



Standing Committee on Health, Aged Care and Sport
PO Box 6021
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Canberra ACT 2600
Australia

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Submission to the inquiry into the health impacts of alcohol and other drugs in Australia

About 360Edge

360Edge is Australia's leading specialist alcohol and other drugs consultancy. We provide a full suite of policy and practice advisory services across the spectrum of alcohol and other drug use, as well as allied areas such as mental health, justice and education. Our work supports governments and frontline services to improve policy and practice in line with the latest evidence.

Our four core programs are Workforce Development, Service Development, Evaluation, and Health Systems Development. 360Edge also supports the development and implementation of workplace alcohol and other drug policy through our WorkEdge™ program and alcohol and other drug prevention in schools through our Schools of Substance program.

CEO, Professor Nicole Lee, is an international leader in alcohol and other drug responses with 33 years' experience in policy and practice implementation. She is Adjunct Professor at the National Drug Research Institute, Curtin University; CEO of Hello Sunday Morning; and Board Member of The Loop Australia. She is a member of the Australian National Council on Alcohol and other Drugs, Australia's key expert advisory council to the Australian Government on alcohol and other drugs, which provides policy advice directly to the health minister and their department.

Professor Nicole Lee has provided advice to Australian and state and territory governments as well as international governments across Southeast Asia, New Zealand, and the Pacific Islands. She has worked on alcohol and other drug policy with major international organisations such as the World Health Organization and the United Nations Office on Drugs and Crime.



Overview

It's time for Australia to reorient its approach to alcohol and other drugs. While the National Drug Strategy 2017–26 promotes a public health, harm minimisation framework, this is not currently being implemented in practice.

Every \$1.00 invested in alcohol and other drug treatment services returns \$7.00 in benefit to society. Treatment services face chronic and severe underfunding despite their demonstrable and far reaching benefits to the Australian community. People cannot access services and services struggle to stay afloat. The alcohol and other drug treatment sector in Australia urgently needs reform.

Alongside significant funding, investment mapping and demand analysis should be undertaken to discern how services across Australia are funded and where there is unmet need; funding systems need to be simplified and streamlined to minimise the massive administrative burden faced by services; and program evaluation should be built into programs and supported by a national framework.

Harm reduction and prevention programs receive only 1.6% and 6.7% of Australia's drug budget respectively. An expansion of evidence based, effective harm reduction and prevention programs, including needle and syringe programs, medically supervised injecting facilities, and drug checking services is urgently required to address alcohol and other drug harms, and is strongly supported by the Australian community.

The outdated criminal justice approach to drug use and possession needs to end. Massive funding to law enforcement makes no impact on drug use, circulation, or harms. It is significantly more cost effective to allocate these funds to harm reduction, prevention, and treatment. Disjointed and inconsistent approaches to police diversion should be consolidated and personal possession and use should be decriminalised federally, and cannabis legalised.



Are current services across the alcohol and other drug sector delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society?

The value of alcohol and other drug services

For every \$1.00 invested in alcohol and other drug treatment, \$7.00 in benefit is returned to society (1). Alcohol and other drug treatment has consistently demonstrated its cost effectiveness, leading to direct savings in costs in the health and justice systems, and reducing costs associated with lost productivity (1).

Alcohol and other drug treatment is broadly associated with better health, reduced criminal behaviour, and increased community engagement (1). Government funded alcohol and other drug treatment services in Australia have been found to lead to significant improvements in quality of life, levels of psychological distress, and levels of harm associated with the use of alcohol and other drugs (2).

Our work evaluating a diverse range of alcohol and other drug services across Australia substantiates the significant benefit and value of alcohol and other drug treatment services reported in the peer reviewed literature. We have found that participation in government funded alcohol and other drug treatment, including outreach programs and residential rehabilitation, leads to reductions in alcohol and other drug related harms, and improvements in coping skills; general health and wellbeing; rates of participation in education, training, and employment; and prosocial community engagement.

We have found that key contributors to successful alcohol and other drug treatment programs include having strong working relationships with other services, such as health, justice, mental health, and housing services; the inclusion of staff with lived experience; and being a culturally responsive and culturally safe service.

The impact of chronic underfunding

While alcohol and other drug services provide a critical and cost effective approach to treatment in the community, there are severe resourcing constraints. Alcohol and other drug treatment services across Australia do not receive enough funding to meet the current demand.

