research has found that Aboriginal and Torres Strait Islander peoples experience multiple forms of stigma, discrimination, and racism. Strong kinship support, stable housing, and financial security contributes to individual resilience and alleviates the impact of racism and discrimination.[91]

Increasing resilience and wellbeing

Social inclusion helps protect against problematic alcohol and other drug use, and changing attitudes can lead to significantly positive outcomes.[92] Resilience, social connectedness and positive wellbeing are protective factors that reduce vulnerability and the risks of problematic alcohol and other drug use and harm. Individuals can be supported to live fulfilling and productive lives by building resilience, and ensuring people have opportunities to develop the skills and connections needed to manage life's challenges and adversity.

Collective and individual strengths, resilience and wellbeing can be improved by supporting communities to develop the capacity to recover from challenges. Communities that are socially-connected and have accessible social services, including alcohol and drugs services and information, are more resilient.

Culturally-safe language

Ensuring the workforce has the capability to engage in culturally-safe interactions with people, families and communities from a range of diverse backgrounds will reduce harm.

Words are powerful. Changing language is the first step to reducing stigma. Language and other forms of communication can convey how a person, their family or their community is valued.

Positive language can reduce stigma, increase help-seeking behaviour and minimise harm. Using 'person first' language that prioritises the person and describes the substance use as one element of a person's life is a simple and effective way to show respect for an individual's capacity to act independently and make their own choices. Positive language can help people feel they are seen, heard and believed.

Priority actions

Reduce stigma and discrimination to minimise harm.

1. Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally-safe, and person-centred responses to people with problematic alcohol and drug use and encourage help-seeking and acceptance of support.
2. Implement lived-experience-led training initiatives to improve workforce understanding of the effects of stigma, such as Putting Together the Puzzle training.[93]
3. Establish pathways into the specialist alcohol and other drug workforce through identified peer roles.
4. Promote language guidelines to encourage objective and non-judgmental conversations about substance use and people who use drugs.
5. Improve the cultural-capability of the alcohol and other drug and supporting workforces to strengthen understanding of healing and how experiences of stigma, discrimination and racism can affect recovery.

Priority 5

Reduce harm

Strategic priorities

Harm reduction is about the use of all alcohol and other drugs regardless of legality, recognising that tobacco and alcohol cause significant harm. Effective harm reduction interventions reduce harm before behaviours or risks become problematic.[94]

Although all the strategic priorities within *Achieving balance* contribute to minimising harm, there is a need to build on existing harm reduction policies and services to achieve greater balance, because harm reduction receives the lowest level of investment and resourcing across all three pillars.[95]

Harm reduction services respond to emerging issues and adapt to local changes in substance use trends and patterns. For example, early warning systems or prompt response networks play a significant role in monitoring the illicit drug market as they can identify potentially harmful drugs in circulation, such as novel psychoactive substances, and notify the community via public health communication channels.

These warning systems enhance communication and sharing of local, timely information on risk and occurrences of harm, allowing clinicians, police and people who use drugs to make more informed decisions. Warning systems like these exist internationally and are being implemented in Australia.

Needle and syringe programs are an example of how a harm reduction service can increase community safety and effectively reduce harm. Drug checking (also known as pill testing) is another example of a harm reduction service in entertainment settings.

A series of drug-related deaths at Australian music festivals since 2018 has highlighted the need for increased harm reduction strategies to prevent and reduce drug-related harm in entertainment settings.[96] In Queensland approximately 90 per cent of people who attend festival and nightclubs report having used an illicit drug over the last 12 months. Of these respondents, approximately 60 per cent reported wanting to decrease their substance use; however, less than one in ten reported an interest in seeking help for reducing their use. These findings highlight the need for awareness and education campaigns promoting the benefit of alcohol and other drug services and how to access these services.[97]

Peer-support services located onsite in entertainment settings can provide harm reduction information, support and advice, brief intervention, and triage to medical or emergency services, if required. Peer-led services reduce barriers to help-seeking in these settings as peer workers are more likely to be perceived as relatable, credible and approachable.[98]

It is expected future services will evolve in response to emerging evidence about approaches that reduce harm. However, specific consideration needs to be given to mechanisms and resourcing that reduce harm and drug-related deaths within entertainment precincts.

