Supplementary Statement to the House of Representatives Standing Committee on Health, Ageing, and Disability
Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

Submitted by the Royal Australasian College of Physicians (RACP)
Chapter of Addiction Medicine

We appreciate the opportunity offered by the Deputy Chair of the Standing Committee, Dr. Monique Ryan MP, to provide a supplementary statement following the hearing held at Parliament House on 14 May 2026, when the Chapter President, Prof. John B. Saunders spoke to some of the key points raised in the RACP's submission, and answered questions put by members of the Standing Committee. The opportunity is especially welcomed given that there were several division calls during the proceedings, which, understandably, placed constraints on the available time and the continuity of the hearing.

Points conveyed

1. In the hearing we emphasised and commended the non-partisan and pragmatic approach taken by Australian Governments to alcohol and other drug policies and programs, and we urged this approach continue.
2. The leadership by governments has been invaluable, particularly with policies that were contentious, such as the introduction of needle-syringe programs, opioid agonist treatments, drug consumption (overdose prevention) facilities, and legislative policies and tax imposts on alcohol and tobacco.
3. From the mid-1980s Australia held a global leadership role in addiction treatment for many years onward, though less in recent years.
4. The Federal Government is uniquely positioned to initiate, support and coordinate the multiple sectors which together determine the country's strategies to minimise the harm from alcohol and other drugs. Mechanisms such as the National Cabinet, federal grants, Medicare and the intelligence and police services all contribute. We call for its leadership role to be enhanced.
5. Substances (and addictive technologies) are constantly changing and developing, and they can "explode" in front of us – as has been seen with the opioid epidemic in the United States over the past 20 years, latterly driven by the increasing availability of highly potent synthetic opioids. Australia has been spared such an epidemic to date, but we must be prepared by (i) expanding opioid agonist treatment, (ii) ensuring widespread community availability of naloxone, and (iii) updated National Opioid Dependence Treatment Guidelines. Corresponding vigilance is required for alcohol, cannabis, and psychostimulants.
6. Novel approaches include online assessment and treatment of opioid dependence to promote the availability of this treatment in rural and remote areas.
7. Within the RACP are key bodies which offer clinical and population-level expertise relevant to the prevention, harm reduction, and treatment for substance use disorders. These include the Divisions of Adult Medicine and Paediatrics & Child Health, Faculties of Public Health and Occupational and Environmental Medicine, the Chapter of Addiction Medicine, and the Training Program of Adolescent and Young Adult Medicine. Joint training programs combining Addiction Medicine with other disciplines are available. The RACP works closely with other medical training colleges, and in the addiction space specifically, closely with the Royal Australian and New Zealand College of Psychiatry (RANZCP).

We thank members of the Committee for their detailed questions on the available approaches to harm minimisation and examples of evidence-based interventions that are available, particularly in relation to opioid drugs and which form the focus of work of addiction medicine specialists.

Supplementary points

Although illicit drug use is often the focus of Inquiries and policy developments, the major adverse impacts of alcohol and tobacco in addition must be recognised.

Alcohol

- Alcohol use is the leading risk factor for death among many segments of the population, and globally in 15-49-year-old men. In Australia alcohol was the direct cause of over 1,700 deaths in 2024, and was a contributory factor in a further 5,000+ deaths. It is a major cause of physical, traumatic and psychiatric morbidity, brain damage, domestic violence, and loss of income and opportunity.
- To reduce these adverse impacts, Australia needs a combination of (i) public health responses and legislation, (ii) screening and brief interventions for hazardous alcohol use, and (iii) accessible treatments for alcohol use disorders. The benefits of effective intervention are readily seen when people engage in treatment.
- Necessary public health measures include taxation based on alcohol content for all alcoholic beverages, and the direction of revenue from taxation to prevention, harm reduction, and treatment services.
- A single National Alcohol Advertising Code, monitored and properly enforced with statutory penalties for breaches should be established.
- Joint investment by Federal and State and Territory Governments in brief interventions and treatment should be increased, with evaluation against agreed outcomes.
- Review of regulations governing evidence-based, approved medications for alcohol use disorders, such as naltrexone, should be undertaken, with a view to enhancing their availability, and considering those not currently approved such as topiramate.
- Early diagnosis and intervention for hazardous alcohol use should be enhanced in key locations such as general practice, hospital emergency departments and wards, urgent care clinics, and through relevant non-government organisations.
- Expansion of ignition-interlock systems would further deter drink-driving and other alcohol-related antisocial behaviours.
- Continued support for efforts to prevent fetal alcohol effects and support for advocacy by the key non-government organisations is vital.

