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HBNC

Creating Connected Communities

State of AOD Report 2024

Hinkler



The State of AOD Report 2024: Hinkler is an initiative of Social Shift Institute, HBNC's research & innovation arm.

www.socialshift.com.au
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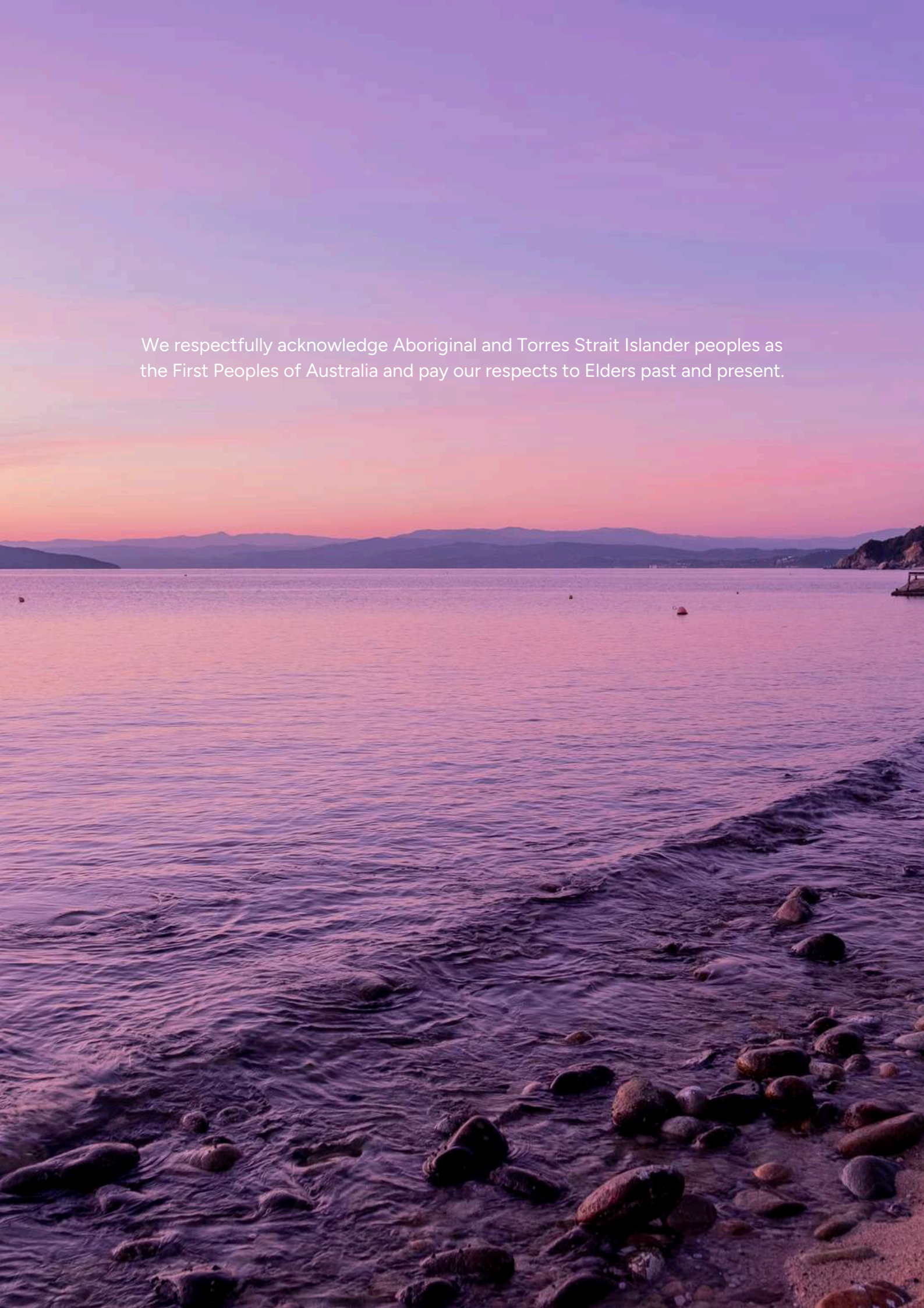


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We respectfully acknowledge Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia and pay our respects to Elders past and present.



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CAUTION:

Some people may find parts of this report confronting or distressing. Please carefully consider your needs when reading the following report. This report discusses alcohol and other drugs, mental health issues including self-harm and suicide, and domestic and family violence. The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. HBNC acknowledges the individuals, families and communities affected by these issues each year.

NEED TO TALK TO SOMEONE?

Don't go it alone. Please reach out for help.

National Alcohol and Other Drug Hotline: 1800 250 015
AODS Hervey Bay: 4128 5400

Lifeline: 13 11 14 or lifeline.org.au

Beyond Blue: 1300 22 4636 or beyondblue.org.au

Kids Helpline: 1800 55 1800 or kidshelpline.com.au

Headspace: 1800 650 890 or headspace.org.au

13YARN: Speak to Aboriginal and Torres Strait Islander crisis supporter on 13 92 76 or visit 13yar.org.au

National Sexual Assault, DV Counselling Service 24 hour helpline: 1800 RESPECT on 1800 737 732

24-hour Emergency Accommodation helpline: on 1800 800 588

Safe at Home helpline: 1800 633 937

National Violence and Abuse Trauma Counselling and Recovery Service: 1800 385 578

Rainbow Sexual, Domestic and Family Violence Helpline: 1800 497 212

SHE (free and confidential counselling and support): 6278 9090

Sexual Assault Support Services: 6231 1811 or after hours 6231 1817

Family Violence Crisis and Support Service: 1800 608 122

Bravehearts-Sexual Assault Support for Children: 1800 BRAVE 1

Wide Bay Sexual Assault Service: 4194 5230

Trauma Assist: 4194 5230



WHO IS USING AOD?

- 1 in 6 QLD women use illicit drugs (16%)
- More than 1 in 3 QLD men drink alcohol at risky levels regularly (41%)
- More than 1 in 4 First Nations people use illicit drugs (27.8%)
- More than 1 in 3 Australians 18-24 years old use illicit drugs (34.6%)
- 1 in 5 Fraser Coast youth 12-18 drink alcohol
- Almost 1 in 2 LGBTI+ people use illicit drugs (47.4%)



ECONOMIC IMPACTS

- AOD related harm cost Australians \$80.3B in 2021
- AOD related crime cost Australia \$3.1B
- AOD related health costs totaled \$2B
- AOD related road traffic accidents cost \$2.4B
- Social costs of premature death & reduced quality of life from AOD use cost \$46.6B



ALCOHOL & OTHER DRUG USE

- 1 in 4 Wide Bay residents engage in risky drinking (25%)
- 1 in 9 Wide Bay residents smoke daily (11.5%)
- 1 in 6 Wide Bay residents use illicit drugs (16.7%)



COEXISTING ISSUES

- Mental Health: Over half of people with a mental health disorder also have alcohol dependence (60%)
- Physical Health: AOD use is strongly linked to an increase in chronic health conditions
- DFV: 43% of intimate partner violence incidents resulting in physical injury are drug related
- Homelessness: 8.6% of people engaged with specialist homelessness services have problematic illicit drug use



SUPPORTS NEEDED

- 63% of Hinkler residents want more rehabilitation centres in the region
- 62% of Hinkler residents want more detox facilities
- 61% of Hinkler residents want more education & awareness programs
- 61% of Hinkler residents want more supports for families
- 54% of Hinkler residents want more psychologists and doctors



Alcohol & Other Drug Snapshot

Hinkler 2024

“You are not weak for struggling. You are strong for continuing to fight.”

-Anonymous





Executive Summary

Supporting individuals dealing with alcohol and other drug (AOD) addiction requires a collective spirit of empathy and compassion—one that understands their struggles without judgment and helps guide them through their recovery journey. Unfortunately, the stigma surrounding substance use often creates obstacles to treatment, leaving individuals feeling isolated and ashamed. As a community, we have the opportunity to offer support to those facing the challenges of substance abuse.

The State of AOD: Hinkler Report 2024, developed by HBNC's Social Shift Institute, compiles local, state, and national data to identify the needs and gaps in AOD support, while raising awareness about substance use in our broader community.

The data in this report was gathered through several sources:

- The National Drug Strategy Household Survey 2022-23 (NDSHS)
- The Alcohol and Other Drug Treatment Services National Minimum Data Set 2023 (AODTS NMDS)
- Information from the Australian Institute of Health and Welfare
- Recent community surveys conducted by the Social Shift Institute in 2024, including the Hinkler Community AOD Survey and the Hinkler Community Service Provider AOD Survey

The World Health Organisation defines substance abuse as the "harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs," leading to negative health impacts and a burden on individuals, families, and communities. According to Health Direct (2025), around 1 in 20 Australians are affected by addiction or substance abuse.

On a local level, there is a notable gap in available data on AOD use. The NDSHS and AODTS NMDS data cover our primary health network area (which includes Central Queensland, Wide Bay, and the Sunshine Coast), with some data available specifically for the Wide Bay region (including Bundaberg and Hervey Bay).

The available data shows that while risky alcohol drinking and daily tobacco smoking have both declined, vaping and e-cigarette use have significantly increased. Illicit drug use has remained relatively stable among the general population, but usage has notably risen among certain high-risk groups, including young people (18-24 years old), First Nations people, and LGBTI+ individuals.

AOD use also has significant economic impacts. In 2021, the Australian Institute of Health and Welfare reported that the social cost of AOD-related harm reached \$80 billion, with \$46.6 billion attributed to premature deaths and reduced quality of life due to substance use.

These figures underscore the pressing need for more AOD support in the Hinkler region, with a particular focus on rehabilitation centres, detox facilities, education programs, and family support services. Local service providers have echoed this need, also calling for increased early intervention and peer-led support options.

Community feedback reveals that 46% of Hinkler residents have a family member or friend struggling with alcohol issues, 25% with drug issues, and 31% with smoking or vaping problems. These are real people—our family, friends, and neighbours—who deserve our empathy and understanding.

Additionally, best practice frameworks in the treatment of AOD misuse shows that health-focused strategies addressing demand reduction, supply reduction and harm reduction are essential, as outlined in the National Drug Strategy 2017-2026 of the Australian government.