The non-medical use of prescription drugs is a significant cause of unintentional overdose deaths in Australia.[99] These prescription drugs include painkillers and opioids, benzodiazepines, and other sedatives and hypnotics. Interventions known to decrease the risk of opioid-related fatalities include the availability of take-home naloxone (a drug that reverses opioid overdose) and surveillance of prescription opioids through real-time monitoring systems.

Broader support services and law enforcement systems also have a role to play in identifying risks and facilitating referrals to the most effective supports and interventions to reduce harm. A shift towards health-focused responses for people experiencing vulnerability can be achieved by better balancing investment and effort across all three pillars and adopting evidence-based and practice-informed policies.

Vulnerable children and young people

While overall rates of alcohol and drug use among young people are trending down, individuals and groups experiencing vulnerability continue to experience the highest risk of harm, including domestic and family violence and fetal alcohol spectrum disorder.

Young people with cognitive and neurodevelopmental disabilities, including fetal alcohol spectrum disorder, are over-represented in the youth justice system and face an increased likelihood of falling between gaps in the education, disability and family support service systems. A 2018 Western Australian study of 99 young people (aged 13- to 17-years-old) in the youth justice system found that 36 per cent of the cohort met fetal alcohol spectrum disorder criteria.[100]

The full extent of fetal alcohol spectrum disorder prevalence in Queensland is unknown due to limitations with the capacity to screen, diagnose and treat fetal alcohol spectrum disorder. However, an estimated 17 per cent of young people in the state's youth justice system have a diagnosed or suspected disability.[101]

Increasing awareness of the risks of alcohol and other drug use during pregnancy is a preventative measure. Connecting children and families to appropriate supports to access the National Disability Insurance Scheme (for individualised supports, information and capacity building) can improve a child's life path and potentially reduce adolescent offending.

Good practice spotlight

Example one: The Mount Isa-based Gidgee Healing Aboriginal Corporation's fetal alcohol spectrum disorder initiative partnership with Griffith University has demonstrated that children and families can be supported through a community-driven, holistic model of care managed by Aboriginal and Torres Strait Islander health workers and practitioners.

Example two: The Gold Coast Child Development Service—Fetal Alcohol Spectrum Disorders Clinic provides nationwide diagnostic assessments involving comprehensive, multi-disciplinary assessment, and the provision of reports with recommendations for improving children's outcomes. The team also provides ongoing follow-up for children in the Gold Coast Hospital and Health Service catchment.

Children and young people who are vulnerable due to poor mental and physical health, financial disadvantage, and the reasons associated with their involvement in the child protection and youth justice systems, are at higher risk for substance misuse. Young people involved with the youth justice system often come from traumatic family backgrounds.[102] Trauma, abuse and neglect can impair the development of impulse control, reduce resilience and contribute to other factors known to increase the risk of offending.

A small percentage of young people using inhalants, living in out-of-home care, or involved with the youth or criminal justice systems, may experience higher risk of chronic alcohol and other drug dependence and require intensive and holistic support options.[103,104]

The voices of young people involved with sectors including youth justice, child safety, alcohol and other drug services, and housing and other support services, should be heard. They should also be involved in co-designing solutions and the services and systems that affect them.

Priority 5

Reduce harm

Strategic priorities

Systems-related harm

Historically, the health, social, education, child safety, police, employment, housing, economic and justice sectors have mostly worked with people who use alcohol and other drugs differently and independently. Each sector has different funding sources, target groups, data collection and information sharing systems. Unintended systems-related harm can be reduced by parts of the system working together more effectively, and seeking to better understand differing perspectives and approaches.

