Consultation report

Informing Queensland's renewed alcohol and other drugs plan

July 2022

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.

Acknowledgements

The Queensland Mental Health Commission respectfully acknowledges the Traditional Custodians of the lands and waters across Queensland. We pay our respect to Elders, past and present, 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 people 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 everyone who has contributed to this consultation process.

Contents

Foreword

Renewing Queensland's alcohol and other drugs plan has provided an opportunity to re-imagine and improve our approaches to the management of alcohol and other drug issues in the state and lay the foundations for tangible and lasting system reform.

To develop a renewed approach, we purposefully set out to engage a broad cross-section of Queenslanders, including people with lived experience, peak bodies, non-government and sector organisations and government agencies, as well as members of the community.

The consultation process was co-designed with our partners, including the Queensland Network of Alcohol and Other Drug Agencies and the Queensland Aboriginal and Islander Health Council.

Consultations began with conversations for the development of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)*, which pinpointed key issues for deeper consideration. We also examined the various state and national reforms in recent years, including gaps and opportunities for Queensland's alcohol and other drugs system.

Our initial stakeholder consultations identified key themes from which we developed a series of consultation papers that presented the most contemporary evidence to guide more detailed community and stakeholder discussion of the issues.

Throughout the consultation process, I was impressed by the pragmatic approach of Queenslanders and their desire to adopt approaches that work. They were keen to consider the evidence for new and different approaches, and to explore and test new concepts.

This report provides a full and open account of what we heard from the community and stakeholders.

We also acknowledge the honesty, bravery and generosity of the people who shared their personal stories—bringing a forthright and very real perspective of what changes they believe are necessary to prevent and reduce harm and support recovery.

Equally frank discussion came from service providers, frontline workers and community members who shared their experience of the many challenges across the system, in the hope of creating better responses for people and families trying to overcome problematic alcohol and other drug use.

There was incredible consistency in the issues, concerns and solutions that we heard across the consultations, and general acknowledgement that we can do better. The result is a cohesive, shared voice for change.

System reform is not easy, but it requires all of us, from many sectors, levels of government and the broader community to work in unison towards a shared goal. Together we can create a better future and improved outcomes for Queenslanders living with alcohol and other drug issues.

I look forward to working with you to realise this goal.

Ivan Frkovic
Queensland Mental Health Commissioner

Executive summary

The Queensland Government is strongly committed to preventing and reducing the harm associated with the problematic use of alcohol and other drugs. Taking forward the *Shifting minds* commitment to review the whole of government, cross-sectoral approach to alcohol and other drugs, the Commission has continued to work with its partners and stakeholders to identify the priorities for a renewed approach for alcohol and other drugs in Queensland.

This report describes the consultative and participatory processes that the Commission employed to help support the development of a renewed alcohol and other drug plan for Queensland, and outlines the key themes, issues and potential solutions identified by consultation participants.

To help inform Queensland's renewed approach for alcohol and other drugs, an extensive consultation process was undertaken with government, non-government and community stakeholders across Queensland. The consultations were focused on seeking and understanding participants' views on key issues and ways to reduce associated harms.

The report offers a robust and transparent account of what was heard and how it was considered. It does not set out every detailed point but summarises the main issues raised by people across Queensland, which will form the foundation for reform into the future. Direct quotes have been used throughout the report to reflect the consistent themes that Queensland participants shared through the consultation process. *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Plan 2018–2023 (Shifting minds)* committed to renewing the Queensland Government's approach to preventing and reducing problematic alcohol and other drug use. *Shifting minds* also made a commitment to further explore two issues, that were identified as requiring additional cross-sectoral consideration—alcohol harm minimisation and drug policy reform. These issues were comprehensively explored in the consultation process and informed the findings provided for Government's consideration.

The views expressed throughout this comprehensive consultation process have helped to inform the development of Queensland's renewed approach to alcohol and other drugs.

Harm minimisation framework

Effective harm minimisation relies on maintaining an adequate balance between harm reduction, supply reduction and demand reduction activities. It also relies on the application of evidence-based interventions in all three areas.

The development of the renewed alcohol and other drugs plan will align and support Queensland's commitment to the principles of prevention and harm minimisation adopted by the *National Drug Strategy 2017–2026* and its associated sub-plans.

The phase of consultations confirmed the need to support educating the broader sectors and public on harm minimisation. The *Alcohol and other drug harm minimisation*[1] consultation paper was developed to help articulate the Commission's proposed strategic priorities across the three pillars of Australia's harm minimisation approach.

Consultation approach

Work to renew Queensland's approach to alcohol and other drugs use commenced in July 2019 and extended over three phases, with each phase responding to and building on the previous phases.

We heard from more than 840 individuals, families, carers, service providers, academics and policymakers across communities, government agencies, the non-government health sector and other sectors.

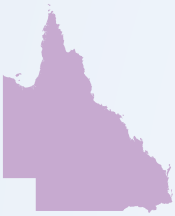
A variety of different engagement methods supported our consultations with a wide range of Queenslanders, all with diverse backgrounds, experiences and ages who have helped set the directions for future actions. This included people living in rural and remote areas, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds.

The first phase of the consultations sought participant views on existing and emerging alcohol and other drugs issues, including examining available evidence and determining best practice, identifying gaps in service provision, and establishing opportunities for improved system coordination and potential drug policy reform options.

During the second phase, a series of consultation papers were published to help broaden the consultation process to the general community. The consultation papers were written by independent subject matter experts and were based on key themes that emerged from the first consultation phase.

The publications were accompanied by an anonymous online community survey and a call for written submissions from selected invited stakeholders.

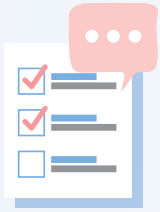
Consultation snapshot



840 Queensland representatives

42 consultations across **15** locations

10 independent consultation papers



260 survey responses

10 invited submissions

43 social media posts

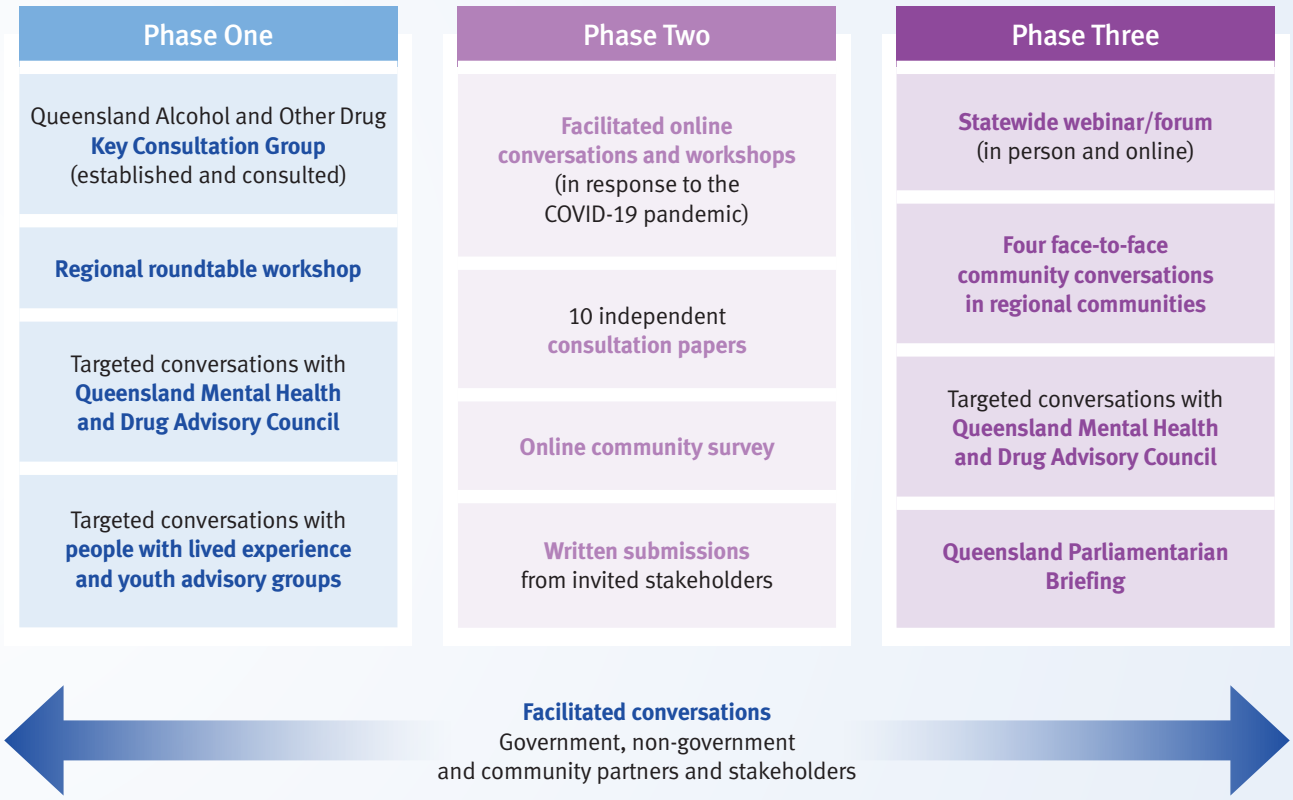
The third and final phase involved a coordinated statewide forum (in person and via webinar) and four face-to-face community conversations in regional communities. The forums were focused on outlining the evidence and drivers for reform, and the proposed priorities for a renewed alcohol and other drugs plan. In response to the COVID-19 pandemic safety requirements, alternative consultation approaches were engaged. The pandemic also impacted patterns of substance use and service delivery capacity. A consultation paper on the *Impact of the COVID-19 pandemic on alcohol and drug use*[2] outlines the ongoing implications on supply, patterns of use and service delivery methods.

The Queensland Aboriginal and Islander Health Council provided specific advice to support the statewide consultations in regional and remote Aboriginal and Torres Strait Islander communities, including advice for alternative consultation options due to the restrictions resulting from the pandemic.

Advice was also sought from members of the Queensland Multicultural Reference group on approach for consulting with Queensland's culturally and linguistically diverse communities.

Appendix 1 provides full information on the consultation process and methodology—including detail on the locations, audience and promotion activity undertaken.

Phased consultation process



Key findings

Queenslanders shared their experiences of alcohol and other drug-related harm at the individual, family and community level, as well as highlighting examples of unintended systems-related harm. Participants shared instances where the system, through action or inaction created harm, specifically in relation to the criminal justice system and policies applied to Aboriginal and Torres Strait Islander peoples.

During the consultations, participants called for improved coordination across and within systems and sectors and for improved strategic direction across health, education, employment and justice sectors.

Throughout the consultations, there was strong support and ideas for reducing preventable alcohol and other drugs-related harm, including promoting approaches to reduce harmful use, increasing knowledge and awareness, and building community and service system capacity.

Participants also supported addressing harm associated with stigma and discrimination. Many people identified how stigma and discrimination can inhibit help-seeking and act as a barrier to receiving appropriate support.

A number of themes and strategic priorities emerged from the staged consultation phases. The **key themes that were identified** through the consultation process focused on:

- ✓ strengthening prevention and early intervention
- ✓ enhancing treatment and support systems
- ✓ reducing involvement with the criminal justice system
- ✓ reducing stigma and discrimination
- ✓ reducing alcohol and other drugs-related harm, with a focus on alcohol-related harm.

