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RACP Submission

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

October 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 30,000 medical specialists and trainee specialists from 33 different specialties across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including addiction medicine, public health medicine, clinical pharmacology and paediatrics and child health medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

RACP Submission to the Parliamentary Inquiry into the health impacts of alcohol and other drugs in Australia

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide a submission to the Australian Parliament's House Standing Committee on Health, Aged Care and Sport's *Inquiry into the health impacts of alcohol and other drugs in Australia*.

We note the Terms of Reference for this inquiry are:

a) Assess whether current services across the alcohol and other drugs sector are delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;
b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services;
c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia; and
d) Draw on domestic and international policy experiences and best practice, where appropriate.

This submission stresses the crucial importance of prioritising a health approach to alcohol and other drug use to effectively reduce harms for those who use drugs, their families and the broader community. It focuses mostly on the first two Terms of Reference which reflect the expertise of our members.

It has been led by the RACP's Australasian Chapter of Addiction Medicine (AChAM) in consultation with relevant committees and affiliated specialty societies. The AChAM[1] plays an important role in shaping public policy in the areas of health protection, prevention and health promotion for improved public and population health outcomes.

Key points:

- Alcohol and illicit drug use is common in Australia: almost 1 in 2 people (47%) living in Australia have used an illicit drug in their lifetime, 18% had used an illicit drug in the last 12 months and around 1 in 3 people in Australia (31%) drank alcohol in ways that put their health at risk.[2] Smoking tobacco remains common among First Nations peoples, with 43.4% current smokers, while 15.1% of non-Indigenous Australians smoke.[3]
- Both users and non-users can be harmed by alcohol, tobacco and drug use. Illicit drug use contributed to 2.7% of the total burden of disease in Australia in 2015 and alcohol was responsible for 4.5% of the total burden of disease in the same year. [3] Tobacco continues to be the leading risk factor contributing to death and disease in Australia accounting for 9.3% of the total burden of disease and injury. [3] In contrast, in 2012/13 expenditure for alcohol and other drug treatment comprised 0.8% of total healthcare funding.[4]
- Substance use disorder is a complex health issue affecting about 1/5 of Australians at some time in their lifetime. The underlying causes of substance use disorder can be linked to environmental factors and early adverse life experiences such as trauma, abuse, an unstable childhood or home environment, family substance use and attitudes, and peer and commercial influence, and also to biological risk factors including genetics, being male, and having concurrent mental health disorders.[5] Other social determinants that impact on a person's substance use and dependence include their socio-economic status, housing status and security, and education.
- Australia's *National Drug Strategy 2017-2026 (NDS)*[6] prioritises three broad approaches to achieve its goal of "building safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities": demand reduction, harm reduction and supply reduction. However, funding across these three pillars is uneven with

less than 2% of the total budget allocated to addressing the use of illicit drugs spent on harm reduction, about a third (27.4%) spent on treatment and 64.3% spent on law enforcement.

Recommendations:

The RACP calls on the Federal, State and Territory Governments to:

- Rebalance the mix of demand, supply and harm reduction approaches and associated government funding and move away from the dominant paradigm of criminality to effectively address the health impacts of alcohol and other drugs, on individuals and society more broadly.
- Address unmet demand for alcohol and other drug treatment services by providing sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment and resourcing of a wide range of interventions from hospital consultation liaison and hospital withdrawal to community-based services including assessment, counselling, medication assisted treatment, day care, residential treatment and harm reduction services.
- Combine investment in alcohol and other drug treatment services with real and persistent efforts to reduce disadvantage and inequities within society, including a greater commitment by governments at all levels to support Aboriginal and Torres Strait Islander self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health.
- Prioritise evidence-based harm reduction measures to reduce the health, social and economic impacts of the use of drugs for individuals, their families and the broader community by improving access to:
    - medication treatment for opioid and alcohol dependence with a particular focus on addressing ongoing significant issues around the sustainability of opioid agonist treatment providers and greater emphasis on improving provision in custodial settings.
    - provision and training to use take-home naloxone with a particular focus on people who use prescribed opioids usually in the context of pain management, at-risk individuals on release from all detoxification and alcohol and other drug rehabilitation services and custodial settings and people who use stimulants given recent overdoses from nitazenes.
    - needle syringe programs including in custodial settings.
    - fixed and mobile drug checking services through trials and evaluations.
    - medically supervised injecting centres in areas of need to reduce overdose deaths and increase links to treatment and support services.
- Address the harmful role of alcohol on children, young people, families and society by implementing stronger evidence-based regulations including:
    - the introduction of volumetric taxation for all alcoholic beverages and the direction of revenue from such taxation towards preventative health activities
    - the introduction of a minimum floor price for alcohol
    - more restricted trading hours for both licensed establishments and off-license liquor sales premises with a common set of restricted conditions to be implemented across all Australian jurisdictions
    - inclusion of density of existing alcohol trading outlets as a key consideration in the decision-making process by local governments for approving or denying an application for a new alcohol outlet
    - changes to allow local governments the ability to more flexibly customise alcohol licensing conditions, including by declaring ‘dry’ areas where appropriate
    - the introduction of a single national advertising code covering content and placement with statutory penalties for breach and an end to alcohol sponsorship of sporting events.
    - enhanced levels of joint investments by Commonwealth and State/Territory governments in alcohol treatment services, including in measures to enhance GP engagement in the alcohol treatment system.
    - implementation and evaluation of new approaches to deter drinking and driving and other alcohol related anti-social behaviours particularly through use of ignition interlock systems.