The State of AOD Report is a call to action: How can we, as a community, better support those affected by substance abuse? Social Shift Institute's community-led support fund is inviting innovative project applications to address local social challenges, including AOD for wrap-around community initiatives complimenting health-funded services. Hinkler is one of just four regions in Australia selected to receive this funding, with HBNC's Social Shift Institute acting as the Brokerage Organisation for the Australian Government's Department of Social Services. This fund is open to community organisations, service providers, local governments, businesses (including sole traders with an ABN), making it one of the most accessible grants available.

Imagine a future where our community is recognised not for its struggles with AOD misuse, but as a leader in AOD support and wellness. What would that look like for Hinkler?

Got a great idea to help community?

Apply to the Social Shift Institute's community-led support fund.

As a Brokerage Organisation for the Department of Social Services we partner with local organisations and community members in the Hinkler region to implement real change.



Find out more:
www.socialshift.com.au



1. Alcohol & Other Drug Misuse

What is happening in our region compared to the rest of Queensland and Australia.



1.1 Risky Drinking

1 in 4 Wide Bay residents engage in risky drinking of alcohol.

Misuse of alcohol is a major concern in our region, with 25% (1 in 4) of Wide Bay residents engaging in risky alcohol consumption in 2022-23, according to the National Drug Strategy Household Survey.

This trend is further highlighted by the 2024 Hinkler AOD Community Survey conducted by Social Shift Institute, where 75% of respondents reported drinking alcohol in general, and 9% identified it as a problem for them. The 2024 Hinkler AOD Community Service Provider Survey also underscores alcohol as a critical issue, with 88% of respondents noting alcohol-related problems among their clients.

In comparison, the 2022-23 National Drug Strategy Household Survey found that 25.6% of Queenslanders aged 14 and older engaged in risky drinking on a monthly basis, slightly higher than the national average of 23.8% for the same age group.

Regarding treatment, 39.6% of all treatment episodes in the Central QLD, Wide Bay, and Sunshine Coast primary health network area were related to alcohol issues, according to National Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) data.

What is alcohol?



Alcoholic beverages contain ethanol, a psychoactive and toxic substance that can cause dependence. Alcohol is a depressant drug, which means it slows down the messages travelling between the brain and body. Alcohol is typically drunk in the form of beer, wine, cider or spirits. It can make a person feel relaxed, confident and energetic, have trouble concentrating, have slower reflexes, become clumsy, slur their speech, and feel happier or sadder, depending on their mood. Alcohol consumption, even at low levels, has health risks, however, most alcohol-related harm comes from heavy episodic or heavy continuous alcohol consumption. (World Health Organisation, 2024; Alcohol & Drug Foundation, 2024).



Risky drinking is the consumption of more than 10 standard drinks a week or more than 4 standard drinks on any one day



25%

Of Wide Bay population over 14 years old engaged in risky drinking in 2022-23



25.6%

Of Queenslanders over 14+ years old engaged in risky drinking monthly in 2022-23



23.8%

Of Australians over 14+ years old engaged in risky drinking monthly in 2022-23



7%

Of the world's population 15+ years had an alcohol disorder in 2019 (400 million people)



75%

Of Hinkler community members surveyed reported they drank alcohol



9%

Of Hinkler community members surveyed who reported drinking felt alcohol was an issue for them



6%

Of Hinkler community members surveyed reported they had accessed services for alcohol issues



46%

Of Hinkler community members surveyed reported having a family member/friend with alcohol issues



88%

Of Hinkler community service providers surveyed observed alcohol issues among their clients



39.6%

Of total treatment episodes in the Central QLD, Wide Bay & Sunshine Coast PHN area were for alcohol (3,358 episodes)



36,331

Of total treatment episodes delivered by AOD services in QLD in 2023 were for alcohol issues



42.5%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for alcohol (92,417 episodes)



1.2 Smoking & Vaping Nicotine

1 in 9 Wide Bay residents smoke daily.

In 2022-23, 11.5% (1 in 9) of Wide Bay residents smoked tobacco daily, according to the National Drug Strategy Household Survey. This is comparable to the Queensland rate, where 11.1% of individuals aged 14 and older smoked daily during the same period. Nationally, the rate was much lower, however, with 8.3% of Australians aged 14+ smoking daily. While smoking trends overall are on the decline, Queenslanders smoke at much higher rates compared to other states, and the state is the 3rd highest in daily smokers.

In contrast, vaping data is relatively new but shows an upward trend. The 2024 Hinkler AOD Community Survey found that 4.75% of respondents vaped nicotine, a rate similar to the 5% of Queenslanders who vaped in 2022, according to the Queensland Government Report of the Chief Health Officer. Nationally, the National Drug Strategy Household Survey reported that 7% of Australians vaped in 2022-23, tripling from 2.5% in 2019.

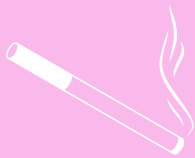
Locally, there appears to be limited help-seeking for smoking and vaping, with only 1.03% of treatment episodes delivered by AOD services in the Central QLD, Wide Bay, and Sunshine Coast PHN region being to address smoking or vaping-related issues.

Vaping (E-cigarettes)



Vaping refers to the use of electronic cigarettes (e-cigarette) to heat liquids that produce a vapour, which is inhaled. Vapes may contain nicotine with varying concentrations. They may also contain nicotine-free 'e-liquids' made from a mixture of solvents, sweeteners, other chemicals and flavourings. They may also contain other drugs such as cannabis (e-liquids). In Australia vapes containing nicotine are illegal to buy without a prescription. Vaping harms include injuries & burns from faulty devices, as well as lung disease and nicotine dependence. Nicotine is also an addictive substance. Repeated use of nicotine vapes can lead to dependence, where the brain relies on the regular release of dopamine from nicotine, and without it can go into withdrawal. Use of e-cigarettes is also linked to higher rates of mental ill health amongst youth, however, more research into why is needed. (Alcohol & Drug Foundation, 2024).

Tobacco



Tobacco comes from the dried leaves of the tobacco plant. It contains nicotine, a stimulant drug that speeds up messages travelling between the brain and the body. Nicotine is the addictive substance within tobacco, however, tobacco also contains more than 7000 chemicals, 250 of which are known to be harmful. A further 60 of these can cause cancer. These chemicals are the reason why people get sick and experience long term harms from smoking. More than 8 million people die from tobacco use each year. A further 1.2 million deaths occur each year from people ingesting second hand smoke. Among these 65,000 children die each year from second hand smoke. Smoking while pregnant is also known to lead to several life-long health conditions for babies. (WHO, 2024; Alcohol & Drug Foundation, 2024).



11.5%

Of Wide Bay community smoked tobacco daily in 2022-23



11.1%

Of Queenslanders over 14+ years old engaged daily smoking of tobacco in 2022-23



8.8%

Of Australians over 14+ years old smoked tobacco daily in 2023, down from 11% in 2019



22.3%

Of the world's population smoked tobacco in 2020 (1.3 billion people)



4.75%

Of Hinkler community members surveyed reported they vaped nicotine



5%

Of Queensland adults vaped in 2022



7%

Of Australians vaped in 2022-23 (tripled from 2.5% in 2019)



10.3%

Of the world's population vaped in 2021 (82 million people)



18%

Of Hinkler community surveyed who smoked or vaped felt it was a problem for them



6%

Of Hinkler community surveyed reported they had accessed support for smoking/vaping



1.03%

Of total treatment episodes delivered by AOD services in our local PHN were for nicotine concerns (44 episodes)



1.4%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for nicotine (509 episodes)



1.3 Illicit Drugs

Almost 1 in 6 Wide Bay residents use illicit drugs.

Data from the National Drug Strategy Household Survey showed 16.7% (almost 1 in 6) Central QLD, Wide Bay & Sunshine Coast residents used an illicit drug in 2022-23. This is slightly lower than state proportions where 18.4% of Queenslanders 14+ years of age used an illicit drug in the same period. Queensland proportions are similar to National rates where 18% of Australians used an illicit drug. Overall, Australians use illicit drugs at significantly higher rates than the rest of the world. According to the World Health Organisation 3.6% of the world's population used an illicit drug in 2020.

In terms of seeking treatment, data from AODTS NMDS shows over half (57.3%) of treatment episodes delivered by AOD services in 2022-23 in the Central QLD, Wide Bay and Sunshine Coast PHN were for illicit drug concerns.



Illicit Drugs

Illicit drugs are drugs that have been prohibited under law. Illicit use of drugs includes use of illegal drugs, non-medical use of pharmaceutical drugs, and the illicit use of other substances such as inhalants. The health risks of illicit drug use increase with the frequency, type, and quantity of drugs used. (AIHW, 2024)



16.7%

Of Central QLD, Wide Bay & Sunshine Coast community over 14+ years old used an illicit drug in 2022-23



18.4%

Of Queenslanders over 14+ years old used an illicit drug in 2022-23



18%

Of Australians over 14+ years used an illicit drug in 2022-23



3.6%

Of the world's population used an illicit drug in 2020 (292 million people)



4.4%

Of Hinkler community members surveyed felt taking illicit drugs was a problem for them



2.4%

Of Hinkler community members surveyed reported they had accessed support for illicit drug use



57.3%

Of total treatment episodes delivered by QOD services in our local PHN were for illicit drug concerns



56.7%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for illicit drug concerns



52.9%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for illicit drug concerns



25%

Of Hinkler community members surveyed reported having a family member/friend with illicit drug issues



45%

Of Hinkler community service providers surveyed observed illicit drug issues among their clients

Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23; WHO 2024.





1.4 Cannabis

Almost 1 in 5 Hinkler residents use cannabis.

Cannabis is, by far, the most widely used illicit drug. According to the Hinkler AOD Community Survey 2024, 19% (almost 1 in 5) respondents reported using cannabis. In comparison, according to the National Drug Strategy Household Survey, 13% of Queenslanders used cannabis in 2022-23. Nationally, 11.5% of Australians used cannabis in the same period.

In terms of seeking treatment, 22.6% of total treatment episodes in 2022-23 in the Central Queensland, Wide Bay and Sunshine Coast PHN were for cannabis related issues.

While illicit use of cannabis is associated with impaired cognitive functioning and poor cognitive development, cannabis is also used medicinally.

Medicinal cannabis refers to cannabis prescribed by a doctor to relieve the symptoms of a medical condition. This treatment uses one of two main cannabinoids: tetrahydrocannabinol (THC) and cannabidiol (CBD). THC has strong psychoactive effects. It is the chemical that gets people high. CBD is thought to have no intoxicating effects. It can treat a wide range of symptoms. Medicinal cannabis is pharmaceutical-grade and regulated in Australia with labelled levels of THC and CBD. It often comes in oral or capsule forms. Medicinal cannabis in Australia can be used under a prescription from a registered general practitioner or specialist. However, it is not recommended as a first line of treatment, which means doctors will usually only prescribe it when other options have failed.