The consultations identified priorities at the **individual, population** and **system level**.

Proposed priorities

At an individual level

- ✓ Prioritise the physical health and wellbeing of people with lived experience of alcohol and other drugs use
- ✓ Grow and support the alcohol and other drug specialist workforce and other frontline services that work with people and communities experiencing the impact of alcohol and other drugs
- ✓ Expand the public and non-government alcohol and other drugs services system, particularly for families and carers
- ✓ Harness the protective strengths of social and cultural diversity
- ✓ Tailor responses to address the specific needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, and rural and remote, and LGBTIQA+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual) communities

At a population level

- ✓ Support the best possible start in life, with a focus on families experiencing disadvantage or vulnerability
- ✓ Increase the focus on prevention and early intervention, and target early intervention for vulnerable groups such as children and young people in care or involved with the youth justice system
- ✓ Address stigma and discrimination to improve engagement and inclusion

At a system level

- ✓ Support collaborative regional planning that adopts national planning frameworks for alcohol and other drugs services
- ✓ Support drug policy reform options
- ✓ Strengthen alcohol and other drugs policies and legislations to safeguard human rights


What we heard
Prevention and early intervention
Stigma and discrimination
Enhanced workforce capability
Enhance treatment and support systems
Substance use
System and program responsiveness to groups at higher risk of harm
Alcohol-related harm
Expanding diversion to a health-based therapeutic response

Focus area theme

Prevention *and* early intervention

We know that the earlier a person starts using alcohol or other drugs, the greater the risk of harm. There is strong evidence that supports how preventing substance use and delaying the age of initiation or first use can help protect against alcohol and other drug-related harm across the life course.

Despite some positive changes in population alcohol and other drug use in recent years, including that the overall trend of substance use among secondary school students in Australia has declined in the period of 1996–2017 compared to previous decades,[3] individual and societal harm from alcohol and other drugs remains high.

The *Prevention of alcohol and other drug use and harm*[4] consultation paper outlined contemporary evidence for prevention and early intervention and suggested priority focus areas for consideration during stakeholder and community consultation. It also acknowledged the strong evidence of successful initiatives delivered in school settings.

The consultation paper recommended further consideration of family, school and community level approaches to reduce harm.

Community and stakeholder feedback

Participants agreed that there is a need for supporting the best possible start in life, with a focus on supporting people at risk of disadvantage or vulnerability. They also strongly supported the need for embedding trauma-informed approaches through government and non-government agencies and improving the understanding of the impact of trauma and adverse childhood experiences.

During the consultations, there was overwhelming agreement for improving community awareness around alcohol consumption and its effects on fetal development. A number of participants and online respondents recommended the concept of facilitating conversations about alcohol consumption as standard practice in antenatal settings.

Adverse childhood experiences and trauma

Traumatic experiences can occur across the lifespan and for a variety of reasons. When these types of experiences occur in childhood, they undermine a child's sense of safety, stability and attachment and can also have potentially lifelong impacts.

Participants acknowledged the impact of adverse childhood experiences associated with the problematic use of alcohol and drugs in the child's environment. We heard that many people accessing the alcohol and other drug treatment system had experienced trauma and significant adverse childhood experiences that contributed to their alcohol and other drug use.

Throughout the consultations, participants and online respondents supported the need for better trauma-informed services and increased training for the generalist and the specialist alcohol and other drugs workforce. Participants also strongly supported improving the capacity and capability of maternity and primary care service providers to deliver multi-faceted prevention measures and targeted alcohol and other drug interventions.

Whole of community awareness

Participants discussed ways to support whole-of-community responses, that included approaches to help improve awareness, literacy, and education of alcohol and other drug use. There was also clear support for promoting increased safety relating to the use of alcohol and other drugs and the prevention of harmful use.

Participant views supported a deeper understanding of the social and cultural factors that protect people from harmful use, and social determinants of health and adverse childhood experiences. The need for evidence-based and culturally appropriate resources as an essential element of improved awareness, literacy and education was also acknowledged.

Through the regional conversations and online forums, participants voiced their support for broader approaches to wellbeing and proactive strategies for working with families, communities, and young people. Feedback strongly supported there was a need for evidence-based programs that targeted prevention and early intervention in schools, workplaces and community centres for all age groups.

This was further supported by feedback provided through the targeted submissions and facilitated conversations with government and non-government representatives.

Throughout my high school experience so far, drugs and sex have been rather taboo topics to discuss.

We had a brief unit on drugs in early grade 8, however lessons generally were not taken seriously by many of my peers and key information taught necessary for life as we become older was forgotten soon after that grade. In an environment of younger teens, while the content taught was good, the manner in which lessons were held was not the most engaging.

Queensland Family and Child Commission,
Youth Champion

During my high school years, I had very little knowledge and information about these topics. This alcohol and other drugs Consultation Paper provides the first step to implementing positive changes and improvements.

Queensland Family and Child Commission
Youth Champion

More emphasis on prevention programs and assistance to harm minimisation and health promotion workforce to run primary prevention work.

Survey respondent

Family-based prevention and responses

Families are often the first line of prevention and intervention. Consultation with Queensland parents reaffirmed that families felt ill-equipped with information and skills to help them to identify, respond, seek help, and navigate alcohol and other drugs issues. This was further emphasised during the multicultural community consultations, where community leaders highlighted additional barriers (that included issues with limited translated and culturally responsive resources).

Participants advocated the need for school and community-based education programs, and resources to help parents identify and respond appropriately to situations.

Youth-specific programs and resources

Additional early intervention supports in school settings, to help educate young people on harm and to support families in need was identified throughout the consultations.

Young people shared examples of how alcohol and other drug education can either lead to positive outcomes or can have adverse consequences. We heard that alcohol and other drug education being provided sporadically can impact on a young person's ability to retain critical information and messaging.

Many participants called for increased school counselling and universal guidelines to help school staff not only facilitate meaningful and age-appropriate conversations, but to also identify vulnerable and at-risk students and support students with help-seeking.

Another priority that emerged during the consultations was the need for more culturally appropriate school-based early intervention programs to enhance strategies for students who are at risk or engaging in alcohol and other drugs.

The consultations also supported further consideration for online prevention approaches (supporting the recommendations outlined in the *Prevention and early intervention* consultation paper), agreeing that such initiatives could be easily scaled, and could help to reduce some of the current barriers to discussing sensitive topics. The consultation paper on *Integrated responses for vulnerable young people*[5] further outlined specific considerations for young people and effective responses for young people experiencing vulnerability.

At-risk groups

Participants emphasised the importance of identifying and understanding vulnerable communities at-risk of problematic alcohol and other drug use and providing targeted education and local responses. There was significant support for increased focus on prevention and early intervention, particularly for groups such as children and young people in care, and those involved with the youth justice system.

There was also a call for enhancing treatment and support systems, expanding options for trauma-informed and evidence-based treatment and support targeting young people, families, carers and Aboriginal and Torres Strait Islander peoples.

Participants also supported the need for improved workforce training and increased understanding of complex trauma, the transgenerational impact of trauma and the importance of person-centred approaches.

Fetal Alcohol Spectrum Disorder

The consultation participants and online respondents acknowledged the significant harm associated with alcohol, including chronic health issues and links to Fetal Alcohol Spectrum Disorder (FASD). Consultations recognised how FASD and its association with behavioural and neurodevelopmental difficulties and cognitive impairment can have lifelong impact for children, families, the health system and other human services, including child safety and corrective services.

Consultation feedback supported the need for increased risk awareness for young people and across human services workforces. Participants recommended increased screening and assessment, improved dissemination of appropriate resources, the provision of adequate training, and the facilitation of meaningful alcohol consumption conversations as part of standard practice in antenatal settings. Participants also supported embedding evidence-based brief interventions into primary healthcare settings, along with appropriate funding mechanisms to ensure sustainability.

What is needed

Participants and online respondents discussed a range of ideas for improving community prevention and harm reduction awareness. The common themes that emerged included:

- improving shared understanding of alcohol and other drug-related harm from the early years through to older people
- enhancing treatment and support systems, expanding options for trauma-informed and evidence-based treatment and support targeting young people, families, carers and Aboriginal and Torres Strait Islander peoples
- enhancing school-based alcohol and other drug education by focusing on informed decision-making for young people
- supporting and investing in evidenced-informed, family-based approaches
- strengthening community-based alcohol and other drug literacy by investing in evidence-based resources and help-seeking opportunities for families
- supporting targeted early intervention for children and young people in care or involved with the youth justice system
- increasing awareness of the risks and consequences of FASD by expanding training and focused conversations about alcohol consumption as standard practice in a range of health settings.

Focus area theme

Stigma *and* discrimination

The World Health Organisation (WHO) conducted a ranking study examining the relative stigma of different conditions. It found that dependence on illicit drugs is one of the most stigmatised conditions in the world, with alcohol use disorder ranked as the fourth most stigmatised condition.[6] Stigma and discrimination pose significant barriers for people seeking help.

Stigmatisation of those who use alcohol and other drugs can extend to those around them, including their families, support people and the alcohol and other drug workforce. The alcohol and other drug workforce experiences stigma because of the association that they have with people who use alcohol and other drugs. Similarly, the families, friends and children of people who use alcohol and other drugs can face various forms of harmful stigma.

Language is a common way in which stigma is spread and maintained. There are national and state guidelines and resources to help people adopt non-stigmatising language when referring to people who use alcohol and other drugs, and targeted intervention programs deliver training to help organisations and groups understand how to reduce stigma through language and behaviour.

The shame associated with experiencing stigma can be a painful, internalised emotion. Changing the narratives about people who use alcohol and other drugs can foster social inclusion and non-judgemental support for problematic substance use.

The consultation paper on *Experiences of stigma and discrimination*[7] provided information to help inform and explore stakeholder views on the importance of reducing stigma and discrimination. The paper provided an accessible overview of the evidence base relating to stigma and discrimination from an alcohol and other drugs perspective.

Community and stakeholder feedback

The consultations explored participant feedback on ways to tackle the various harms associated with alcohol and other drug-related stigma and discrimination.

Most participants supported the need for compassion, awareness and understanding to help reduce harm associated with stigma and discrimination, acknowledging how stigma and discrimination can impact people with vulnerabilities and in higher-risk groups in seeking alcohol and other drug treatment and support.

The majority of the online survey respondents (72 per cent) agreed that addressing alcohol and other drug-related stigma and discrimination reduction was 'extremely important or very important'. A smaller proportion of respondents supported the view that alcohol and other drug-related stigma was 'helpful' by acting as a deterrent for some of the population.

The majority of participants and online respondents were **united about the need for promoting and supporting a better understanding of the cultural factors impacting stigma**, improving the cultural capability of the alcohol and other drug and supporting workforces and building stronger understanding of healing and how stigma, discrimination and racism can affect recovery.