The social cost of alcohol and other drugs in Australia is estimated to be \$92 billion (3). Drug treatment received only \$1.5 billion in funding in 2021–22, representing 27.4% of Australia's drug budget (4). In 2022–23, 125,948 people across Australia accessed alcohol and other drug treatment services for their own use (5).

However, estimates suggest that demand for treatment in a single year is substantially higher at around 593,951 people (6).

Our work with alcohol and other drug services consistently indicates that the chronic under resourcing of the alcohol and other drugs sector has significant impacts for all stakeholders, including society as a whole. Parliamentary inquiries consistently hear from organisations, service users, researchers, and consumer groups across the country about the extensive and substantial impacts of systemic underfunding for alcohol and other drug treatment (7-9):

- Services are unable to meet very high levels of demand. This leads to challenges managing extensive waitlists and forces services to turn people away. Restrictive

and inflexible eligibility criteria contribute to service access barriers for people seeking support.

- Extended service access wait times, at times up to six months, often act as a disincentive for people seeking treatment and divert people into providers in the private sector, some of which operate in an unregulated system.
- Inflexible service provision means that people may not have ready access to a service and may not receive the type of interventions and treatments they need.
- The sector is often not able to respond to emerging drug use trends in real time, increasing risks such as overdose.
- Rates of remuneration for people working in the sector are poor and there are high levels of burnout and staff turnover, limited staff availability, and limited funding for training and professional development opportunities. Alcohol and other drug workers also often experience high levels of stigma.
- Services are often unable to meet the needs of people with complex health issues and social circumstances, such as co-occurring mental health issues, polydrug use issues, and homelessness.
- Services generally have limited resources to support best practice program monitoring, data collection, and reporting activities, despite these being integral to continuous quality improvement and complying with funding key performance indicators.

The severe impacts of chronic underfunding are more strongly experienced by people living in rural and remote areas, who often have the highest level of need. People seeking support and treatment in these regions are commonly left with no option but to travel to regional or metropolitan areas to access treatment services, which can take a considerable amount of time, entail significant transport costs, and force people to spend time away from family and other important prosocial supports (5, 7-9). Living regionally acts as a major barrier to treatment access.

While alcohol and other drug treatment services provide excellent value for money, the community based service sector is limited in its ability to provide access equity for all Australians seeking support for themselves and their families. Alcohol and other drug treatment services have the commitment and potential to deliver far reaching, significant positive outcomes for service users and the wider community, but this is significantly hindered by a lack of available funds.

Moving forward

Investment mapping and demand analysis

For alcohol and other drug treatment services to be able to deliver the best outcomes for all Australians seeking support and treatment, they require the government to commit to substantial increases in funding. This will support the sector to provide services in line with demand while prioritising people with the highest levels of need.

360Edge has been engaged by jurisdictions across Australia to undertake investment mapping and demand analysis, which provide critical information for planning processes that ensure funding is efficiently utilised and access to treatment is equitable.

Investment mapping and demand analysis examine funding investment, treatment demand, the costs of meeting demand, and the experiences of service users seeking treatment and service providers providing treatment services. This creates a clear picture of what services are operating in a given area, who funds them, what populations and/or regions are underserved, what service types are underfunded, and the level of funding required to address this.



To ensure equity of access and promote positive outcomes for all Australians, investment mapping and demand analysis would be important first steps.

Reviewing and reforming funding systems

The complex, disjointed, and siloed funding streams for alcohol and other drug services create structural barriers and significant administrative burdens that limit the efficient and effective use of available funds (10, 11).

Funding is provided by a range of sources, including from different programs in the same department and across state and territory and Commonwealth governments, philanthropic sources, fundraising, and client contributions (10-12). Most alcohol and other drug treatment services require multiple funding sources to provide the full range of necessary services (10-12).

This means that services must adhere to different compliance and reporting requirements, apply multiple times for funding from different sources with different application procedures, and operate on different timeframes based on their multiple contracts (10-12). Service agreements are generally only available for short timeframes such as three or fewer years, creating insecurity that 'impacts the capacity of the sector, contributing to staff turnover,' complicates employment contracts, and impacts continuity of care capabilities (11, 12).

Clearly, the enormous administrative burden associated with administering multiple funding streams means that a substantial proportion of funding received is diverted away from frontline services to compliance and reporting tasks (11).