Cannabis



Cannabis is a generic term used to denote the several psychoactive preparations of the plant *Cannabis sativa*. The major psychoactive constituent in cannabis is delta9 tetrahydrocannabinol (THC). The Mexican term 'marijuana' is frequently used in referring to cannabis leaves and unpollinated female plants are called hashish. Cannabis is by far the most widely cultivated, trafficked and abused illicit drug in the world. Cannabis comes in many forms and can be smoked, eaten or vaped. Cannabis affects every person differently, with some people reporting feelings of relaxation and euphoria while others feeling anxiety and paranoia. Long-term effects of cannabis can include addiction and reduced cognitive functioning, while smoking cannabis can also result in asthma and bronchitis. Cannabis use may worsen the symptoms of people who have bipolar disorder, and those who are predisposed to experiencing psychosis, who may experience cannabis-induced psychosis. (WHO, 2024; Alcohol & Drug Foundation, 2024)



19%

Of Hinkler community members surveyed who used drugs reported they used cannabis



13%

Of Queenslanders over 14+ years old used cannabis in 2022-23



11.5%

Of Australians over 14+ years old used cannabis in 2022-23



4.3%

Of the world's population 15+ years used cannabis in 2021 (219 million people)



70.6%

Of Hinkler community service providers surveyed observed cannabis issues among their clients



22.6%

Of total treatment episodes in the Central QLD, Wide Bay & Sunshine Coast PHN area were for cannabis issues



25.9%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for cannabis issues

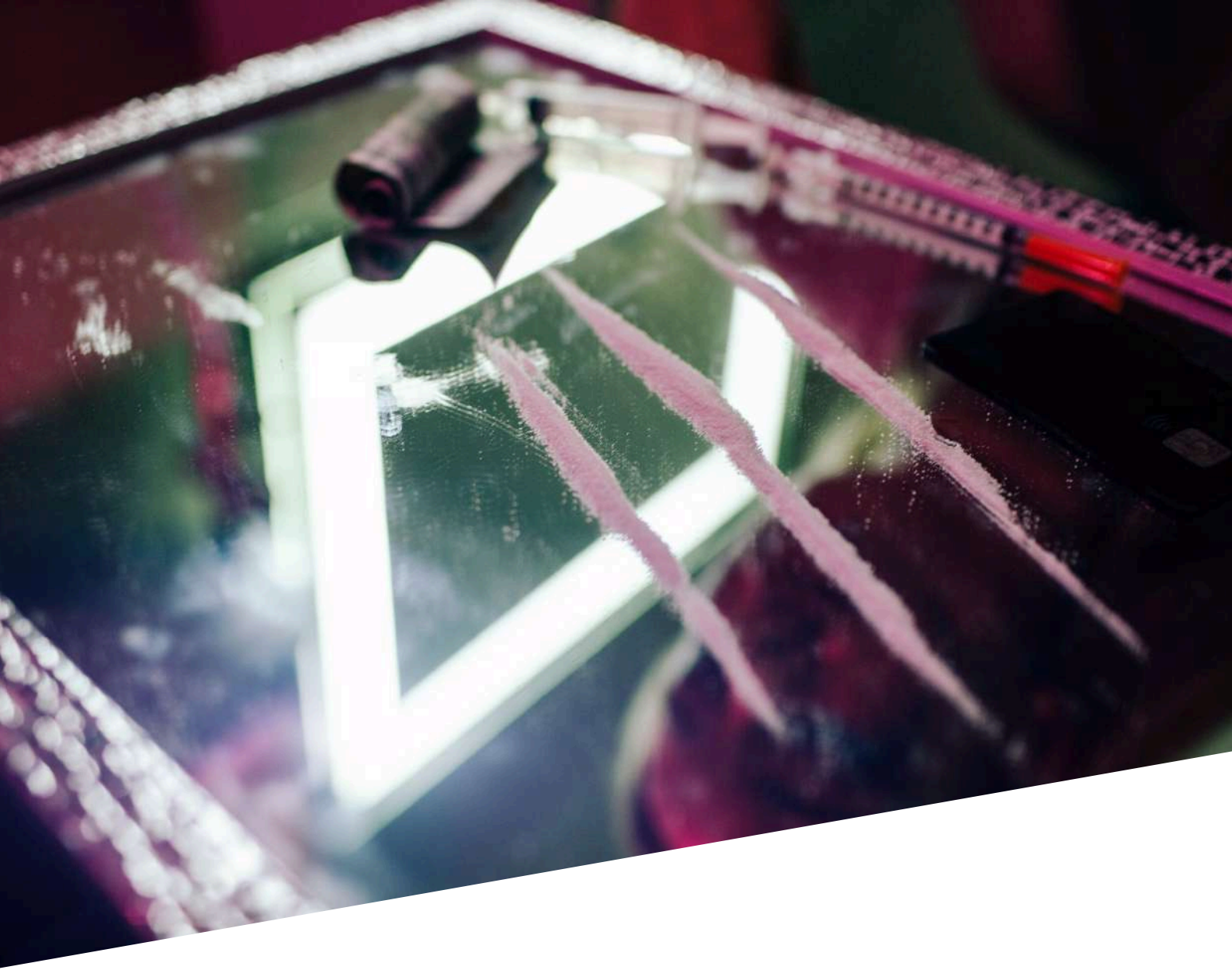


17.4%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for cannabis issues

Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23; WHO 2024.





1.5 Cocaine

1 in 50 Hinkler residents use cocaine.

Approximately 2.4% (1 in 50 people) residents responding to the 2024 Hinkler AOD Community Survey used cocaine. This is lower in comparison to the 4% of Queenslanders and 4.5% of Australians who used cocaine in 2022-23.

While it does not seem that cocaine is a drug of concern, it should be noted that Australia uses cocaine at much higher rates than the rest of the world, where according to World Health Organisation data, just 0.5% engaged in cocaine use in 2021.

In terms of seeking treatment, only 0.79% of treatment episodes by AOD services in 2022-23 in the Central QLD, Wide Bay and Sunshine Coast PHN were for cocaine issues.

Cocaine



Cocaine is an intense stimulant drug with high addiction potential that comes from the leaves of the coca plant. The leaf extract can be processed to make three different forms of cocaine- cocaine hydrochloride- a fine white powder with a bitter, numbing taste (this is commonly snorted, but can be rubbed onto the gums or injected); freebase- a white powder that is purer than cocaine hydrochloride (commonly smoked); and crack- crystals ranging from white or cream to transparent with a pink or yellow hue (also commonly smoked). Cocaine has intense euphoric effects known as a “rush”. Long-term effects besides dependence include lung conditions, anxiety, paranoia & psychosis, sexual dysfunction, kidney failure, stroke, seizures, hypertension & irregular heart beat, heart disease, and death. (Alcohol & Drug Foundation, 2024)



2.4%

Of Hinkler community members surveyed who used drugs reported they used cocaine



4%

Of Queenslanders over 14+ years old used cocaine in 2022-23



4.5%

Of Australians over 14+ years old used cocaine in 2022-23



0.5%

Of the world's population 15+ years used cocaine in 2021 (22 million people)



0%

Of Hinkler community service providers surveyed observed cocaine issues among their clients



0.79%

Of total treatment episodes in the Central QLD, Wide Bay & Sunshine Coast PHN area were for cocaine issues



1.1%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for cocaine issues



0.9%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for cocaine issues

Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23; WHO 2024.





1.6 Opioids

1 in 50 Hinkler residents misuse opioids.

According to the 2024 Hinkler Community AOD Survey, 2.4% (1 in 50) of people who used illicit drugs reported using opioids. This is comparable to Queensland and National rates where according to the National Drugs Strategy Household Survey, 2.1% of Queenslanders and 2.2% of Australians misused opioids in 2022-23. Overall, opioid use has declined from 3.6% nationally in 2016.

Among those seeking support, 8.5% of treatment episodes by AOD services in 2022-23 in the Central QLD, Wide Bay and Sunshine Coast PHN were for opioid issues, according to data from the National Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

Opioids



Opioids include compounds that are extracted from the poppy plant (*Papaver somniferum*) as well as semisynthetic and synthetic compounds with similar properties that can interact with opioid receptors in the brain. On opioids, your breathing and heart rate slow down and dopamine is released, causing sensations of pleasure and pain relief. Opioids are commonly used for the treatment of pain, and include medicines such as morphine, fentanyl and tramadol. Their non-medical use, long-term use, misuse and use without medical supervision can lead to opioid dependence and other health problems. Due to their pharmacological effects, opioids can cause breathing difficulties, and opioid overdose can lead to death. (WHO, 2024; Alcohol & Drug Foundation, 2024)



2.4%

Of Hinkler community members surveyed who used drugs reported they used opioids



2.1%

Of Queenslanders over 14+ years old used opioids in 2022-23



2.2%

Of Australians over 14+ years old used opioids in 2022-23



5.8%

Of the world's population 15+ years used opioids in 2021 (296 million people)



0%

Of Hinkler community service providers surveyed observed opioid issues among their clients



8.5%

Of total treatment episodes in the Central QLD, Wide Bay & Sunshine Coast PHN area were for opioid issues



6.83%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for opioid issues



6.9%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for opioid issues

Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23; WHO 2024.





1.7 Hallucinogens

Almost 1 in 4 Hinkler residents use hallucinogens.

According to respondents to the 2024 Hinkler AOD Community Survey, 3.2% (almost 1 in 4) residents reported using hallucinogens. This is higher than Queensland rates where, National Drug Strategy Household Survey data shows 1.3% of Queenslanders used hallucinogens in 2022-23. It is, however, comparable with Australian data where 2.4% of Australians used hallucinogens in the same period. Overall, the use of hallucinogens is on the rise, increasing from 1% in 2016 to current levels.

Treatment seeking for hallucinogen issues is very low, with only 0.2% of total treatment episodes in the Central QLD, Wide Bay and Sunshine Coast PHN in 2022-23 being for hallucinogen use, according to AODTS NMDS data.