Tobacco and vaporised nicotine

- We acknowledge the widespread negative impact of tobacco smoking on health, with approximately 12,500 deaths directly due to tobacco each year and a total of 24,000 deaths where tobacco use has been a cause or risk factor for disease.
- Accordingly, we urge continued efforts and vigilance to reduce tobacco smoking still further and reduce this enormous toll.
- Noting the reduction in tobacco smoking over the past 70 years, we urge that existing public health and legislative (e.g. taxation) policies be continued and strengthened.
- The increasing use of illicit tobacco in Australia requires a concerted policing and Border Control strategy.
- We are concerned with the rapidity by which using vaporised nicotine can develop into a nicotine addiction. Legislation and regulations must focus on minimising the uptake of vaporised nicotine by young people and never smokers. The risks of becoming a smoker are increased for these cohorts.
- The RACP recognises the need for continued emphasis on minimising smoking particularly in specific at-risk groups such as lower socioeconomic populations, Aboriginal and Torres Strait Islander peoples, and those with chronic mental illness, and ask that efforts be supported through the appropriate funding mechanisms.

Illicit drugs

- We note the continuing toll from illicit drugs, with 1,760 deaths in 2023, principally from opioids. We recommend expanding opioid dependence treatment against international benchmarks, the promotion of long-acting injectable (depot) buprenorphine, and ensuring increased availability of naloxone for overdose prevention and rescue, including its administration by police forces.
- We recommend intersectoral work involving medical and other health practitioners, police, border protection and customs officials, and educators to develop concerted strategies to minimise the harm from illicit drugs.
- We recognise the importance of ensuring that legislation governing illicit drugs does not worsen outcomes in those who have developed a pattern of use. This can easily stigmatise and marginalise people of all backgrounds and contribute to their alienation, desocialisation, and entrenched criminal behaviour. Legislative opportunities to reduce adverse policy impacts should be examined by governments while recognising the ever-present opportunities for rampant commercialisation of drug supply.

Focus on opioid dependence treatment

- In 2023, there were 1,635 opioid-related deaths, including 340 attributed to heroin, with the remainder involving other opioids. While Australia has so far avoided the surge in fatalities linked to high-potency synthetic opioids seen in the United States over the past decade, it is essential that authorities and clinicians remain prepared for the possibility of such developments occurring quickly and unexpectedly.
- The National guidelines for medication-assisted treatment for opioid dependence, published in 2014, are now significantly outdated. Over the past decade, the field has advanced considerably, including the introduction of long-acting depot buprenorphine, new models of care developed during the COVID-19 pandemic, the National Take-Home Naloxone Program, expanded access to opioid dependence treatments through the Section 100 Highly Specialised Drugs Program, and the emergence of synthetic opioids.
- The absence of updated national guidelines undermines consistency, quality, and access to care, particularly in smaller jurisdictions that rely on Commonwealth-led frameworks. Whilst we acknowledge the recent publication of the Queensland Opioid Dependence Treatment Guidelines and the imminent publication of NSW guidelines, in our view, these state-based guidelines are not a practical substitute, given their jurisdiction-specific nature. We therefore recommend the development of contemporary national guidance to provide a clear, adaptable framework for clinical practice across Australia.
- Opioid dependence treatments are some of the most effective in the whole of medicine, reducing mortality rates by 80-85% and helping people affected achieve stability and productivity in their lives.
- We are concerned that only around half of people with opioid dependence are receiving treatment, well below international benchmarks such as Switzerland. This shortfall is compounded by limited clinician participation despite available training, and by the absence of contemporary national guidelines which contributes to reduced confidence and uptake. Expanding treatment coverage and supporting greater participation by medical and approved nursing practitioners is essential to improve access along with the release of updated national guidelines.

Timely national leadership in this area will improve quality, safety, equity, and accessibility of care, and support better outcomes for the more than 100,000 Australians with opioid dependence.

Role of the RACP and the Chapter of Addiction Medicine

The RACP recognises and supports the combination of legislative and public health control measures aimed at harm reduction, diversion, prevention, the early and efficient diagnosis of hazardous substance use, and the availability of evidence-based treatments, which are systematically available and accessible by all those in the community.

Members of the Chapter of Addiction Medicine hold key positions of influence in service direction and delivery, and together with our colleagues in public health and other sections of the RACP are instrumental in developing appropriate public health approaches for prevention and harm minimisation. Although we work largely in the public sector, we would welcome discussions on shaping Medicare Benefit Schedule (MBS) items to ensure they are best matched to addiction medicine practice and opportunities.

JBS/ 04.06.26

Attachments:

1. RACP Submission – Australian Parliamentary Inquiry into the health impacts of alcohol and other drugs in Australia – October 2024
2. RACP Position Statement – Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand – November 2024