Alongside a well overdue, significant increase in funding to alcohol and other drug services, funding systems should be reformed to ensure the most efficient utilisation of funds.

It has long been accepted that the funding system needs to be better integrated and that greater coordination across funders is required. This needs to be progressed through the reestablishment of national governance structures¹, the introduction of longer term contracts, and a simplification and universal reporting standards. It has been recommended that funding for alcohol and other drug treatment should sit with state and territory governments, and that this may 'improve sector planning and coordination' (11).

Program evaluation

In our work with alcohol and other drug services across Australia, we have found significant limitations in program monitoring, data collection, and reporting approaches. Many services do not have systems in place to undertake these important processes or are faced with constraints that lead to inconsistencies in recording data.

The lack of dedicated resources to build the capacity of services to use robust monitoring systems as well as the lack of a nationally consistent approach to monitoring and reporting makes it difficult to ascertain whether services are delivering equity, value for money, and the best outcomes, because this information is not consistently recorded and is rarely disseminated publicly.

¹ Such as the Ministerial Council on Drug Strategy, Intergovernmental Committee on Drugs, and National Indigenous Drug and Alcohol Committee



High level data management systems, monitoring, and evaluation should be built into the funding of programs and services and supported by a national monitoring and evaluation framework that provides guidelines for funders and services to support efficient planning and governance and inform continuous quality improvement.

Enhancing monitoring systems for services will have ongoing benefits for program design and delivery, providing programs with clear insight into effectiveness, reach, and efficiency, so that they can maximise positive outcomes and target the right populations and needs.

A national monitoring and evaluation framework that is aligned with data collection management, reporting, and client record management systems can help to support continuous quality improvement, minimise the administrative burden of reporting, avoid duplication, and maximise efficiency.

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

The many prevention and harm reduction programs and initiatives operating across Australia contribute significantly to the prevention and reduction of health, social and economic harms associated with alcohol and other drug use while offering equity of access. Although prevention and harm reduction programs are both effective and cost effective, they receive only 6.7% and 1.6% of Australia's drug budget respectively (4).

Needle and syringe programs

Primary needle and syringe programs are often the first point of contact with the healthcare system for people who inject drugs. They distribute sterile injecting equipment – leading to a marked reduction in the transmission of blood borne viruses across Australia – and provide valuable harm reduction education, brief interventions, and referrals to health and social support services (13).

It is estimated that, between 2000–10, averted blood borne virus infections as an outcome of the provision of sterile injecting equipment have saved the Australian healthcare system up to \$220 million and will save \$950 million in future costs (14). For every dollar invested in needle and syringe programs, \$4 is returned to society in short term healthcare savings (15).

The benefits of needle and syringe programs have been significant and far reaching and played a major role in preventing the transmission of HIV in the early days of the epidemic. However, the prevalence of hepatitis C infections has remained steady and some people continue to face barriers in accessing sterile injecting equipment (13, 14). Barriers include needing to travel long distances to access injecting equipment, costs associated with purchasing equipment at pharmacies and vending machines, limited operating hours of needle and syringe programs, and stigma (13).

Expanding the availability of primary needle and syringe programs and vending machines and investing in more 24 hour services can help to improve equity of access (13, 14).

Medically supervised injecting facilities

Another critical harm reduction initiative is medically supervised injecting facilities, of which there are two operating in Australia: The Uniting Medically Supervised Injecting Centre in Sydney and the Medically Supervised Injecting Room in Melbourne.

Sydney's medically supervised injecting facility has supervised over 1.28 million injections since 2001, safely managed over 11,205 overdoses with no fatalities, and made 22,000 referrals to ongoing care and support that have been accepted (16).

The facility operating in Melbourne has been open since 2018, and safely managed over 9,115 overdoses with no fatalities and provided over 159,834 health and support services on site, including primary care, oral health, hepatitis testing and treatment, and legal services (17).

The evidence is clear that medically supervised injecting facilities offer an essential, life saving service that not only reduces harms associated with injecting drugs, but links people to crucial healthcare, support, and treatment services that they may not have otherwise been aware of or accessed. More than half (58.3%) of Australians support supervised injecting facilities (18).