Hallucinogens



Hallucinogens (also known as psychedelics) are drugs that affect all of a person's senses, producing changes in perception, mood and cognitive processes. Hallucinogenic effects include altering a person's thinking, sense of time, emotions, and can cause hallucinations (seeing or hearing things that do not exist or are distorted). Examples of commonly used psychedelics include psilocybin (magic mushrooms), 2C-B, DMT, LSD, mescaline, NBOMes, salvia, and ayahuasca. These come in many forms including tablets, blotter paper, dried mushrooms, powders and crystalline powders. The use of psychoactive drugs without medical supervision is associated with significant health risks and can lead to the development of drug use disorders. (WHO, 2024; Alcohol & Drug Foundation, 2024)



3.2%

Of Hinkler community members surveyed who used drugs reported they used hallucinogens



1.8%

Of Queenslanders over 14+ years old used hallucinogens in 2022-23



2.4%

Of Australians over 14+ years old used hallucinogens in 2022-23



5.8%

Of the world's population 15+ years used opioids in 2021 (296 million people)



0%

Of Hinkler community service providers surveyed observed hallucinogen issues among their clients



0.2%

Of total treatment episodes in the Central QLD, Wide Bay & Sunshine Coast PHN area were for hallucinogen issues



0.24%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for hallucinogen issues



1.2%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for hallucinogen issues

Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23; WHO 2024.





1.8 Meth/amphetamines

1 in 50 Hinkler residents use meth/amphetamines.

In the Hinkler community, 2.4% (1 in 50) respondents to the 2024 Hinkler AOD Community Survey reported using meth/amphetamines. This is a higher rate than Queensland and nationally, where data from the National Drug Strategy Household Survey showed 0.6% of Queenslanders and 1% of Australians using methamphetamines and amphetamines in 2022-23. Problematic use of meth/amphetamines is also supported by feedback from the 2024 Hinkler Community Survey Provider AOD survey where 58.8% of respondents reported observing meth/amphetamine issues among their clients seeking community services support. Due to a lack of available data, it is difficult to state whether meth/amphetamine use is on the rise as there is no previous data to compare 2022-23 results against.

In terms of treatment services provided, 23.2% of total treatment episodes by AOD services in the Central QLD, Wide Bay and Sunshine Coast PHN in 2022-23 were for meth/amphetamine use.

Meth/amphetamines



Meth/amphetamines (Amphetamines) are types of stimulant pharmaceutical drugs that affect the central nervous system by speeding up the activity of certain chemicals in the brain, producing a feeling of increased alertness and reduced fatigue. Some amphetamines are prescribed by doctors to treat conditions such as attention deficit hyperactivity disorder (ADHD), narcolepsy (where a person has an uncontrollable urge to sleep) and Parkinson's disease. Other types of amphetamines, such as speed, are produced and sold illegally. Amphetamines are also sometimes taken as performance enhancement drugs. The most potent form is crystal methamphetamine (ice). Meth/amphetamine use is linked to addiction, strokes, cardiovascular disease, overdose and death. Snorting the drug can damage the nasal passage way and cause bleeding, while injecting the drug can increase risk of tetanus, clots, infection, HIV & AIDS, and hepatitis B & C. (WHO, 2024; Alcohol & Drug Foundation, 2024)



2.4%

Of Hinkler community members surveyed who used drugs reported they used meth/amphetamines



0.6%

Of Queenslanders over 14+ years old used meth/amphetamines in 2022-23



1%

Of Australians over 14+ years old used meth/amphetamines in 2022-23



0.7%

Of the world's population 15+ years used meth/amphetamines in 2021 (36 million people)



58.8%

Of Hinkler community service providers surveyed observed meth/amphetamine issues among their clients



23.2%

Of total treatment episodes in the Central QLD, Wide Bay & Sunshine Coast PHN area were for meth/amphetamine issues



19.9%

Of total treatment episodes delivered by AOD services in QLD in 2023 were for meth/amphetamine issues



24%

Of total treatment episodes delivered by AOD services in Australia in 2023 were for meth/amphetamine issues

Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23; WHO 2024.



Hervey Bay Transformations



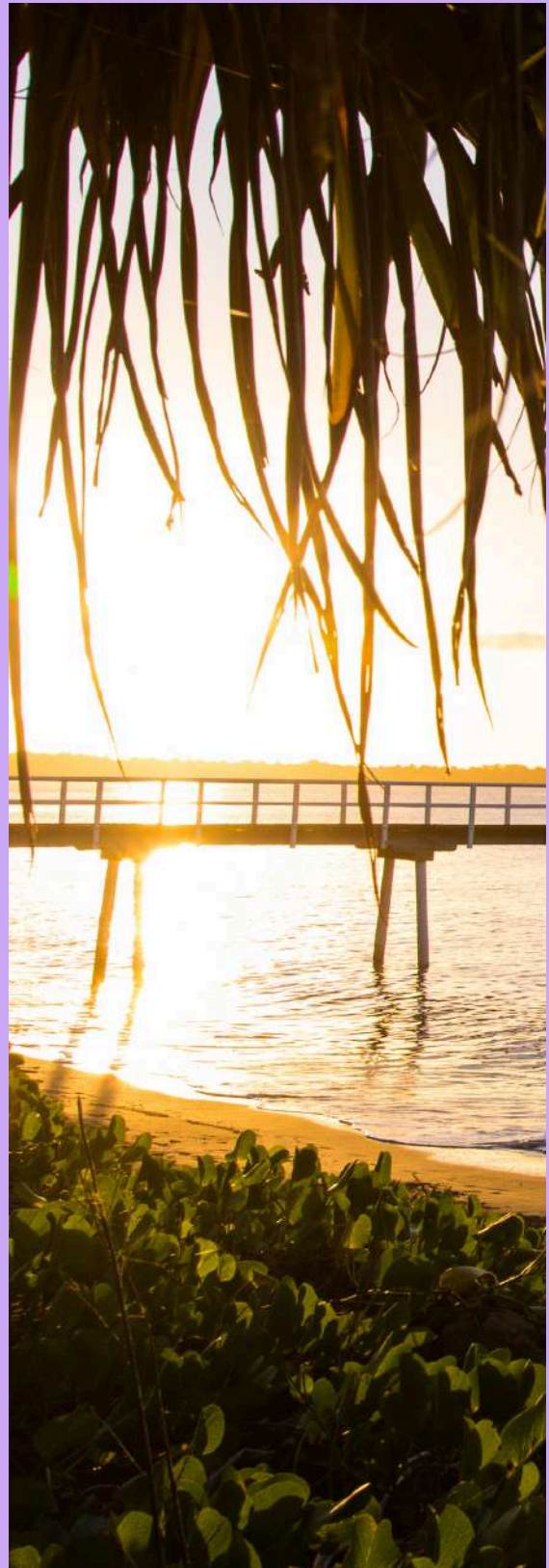
Transformations is a local Hervey Bay service provider supporting people experiencing addiction.

Transformations uses an evidence-based, faith supported, peer-to-peer support community that helps people experiencing addiction. It is founded on a therapeutic community model and supported by individualised case management, group therapy and psychoeducation curriculum. Transformations aims to help people address the core reasons behind their addictions.

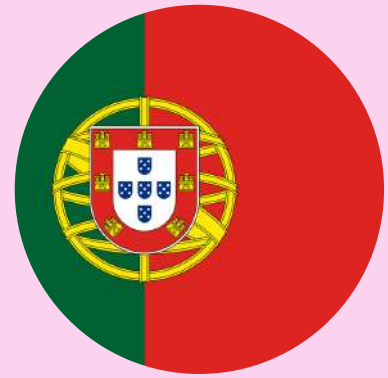
Transformations Hervey Bay is located in Torquay, close to the beach and local shops. The location has been operating for over 10 years and is able to accommodate 25 men and 10 women. Both the men's and women's houses are set in tranquil locations surrounded by trees and nature with access to a pool.

The Transformations residential program features 4 stages and includes health support through local GPs to develop a Care Plan; case management to work collaboratively with clients to set goals through and during the program; fitness including beach walks, stretch classes and gym workouts; individual counselling with a specialist in trauma and addiction recovery; group therapy including Process Group, Feelings Group, Community Council and Reflections Group; a specialised program curriculum (Optimal Healthy Living); and work therapy to learn life skills through participating in cleaning, cooking, yard work, shopping and basic organisational tasks.

For more information visit:
<https://transformations.net.au/transformation-s-hervey-bay/>



World Showcase -Portugal



The Portuguese Experiment in drug policy has drawn significant international attention. In 2001, Portugal made the decision to decriminalise the personal possession of all drugs, from marijuana to heroin, marking a radical shift in its approach to drug use. This policy, created in response to an overwhelming heroin epidemic in the 1990s, has been hailed as a public health success, with Portugal's innovative approach to addiction treatment and harm reduction sparking interest globally.

By the 1990s, Portugal faced a devastating heroin crisis, with nearly 1% of the population addicted. The epidemic was exacerbated by a history of closed-off authoritarian rule under the Second Republic, followed by an explosion of drug use when freedoms were gained after its fall. Heroin smuggling flourished, and a generation was exposed to drug culture. Dr. João Castel-Branco Goulão, a key architect of the 2001 policy, noted that Portugal's drug policy was once naïve, as the country lacked knowledge of how to manage the burgeoning addiction crisis.

In 1998, Goulão and a team of health professionals and judges proposed a bold solution: treating addiction as a health issue rather than a criminal one. The policy would offer therapy and rehabilitation instead of prison sentences for those caught with small amounts of drugs. This approach aimed to reduce the stigma around addiction, address it as a medical issue, and prevent overcrowded prisons. The government passed the decriminalisation laws in 2001, allowing individuals caught with up to a 10-day supply of drugs to be sent before a panel of health professionals instead of facing criminal prosecution. Though initially controversial, with fears of worsening the drug problem, the policy proved effective.





By 2009, a Cato Institute report revealed that the results exceeded expectations: illegal drug use among teenagers dropped, HIV infections linked to drug use fell, and the number of people seeking treatment for addiction more than doubled. The number of young people using heroin decreased, as did overall drug use. Importantly, Portugal's focus on treatment and prevention led to the expansion of methadone and buprenorphine treatment programs, increasing enrollment from 6,040 to nearly 15,000 individuals.

The decriminalisation policy also resulted in substantial cost savings. Money previously allocated for law enforcement was redirected to treatment programs. Portugal's model has demonstrated that drug addiction can be better addressed through public health strategies rather than criminalisation, offering an alternative to punitive approaches that have failed in many parts of the world. The country's experiment, now more than two decades old, remains a valuable case study in the global debate over drug policy.

Source: Desert Hope Treatment Centre: *Other Countries Addiction Treatment*, 2024.