Enhancing coordination within and across government departments and non-government organisations can reduce preventable gaps between systems. Systemic responses that improve outcomes at the individual, community and system levels can be strengthened by working across and within existing policy, planning and response frameworks in the areas of justice, child protection, employment, domestic and family violence, housing, disability, education, health, and youth engagement.

Priority actions

Actions to build on the harm-related actions under other strategic priorities and reduce harm.

1. Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.
2. Participate in national discussions and continue to review evidence for a national minimum unit price for alcohol.
3. Consider the efficacy of introducing a regulatory framework governing online alcohol sales and home deliveries.
4. Develop alcohol awareness campaigns based on harm minimisation principles, involving a strong and clear focus on outcomes and a rigorous approach to evaluation.
5. Implement a renewed approach to alcohol management in remote and discrete Aboriginal and Torres Strait Islander communities in line with the Local Thriving Communities reforms.
6. Introduce measures such as a real-time prescription monitoring program that target the non-medical use of pharmaceutical drugs, targeted at high-risk groups and that includes awareness and support options.
7. Listen to the voices of young people involved with youth justice, child safety, alcohol and other drug services, housing and other support services, and involve them in co-designing solutions, and the services and systems that impact on them.
8. Ensure key agencies and stakeholders work together across sectors to reduce harm, demand and supply associated with young people's substance use, identifying options for improved responses to inhalants, and addressing underlying causes of problematic use, particularly for those at risk of contact with the youth justice system.

Putting it into action

Overview of system reform 2022–27

Achieving balance identifies actions to be implemented across the lifespan of the plan to improve outcomes and reduce harm in Queensland. It promotes more effective use of existing policies and resources to build the foundation for future drug law reforms.

Priority should be given to:

a. expanding police diversion for illicit drug possession offences (for those who have committed no other serious crime) to health-focused responses to prevent people becoming involved with the criminal justice system

b. enhancing the alcohol and other drug treatment system in Queensland to minimise harms for young people, families, and carers, and Aboriginal and Torres Strait Islander peoples experiencing vulnerability

c. targeting effective prevention efforts to reduce future harms and demand for services.

Evidence to support drug law reforms in Queensland will continue to evolve during and beyond the life of *Achieving balance*. This evolution will include consideration of options beyond the expansion of health-focused responses via police diversion to further progress drug law reforms. Future directions will be informed by the best available evidence and require monitoring of the outcomes of reforms in other jurisdictions.

Implementation and accountability

The approach to implementation will use and build on the existing cross-agency and cross-sector policy, program and funding environment, and activity to support the intent of this plan has already commenced.

Implementation will be overseen by the senior, cross-sectoral Strategic Leadership Group also overseeing implementation of *Shifting minds*.

The Strategic Leadership Group will be supported by a limited number of Strategic Implementation Groups involving senior people from relevant agencies, the non-government sector, Aboriginal and Torres Strait Islander community-controlled programs, and stakeholders with lived experience. These groups will inform and support reforms through a collaborative, coordinated and integrated approach.

The governance arrangements to support implementation of this plan will facilitate improved coordination within and across government departments and non-government organisations to reduce preventable gaps between systems and unintended systems-related harm.

Measuring progress

An evaluation framework will be developed in consultation with stakeholders to enhance capacity to identify programs, policies and actions effective in preventing and minimising harms associated with alcohol and other drug use in Queensland. The evaluation framework will assess the process, impact and outcomes of reforms.

Alignment of data across systems and sectors will enable insightful and valuable evaluation of *Achieving balance's* impact. The evaluation framework will include underpinning principles, key research questions, an indicator matrix, implementation approach and guidelines, challenges and measurement of progress.

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Figure 1: Australian Institute of Health and Welfare. Alcohol and other drug treatment services in Australia: key findings. Canberra: Australian Institute of Health and Welfare; 2021.