With 1,878 unintentional drug induced deaths occurring across Australia in 2022, the expansion of medically supervised injecting facilities is an important step to reducing rates of overdose and other harms (19).

Drug checking

Drug checking services offer people an important opportunity to have the contents of their drugs analysed to ascertain purity and identify the presence of harmful adulterants. Currently, there are fixed site drug checking services operating in Canberra, Brisbane, and the Gold Coast, with Melbourne following suit in mid 2025. Queensland and Melbourne are also planning to introduce mobile, event based drug checking services (20, 21).

Drug checking reduces harms by enabling people to make safer decisions about their drug use based on information about the contents of drugs they plan to take. In its first two years of operation, Canberra's drug checking service, CanTEST, tested over 2,900 samples, with one in 10 being voluntarily discarded (22). It has issued 20 community notices about harmful drugs that are in circulation, reaching the wider community beyond those who access the service (22).

In addition to providing drug checking services, over 4,000 health and alcohol and other drug brief interventions have been provided by staff at CanTEST (23). Seventy percent of people accessing the service during its first six months of operation had never previously spoken to a healthcare worker for information or advice about drug use (22).

Drug checking services are a highly effective harm reduction initiative that reduces harms not only by shifting drug use behaviours, but by linking people in with important health and social services, including alcohol and other drug treatment (24). Two thirds (64.4%) of Australians support drug checking services (18).

Given their strong community support and wide ranging benefits with little or no risk of harm, drug checking services should be expanded across Australia.



How sectors beyond health can contribute to prevention, early intervention, recovery, and reduction of alcohol and other drug related harms in Australia

School based programs

Most people begin experimenting with alcohol and other drug use during adolescence, a period when risks of harm are elevated (25). As such, approaches aimed at preventing or delaying the initiation of harmful alcohol and other drug use generally take place in the classroom.

Positive Choices is a popular, government funded online resource that brings together evidence based resources targeting schools and parents (25). A number of school based prevention programs are recommended with a strong evidence base, including OurFutures, Get Ready, Resilient Families, SHAHRP: School Health and Alcohol Harm Reduction Project, and Preventure (26).

These evidence based school programs have been demonstrated to increase students' knowledge about alcohol and other drugs, reduce the initiation of alcohol and other drug use, and reduce risky and harmful use, with benefits extending well beyond the life of the programs (27-30).

To our knowledge, rates of uptake of the aforementioned programs across Australia is not recorded and there is no data about the number of students who receive evidence based alcohol and other drug education at school.

Concerningly, 26.7% of secondary school students reported not receiving any level of alcohol education at school in the past year (2022–23) and 35.9% did not receive any level of illicit drug education (31). There is a need to ensure that every student has equal access to evidence based alcohol and other drug education at school.

Employment

The workplace presents an ideal setting to address alcohol and other drug related harms. People who are employed use alcohol at risky levels and illicit drugs at a higher rate than the general population, with alcohol related and illicit drug related absenteeism costing workplaces \$3.9 billion and \$2.9 billion respectively each year (18, 32).

Because most people who use alcohol and other drugs are employed, workplaces offer an opportunity to identify and support people at risk of alcohol and other drug use related harms through comprehensive, evidence based workplace policies (33). However, 16.1% of employed Australians report either not knowing whether their workplace has an alcohol and other drug policy or that their workplace does not have one (33).

Further, only one in six people in current employment have access to alcohol and other drug education or information and only one in five have access to employee assistance programs for alcohol and other drug use (33).

Comprehensive workplace approaches to alcohol and other drug use that comprise a workplace policy, education and information, screening, and brief intervention embedded in a broader fitness for work and health promotion approach are effective in reducing harms associated with alcohol and other drug use among employees (33).

Through our WorkEdge™ program, 360Edge works with employers across a range of industries, including professional sport, government, and mining, to support the



development and implementation of best practice, tailored alcohol and other drug policies and resources.

Domestic and international policy experiences and best practice

The social cost of alcohol and other drugs in Australia is estimated to be \$92 billion (3). Australia's expenditure on illicit drug policy in 2021–22 was \$5.45 billion, 0.63% of government expenditure (4).

As we have demonstrated throughout our submission, treatment, harm reduction, and prevention are critical to reducing the rates of alcohol and other drug related harms across the country. Australia's National Drug Strategy 2017–26 promotes a balanced approach across the three pillars of harm reduction, supply reduction, and demand reduction, but this is clearly not being implemented in practice (34).