“It always seems impossible
until it is done”
-Nelson Mandela



2. AOD use & specific groups

AOD use among specific groups of people



2.1 Women

Women's use of illicit drugs is increasing with almost 1 in 6 Queensland women using illicit drugs in 2022-23.

According to the National Drug Strategy Household Survey (NDSHS), illicit drug use has increased among women in Queensland from 12.7% in 2019 to 16% in 2022-23. No information on specific drug use was available. Locally, there is a lack of available data on women and AOD across the Hinkler region. However, on the 2024 Hinkler AOD Community Survey, 10.4% of female respondents reported using illicit drugs. Of that cohort, the highest drug use was cannabis (22.5%), hallucinogens (4.3%), and cocaine (3.2%).

In comparison, risky drinking is decreasing among Queensland women in general, according to data from the NDSHS; down from 20% in 2019 to 18.7% in 2022-23.

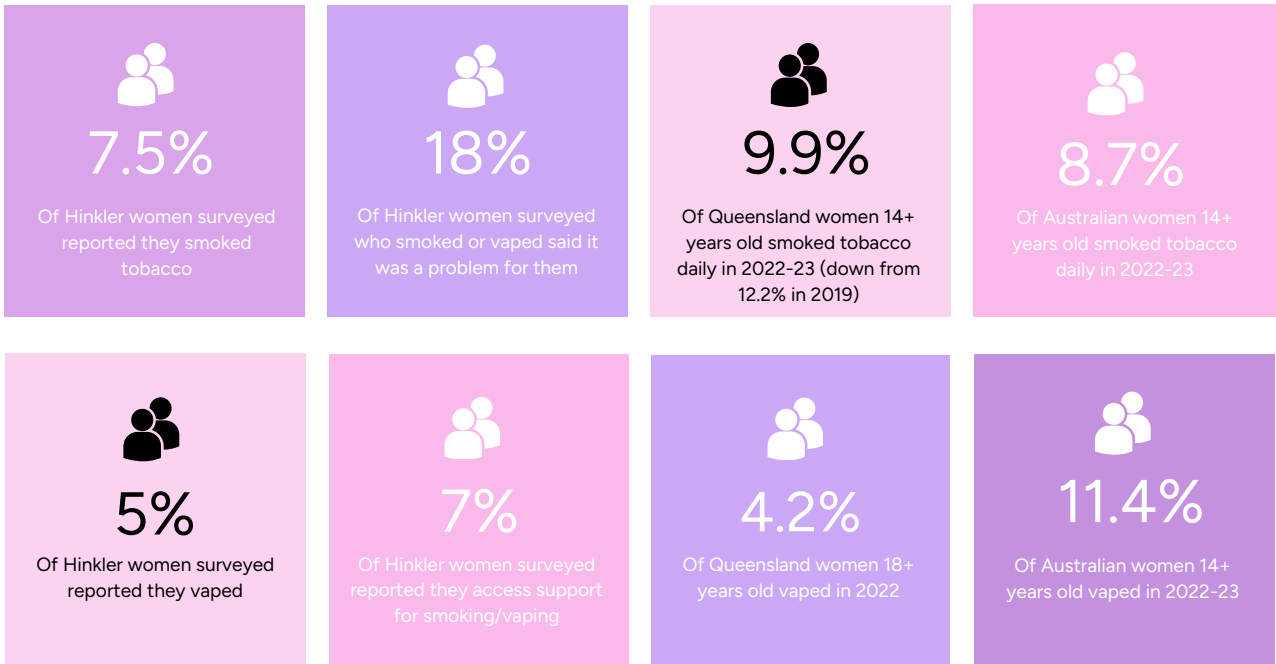
In terms of accessing treatment, women face significant social barriers, including family and parenting responsibilities, which can delay their seeking help for alcohol and drug issues (Alcohol & Drug Foundation, 2024). Furthermore, family and domestic violence (DFV) plays a critical role, with 35% of service providers in the Hinkler region reporting that DFV-related issues were prevalent among their clients with AOD concerns. These factors contribute to a need for targeted support and services for women in the region, acknowledging the unique challenges they face in addressing alcohol and drug use.



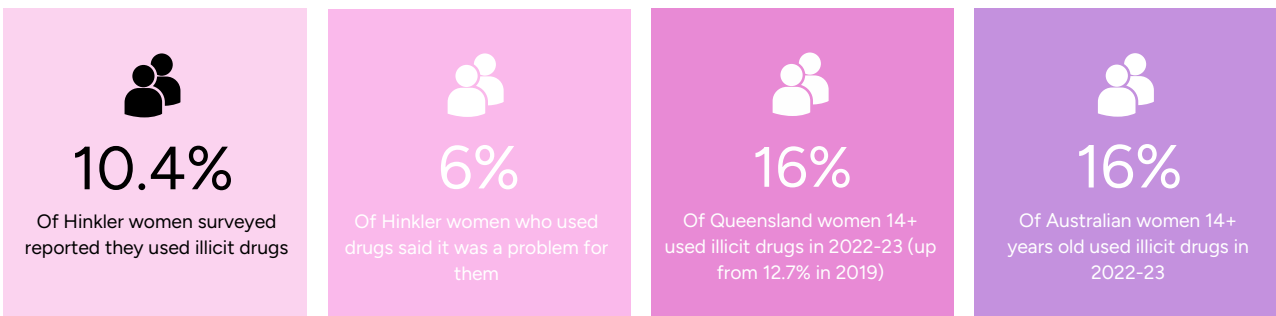
Women & Alcohol



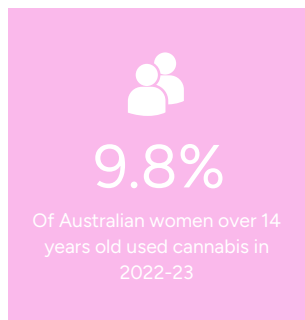
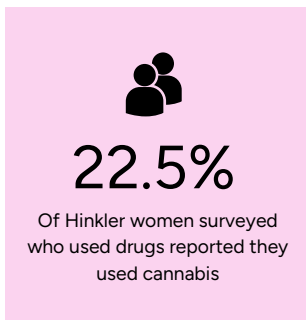
Women & Smoking/ Vaping Tobacco



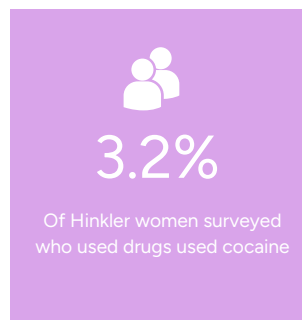
Women & Illicit Drugs



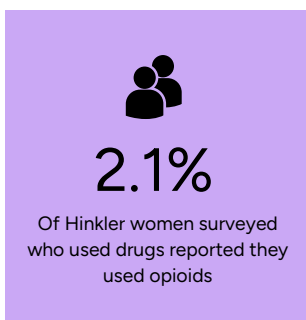
Women & Cannabis



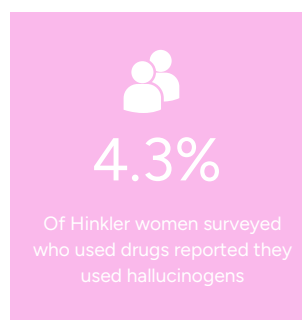
Women & Cocaine



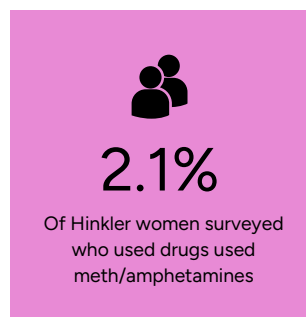
Women & Opioids



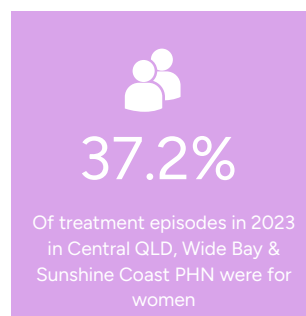
Women & Hallucinogens



Women & Meth/amphetamines



Women & AOD Treatment Supports



Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23



2.2 Men

More than 1 in 3 Queensland men drink alcohol at risky levels.

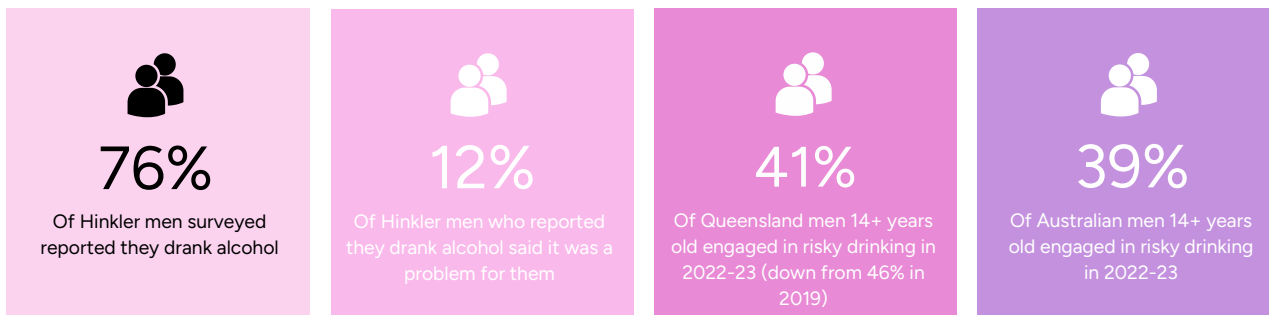
The 2022-23 National Drug Strategy Household Survey (NDSHS) revealed that 41% of Queensland men (more than 1 in 3) engaged in risky alcohol consumption, which is 15% higher than the 25.6% of women. Middle-aged men were found to be the most frequent consumers of alcohol (AIHW, 2024). Locally, data on alcohol and other drugs (AOD) use among men is limited, with some information available from the 2024 Hinkler AOD Community Survey. However, due to a small sample size of male respondents, this data should be interpreted with caution.

Regarding smoking, the NDSHS data for Queensland shows a decline in tobacco use among men, dropping from 15% in 2019 to 12% in 2022-23.