> *We need to educate our front-line workers about stigmatising language and supporting the possible door of entry for people into treatment, educate them on referral pathways.*
>
> Survey respondent

> *Greater representation of lived experience through public education and information strategies/campaigns.*
>
> Survey respondent

> *Delivering training to existing front-line service providers around AOD, particularly the impact of stigma, by using existing resources such as The Power of Words and programs such as Putting the Puzzle Together.*
>
> Survey respondent

Impact of stigma and discrimination for help-seeking (clinical and mainstream services)

Participants with a lived experience of using drugs expressed how shame and fear of judgement could hinder seeking support for themselves or for others (such as family members), and how illegality prevented most people talking about personal drug use and seeking support. They provided personal accounts of their experience of stigma and discrimination across a variety of settings, including health care, criminal justice, education and other frontline services.

Family members also discussed their own experience of stigma when interacting with clinical staff during emergency and crisis presentations. Participants in the youth and multicultural sessions supported this, acknowledging how cultural factors can at times exacerbate this issue.

Feedback from the consultations supported the need for lived experience-led stigma reduction training initiatives to be targeted and implemented for the health practitioners, police, and other first responder workforces.

Participants representing the views of the alcohol and other drug sector workforce discussed the impact of 'workforce stigma' and how it is deterring people from pursuing a career in the sector. Participants discussed how there are high levels of stigma associated with alcohol and other drugs, particularly with illicit drug use, and shared how these experiences continue to negatively influence the way that the alcohol and other drugs workforce was perceived and valued.

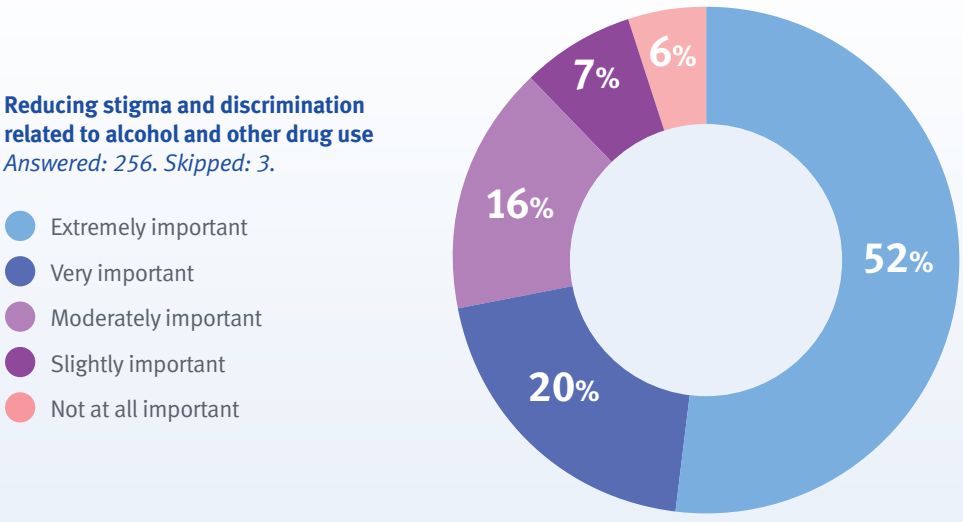
Language and media campaigns to support community education and awareness

There was strong support for a whole-of-community education and awareness focused at reducing stigma and discrimination about alcohol and other drugs.

Many participants agreed that stigmatising language is evident across the community and can be perpetuated in the media. Community and stakeholder views indicated that the media played a significant role in creating or encouraging stigma, and that media campaigns failed to focus on the underlying causes of problematic alcohol and other drug use.

Most online respondents indicated they would welcome education/training programs, communication campaigns and variations in media depictions of people who use alcohol and other drugs. They also recommended the use of public campaigns focused on changing community attitudes and understanding, using relatable and credible spokespeople sharing personal stories, as an effective way to reduce stigma.

Reducing stigma and discrimination related to alcohol and other drug use
Answered: 256. Skipped: 3.



What is needed

Participants and online respondents suggested several measures to address the harms of stigma and discrimination and reduce barriers to help-seeking:

- provide stigma-reduction and awareness training for frontline service providers, including health and criminal justice system staff and for training to be delivered by people with lived experience of alcohol and other drugs
- establish supportive pathways into specialised peer workforce roles
- promote inclusive, person-centred language and depictions in the media
- support general and targeted education and awareness campaigns to tackle stigma and discrimination and reduce barriers to help-seeking
- support greater understanding of how consistent language compounds stigma and discrimination
- 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
- promote resources that guide person-centred, objective and non-judgmental conversations about substance use and people who use drugs.

Focus area theme

Enhance workforce capability

Enhancing workforce capability to deliver coordinated, person-centred and trauma-informed care is listed as a priority under *Shifting minds*, as an essential element for an effective service system. *Shifting minds* also highlights the need to grow and support the alcohol and other drugs specialist workforce and equip other workforces with the capacity to provide high quality services to people and communities experiencing the effects of alcohol and other drugs.

The Queensland alcohol and other drug sector workforce are experiencing a range of challenges, that include an ageing workforce, limited response to multi-morbidities, limited cultural capability and rapidly changing substance use trends.

The key factors affecting sustainability, recruitment and retention include:

- projected retirement of one-third of the alcohol and other drug workforce in the next 10 to 15 years
- the impact of short-term contracts on staff employment and retention
- lower salary award conditions than for other health disciplines
- regional, rural and remote area staffing challenges
- perceived stigma around alcohol and other drug work.

The specialist alcohol and other drug workforce often works with people experiencing a range of other stressors in addition to alcohol and other drug issues (such as trauma, domestic and family violence and homelessness) and as a result can experience vicarious trauma.

Community and stakeholder feedback

A consistent theme that emerged throughout the consultations was the need for systemic, multi-faceted and coordinated approaches to workforce planning. Participants agreed that this was critical for providing effective responses to people experiencing alcohol and other drug issues, and to support the workforce with managing vicarious trauma.

Alcohol and other drug workforce capability challenges and opportunities

Government and non-government service providers agreed there were limited opportunities for specialist and generalist alcohol and other drug education in Queensland, through both vocational and tertiary education settings. We heard how most training is provided on-the-job, and that vocational and tertiary education options available are brief and narrow. We also heard that there are significant differences in competency needs and access to training between the specialist and generalist workforces.

Service delivery representatives provided examples of how on-the-job training and professional development could provide an effective pathway for many workers and potentially lead to further study and professional development. Representatives discussed how this approach was effective for regional, rural, and remote communities but recommended that incentives around remuneration and employment conditions also needs further consideration.

People working in the alcohol and other drug sector confirmed that workforce stigma is a contributing factor that deters people from pursuing careers in the sector, and stigma associated with alcohol and other drug use, particularly illicit drug use, continues to negatively influence the way the workforce was perceived and valued.

The lack of alcohol and other drug peer support roles in Queensland, and inconsistency in recruitment and operational procedures for peer-identified roles was also highlighted. Representatives working in the alcohol and other drug sector recommended workforce development responses to support effective engagement and participation of people with lived experience, including strengthening the peer workforce.

Culturally responsive workforce

There was strong support for expanding the cultural capabilities of services and building the alcohol and other drug workforce to meet the diverse needs of service users. Participants expressed how there is a need for greater diversity in the workforce to reflect the needs of the Aboriginal and Torres Strait Islander peoples and culturally diverse communities.

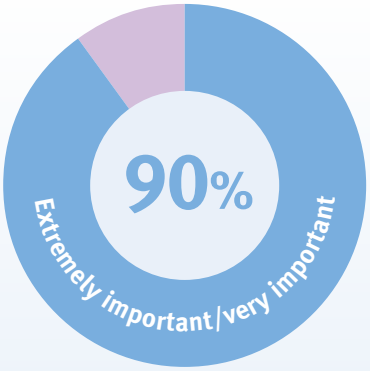
Participants strongly supported the necessity of building the Aboriginal and Torres Strait Islander workforce, by investing to increase the number of Aboriginal and Torres Strait Islander alcohol and other drug and mental health clinicians, and peer support workers.

I have been a nurse for 14 years in a rural area and have had no education in regard to drug types, drug abuse, correction/youth justice.

Online survey respondent

Opportunities for peer and lived experience workers roles and input into service development.

Survey respondent



Survey respondents agreed it was important to build a **strong specialist alcohol and other drug workforce** to meet the needs of all community members, including vulnerable young people, Aboriginal and Torres Strait Islander peoples, and those from culturally and linguistically diverse backgrounds.

Better support for them to stay in the sector. Over my years there has been at least 1 or 2 staff a year we are losing/gaining and having to retrain.

Survey respondent

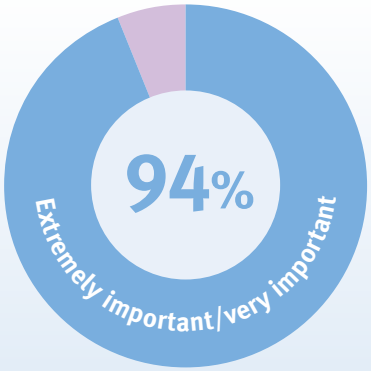
Focus attention on developing vocational pathways and graduate programs and increase AOD content in relevant university courses. Access to strategies to support workers including clinical/practice supervision and opportunities for career progression. Addressing short funding contracts and lack of wage parity between government and non-government positions.

Survey respondent

Public, private and non-government generalist workforce capacity

There was strong support for improving the generalist frontline workforce services and responses, encompassing government frontline services and general practice staff. Participants and online respondents acknowledged how these specific workforces play an important role in the provision of early and targeted support to people at possible risk of harm and are also a critical link for referrals to specialist services as required.

Consultation participants supported the need to educate staff in trauma-informed approaches and identified broader access to training about brief intervention, stigma-reduction and mental health first-aid as training priorities. They also supported those general practitioners should have access to training and resources to assist them in effectively identifying, treating and referring people experiencing problematic alcohol and other drug use.



Survey respondents agreed it was important to **ensure frontline workers (child protection, health, corrections and youth justice) were equipped to appropriately respond** to people who use alcohol and other drugs.

What is needed

Queensland community members, stakeholders and online respondents endorsed the solutions proposed in the *Creating, sustaining and supporting the Alcohol and Other Drugs workforce*[8] consultation paper, including a suite of workforce capacity and capability initiatives and opportunities to enhance the peer workforce, and retain and grow the sector.

The key consultation recommendations for enhancing alcohol and other drug and generalist frontline workforce capability and capacity included:

- build alcohol and other drug workforce sustainability by working with commissioning bodies to improve service-level funding arrangement aspects such as duration and remuneration, and strengthen joint planning at all levels and between state and federal government agencies
- build and support capacity and integration for the peer-support workforce, and consideration for improved responses to address underlying vulnerabilities and problems
- workforce planning to consider cultural competence and the development of both 'mainstream' and 'community controlled' workforces across diverse locations, including urban, rural, regional and remote communities, to support culturally secure alcohol and other drug practice
- build specialist workforce capacity and support other sector workforces to recognise and respond to underlying vulnerabilities
- consider ways to reduce stress, compassion-fatigue and burnout, and provide access to trauma-informed care training and strategies across sectors, to help manage vicarious trauma
- consider ways to reduce stigma to improve recruitment and retention throughout health, education and other sectors
- create opportunities to improve collaborations between the clinical, non-clinical, peer and generalist frontline workforces.