Treatment receives 27.4% of Australia's drug budget, prevention receives 6.7%, and harm reduction receives only 1.6% (4).

Meanwhile, 64.3% goes to law enforcement, despite clear evidence that law enforcement approaches have had a negligible impact on supply and demand and are harmful to people who use drugs.

In 2020–21, 122,824 people were arrested for personal possession or use of drugs (35). This represents 87.3% of drug related arrests, showing that people who use drugs are disproportionately targeted compared to dealers, traffickers, and manufacturers. Half (48.3%) of these arrests were for cannabis (35). A record 41.4 tons of illicit drugs were seized in the same period (35).

This massive expenditure on law enforcement does not achieve the intended outcomes of reducing the amount of drugs circulating in the community or harms related to using them. About half of Australians aged over 14 have used an illicit drug in their lifetime, and since 2007, recent illicit use of drugs has increased by 33.6% (18).

The vast majority of people who use drugs do so infrequently and for a short period of their lives (18); it is estimated that only one in every 81 people who use illicit drugs globally are dependent or require treatment (36).

There is no evidence that criminalising drug use and possession deters people from drug use, possession, or minor crimes (15).

A substantial proportion of the Australian population use illicit drugs and are not dependent, do not experience problems with their use, and do not cause any problems to the community as a result of their use. Yet, they are still at risk of contact with law enforcement.

The significant, long term harms of having a criminal record outweigh the harms of drug use in most cases. A criminal record profoundly affects a person's future employment opportunities, education, and housing prospects; causes family distress and financial strain; contributes to significant social stigma and discrimination; and disproportionately impacts people who are already facing some level of disadvantage, such as Aboriginal and Torres Strait Islander peoples (7, 15).

Further, the criminal justice approach has fuelled the thriving black market, inhibited quality and safety controls leading to drugs containing deadly contaminants, led to the

production of new and more dangerous drugs to circumvent police detection, and exacerbated stigma and discrimination (15).

The majority of Australians believe that people found in possession of illicit drugs for personal use should result in no action, a caution/warning, or referral to a treatment or education program (18). Almost half (44.6%) of Australians support the legalisation of cannabis.

This criminal justice approach has long been established as costly and ineffective. It is time for Australia to reorient its approach to alcohol and other drugs in line with the public health, harm minimisation focus promoted in the National Drug Strategy 2017–26 and in line with community expectations.

Decriminalisation in Australia

Currently, cannabis is decriminalised in the Australian Capital Territory, the Northern Territory, and South Australia, with the Australian Capital Territory also having decriminalised small quantities of other illicit drugs.

Cannabis decriminalisation

In the Australian Capital Territory, cannabis decriminalisation means that there is no police diversion or penalties for people aged over 18 who are in possession of or cultivate small amounts of cannabis for personal use (37, 38).

The decriminalisation has had no impact on cannabis consumption, cannabis price and availability, and cannabis related hospital and ambulance presentations (39). It has significantly reduced involvement with the criminal justice system among people who use cannabis, led to a perceived reduction in stigma and discrimination, and increased Canberrans' willingness to seek support for cannabis use issues (39).

In South Australia and the Northern Territory, people found in possession of cannabis are issued a fine (40).

Decriminalisation of other illicit drugs and police diversion

The Australian Capital Territory has decriminalised small quantities of other illicit drugs while other states and territories have police diversion schemes in place, which are either mandatory or discretionary.

In the Australian Capital Territory, Queensland, and South Australia, police who find people in possession of small quantities of drugs for personal use must divert them to a health education session or a health assessment (37, 40, 41).

In the Australian Capital Territory, people have the option of paying a \$100 fine instead, and in Queensland, people are issued a warning on the first instance and a health referral on the second and third instances (37, 41).

All other states and territories have some form of police diversion in place, but these usually only relate to cannabis and are discretionary, which means police can choose whether to divert people or charge them and may unfairly target marginalised populations (40). Even when diversion is mandatory, tight eligibility criteria and implementation issues mean that many people are not offered diversion (40).

A single drug charge costs up to 15.6 times as much as diversion through a caution, expiation, or warning, but only 55.5% of people are diverted (40, 42). The excessive policing of drug use and possession, and its associated costs, is unwarranted and

unjustified when there are more effective and significantly more cost effective approaches.