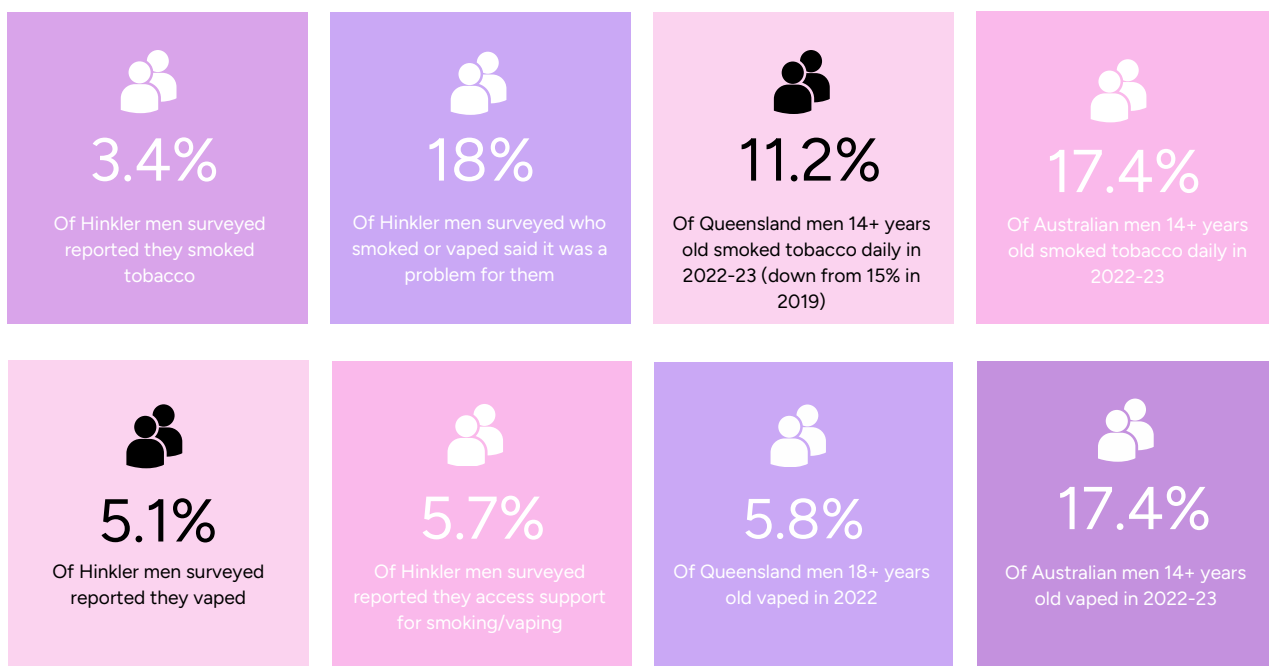
Illicit drug use among Queensland men has remained relatively stable, with 21% using illicit substances in 2019 compared to 20.9% in 2022-23.

Men also represent the largest group seeking treatment for substance use. In 2023, they accounted for 62% of all treatment episodes, both in Queensland and nationally.

Men & Alcohol



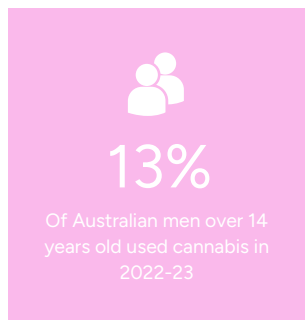
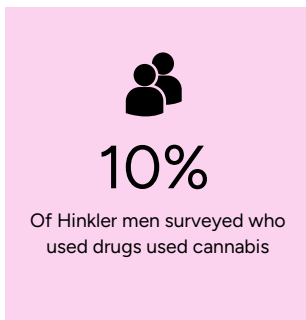
Men & Smoking/ Vaping Tobacco



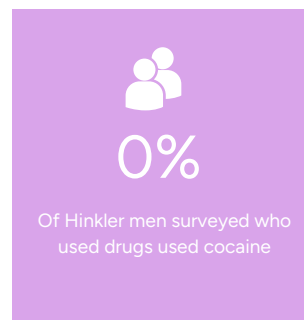
Men & Illicit Drugs



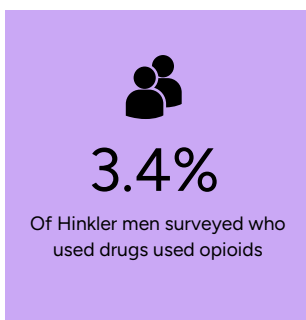
Men & Cannabis



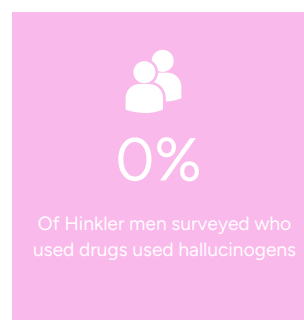
Men & Cocaine



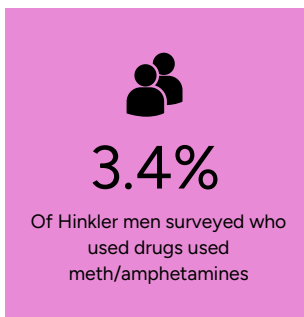
Men & Opioids



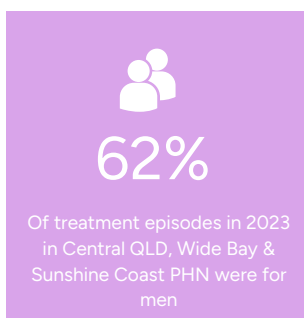
Men & Hallucinogens



Men & Meth/amphetamines



Men & AOD Treatment Supports



Sources: Social Shift Institute Hinkler AOD Community Survey 2024; Social Shift Institute Hinkler Service Provider AOD Survey 2024; AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23



2.3 Young People 18-24

More than 1 in 3 young Australians aged 18-24 use illicit drugs.

Data on alcohol and other drug (AOD) use among young adults aged 18-24 in the Hinkler region is limited, with most available statistics coming from broader Queensland and Australian trends. There were not enough responses from young adults 18-24 on the Hinkler AOD Community Survey 2024 to include in this report.

Between 2018 and 2022, the prevalence of vaping among Queensland adults aged 18-29 nearly doubled, with 14.5% of this age group vaping in 2022, up from just 3.7% in 2018. This trend mirrors national statistics, where 21% of Australians aged 18-24 vaped in 2022-23. Tobacco use remains a significant concern, with 9.9% of young adults smoking in 2022-23.

Alcohol consumption also presents concerning patterns, as 41.8% of Australians in this age group engaged in risky drinking during 2022-23.

Illicit drug use is prevalent among young Australians, with 34.6% reporting use in 2022-23. Cannabis use is most common at 25.5%, followed by 11.3% using cocaine, 6.4% using hallucinogens, 3.2% using opioids, and 1.7% using methamphetamines.

Treatment data indicates that young adults represent similar proportions of those seeking help for substance use, with 23% of treatment episodes in Central Queensland, Wide Bay, and the Sunshine Coast PHN region, 23.4% in Queensland, and 23.14% across Australia in 2023 being for individuals aged 18-29. This highlights the ongoing need for targeted prevention and treatment services for young adults facing AOD challenges.

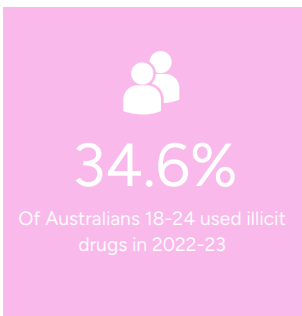
Young Adults 18-24 & Alcohol



Young Adults 18-24 & Smoking/ Vaping Tobacco



Young Adults 18-24 & Illicit Drugs



Young Adults 18-24 & Cannabis



Young Adults 18-24 & Cocaine



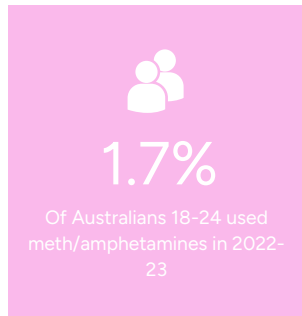
Young Adults 18-24 & Opioids



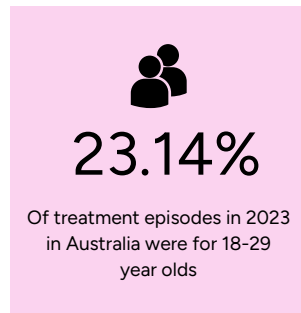
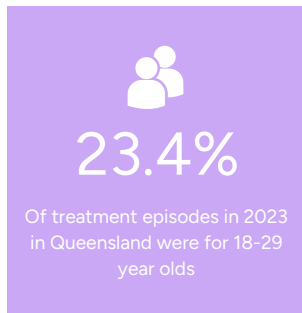
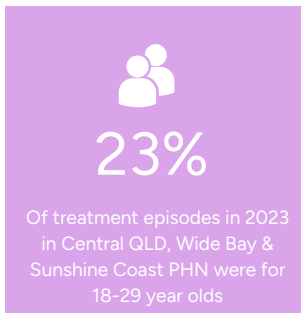
Young Adults 18-24 & Hallucinogens



Young Adults 18-24 & Meth/amphetamines



Young Adults 18-24 & AOD Treatment Supports



Sources: AODTS NMDS; QLD Government Report of the Chief Health Officer Queensland; NDSHS 2022-23





2.4 Youth 14-17

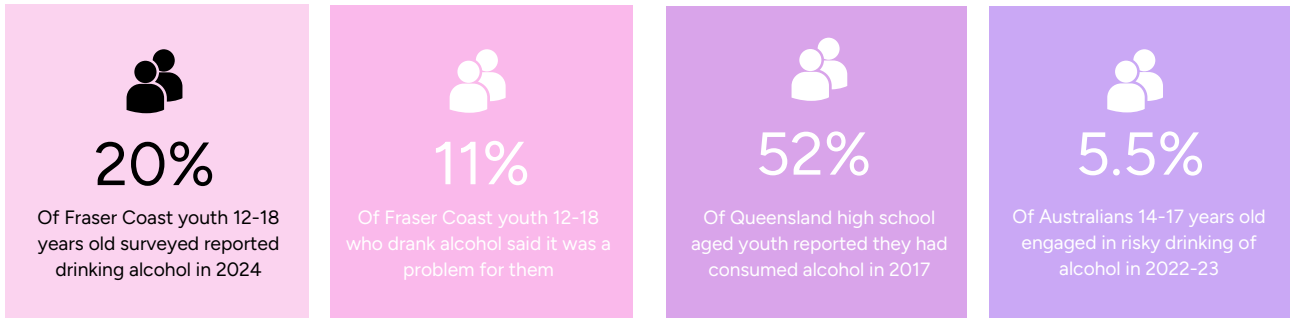
1 in 5 Fraser Coast youth drink alcohol.