Focus area theme

Enhance treatment *and* support systems

Queensland's literature on effective treatment responses demonstrates that alcohol and other drug treatment services are most effective when there is a range of options, including withdrawal management, residential treatment, counselling, harm reduction, medication assisted treatment, care coordination, and brief interventions.[9,10]

Many Queensland Government agencies contribute to and make significant investment in services and programs to reduce alcohol and other drug-related harm, however alcohol and other drug treatment in Queensland, and across Australia, is unable to meet current demand.[11]

27%–56% **Met demand** for AOD services[12]

Community and stakeholder feedback

To date, alcohol and other drug resourcing has primarily focused on areas of high demand and system pressure, but participants and stakeholders indicated there are ongoing gaps that prevent the full benefit of increased service enhancement being realised.

Through the consultations, we heard there is a need for increased growth and development across the continuum of service responses for problematic alcohol and other drug use, including a focus on system-wide integration.

Participants discussed the need to improve program and service accessibility, particularly for people living in rural and regional Queensland, and the need to strengthen intervention measures to help address and prevent the associated significant harm and costs. Participants also identified the need for investment in a range of services across the lifespan that included support for young mothers, child development clinics, early intervention, youth and school-based services, mobile services, outreach for people aged over 25, high-severity treatment services such as detoxification beds, family-responsive treatment programs for parents with children and residential rehabilitation options for young people.

Throughout the consultations there was strong agreement amongst the community members and service providers that multi-agency responses to housing issues, disability, physical and mental health were required to meet the needs of individuals and groups with multiple comorbidities.

Access to treatment

We heard from various stakeholder groups that recommended the need for supports and the promotion of services to intervene before the person's use became problematic. Community members discussed the current difficulty in understanding what services are available and how to access them. We heard of personal examples of issues faced by community members when trying to navigate 'systems within systems'.

The feedback obtained through the consultations offered suggestions for supporting a better understanding of pathways to improve access to seeking help and supporting multiple access points to access treatment.

Participants spoke about some of the barriers to accessing treatment, including issues around service area limitations where boundaries and restrictions affected access to non-residential detoxification and rehabilitation services. They also cited limited ability for services to support the whole family, as well as limited ability to ensure the safety and inclusion of different cultural groups and people from the LGBTIQA+ community.

We need more funding and consistent/longer periods of funding.

Survey respondent

Genuine involvement of AOD peers in all levels of the planning and delivery of services within the sector.

Survey respondent

More opportunity for a variety of evidence-based, voluntary and accessible support and treatment options that allow people to sustain involvement in their families and communities.

Survey respondent

There needs to be a focus on expanding the range of harm reduction services that are fully funded.

Survey respondent

Service integration and coordination

A majority of the participants that we spoke to strongly supported the need for better coordinated approaches to alcohol and other drug service delivery, with the expansion of 'wrap-around' or holistic approaches to service delivery. Participants recommended consideration of approaches that focus on supporting the collaboration and smooth transition of clients between sectors. Community members and service providers also advocated for improved capacity and linkages across existing services, such as maternity, early childhood, education, justice and housing.

Some participants listed examples of how organisations within their regions were being funded to deliver similar programs and services, resulting in treatment gaps in some areas and duplication of treatment responses in others. The issue of short-medium term funding cycles for non-government service providers was also identified as a negative influence that limited sustainability and growth.

Participants offered examples of how connections between service systems could benefit from better coordination, communication and collaboration from across all levels of government and non-government services, and opportunities to strengthen data collection, sharing and linkage across sectors to identify gaps and drive service improvements.

Participants stressed that the current funding arrangements fostered competition rather than cooperation between organisations. Participants also strongly supported the adoption of collaborative regional planning for alcohol and other drug services in line with other national health planning frameworks.

Responses for families

Feedback from the regional consultations supported the continued need to focus on expanding the public and non-government alcohol and drug services system for families, vulnerable community members, and carers.

We heard from people who use treatment services, their family members, and service providers that supported a collective call for additional family-friendly rehabilitation units (including services for parents with children). There was also a united call for additional and targeted supports for families with complex backgrounds and for more services appropriate for young parents.

Withdrawal and rehabilitation services

Participants were in agreement about supporting the local community's reasonable access to a full range of withdrawal management options, including inpatient, residential, outpatient and ambulatory/home services. The consultations also highlighted that many of Queensland's small-scale services are unsustainable due to funding limitations and ability to retain suitably qualified staff.

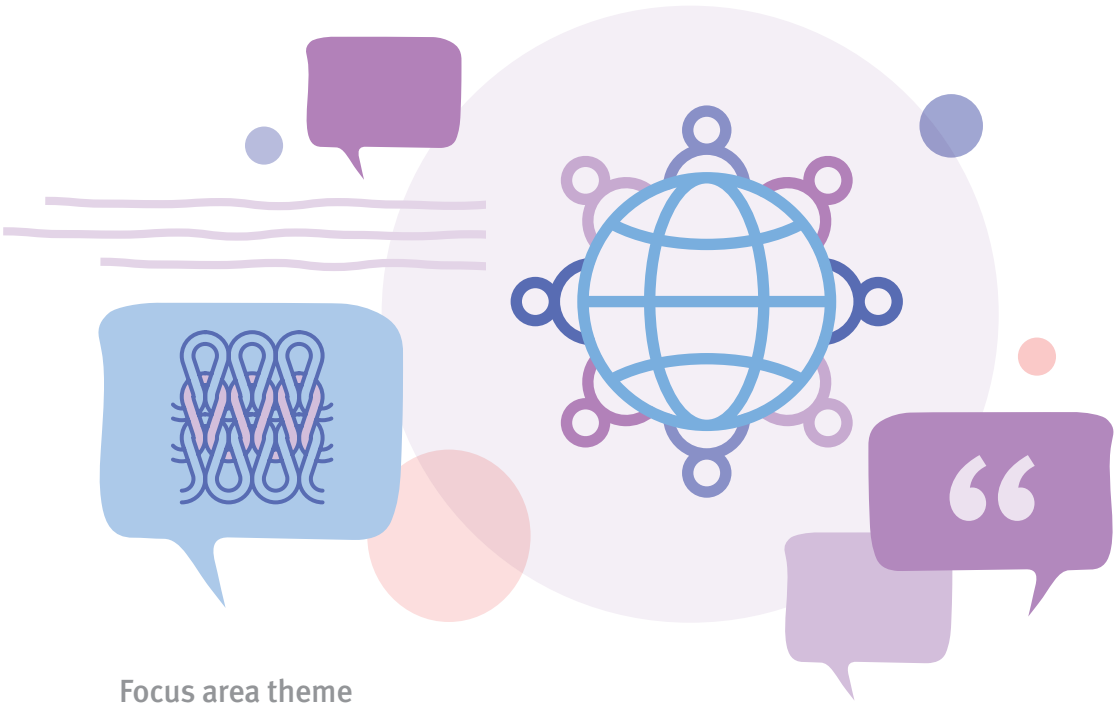
Participants discussed how the limited appropriate services and access delays continue to impact vulnerable youth, with the demand for youth-focused detoxification and rehabilitation services outweighing availability, especially in the case for rural and regional areas.

We also heard how some people are currently being forced to pay for private rehabilitation services because there are limited withdrawal services available, and that in some cases these private rehabilitation services offer limited capacity in managing the person's complex withdrawal needs.

What is needed

Throughout the consultations with Queensland's government, non-government and community stakeholders, the following needs were identified:

- increased funding, planning, and commissioning of services to respond to demand and enable localised responses—especially in regional, rural and remote areas
- support for longer-term funding arrangements between government and services providers, to improve tenure and certainty across the sector
- opportunities to increase collaboration and holistic models of care between and within sectors and services
- support for wide implementation of preventive programs that can demonstrate impact, especially in relation to the educational context
- improved data linkage and coordination to enhance agency and system response capabilities
- support for the inclusion of young people and vulnerable groups in the co-design of treatment services and responses
- increased high-impact and cost-effective preventive programs.



Focus area theme

System *and* program responsiveness to groups at higher risk of harm

Throughout the consultation program stakeholders advised that listing 'priority populations' can frame certain groups as problematic, which can have the effect of reinforcing negative stereotypes that contribute to stigma and overlook inherent strengths.

It was recommended that the renewed alcohol and other drugs plan reframe 'priority groupings' in relation to vulnerability and that it 'names the problems, not the people' and looks at the 'causes of the causes'. During consultations, participants expressed that culture is a source of strength, support, resilience, connectedness, identity and confidence.

Community and stakeholder feedback

Targeted consultation was held with a range of First Nations representatives, cultural and linguistically diverse community members and young people, while LGBTIQA+ issues were canvassed as part of the broader consultation program.

Consultation with First Nations people was conducted via a number of methods including face-to-face consultation with individuals and engagement with representative bodies such as the Queensland Indigenous Substance Misuse Council (QISMC) and the Queensland Aboriginal and Islander Health Council (QAIHC).

Face-to-face workshops were conducted with youth representatives and culturally and linguistically diverse community representatives and groups.

Re-framing to recognise strengths

Consultation participants identified the need to balance vulnerability and strengths by identifying the underlying drivers to vulnerability, with a focus on social inequalities and social determinants of health.

We heard that Aboriginal and Torres Strait Islander peoples are commonly listed in priority populations or priority groups that can overlook the fact First Nations people have higher rates of abstinence from alcohol and similar rates of alcohol dependence as the general population.[13]

The consultation paper on *Social and cultural determinants of health*[14] outlines that framing health within social and cultural determinants assists in recognising that Aboriginal and Torres Strait Islander peoples and communities in Queensland have been significantly impacted by colonisation, and a history of dispossession that can continue through transgenerational trauma. Individual, family and community healing are attributed to social and emotional protective factors such as connection to Country, connection to land and connection to kin.

The consultation paper on *Social and emotional wellbeing (SEWB)*[15] further identified that Aboriginal and Torres Strait Islander Community Controlled Health Organisations are uniquely placed to understand the social and emotional wellbeing of their local communities, and that they should be supported and empowered to develop culturally safe and tailored solutions.

A submission from the Queensland Aboriginal and Islander Health Service (QAIHC) supported that the current supply reduction approach needs to evolve to facilitate greater diversion into community-led interventions from the criminal justice system.

QAIHC advocated that a punitive approach has wider social consequences, and shared examples of how this tactic can have a ripple effect and substantial impact on the individual, their family, and the wider community, leading to further harmful behaviours and outcomes.

QAIHC also offered examples of how this restrictive approach is delivered through government policy, highlighting the example of how the alcohol management plans or cashless debit card policies focus on restricting rather than changing behaviours.

For Aboriginal and Torres Strait Islander communities – a focus on supporting whole families and communities and more actions to improve social determinants of health.

Survey respondent

A wider range of rehabilitation services such as those specific to Aboriginal and Torres Strait Islander clients, families, youth, CALD, LGBTIQ+ and the elderly.

Survey respondent

Easier access to and greater resourcing/ representation of specialised services for minority populations. Specifically LGBTI young people and Aboriginal and/or Torres Strait Islander folk.

Survey respondent

We also heard that people from culturally and linguistically diverse backgrounds, refugees and asylum seekers often experienced unstable and insecure environments, forced displacement, persecution, political violence, armed conflict and other threats that may put them at higher risk of harm from alcohol and other drugs. These issues may be compounded by negative social determinants of health, social and cultural barriers, including discrimination and racism, as well as stigma associated with alcohol and other drugs use. These factors are often balanced by strong family and community ties, cultural identity and religious faith.