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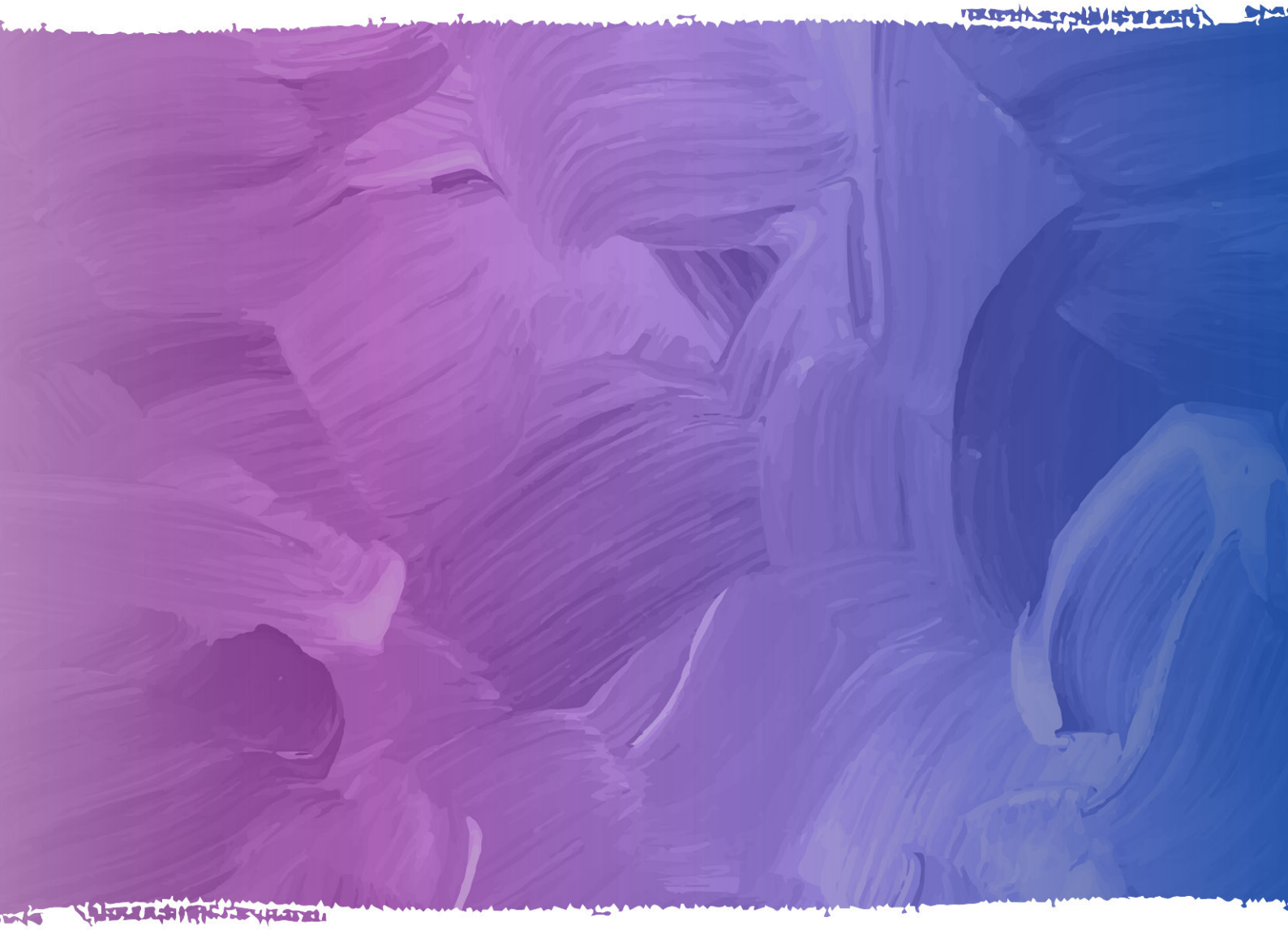

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