- Enable all children in Australia to have access to a multidisciplinary development service with capacity for the diagnosis of a broad range of neurodevelopmental conditions, including, but not focussed primarily on National Fetal Alcohol Spectrum Disorder (FASD). Governments at all levels must prioritise timely identification and intervention in developmental difficulties.

Alcohol and illicit drug use is common in Australia

According to the latest National Drug Strategy Household Survey (NDSHS) published in 2024, almost 1 in 2 people (47%) living in Australia have used an illicit drug in their lifetime, 18% had used an illicit drug in the last 12 months and around 1 in 3 people in Australia (31%) drank alcohol in ways that put their health at risk.[2] Smoking tobacco remains common among First Nations peoples, with 43.4% current smokers, while 15.1% of non-Indigenous Australians smoke.[3]

Both users and non-users can be harmed by alcohol, tobacco and drug use. Illicit drug use contributed to 2.7% of the total burden of disease in Australia in 2015 and alcohol was responsible for 4.5% of the total burden of disease in the same year. [3] Comparatively, tobacco continued to be the leading risk factor contributing to death and disease in Australia accounting for 9.3% of the total burden of disease and injury. [3] In contrast, in 2012/13 expenditure for alcohol and other drug treatment comprised 0.8% of total healthcare funding.[4]

As outlined in the recently published *Review of alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples* conducted, alcohol and other drug use remain among the top factors contributing to the burden of disease for Aboriginal and Torres Strait Islander peoples and "the ongoing impacts from colonisation and differences in the social determinants of health place Aboriginal and Torres Strait Islander Australians at increased risk of harms from AOD use when compared to non-Indigenous Australians". [7] However, measures to reduce substance use and related harms for Aboriginal and Torres Strait Islander are not currently addressed or prioritised in key strategies including the National Agreement on Closing the Gap.[8]

It is important to stress that although all drug and alcohol use brings potential for harm or risk and can reinforce maladaptive behavioural patterns, not all drug use will become problematic or cause health harms.

Substance use disorder is a complex health issue affecting about 1/5 of Australians at some time in their lifetime

According to the latest *Australian Bureau of Statistics (NBS) National Study of mental health and wellbeing*, 19.6% (3.9 million people) of people living in Australia had experienced a substance use disorder at some time in their life.[9]

Substance use disorder is a health issue with complex biological, psychological and social underpinnings. In its more severe forms, it is a chronic relapsing, remitting disorder characterised by drug seeking and use that is compulsive, difficult to control and persists despite harmful consequences.[10]

The diagnostic term 'substance use disorder' in the latest Diagnostic and Statistical Manual of Mental Disorders (DSM-5) refers to recurrent use of alcohol or other drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorder is defined as mild, moderate, or severe.

The underlying causes of substance use disorder can be linked to environmental factors and early adverse life experiences such as trauma, abuse, an unstable childhood or home environment, family substance use and attitudes, and peer and commercial influence, and also to biological risk factors including genetics, being male, and having concurrent mental health disorders.[5] Other social

determinants that impact on a person's substance use and dependence include their socio-economic status, housing status and security, unemployment and education.