Culturally and linguistically diverse groups said there is a lack of basic information and support regarding alcohol and other drugs and that translated resources, particularly for parents and carers would assist in raising awareness and reducing shame and stigma. Community leaders and community centres can be a useful communication point for distributing information such as services that are available.

LGBTIQA+ Sistergirl and Brotherboy individuals and communities can similarly experience higher rates of distress, isolation/alienation, prejudice, discrimination, abuse, violence and trauma than the broader community, including physical, mental, sexual or emotional aggression. This can result in elevated psychological distress and significant levels of anxiety, which can translate into vulnerability. Harm associated with stigma, discrimination and social isolation can lead to increased vulnerability to problematic substance use. The LGBTIQA+ community strengths include strong and supportive interpersonal relationships, psychosocial support systems and LGBTIQA+ community connection. Issues such as ensuring harm reduction and treatment services are co-designed with LGBTIQA+ people and services for the LGBTIQA+ community are easily identifiable were also raised during the consultation.

Young people are also a group that tend to experience vulnerabilities to risky substance use, particularly for young people impacted by social determinants such as lower education levels, experience of out-of-home care, unstable housing and contact with the youth justice system. 'Young people' are often listed as a priority group, yet overall, the rates of alcohol consumption in Australian secondary school age students has steadily declined since the early 2000s and the prevalence of illicit substance among secondary school students use has remained relatively stable.[16]

It is acknowledged that there are specific populations within the demographic of 'young people' that require tailored responses that are developmentally and culturally appropriate, but that also include early intervention as well as more intensive alcohol and other drug programs such as residential services and day programs.[17]

Benefits of co-design and co-led initiatives

Feedback indicated that having conversations with populations at higher risk of harm from alcohol and other drugs was essential to find out what works best for them and to ensure services met their specific needs. Feedback gathered throughout the consultations supported the view that future alcohol and other drugs programs need to be implemented in partnership with these communities using a co-design approach.

Participants also highlighted the benefits of locally designed and delivered initiatives that are tailored to meet specific community needs and support cultural context and ownership by the individual communities.

Some of the participants that we spoke to suggested that no policy should be decided without the full and direct participation of members of the groups affected by that policy, and that local initiatives should be supported by funding and evidence.

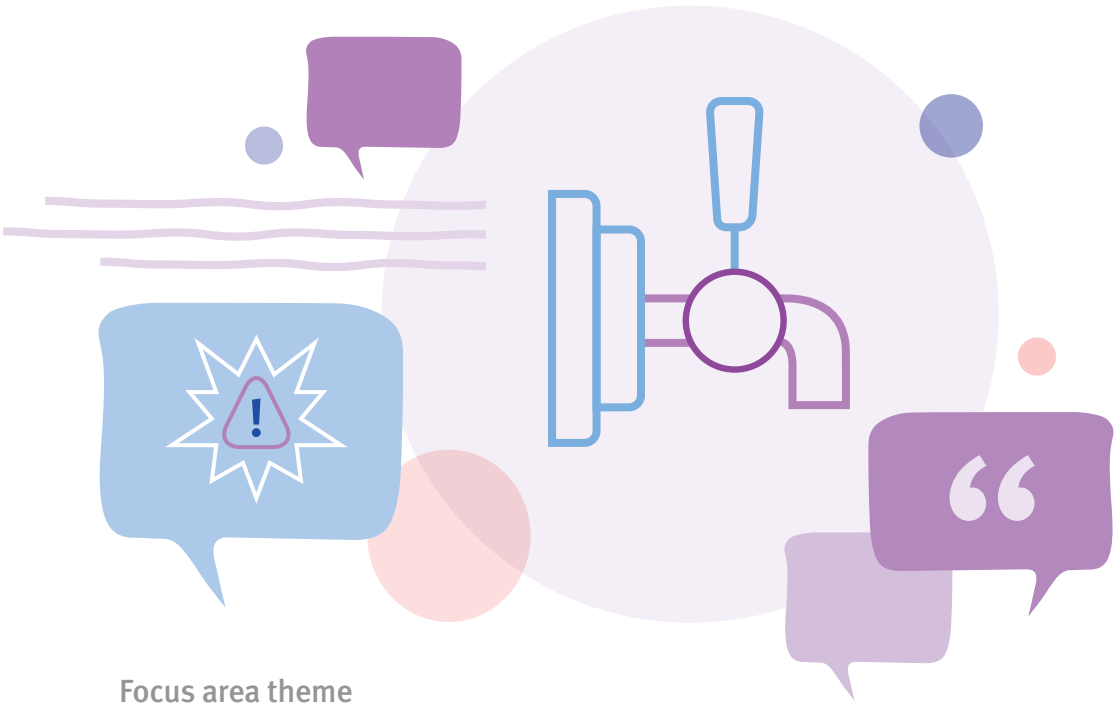
Consultation feedback agreed the need to leverage the protective strengths of social and cultural diversity, provide tailored responses and culturally safe services to address the specific needs of Aboriginal and Torres Strait Islander people, but also Queensland's diverse communities.

Participants supported prioritising approaches that incorporate connection to Country and culture and supported the provision of co-designed resources and services tailored to meet the need of culturally and linguistically diverse communities.

What is needed

Targeted discussions about improving safety and capability across sectors identified the following priorities:

- ensure community-based alcohol and other drugs services are co-designed with Aboriginal and Torres Strait Islander, culturally and linguistically diverse, LGBTIQA+ communities and young people
- ensure government and/or other non-government agencies partner with Aboriginal and Torres Strait Islander community leaders and community-controlled organisations in the design, delivery and evaluation of alcohol and other drug services
- utilise Aboriginal and Torres Strait Islander community-controlled organisations and support sustainable funding arrangements (where available)
- ensure the Aboriginal and Torres Strait Islander alcohol and other drugs workforce continues to grow and be strengthened
- ensure culturally safe and responsive systems of care throughout Queensland, including holistic, close to home and available support when needed
- ensure the alcohol and other drugs and other related workforces are supported to demonstrate cultural capability and responsiveness; and improve accountability of organisations to ensure cultural safety for Aboriginal and Torres Strait Islander peoples
- address negative stereotypes of Aboriginal Torres Strait Islander peoples within systems and society and promote positive and healthy behaviours and protective factors
- explore options for improving cultural competency in areas such as employment, work readiness and education programs
- improve understanding of the impact of trauma and how experiences of trauma can increase vulnerability to alcohol and other drug issues. This is particularly important for workforces that engage with Aboriginal and Torres Strait Islander peoples and people from refugee or asylum-seeking backgrounds
- ensure that services take steps to address accessibility and safety for LGBTIQA+ people.



Focus area theme

Alcohol-related harm

Alcohol and other drugs experts around Australia rank alcohol as the most harmful of all substances.

Its use continues to be routinely accepted and normalised in Australia, with 75 per cent of the population over 14 years old consuming alcohol. Queensland continues to have high rates of alcohol problems; the 2019 National Drug Strategy Household Survey found that the proportion of Queenslanders who exceed the risky alcohol drinking guidelines is higher than the national average.[18]

The impacts of alcohol consumption include a wide range of short-term and long-term health and social problems, costing the country an estimated $15 billion in 2010. The consultation paper on *Reducing alcohol-related harm in Queensland – future opportunities*[19] outlined the impacts on hospital admissions and emergency presentations, road crashes and injuries, falls, crime and violence, family dysfunction, workplace absenteeism, through to cancer, heart disease, liver disease and FASD. This consultation paper also identified that reducing individual and community harms from alcohol consumption remains a complex public policy challenge.

Community and stakeholder feedback

Community members and service providers shared strong concerns that the culture and normalisation of alcohol continues to be a significant issue for Queensland. We heard that within an alcohol and other drug context, alcohol is often minimised, is not viewed as a drug, and that there was a level of social and cultural acceptance of alcohol intoxication.

Consultation participants agreed there is a need to continue to reduce alcohol-related harm, noting that the COVID-19 pandemic and associated lockdowns had led to changes to alcohol online sales and home delivery, with associated changes in consumption patterns.

Participants supported the need to implement restrictions on alcohol marketing in key settings (e.g. sports stadiums, public transport) and that the Queensland Government should work with the other states to develop a nationally consistent and effective approach to reduce young people's exposure to alcohol advertising.

Participants also highlighted that reducing access to and availability of alcohol in some communities could be problematic without accompanying demand and harm reduction strategies, as it could risk criminalising health matters in populations already severely over-represented in the justice system.

Government and non-government stakeholders noted that the Queensland Government is undertaking a variety of actions and initiatives to reduce alcohol-related harm that include:

- a commitment to consider the efficacy of introducing a regulatory framework governing online alcohol sales and deliveries, in consultation with key stakeholders
- a commitment to supporting Aboriginal and Torres Strait Islander communities to implement a renewed approach to alcohol management, based on the findings of a review of Alcohol Management Plans and other relevant evidence.

The *Queensland Liquor Act 1992* is also being amended to increase transparency and accountability around liquor decisions and to enable further harm minimisation initiatives.

Alcohol use is a leading cause of preventable injury, early death, and the burden of disease. It accounted for

45,000
hospitalisations
and
146,200
patient days

in Queensland in 2015–2016.[20]

Risky drinking
has declined nationally over the past 10 years, including in Queensland, but significant levels of alcohol-related harm persist.

1.2 million
Queensland adults **exceed single-occasion risky drinking levels** at least monthly.

1 in 5
Queenslanders exceeded lifetime risky drinking guidelines in 2020, with half of all Queensland high school students reporting they had consumed alcohol in the previous 12 months and one-third reporting they had consumed alcohol in the previous four weeks.

Am truly more worried about the effect of alcohol as it the most common DRUG used across all ages.

Survey respondent

Alcohol is celebrated and seen as normal, even binge drinking. It's a 'right of passage' and associated with sports. This is not good.

Survey respondent

Better education for general practitioners.

Survey respondent

(No) advertising of alcohol in sports – fund more community sports initiatives that promote alcohol and drug-free venues.

Survey respondent

Promotion and awareness campaigns

Consultation feedback endorsed increased promotion and awareness of alcohol harms, including public health campaigns that focus on improving awareness of alcohol-related harm.

There was strong support for encouraging a generational shift through tailored and sustained promotion and awareness campaigns (similar to anti-smoking campaigns), encouraging incremental attitudinal change, challenge cultural acceptance of alcohol, and a focus on the best possible start in life.

Participants strongly supported the implementation of specific alcohol awareness campaigns aimed at children and youth, the implementation of evidence-based interventions to tackle alcohol consumption during pregnancy, and further consideration of public education campaigns to complement national efforts to reduce the impact of FASD.

The Australian Medical Association Queensland Branch's submission concurred with community feedback, recommending that education campaigns should begin in late primary or early high school to help educate younger people of the risks associated with excessive alcohol consumption.

The submission provided by the Queensland Coalition for Action on Alcohol called for an evidence-based community campaign focused on the direct links between alcohol consumption and chronic disease.

Targeted initiatives

Feedback from some community participants recommended further community-based diversion programs, such as sports and arts programs. This was also supported during the targeted multicultural consultations. Several community and government representatives suggested reintroducing community alcohol and other drugs health promotion teams and expanding capacity-building to support families and carers.