Clearly, Australia's approach to drug policy is fragmented and nationally inconsistent. A nationally consistent legislation that legalises cannabis and decriminalises possession for personal use of all other drugs, while scaling up harm reduction, prevention, and treatment programs, will see substantial social, economic, and health benefits; increase equity of access to services for people who use alcohol and other drugs; and reduce harms.

Decriminalisation in Portugal

Portugal decriminalised personal use and possession of all drugs in 2001, at the same time increasing funding to harm reduction, prevention, social reintegration, and treatment programs, including opioid substitution therapy and needle and syringe programs (15, 43). Police refer people to 'dissuasion commissions,' which are small multidisciplinary teams of psychology, social, and legal professionals, who determine whether further support is required and make referrals to services (15, 43, 44).

Portugal's model for decriminalisation is considered to be among the strongest globally. Paired with the scaling up of harm reduction, prevention, social reintegration, and treatment programs, decriminalisation in Portugal has led to (15, 43, 44):

- Substantial social, health, and justice related savings, including from significantly reduced incarceration
- Significantly reduced unsafe injecting and HIV transmission
- Increased access to treatment services and higher treatment engagement
- Increased access to health and social support services
- Reduced harms related to drug use
- Significantly reduced drug related deaths
- No change to rates of drug use

Portugal's approach to drug decriminalisation has been highly successful, demonstrating the powerful impacts of decriminalising drugs and concurrently scaling up harm reduction, prevention, social reintegration, and treatment programs. Learning from Portugal's experience and taking a nationally consistent approach to decriminalisation would be an important step forward for Australia.

Cannabis legalisation

Cannabis is the most widely used illicit drug nationally, with more than one in ten (11.5%) Australians having used it recently (18). Very few people who use cannabis experience any problems associated with their use (18, 45).

Legalising and regulating recreational cannabis has the potential to reduce the harms of cannabis use by ensuring quality and safety control, eliminate the significant harms of contact with the criminal justice system, restrict access to children, reduce stigma and discrimination, improve access to education and information regarding cannabis, reduce the size of the black market, take a significant burden off the criminal justice system, and lead to massive public revenue (45-48).

It has been estimated that federally legalising cannabis would bring in \$28 billion in public revenue in the first nine years (49). This revenue could be allocated to harm reduction, prevention, and treatment services.



Cannabis legalisation should take a public health approach with a nonprofit model that averts the risk of commercialisation. This should include restrictions on advertising, limits on THC potency, minimum packaging and labelling standards, sale outlet density restrictions, and the provision of education and information to the public on safe use (45, 46, 48).

Recommendations

Our submission has provided a detailed overview of the current issues faced by the alcohol and other drug sector and Australian community, demonstrating that the current status and challenges faced by the sector are an outcome of disjointed, inconsistent, and out of date alcohol and other drug policy. An overview of our recommendations is below.

- Allocate significantly more funding to alcohol and other drug treatment in line with demand
- Undertake national investment mapping and demand analyses to understand current funding investment and treatment demand, and identify areas of high need and funding requirements
- Simplify and streamline (de-silo) funding systems to minimise the administrative and reporting burden on treatment services, including by reestablishing national governance structures to enhance coordination between state and territory and federal governments
- Integrate evaluation systems into programs and ensure programs are funded to undertake evaluations
- Establish a national monitoring and evaluation framework to ensure a nationally consistent approach to monitoring service outcomes and maximise efficiency
- Expand and allocate significantly more funding to harm reduction and prevention programs, including but not limited to needle and syringe programs (including primary needle and syringe programs, vending machines, and 24 hour services), medically supervised injecting facilities, and drug checking services
- Increase the uptake of evidence based alcohol and other drug education programs in schools, with an objective of 100% of secondary school students receiving evidence based alcohol and other drug education at school
- Promote the development and implementation of comprehensive, evidence based workplace alcohol and other drug policies
- Reorient Australia's approach to alcohol and other drug policy from a criminal justice to a public health approach by decriminalising personal use and possession of all drugs federally and legalising cannabis

Thank you for the opportunity to make a submission to this important inquiry.

360Edge are specialists in alcohol and other drug policy and can be called upon to provide further advice if required.

Yours sincerely,



Professor Nicole Lee
Founder and CEO

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