Substance use disorder is a complex condition influenced by social and environmental and biological factors, not a personal choice. Repeated drug or alcohol use leads to changes to the brain that challenge a person's self-control and interferes with their ability to resist intense urges to take drugs.[11]

Substance use disorder in many people may reflect an inability to cope with the damage caused by early life trauma. Our first responsibility as a society is to identify people who have suffered such trauma and provide them with the support they need to reduce their suffering and, as much as is possible, recover for their own benefit as well as those of the broader community.

There are significant economic costs associated with the harmful use of alcohol and other drugs

The significant economic costs associated with the harmful use of alcohol and other drugs include household expenditure, decreased productivity, social, healthcare and law enforcement costs.

According to the latest report from The George Institute for Global Health on the social and economic costs of alcohol, tobacco and drug use in Australia, the total social and economic costs of tobacco, opioids, cannabis, methamphetamine, and alcohol use was $251.7 billion in 2021/22 with the cost of illicit drugs (opioids, methamphetamines and cannabis) amounting to 11.2% of that total cost ($29.7 billion), alcohol use to 28.4% ($74.9 billion) and tobacco to 60.4% ($159.7 billion).

To effectively address the harms from alcohol and other drug use including the effects of stigma, it is crucial to adopt a public health approach prioritising prevention, harm reduction, treatment, and support over punitive measures.

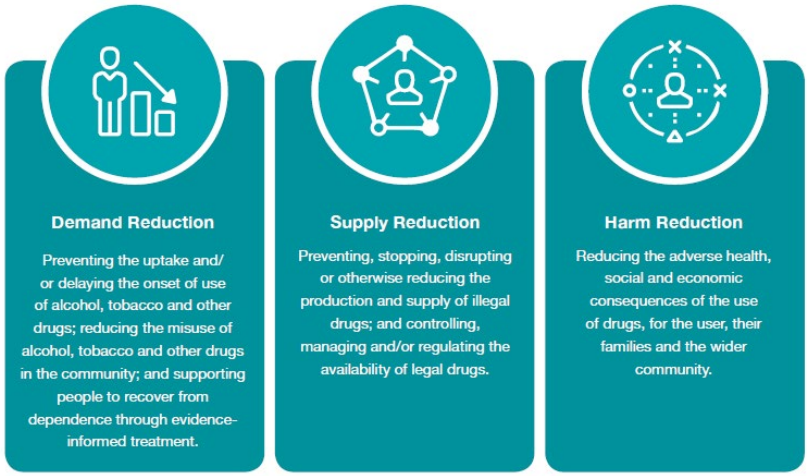
Government funding needs to be re-balanced to prioritise prevention, harm reduction and treatment for alcohol and other drug use

Australia's *National Drug Strategy 2017-2026 (NDS)*[6] aims to "build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities".

With almost half the population having used illicit substances, 1/3 using alcohol in harmful ways and close to half of First Nations Australians smoking tobacco, it is clear that there is not the capacity to manage substance use as a clinical disorder to the scale needed, so prevention is essential in addition to adequate investment in treatment services and harm reduction interventions. Harm reduction and prevention programs for adolescents and young adults offer a triple dividend and the evidence of multiplied benefits over time: short-term, long-term prevention and education/changed behaviour for the next generation (i.e. parental education). Governments need to collect robust national data collection to measure outcomes and results of prevention programs at different levels of health care.

The NDS prioritises three broad approaches to achieve its goal: demand reduction, harm reduction and supply reduction as shown in the figure below.[6]

Figure 1 - Australian National Drug Strategy 2017-2026's three pillars of harm minimisation[6]



However, funding across these three pillars is uneven with recent estimates showing that less than 2% (1.6%) of the total budget allocated to addressing the use of illicit drugs was spent on harm reduction in Australia, despite clear robust evidence of effectiveness and cost effectiveness.[12] About a third of the budget (27.4%) was spent on treatment which has proven benefits[13] and 64.3% was spent on law enforcement. This is in a context where the total budget spent on addressing the use of illicit drugs was less than 1% of total Commonwealth and State and Territory government expenditure, representing a spend of $209.61 per person. [12]

The RACP strongly supports and advocates for governments at all levels to rebalance the mix of demand, supply and harm reduction approaches and associated government funding to effectively address the health impacts of alcohol and other drugs on individuals and society more broadly.