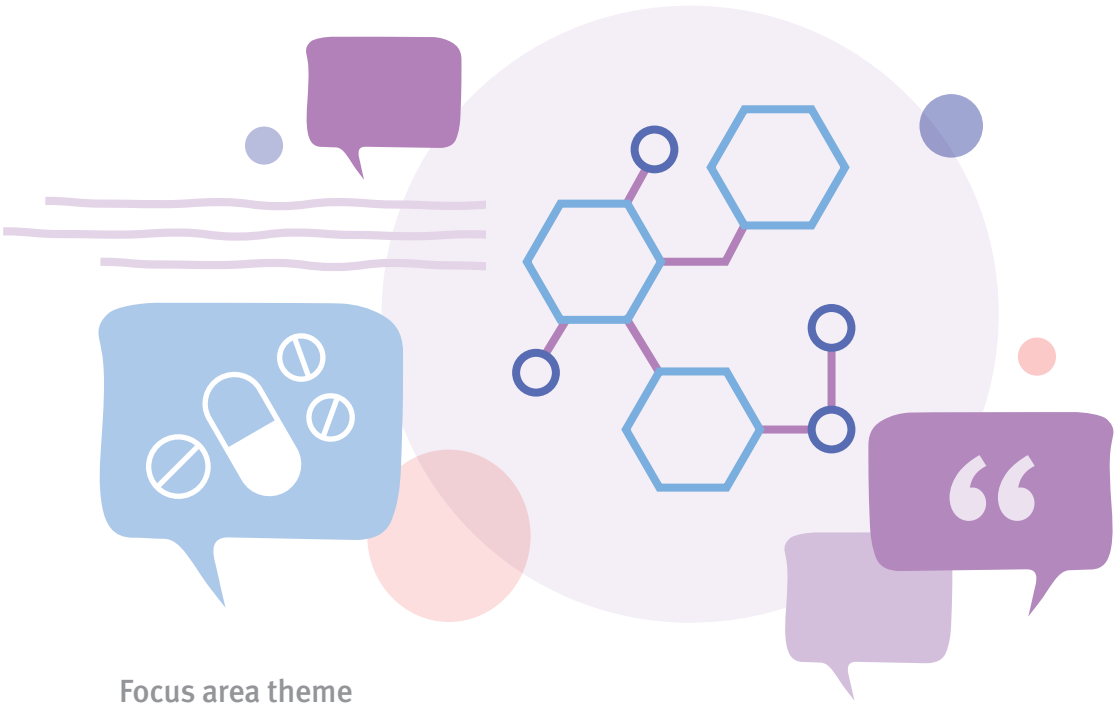
There was significant support for reducing alcohol sponsorship and advertising in sport, recreation, and government-owned facilities.

Participants also stressed a need to balance harm-reduction focus and effort by building on existing harm-reduction services and considering additional harm reduction interventions, such as services in entertainment settings targeted at festival and nightclub patrons.

What is needed

Community and stakeholder consultation participants recommended actions including:

- reducing alcohol sponsorship and advertising in sport and recreation
- implementing sustained and integrated communication campaigns to improve community awareness, attitudes and behaviours that promote help-seeking options
- supporting general practitioners to better assess alcohol use/misuse to gain an accurate picture of consumption
- increasing health and human services professionals' comprehension of the underlying factors associated with alcohol misuse, to gain a holistic understanding, using a person-centred approach
- considering the findings and recommendations of the tackling alcohol-fuelled violence policy evaluation, in particular the need for future alcohol campaigns to be based on harm-reduction principles that are comprehensive, integrated and evidence-based, with a focus on outcomes and rigorous evaluation
- participating in discussions about a national minimum unit price for alcohol
- considering the efficacy of introducing a regulatory framework governing online alcohol sales and home deliveries
- implementing a renewed approach to alcohol management in remote and discrete Aboriginal and Torres Strait Islander communities, in line with the Local Thriving Communities reforms.



Focus area theme

Substance use

Illicit drug use includes the use of drugs that are prohibited by law and the use of prescription or over-the-counter medication in ways other than prescribed. In the 2019 National Drug Strategy household survey, almost 20 per cent of Queenslanders reported they had recently used illicit drugs.[21]

This figure rose for festival and nightclub patrons, with more than 90 per cent reporting they had used an illicit drug in the previous 12 months.[22] Illicit drug use is more common among younger people, but the median age for non-medicinal use of pain killers and opioids is 43.1 years.

The non-medical use of pharmaceutical drugs is a public health problem in Australia. Unintentional drug-related deaths primarily involve opioids, including heroin and pharmaceutical opioids, followed by benzodiazepine drugs. Almost one in three unintentional drug-induced deaths involving pharmaceutical opioids were people aged 50 and above.

In 2019, there were 280 unintentional drug-induced deaths reported in Queensland. Regional and rural Queensland had higher rates of unintentional drug-induced deaths than Brisbane from 2011 until a reversal in 2019, when regional Queensland had a rate of 5.3 deaths per 100,000 population, while Brisbane had a rate of 5.9 deaths per 100,000 population.[23]

Substance use, including tobacco, alcohol, pharmaceutical and illicit drugs, can result in significant health, social and economic cost. The 2019 Queensland Productivity Commission inquiry into imprisonment and recidivism[24] found that the State's illicit drug policy cost an estimated $500 million to administer each year.

Prevention is a key public health strategy that focuses on initiatives to prevent uptake, delay first use and reduce harm. Research indicates effective prevention can significantly reduce individual, family, and community harm, and is a cost-effective strategy with high return on investment ($18 return for every $1 invested). An Australian New Horizons report has further stated that investment in alcohol and other drugs treatment services has an estimated return of $7 for every $1 invested.[25]

Community and stakeholder feedback

Participants recognised that decreasing levels of opioid prescribing could result in opioid-dependent people suddenly ceasing use without having access to treatment for their dependence, resulting in significant health implications. Introducing measures such as real-time prescription monitoring programs that target the non-medical use of pharmaceutical drugs, aimed at high-risk groups with information regarding support options, were widely supported.

Many participants identified a need for expanded treatment options such as inpatient, outpatient and community-based service rehabilitation and withdrawal-management options, with harm reduction initiatives such as needle and syringe programs considered to be cost-effective measures that reduce harm to individuals and to the community.

There's a strong connection between trauma and substance misuse.

Participant, **community consultations**

A focus on health approach for people who experience harm.

Survey respondent

Harm minimisation, by providing tools, education and services that they can freely access without judgement (i.e. NSP, pill testing, safe injecting rooms).

Survey respondent

A stronger focus on harm reduction and educating the general Queensland population around how harm reduction strategies work.

Survey respondent

What is needed

The consultations supported the need for:

- key agencies and stakeholders to work together across sectors to reduce harm, demand and supply associated with young people's substance use
- options to improve responses to inhalants use, and to address underlying causes of problematic use, particularly for those in contact with the youth justice system
- increased efforts in the harm-reduction pillar that build on existing harm-reduction services and consider additional interventions such as early warning systems and drug-checking services in entertainment settings
- further investigation of initiatives that have demonstrated effectiveness in reducing harm associated with the non-medical use of pharmaceutical drugs, such as opioid substitution programs in correctional centres and real-time prescription monitoring programs
- enhancement of prevention and early intervention initiatives, particularly programs and services that support young people experiencing vulnerability.

Focus area theme

Expanding diversion *to a* health-based therapeutic response

Shifting minds identified the need for additional cross-sectoral consideration of drug policy reform. This commitment was further examined during the phased consultations.

Queensland has fewer police diversionary options than most Australian jurisdictions. Queensland police diversion to treatment applies only to minor cannabis offences. This is despite research that suggests that diversion to health and other therapeutic responses are more effective at addressing underlying factors that influence drug use.[26]

The 2019 Queensland Productivity Commission *Inquiry into imprisonment and recidivism*[27] found that imprisonment rates were rising despite falling crime rates. The increase was attributed primarily to policy and system changes. The report noted that social and economic disadvantage were strongly associated with imprisonment, and with high rates of mental health and child protection issues; and Aboriginal and Torres Strait Islander peoples were overrepresented in the criminal justice system.

The Productivity Commission recognised that imprisonment was expensive, costing about $111,000 per prisoner per year, with current trends suggesting an annual allocation of $3.6 billion would be needed to ensure prison capacity could meet demand in 2025.[28]

Changing attitudes of the 'professionals' is probably the biggest challenge. Often drug and alcohol-related issues arise from stressful situations, but the system is set up in a way that see the drug and alcohol as the core problem but not the underlying cause.

Sending someone to jail for drug-related offences is not the solution and often these people have mental health issues that aren't being addressed.

Online survey respondent

There's certainly a lot of hurdles to diversion... it's easier for police to give a notice to appear.

QPS representative,
community consultations

AOD use commonly occurs in conjunction with complex trauma. This means that incarceration is not a treatment option and will most likely cause further trauma.

Survey respondent

Community and stakeholder feedback

Community and non-government stakeholders across Queensland welcomed the reintroduction and expansion of court diversionary programs, including the reinstatement of the Drug and Alcohol Court. Some participants highlighted a need to consider the criminal justice system in its entirety, from the point of contact with police, through to post-prison release support.

A range of drug reform options were raised by consultation participants including decriminalisation (not legalisation) of illicit drug use and possession, and expanding health options available through the criminal justice system, such as the Drug and Alcohol Court, across Queensland.

Corrections system

The wellbeing of people in prison was raised at several consultation forums, with concerns expressed about appropriate levels of support for people transitioning back into the community. Participants discussed how work to improve prison-based alcohol and other drugs rehabilitation needed to continue but noted that the time of greatest risk for overdose and other harm was at release and in the days and weeks that followed. Participants expressed a clear need to include rehabilitation opportunities in post-release support programs.

System coordination

There was overwhelming support for strengthening systemic responses to improve outcomes at the individual, community and system levels by working across and within existing policy, planning and response frameworks in the areas of justice, child safety, employment, domestic and family violence, housing, disability, education and health.

Participants shared examples of opportunities for the service system to work more effectively. One example is in the area of system coordination where different service systems such as housing, child safety or mental health operate from different understanding of substance use risk and harm compared to the alcohol and other drugs sector. This is particularly evident where different parts of the service system may be working with the same individuals and families, but from very different approaches.

This lack of coordination across the system of care can result in unintended system harm. This can also occur when there are gaps in the service system, or where a full suite of system responses including employment, housing, child and family services, domestic and family violence, and primary health care is not accessible. This is particularly relevant in rural and remote locations. Consultation feedback supported that the gaps between systems could be reduced by enhancing coordination within and across state and national government departments and non-government organisations.

Drug diversion options

A significant number of participants agreed that a policy shift and phased implementation of a health-based therapeutic response for people experiencing problematic alcohol and other drugs use, including addiction, would enable law enforcement to refocus from policing small possession offences towards disrupting supply, and reducing the availability of illicit substances. It was noted that existing diversion options for cannabis were underutilised and that the administration of diversion could be simplified.

There was also broader support for equipping police to divert people facing minor possession and use offences to a health-based therapeutic response; making it easier to access health-based options for people experiencing problematic alcohol and other drugs use; and providing support for individuals involved in the criminal justice system.