Youth alcohol and other drug (AOD) use remains a significant concern across Australia, with various surveys highlighting both trends and challenges. In 2024, 20% of youth (1 in 5) on the Fraser Coast reported drinking alcohol through the Fraser Coast Youth Survey. Of those, 11% felt that alcohol consumption had become a problem for them. No data on risky drinking for Fraser Coast youth was found available.

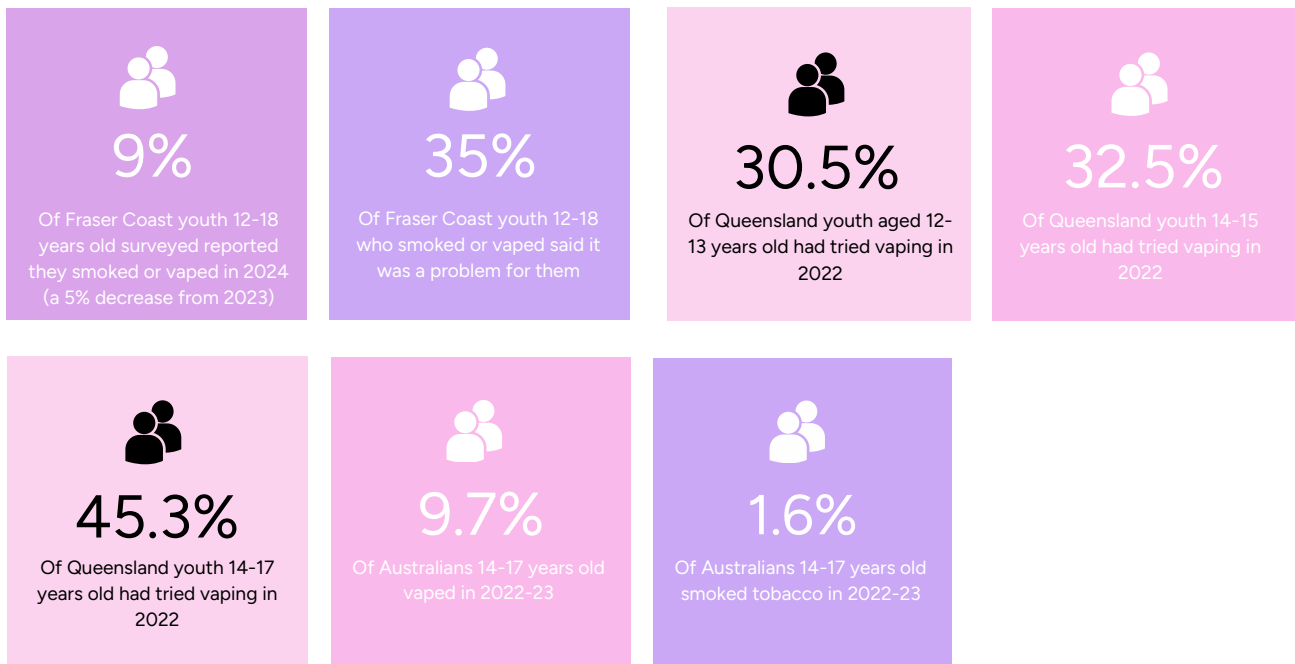
Other data from the Fraser Coast Youth Survey 2024 showed 9% of youth reported smoking or vaping with 35% of those who did saying they felt it was a problem for them. Additionally, 7% of youth reported using illicit drugs. No specific data on the types of illicit drugs used was available.

National data from the National Drugs Strategy Household Survey showed 9.7% (1 in 10) youth used cannabis in 2022-23, 0.2% used cocaine, 1.6% used opioids, 0.9% used hallucinogens, and 0.5% used meth/amphetamines.

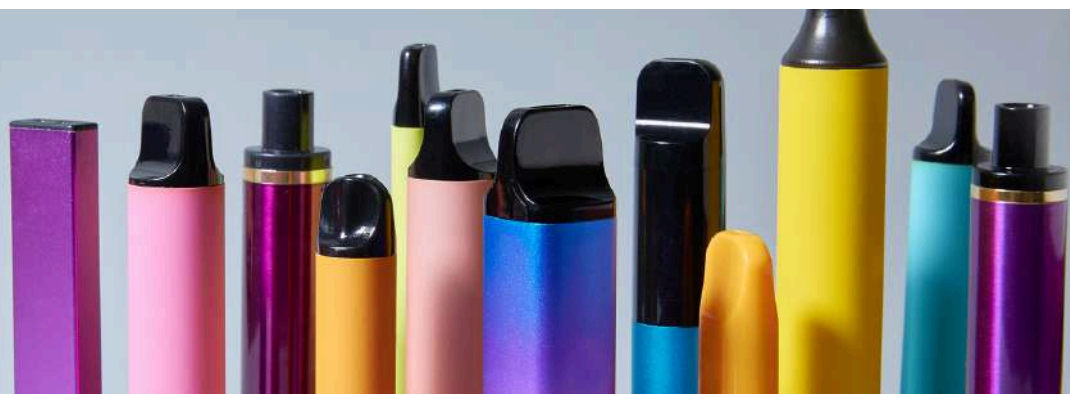
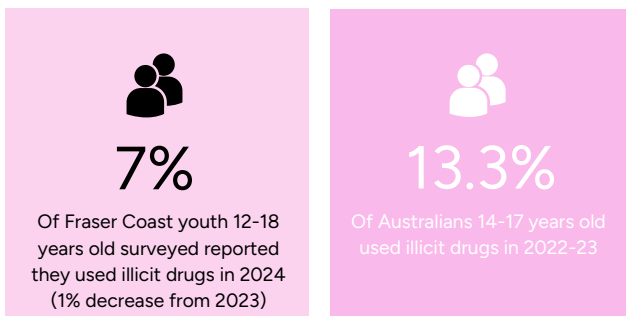
Youth 14-17 & Alcohol



Youth 14-17 & Smoking/ Vaping Tobacco



Youth 14-17 & Illicit Drugs



Youth 14-17 & Cannabis



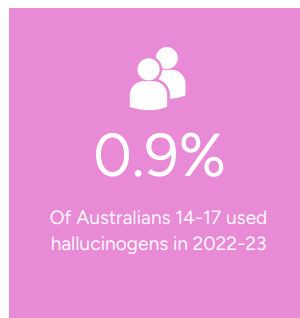
Youth 14-17 & Cocaine



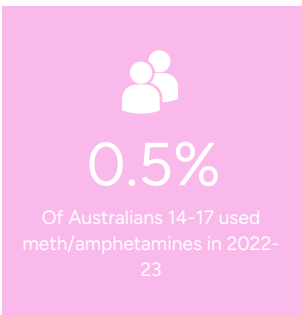
Youth 14-17 & Opioids



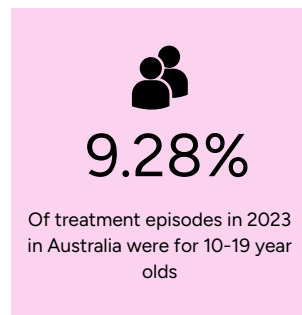
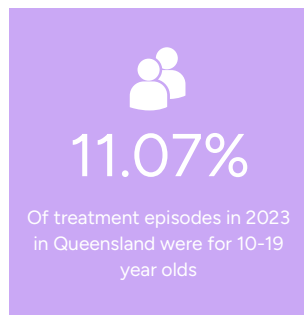
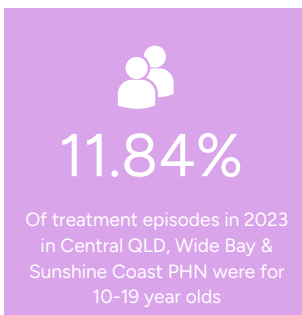
Youth 14-17 & Hallucinogens



Youth 14-17 & Meth/amphetamines



Youth 14-17 & AOD Treatment Supports





2.5 First Nations People

More than 1 in 4 First Nations people use illicit drugs.

According to the Australia Institute of Health and Welfare, Aboriginal and Torres Strait Islander (First Nations) people suffer more harm from alcohol and other drugs than the general population (AIHW, 2024). There is a lack of local available data on First Nations people and AOD in the Hinkler region.

Nationally, data from the National Drug Strategy Household Survey showed 32.9% (1 in 3) First Nations people engaged in risky drinking in 2022-23.

Smoking rates are declining but remain high with 20.1% First Nations people smoking daily in 2022-23 (down from 24.9% in 2019). Vaping, alternatively has increased significantly from 3.8% in 2019 to 13.6% in 2022-23.

Illicit drug use has also significantly increased from 23% in 2019 to 27.8% in 2022-23, with increases in cannabis use, cocaine, & hallucinogens.

In terms of help seeking, 17.8% of total treatment episodes in 2022-23 by AOD services were for First Nations people.

First Nations People & Alcohol



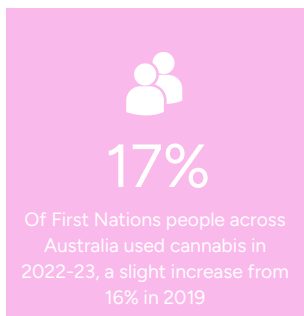
First Nations People & Smoking/ Vaping Tobacco



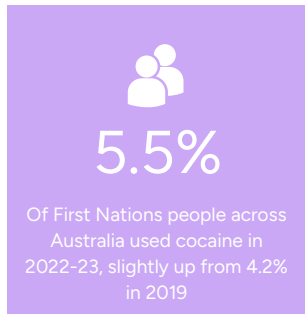
First Nations People & Illicit Drugs



First Nations People & Cannabis



First Nations People & Cocaine



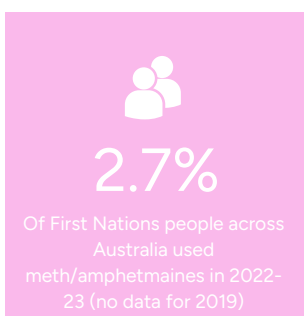
First Nations & Opioids



First Nations & Hallucinogens



First Nations People & Meth/amphetamines



First Nations People & AOD Treatment Supports



Sources: AODTS NMDS; NDSHS 2022-23; Social Shift Institute Hinkler AOD Community Survey 2024





2.6 LGBTI+ Individuals

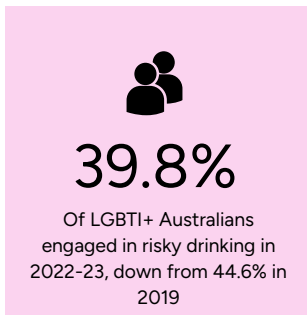
Almost 1 in 2 LGBTI+ Australians use illicit drugs.