This requires governments moving away from the dominant paradigm of criminality as the means to deal with individuals who use drugs as it further entrenches and exacerbates the social disadvantage that often leads to alcohol and other drug use in the first place. This is of particular concern given the overall harm of alcohol and tobacco which are greater than for illicit substances, together with non-prescription use of opioids.[14]

Governments need to adopt an increased focus on health and wellbeing to improve outcomes for individuals and communities. This means prioritising effective regulation and treatment responses paired with investment in evidence-based prevention and treatment measures including trauma-informed care and balancing funding between the three approaches prioritised in the NDS to ensure that harm reduction, prevention and treatment are adequately resourced. It also requires acknowledging the role of the social determinants of health and the need for intersectoral, whole of government responses to improving equitable access to safe/affordable housing and environments, education and employment opportunities which ultimately feeds into the demand reduction pillar of the NDS.

Unmet demand for alcohol and other drug treatment (AOD) services is significant. Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with their use of alcohol and other drugs

There is currently significant unmet demand for alcohol and other drug treatment (AOD) services in Australia including very few AOD treatment services for adolescents and young adults.

Most recent estimates from 2019 showed that the demand for treatment varied between a low of 411,740 people and a high of 755,557 people compared with approximately 200,000 to 230,000 people currently in treatment representing a met demand of between 26.8% and 56.4%.[4] This reflects the

urgency and need to prioritise measures that prevent substance use disorders, particularly with respect to alcohol.

An under-resourced system results in people not presenting for treatment when they need help.

People living in regional, rural and remote areas of Australia face additional barriers to accessing health services in general, and drug rehabilitation services and treatment are no exception. These barriers include limited access to general health services and alcohol and drug treatment options; relative scarcity of services and a limited range of services available; distance and isolation which impacts on client access and to the times and costs involved in outreach service delivery; poor public transport; concerns about confidentiality and stigma and a relative lack of anonymity.

Aboriginal and Torres Strait Islander people also face additional challenges when accessing treatment. Some of these challenges can be addressed by "creating partnerships between community-controlled and mainstream health services; long-term, reliable funding and employing appropriate clinical and other staff."[7] Mainstream treatment approaches can also be adapted to be more culturally secure by "planning and tailoring services in partnership with communities to meet local needs; employing, listening to, and supporting Aboriginal and Torres Strait Islander staff across services; providing a friendly and flexible approach that allows time for yarning; building trust and engagement and providing holistic treatment that values connecting to Country, culture, family and kin."[7] In addition, culturally safe services need to acknowledge the impact of historic and contemporary factors including Australia's history of dispossession, marginalisation, intergenerational trauma, disconnection from culture, racism and the impact of government policies since colonisation as these factors contribute to higher levels of harm from AOD use amongst Aboriginal and Torres Strait Islander people who use substances.

Other priority populations who face significant challenges in accessing under resourced treatment services and are more prone to experiencing disproportionate harms (both direct and indirect) from alcohol and other drug use include women, young people, older people, homeless people, culturally and linguistically diverse communities, sex workers, those living with mental health conditions and people identifying as lesbian, gay, bisexual, trans, intersex, queer (LGBTIQ+).

Addressing substance use disorders and related problems requires sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment and resourcing of a wide range of interventions from hospital consultation liaison[15] and hospital withdrawal, to community-based services including assessment, counselling, medication assisted treatment, day care, residential treatment and harm reduction services. This needs to be combined with real and persistent efforts to reduce disadvantage and inequities within society and needs to include a greater commitment by governments at all levels to support Aboriginal and Torres Strait Islander self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health.

Evidence-based harm reduction measures need to be prioritised to reduce the health, social and economic impacts of the use of drugs for individuals, their families and the broader community

The RACP strongly supports and advocates for governments to implement the following evidence-based harm reduction measures:

- **Improved access to medication treatment for opioid dependence**[16] - Opioid dependence treatment with methadone or buprenorphine is highly effective and associated with significant benefits. As outlined in the Australian Government's *National guidelines for medication-assisted treatment of opioid dependence*,[17] these benefits include reduction in non-prescribed/illicit drug use and retention in treatment; reduction in HCV and HIV transmission; improvements in psychological health and functioning and reduction in criminal activity.

  Last year, we welcomed the Federal Government's decision to improve access to opioid dependency treatment by making these medications available on the Pharmaceutical Benefits Scheme (PBS). This has been life-changing for many people dealing with opioid dependence who prior to this change were paying up to $210 a month to access these medications.