Participants expressed the need to improve youth engagement responses for young people at-risk, including the expansion of options for trauma-informed and evidence-based treatment and support, particularly for young people and their families and carers, and Aboriginal and Torres Strait Islander peoples.

A written submission from the Queensland Aboriginal and Islander Health Service (QAIHC) focused on key solutions and recommendations to address the unique needs of Aboriginal and Torres Strait Islander peoples. This included implementing the Queensland Productivity Commission *Inquiry into imprisonment and recidivism*[29] recommendations to enhance systems to facilitate greater diversion from the criminal justice system into community-led interventions.

Submissions from the Queensland Network of Alcohol and Other Drug Agencies (QNADA) and members of the Queensland Mental Health and Drug Advisory Council supported the *Options for reform* consultation paper,[30] acknowledging that diversion was more cost-effective than criminal justice processes alone and would lead to reduced recidivism and improved rehabilitation outcomes. It was also noted that expanding police diversion would facilitate alcohol and other drugs demand and harm reduction.

Legislation changes are needed to ensure a person who is in possession of a drug is not labelled a criminal and is instead provided with support to find out why they use substances and are provided with access to appropriate treatment for their circumstances.

Survey respondent

Drug use and government policy should no longer be viewed primarily through a law enforcement prism.

Survey respondent

Possession of small amounts of illicit substances for personal use shouldn't be dealt with criminally but as a health issue to help break dependence.

Survey respondent

What is needed

The consultations supported the need for:

- broader diversion options to encompass people facing minor charges for possession of any illicit substance to a therapeutic and/or health-based response
- diversionary models and programs to take a cross-sectoral approach, considering the needs of children and young people, families and people who have experienced trauma
- expanding proven community-based models and programs that facilitate diversion to community-led interventions and
  - reduce involvement with the criminal justice system by diverting possession charges to a health response
  - develop the range and availability of health and social support responses to help people in contact with the criminal justice system
- increasing the proportion of therapeutic and/or social support responses and reducing criminal justice responses for people with problematic alcohol and other drugs use by implementing the following priority actions:
  - ensuring police are supported and equipped to implement diversionary options
  - increasing the availability of therapeutic responses across the service system, including in housing and domestic and family violence services
  - expanding the range of health-based diversion options
  - supporting people who come into contact with the criminal justice system with holistic and coordinated intervention starting at the point of contact with the system.

Next steps

The views expressed throughout this extensive consultation process have helped to inform the development of a renewed approach to alcohol and other drugs for Queensland.

The renewed approach has been developed to align with key state and national reforms that include the *National Drug Strategy 2017–2026* (the *National Drug Strategy*) and its associated sub-plans.

The new approach also complements and aligns with the Queensland Government's objectives for the community outlined in *Unite & Recover: Queensland's Economic Recovery Plan*, particularly in the areas of safeguarding health, investing in skills, and backing frontline services.

To implement the Queensland alcohol and other drugs plan, the Queensland Government will continue to progress a coordinated cross-sectoral response to support enhanced evidence based contemporary continuum of alcohol and other drug initiatives and services.

Appendix 1

Our consultation process

Work to renew Queensland's approach to alcohol and other drugs use started in July 2019 and extended over three phases.

The consultations involved a diverse range of participants, including representatives from local and regional primary health networks, Queensland Government agencies, Queensland Health (clinical and policy areas), the Queensland alcohol and other drugs sector, the Queensland Mental Health and Drug Advisory Council, Aboriginal and Torres Strait Islander policy and service delivery organisations, people with lived experience, families, carers and supporters, service providers, researchers and community members.

Phase One

(approach and who we heard from)

The first phase of the consultations sought government, non-government and community stakeholder views on existing and emerging alcohol and other drugs issues, including determining best practice, examining the available evidence, identifying gaps in service provision, establishing opportunities for improved system coordination and outlining drug policy reform options.

Phase one consultations included a roundtable discussion and a series of facilitated conversations with government, non-government, and community participants across Queensland, seeking their diverse perspectives on the issues and priorities for a renewed alcohol and other drugs plan.

Roundtable discussion

An initial stakeholder roundtable was held in July 2019, involving key government, non-government and community network representatives who discussed current and emerging whole-of-government reform directions and priorities to reduce harm arising from the problematic use of alcohol and other drugs.

The outcomes from the discussions were considered as part of an initial consultation process, and the findings were used to help identify local regional issues and understand work in progress and potential alignment with the emerging alcohol and other drugs reform agenda.

Facilitated conversations

The first consultation phase included 42 facilitated conversations and workshops. This phase included targeted conversations with the Queensland Mental Health and Drug Advisory Council and three with the Queensland Alcohol and Other Drug Key Consultation Group.

The Alcohol and Other Drug Key Consultation Group worked with the Commission throughout the development of the renewed alcohol and other drugs plan. The group comprised a range of government departments including child safety, youth justice, education, corrections, health and police, in addition to two non-government peak bodies—the Queensland Network for Alcohol and Other Drug Agencies (QNADA) and the Queensland Aboriginal and Islander Health Council (QAIHC). QAIHC also provided specific advice regarding statewide consultations in regional and remote Aboriginal and Torres Strait Islander communities, including advice for alternative consultation options due to restrictions resulting from the COVID-19 pandemic.

The Queensland Multicultural Reference group provided advice on approach for consulting with Queensland's culturally and linguistically diverse communities. The group recommended a community-led approach supported by multicultural community leaders in South East Queensland. These consultations were targeted at three subgroups (male, female and youth community leaders) and were co-hosted in partnership with the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT).

Members of the Queensland Family and Child Commission Youth Advisory Council also participated in a dedicated workshop to elicit youth perspectives.

Throughout 2019 and 2020, the Commission held conversations with:

- alcohol and other drugs peer workers
- people participating in alcohol and other drug treatment services and their family and support people
- people who had previously experienced problematic use and their families
- people who had never accessed the treatment system
- people who used drugs but did not identify with experiencing problems.

Several themes and strategic priorities emerged from this first phase of consultation, with strong synergy between the emerging priorities and the evidence-base in the alcohol and other drugs area.

The consultation themes identified during this phase included:

- strengthening prevention and early intervention
- enhancing treatment and support systems
- reducing involvement with the criminal justice system
- reducing stigma and discrimination
- reducing alcohol and other drugs-related harm, with a focus on alcohol-related harm.

Phase Two

(approach and who we heard from)

A series of 10 consultation papers were released in December 2020 to broaden the consultation process to the general community. The consultation papers were accompanied by an anonymous online community survey and a call for written submissions from selected stakeholders.

Consultation papers

The consultation papers were designed to publish and explore the evidence base, increase community knowledge of the key issues, and seek community views on alcohol and other drugs issues, opportunities and potential responses.

The consultation paper topics were based on the themes that emerged from the first consultation phase and were written by subject-matter experts and provided the evidence on each topic in an accessible format.

The consultation papers were based on the following topics:

- **Impact of the COVID-19 pandemic on alcohol patterns of use and drug use trends**—examined trends during the COVID-19 shutdown, with a focus on the spectrum of harm and vulnerability across the general population, those at risk of problematic use, and those who were existing clients in the alcohol and other drugs treatment system.
- **Addressing alcohol and other drugs stigma and discrimination**—explored stigma and opportunities for reform.
- **Alcohol and other drug prevention**—focused on the evidence-base for prevention and early intervention.
- **Alcohol-related harm in Queensland**—identified evidence-based opportunities to reduce alcohol-related harm.
- **Alcohol and other drug harm minimisation**—articulated the evidence around 'balancing the system' across the three pillars of Australia's harm minimisation approach.
- **Alcohol and other drug workforce in Queensland**—considered workforce capacity and capability, including opportunities to enhance the peer workforce and sector growth and sustainability.
- **Integrated responses for vulnerable young people**—examined factors that could increase the likelihood of young people experiencing vulnerability, such as associations between childhood trauma, harmful alcohol and other drugs use, offending behaviour and disengagement from education.
- **Social and emotional wellbeing (SEWB)**—examined research and cultural wisdom for strengthening Aboriginal and Torres Strait Islander cultural protective factors and overcoming barriers to social and emotional wellbeing.
- **Social and Cultural Determinants of Health**—looked at Aboriginal and Torres Strait Islander cultural determinants of health from a strength-based perspective.
- **Alcohol and other drug law reform**—summarised the evidence and reform suggestions presented in the full suite of consultation papers.

Online community survey

An online survey was launched to coincide with the release of the consultation papers. The survey, open to all members of the public, was completed by 259 respondents from government, non-government, and community organisations and members from the public, including people with a lived experience of problematic alcohol and other drugs use, and families and carers. A summary of survey responses is provided in Appendix 2.

The survey sought views on:

- **Balancing the system**—the implementation of harm minimisation across the pillars of demand, supply and harm reduction.
- **Reducing involvement with the criminal justice system**—through diversion to health and therapeutic responses.
- **Addressing the alcohol and other drugs and generalist workforce**—mechanisms to enable and sustain a culturally competent and skilled alcohol and other drugs specialist workforce.
- **Addressing the prevention gap**—through literacy, awareness and education.
- **Harm associated with stigma and discrimination**—identifying effective strategies to reduce alcohol and other drug related stigma and discrimination.
- **Improving responses to underlying drivers of vulnerability**—such as trauma, adverse childhood experiences and social determinants of health.
- **Reducing drug-related harm**—working together to prevent alcohol and other drug harm in Queensland communities.
- **Reducing alcohol-related harm**—initiatives to specifically target alcohol-related harm.
- **System coordination**—through alcohol and other drugs data collection and coordination; information sharing; coordination of agency responses across the system, for example coordination between Corrections, Child Safety and Youth Justice with alcohol and other drug agencies; and the adverse effects and unintended outcomes of existing policies.

Survey respondents

6.2% identified as **service users**

34% worked in the **alcohol and other drugs sector**

10.9% were **family members or support people**

38% worked in the **mental health sector**

7% **rural and remote**

33% **regional**

60% **south east**

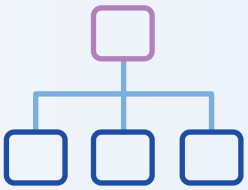
Survey respondents

3.5% Aboriginal

6.6% LGBTIQA+

2.8% culturally and linguistically diverse

3.1% youth (under 25 years)



33% non-government organisations

3.5% peak bodies

20% community/ community organisations

26% made up from local, state and federal government

Written submissions

In response to the series of online consultation papers and to facilitate in-depth feedback, written submissions were invited from targeted organisations that supported service funding and/or service delivery, people with a lived experience of using services, people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander peoples living in Queensland. Written submissions were received from the following agencies:

1. Queensland Network of Alcohol and Other Drug Agencies (QNADA)
2. Northern Queensland Primary Health Network
3. Drug Free Australia
4. Australian Medical Association – Queensland
5. Queensland Mental Health and Drug Advisory Council
6. Queensland Aboriginal and Islander Health Council (QAIHC)
7. Department of Transport and Main Roads
8. Office of Liquor, Gaming and Fair Trading
9. Queensland Coalition for Action on Alcohol
10. Brisbane North, Brisbane South, and Western Queensland Primary Health Networks (combined response).

Promotion

The consultation papers, online survey, and submissions were promoted widely through the Commission's eNews, website and social media platforms to promote engagement with the non-government sectors and the community.