Notwithstanding these significant improvements, governments at all levels need to do more to address ongoing significant issues around the sustainability of treatment providers: declining opioid agonist treatment (OAT) workforce, poor uptake of OAT in other sectors particularly in primary care, the mental health sector, hospitals and pain services alongside poor access to treatment in many rural and remote areas. Strategies are needed to increase uptake in other sectors.

Greater emphasis must be placed upon a range of possible service providers including community / private addiction specialists in delivering OAT, in addition to public health services and primary care. Other sectors that could further support and work with OAT include pain services, pharmacy, mental health, emergency departments and antenatal services.

Governments also need to improve OAT provision in custodial settings. This requires enhancing access to OAT both in prison and supporting retention in treatment post-release to improve health outcomes of people in custodial settings and reduce post-release morbidity and mortality amongst this marginalised population. For this purpose, we recommend governments fully endorse and implement the National Prison Addiction Medicine Network's National Consensus Statement on Opioid Agonist Treatment (OAT) in Custodial Settings [18] which aims to improve quality, consistency, and continuity of OAT for people who are incarcerated in Australia by promoting a nationally coordinated and evidence-based approach to OAT provision and identifying targets against which to monitor progress.

There is also a role for short acting injectable opioids for people who do not respond to the current OAT treatment options in the treatment system.

- **Improved access to medication treatment for alcohol dependence**[19,20] - Access to effective medications for moderate to severe alcohol use disorder, in association with psychological supports, should also be improved as per the latest Guidelines for the Treatment of Alcohol Problems published in 2021.[19]

- **Widespread provision and training to use take-home naloxone** – Naloxone is a drug that can rapidly reverse opioid overdose. Take-home naloxone (THN) programs involve providing consumers and carers with education on overdose prevention and responses, together with the supply of naloxone to be used by a first responder in the event of a suspected overdose. THN programs have been shown to be one of the most effective strategies to reducing overdose mortality. [21, 22] A recent evaluation of the initial Australian Government THN program conducted by the University of Queensland found that the pilot had saved an estimated three lives each day.[23] In 2022, the RACP welcomed the Federal Government's decision to expand the national THN program.[24]

  In recent years, considerable progress has been made in distributing THN to people with a history of injecting opioid use through community pharmacies, alcohol and other drug services and needle syringe programs. However, access across the country remains variable. Governments at all levels need to focus greater efforts on targeting people and their families using prescribed opioids (usually in the context of pain management) given pharmaceutical opioids were involved in 43.6% of unintentional drug-induced deaths involving opioids in 2022, with 404 deaths.[25]

  THN should be available for at-risk individuals on release from all detoxification and AOD rehabilitation services and custodial settings as this is recognised as an extremely high-risk period for opioid overdose.

  In addition, given overdoses from nitazenes are now being seen in people who use stimulants (including cocaine or methamphetamine). These groups should also be targeted to access naloxone.

- **Increased access to needle syringe programs (NSPs) including in custodial settings** – These harm reduction programs provide clean injecting equipment to people who inject drugs and have been shown to effectively reduce the risk of blood-borne viruses such as HIV,

hepatitis B and C within people who inject drugs, and the broader community.[26,27,28] The RACP supports widespread access to NSPs including in custodial settings.

- **Expansion of trials and evaluations of fixed and mobile drug checking services** – Drug checking services aim to reduce the risk of harm from illegal drugs by providing people who use drugs with chemical analysis results of their drug samples; these services also serve to monitor the unregulated drug market[29] and provide harm reduction information to the person providing the sample.

  The RACP supports the expansion of trials and evaluations of fixed and mobile drug checking services in Australia, tailored to local communities with involvement and oversight of relevant experts including clinical pharmacologists and toxicologists, addiction medicine physicians, public health medicine physicians, as well as input from those with lived/living experience.

- **Establishment of more medically supervised injecting centres in areas of need to reduce overdose deaths and increase links to treatment and support services** – Medically supervised injecting centres are a sanctioned and hygienic place where people can use drugs in a supervised healthcare setting.

  Evidence shows they prevent overdose deaths and public drug use.[30] They also provide an opportunity to offer a wide range of health and social interventions. This includes support to access drug treatment, minimising the risk of injecting-related injury and disease, preventing transmission of blood-borne viruses, diagnosing and treating blood-borne viruses, such as HIV and Hepatitis C, providing crisis counselling and assisting in the assessment and coordination of care for those experiencing significant mental and physical health issues. Importantly, such services target a particularly hard to reach group of marginalised people who inject drugs.

Addressing the harmful role of alcohol on children, young people, families and society through stronger evidence-based regulations

Alcohol is one of the most harmful drugs in Australia when prevalence of use, harm to the user and harm to others are accounted for. Alcohol is a factor in over 30 diseases and injuries including: alcohol use disorders, eight types of cancer, chronic liver disease and 12 types of injuries including road traffic injuries, suicide and self-inflicted injuries).[31]

The relationship between alcohol misuse, interpersonal violence and risk-taking behaviour is also well established.[31] The recently released report commissioned by the Australian Government, *Unlocking the Prevention Potential: accelerating action to end domestic, family and sexual violence*,[32] acknowledges the key role alcohol plays in domestic, family and sexual violence. Data from the Australian Institute of Health and Welfare shows that in 2021–22, alcohol was involved (consumed by the respondent and/or other person) in around 1 in 3 (34%) incidents of intimate partner violence and 29% of family violence incidents and over 1 in 5 (22%) hospitalisations due to assault by a spouse, domestic partner or family member in 2019–20 involved consumption of alcohol by the person who was hospitalised.[33]

In addition, alcohol use during pregnancy can harm prenatal development and may cause Fetal Alcohol Spectrum Disorders (FASD). FASD encompass a broad range of physical and neurodevelopmental problems that are lifelong and range from severe intellectual impairment and major birth defects to subtle learning and developmental disorders. Whilst there is no accurate data that measures the prevalence of FASD in the general population in Australia currently, internationally, prevalence studies have indicated that FASD occurs in between 1% and 5% of children in Western countries.[34]

Addressing the harmful role of alcohol on children, young people, families and society requires Governments at all levels to provide adequate resourcing of treatment services in addition to implementing stronger evidence-based regulations.

The RACP has long advocated for the following evidence-based measures to minimise the harm from alcohol: [31,35,36]

- the introduction of volumetric taxation for all alcoholic beverages and the direction of revenue from such taxation towards preventative health activities
- the introduction of a minimum floor price for alcohol
- more restricted trading hours for both licensed establishments and off-license liquor sales premises with a common set of restricted conditions to be implemented across all Australian jurisdictions
- inclusion of density of existing alcohol trading outlets as a key consideration in the decision-making process by local governments for approving or denying an application for a new alcohol outlet
- changes to allow local governments the ability to more flexibly customise alcohol licensing conditions, including by declaring 'dry' areas where appropriate
- the introduction of a single national advertising code covering content and placement with statutory penalties for breach and an end to alcohol sponsorship of sporting events.
- enhanced levels of joint investments by Commonwealth and State/Territory governments in alcohol treatment services, including in measures to enhance GP engagement in the alcohol treatment system.
- implementation and evaluation of new approaches to deter drinking and driving and other alcohol related anti-social behaviours particularly through use of ignition interlock systems

In addition to the above measures, **the RACP supports the implementation of the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028[37] to improve detection and prevention of FASD**.[38] It is our view that all children in Australia should have access to a multidisciplinary development service with capacity for the diagnosis of a broad range of neurodevelopmental conditions, including, but not focussed primarily on FASD. Timely identification of and intervention in developmental difficulties must be prioritised.

Concluding remarks

Thank you again for this opportunity to inform this important Parliamentary Inquiry into the health impacts of alcohol and other drugs in Australia through this submission which stresses the crucial importance of prioritising a health approach to alcohol and other drug use to effectively reduce harms for those who use drugs, their families and the broader community.

This submission covers a broad range of issues including the need for Federal, State and Territory Governments to invest in alcohol and other drug services to meet unmet demand, rebalance funding to prioritise harm reduction, prevention and treatment and implement evidence-based harm reduction measures as well and stronger regulatory measures to address the harmful role of alcohol on children, young people, families and societies.

The RACP welcomes further engagement with the work of the House Standing Committee on Health, Aged Care and Sport and its consideration of our evidence-based recommendations to effectively address the health impacts of alcohol and other drugs in Australia.

Should you require any further information about this submission, please contact Ms Claire Celia, Senior Policy and Advocacy Officer via Policy@racp.edu.au.

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