Phase Three

(approach and who we heard from)

In phase three, the Commission coordinated a statewide forum (in person and via webinar) and four face-to-face community conversations in regional communities, addressed by the Commissioner.

Community	Date	Participants
Statewide forum	25 February 2021	367 (317 online and 50 in person)
Gladstone community conversation	1 March 2021	14
Caboolture community conversation	3 March 2021	14
Roma community conversation	4 March 2021	20
Cairns community conversation	8 March 2021	20

Statewide forum and community conversations (focus and approach)

The forum and community conversations were facilitated by the Commissioner. Conversations focused on outlining the evidence and drivers for reform, the proposed priorities for a renewed alcohol and other drugs plan, alcohol and other drugs prevention, Aboriginal and Torres Strait Islander culturally appropriate approaches, and Queensland Government prioritisation across the three pillars of harm reduction, supply reduction and demand reduction. The consultation forums were promoted widely through the Commission's eNews, website and social media platforms to promote engagement with the non-government sectors and the community.

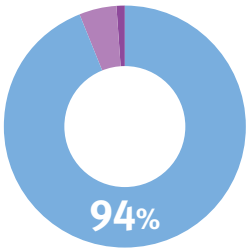
The key themes that emerged through the community consultations included:

- Early intervention and prevention programs
- Diversion to a health response
- Alcohol and other drugs service system models
- Alcohol education, advertising and cultural change
- Treatment programs and services in the alcohol and other drugs sector
- Workforce issues
- Systemic responses to alcohol and other drugs harm minimisation

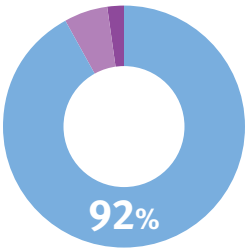
Appendix 2

Summary of survey responses

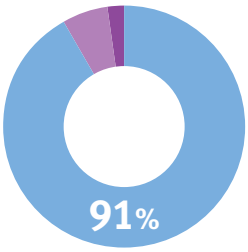
The survey was open to the Queensland community for approximately three months, achieving a sample size of 260 people.



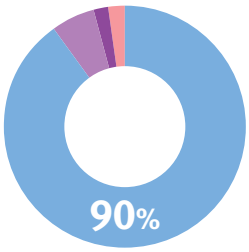
Ensuring frontline workers (child protection, health, corrections and youth justice) can appropriately respond to people who use alcohol and other drugs



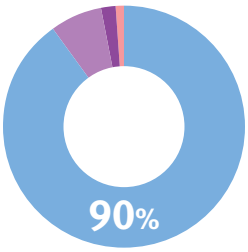
Reducing injury and harm due to alcohol use



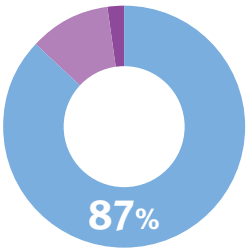
Preventing alcohol and other drug harm for all Queenslanders and communities



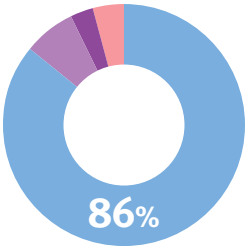
Building a strong specialist alcohol and other drugs workforce to meet the needs of all community members, including vulnerable young people, those who identify as Aboriginal and Torres Strait Islander and those from culturally and linguistically diverse backgrounds



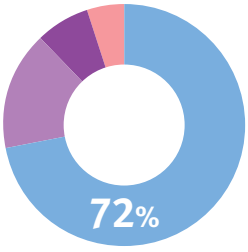
Focusing on vulnerable young people



Improving balance in harm minimisation across demand, supply and harm reduction strategies



Reducing involvement with the criminal justice system through health and therapeutic response programs



Reducing stigma and discrimination related to alcohol and other drug use

Appendix 3

Terminology

Decriminalisation: the reduction or removal of criminal penalties for the use and possession of illicit drugs by law or by practice. Decriminalisation is reducing criminal penalties to civil or administrative penalties, whereby legalisation is the removal of all penalties.

In *de jure* decriminalisation models, personal possession and use remain unlawful, but are not criminal. In de facto decriminalisation models, personal possession and use remain criminal but may be addressed with alternative sanctions for offenders who are drug dependent or have committed minor crimes.[31]

Family/Families: can include biological family as well as people in supporting, kinship and caring roles

Generalist workforce: not funded to provide alcohol and other drugs services.

Harm minimisation: harm minimisation refers to policies and programs that are aimed at reducing drug-related harm, which includes preventing anticipated harm and reducing actual harm. Harm minimisation, the primary principle that underpins the *National Drug Strategy*, can be categorised into three areas:

- **Harm reduction**—reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.
- **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.
- **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.[32]

Harm reduction strategies: strategies designed to reduce the impacts of alcohol and other drug-related harm on individuals and communities. Harm minimisation considers the health, social and economic consequences of AOD use on both the individual and the community as a whole.

Harm reduction does not condone illegal risk behaviours such as injecting drug use, rather, it acknowledges that these behaviours occur and therefore, there is a responsibility to develop and implement public health measures designed to reduce the harm that such behaviours can cause.

Illicit drug: a drug whose production, sale, possession or use is prohibited by law.

Lived experience: a person is considered to have a lived experience if they have a direct personal experience of problematic AOD use, or are a family member, carer or support person, and have regularly provided unpaid care or support or a person living with problematic alcohol and other drug use.

Problematic alcohol and other drug (AOD) use: any use of alcohol or other drugs that leads to immediate or long-term harm.

Recovery-oriented approach (AOD context): people with a lived experience can identify and achieve goals that are meaningful to them, which may include safer using practices, reduced use or abstinence. For many people, recovery describes a holistic approach that offers greater opportunity for positive engagement with families, friends and communities.

Trauma-informed care: where services and interventions are organised and responsive to the impact of trauma. It emphasises the physical, psychological and emotional safety for people who require support, their families, carers and service providers.[33]

LGBTIQA+: is an evolving acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual.

References

1. Lee N. Consultation paper: Alcohol and other drug harm minimisation. Brisbane: Queensland Mental Health Commission; 2020.
2. Carlyle M, Leung J, JuckeL J et al. Consultation paper: Impact of the COVID-19 pandemic on alcohol and drug use. Brisbane: Queensland Mental Health Commission; 2020.
3. Guerin N, White V. ASSAD 2017 Statistics & Trends: Trends in Substance Use Among Australian Secondary Students. Second Edition. Victoria: Cancer Council Victoria; 2020.
4. Gardner L, Smout S, Teesson M et al. Consultation paper: Prevention of alcohol and other drug use and harm. Brisbane: Queensland Mental Health Commission; 2020.
5. Edwards P. Consultation paper: Integrated responses for vulnerable young people. Brisbane: Queensland Mental Health Commission; 2020.
6. Room R, Rehm J, Trotter R et al. Cross-cultural views on stigma valuation parity and societal attitudes towards disability; 2001.
7. Mason C, Dawson D. Consultation paper: Experiences of stigma and discrimination. Brisbane: Queensland Mental Health Commission; 2020.
8. Queensland Network of Alcohol and Other Drug Agencies. Consultation paper: Creating, sustaining and supporting the Alcohol and Other Drugs workforce. Brisbane: Queensland Mental Health Commission; 2020.
9. Queensland Network of Alcohol and Other Drug Agencies. Effective Responses to Drug Use. Brisbane: Queensland: 2019.
10. Queensland Alcohol and Other Drugs Sector Network. Queensland Alcohol and Other Drug Treatment Service Delivery Framework. Brisbane: Queensland Network of Alcohol and Other Drug Agencies; 2015.
11. Ritter A, Berends L, Chalmers J et al. New Horizons: The review of alcohol and other drug treatment services in Australia. Sydney: Drug Policy Modelling Program; 2014.
12. Ritter A, Chalmers J, Gomez M. Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model. J Stud Alcohol Drugs Suppl. 2019 Jan;Sup 18:42-50.
13. Weatherall T, Conigrave J, Conigrave K et al. Prevalence and correlates of alcohol dependence in an Australian Aboriginal and Torres Strait Islander representative sample: Using the Grog Survey App. Drug and Alcohol Review; 2021.
14 Bond C, Mukandi B, Kajlich H. Consultation paper: Social and cultural determinants of health. Brisbane: Queensland Mental Health Commission; 2020.
15. Queensland Aboriginal and Islander Health Council. Consultation paper: Social and emotional wellbeing (SEWB). Brisbane: Queensland Mental Health Commission; 2020.
16. Guerin, N White, V. ASSAD 2017 Statistics & Trends: Trends in Substance Use Among Australian Secondary Students. Second Edition. Victoria: Cancer Council Victoria; 2020.
17. Hallam K, Davis C, Landmann et al. ThYNC-Q The Youth Needs Census – Queensland Needs and Characteristics of Young People in Youth Alcohol and Other Drug Treatment in 2017. Brisbane: Dovetail; 2019.
18. Australian Institute of Health and Welfare. National Drug Strategy Household Survey. Canberra: AIWH; 2020.
19. Livingston M, Miller M, Kuntsche E et al. Consultation paper: Reducing alcohol related harm in Queensland – future opportunities. Brisbane: Queensland Mental Health Commission; 2020.
20. Queensland Health. The health of Queenslanders 2020: Report of the Chief Health Officer Queensland Government. Brisbane; 2020.
21. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Canberra: Australian Institute of Health and Welfare; 2020.
22. Puljevic C, Cook S, Barratt M et al. The demographic profiles, patterns of drug use, drug-related harm and help-seeking behaviours of festival and nightclub attendees in Queensland. Brisbane: The University of Queensland; 2020.
23. Penington Institute. Australia's Annual Overdose Report 2021. Melbourne: Penington Institute; 2021.
24. Queensland Productivity Commission. Inquiry into Imprisonment and Recidivism. Brisbane: QPC; 2019.
25. Ritter A, Berends L, Chalmers J et al. New Horizons: The review of alcohol and other drug treatment services in Australia. Sydney: Drug Policy Modelling Program; 2014.
26. Hughes C, Seear K, Ritter A, et al. Monograph No 27: Criminal justice responses relating to personal use and possession of illicit drugs: The reach of Australian drug diversion programs and barriers and facilitators to expansion. Drug Policy Modelling Program Monograph Series. Sydney: National Drug and Alcohol Research Centre UNSW; 2019.
27. Queensland Productivity Commission. Inquiry into Imprisonment and Recidivism. Brisbane: QPC; 2019.
28. Queensland Productivity Commission. Inquiry into Imprisonment and Recidivism. Brisbane: QPC; 2019.
29. Queensland Productivity Commission. Inquiry into Imprisonment and Recidivism. Brisbane: QPC; 2019.
30. Ritter A. Consultation paper: Options for Reform. Brisbane: Queensland Mental Health Commission; 2020.
31. Hughes C, Ritter A, Chalmers J et al. Decriminalisation of drug use and possession in Australia – A briefing note. Sydney: Drug Policy Modelling Program; 2016.
32. Australian Institute of Health and Welfare. *National Drug Strategy 2017–2026*. Canberra: AIHW; 2017.
33. *Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018–2023*. Brisbane: Queensland Mental Health Commission; 2018.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