Lesbian, gay, bisexual, transgender and intersex (LGBTI+) individuals are at an increased risk of alcohol and other drug issues stemming from pressures including stigma and discrimination, family issues and a lack of support (AIHW, 2024). Australian data is presented here due to a lack of local Hinkler data available.

According to data from the National Drug Strategy Household Survey, the use of illicit drugs among LGBTI+ Australians significantly increased from an already high 40% in 2019 to 47.4% in 2022-23. Particularly, use of cocaine significantly increased from 10.5% in 2019 to 15% in 2022-23. Cannabis use also increased, as did hallucinogens.

Treatment seeking, however, appears to be very low with just 0.13% of total treatment episodes delivered by AOD services in Central Queensland, Wide Bay and Sunshine Coast PHN in 2022-23 being for people who identified as 'another term' (note: this is the terminology AODTS NMDS). Similarly, 0.79% of total Australian treatment episodes by AOD services were for people who identified as 'another term'. Affecting these low statistics is also the lack of demographic options for people who are LGBTI+ to report or unwillingness due to stigma.

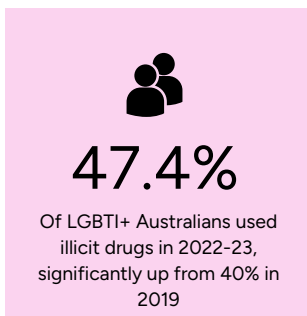
LGBTI+ People & Alcohol



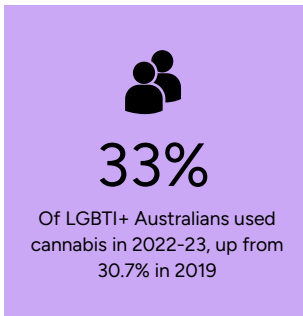
LGBTI+ People & Smoking/ Vaping Tobacco



LGBTI+ People & Illicit Drugs



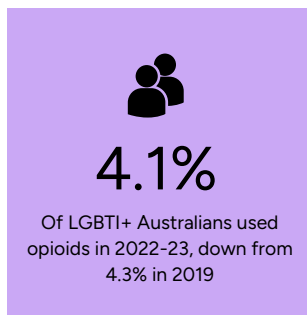
LGBTI+ People & Cannabis



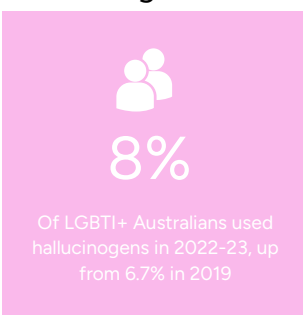
LGBTI+ People & Cocaine



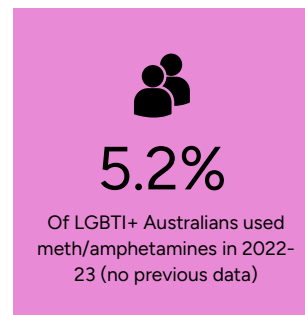
LGBTI+ People & Opioids



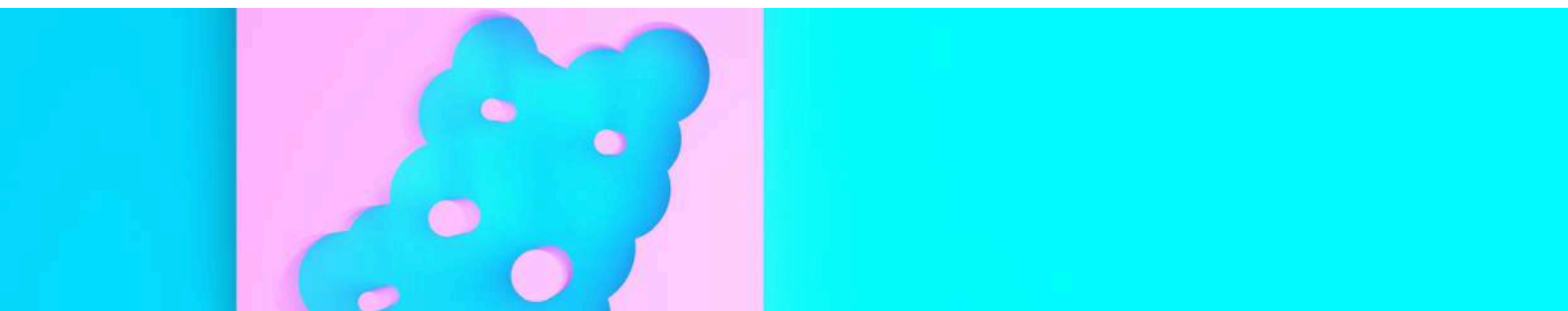
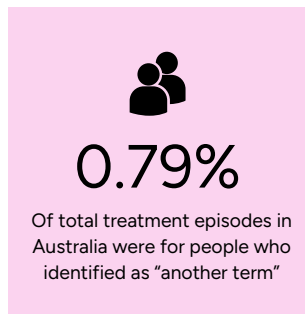
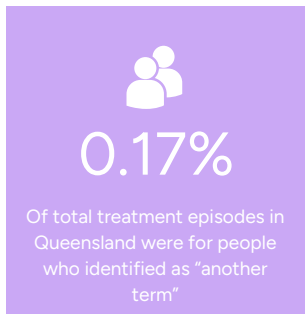
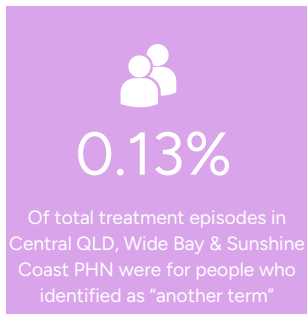
LGBTI+ People & Hallucinogens



LGBTI+ People & Meth/amphetamines



LGBTI+ People & Treatment Supports



Better Connect: Changing how people access Mental Health and Alcohol & Other Drugs Support

Better Connect is a new partnership of nine established, not-for-profit service providers who are working together to transform the way mental health, alcohol and other drugs and suicide prevention services are delivered in our local region. Better Connect offers free services so children, young people and adults can receive the right care, in the right place, at the right time. Services provided under the Better Connect initiative include: EACH, Central Queensland Indigenous Development (CQID), Flourish, Open Minds, Queensland Injectors Health Network (QulHN), Refocus, Stride, and Wellways.

AOD Services are provided through CQID and QulHN who have therapeutic teams of counsellors, social workers and psychologists, who utilise a range of evidence-based therapies and approaches to support people through a process of change to address alcohol and substance use issues and any associated mental health concerns.

Better Connect is funded by Country to Coast QLD, through the Australian Government's PHN program. Country to Coast QLD's innovative reform of MHAOD services addresses community feedback to simplify the complexity of navigating what were fragmented services and introduces a 'no wrong door' approach to support. This initiative has resulted in there now being 4 new Hubs and 16 spoke sites coordinated by EACH and a total of 50 service points across the region to support people.

Anyone can access Better Connect by calling in to the Hervey Bay Hub or emailing betterconnect@each.com.au



QuIHN

Queensland Injectors Health Network (QuIHN), is one of the services providing alcohol & other drug support through Better Connect. QuIHN specialise in meeting people where they are at, respecting and honoring their choices.

Services provided include:

Clinical counselling and support to people who wish to address their drug use and/or mental health concerns (dual diagnosis). Counselling can focus on motivational support to moderate, reduce or cease drug use, health education and health behaviour change education, relapse prevention and management, crisis support, referral into other specialist services such as withdrawal management, rehabilitation and pharmacotherapy programs, support for family, friends or carers of someone affected by substance use and/or mental health concerns, and support to access other health and social services.

QuIHN also offer group programs including:

- **MudMaps**- for anyone who is, or is thinking about making changes to substance use.
- **Mental Health and Illicit Substances Education (MAISE) Group**-is a support, skill building and education program for anyone experiencing the negative effects of drug use and mental health problems (dual diagnosis). MAISE is designed to support on-going case management or counselling.
- **Treehouse Parenting Group**- provides a safe and supportive space for parents who are using substances and may have mental health concerns. Treehouse Parenting Group Program supports parents by enhancing positive parenting skills, addressing parental concerns and/or child protection concerns, offering education on the effects of mental health concerns and substance use on positive parenting.

Anyone can access these services by calling in to the Hervey Bay Hub or emailing betterconnect@each.com.au



CQID



Central Queensland Indigenous Development (CQID), is an organisation committed to positive social change of Indigenous Australians. This includes support for alcohol and other drugs including case management, health behaviour education, harm reduction, relapse prevention and referrals to specialist services for family, friends and carers.

They also offer the **INSIDE OUT** group program, which is a comprehensive journey of joining the dots on why AOD have made it into a person's life. This process is delivered in a culturally safe and respectful way, making it easier for First Nations people to understand their experiences and develop a plan to break free from the cycles that keep them trapped. Post program, CQID also offers the comprehensive MY PLAN TO STAY STRONG relapse prevention plan.

Anyone can access these services by calling in to the Hervey Bay Hub or emailing betterconnect@each.com.au



Networking mental health services for better recovery

Country to Coast, QLD's network of mental health, alcohol and other drugs services means there's 'no wrong door' for anyone seeking support.

Contact one of our in-person, phone and virtual services in your area and take the first step to better mental health.



HEAD TO HEALTH

Free call for mental health advice and guidance

1800 595 212



MH
MHAOD Hub (Established by EACH)

Emerald	EACH
Gympie	EACH
Hervey Bay	EACH
Rockhampton	EACH

MS
MHAOD Spoke (Coordinated by EACH)

Agnes Water	(from 2025)
Bundaberg	CQID
Bundaberg	OPEN MINDS
Bundaberg	Wellways
Emerald	OPEN MINDS
Emerald	CQID
Gympie	Gympie Womens Health
Hervey Bay	CQID
Hervey Bay	FLOURISH
Maroochydore	OPEN MINDS
Maroochydore	QuitN
Maroochydore	Wellways
Maryborough	OPEN MINDS
Maryborough	CQID
Rockhampton	OPEN MINDS
Rockhampton	CQID
Rockhampton	Wellways

MC
Medicare Mental Health Centre (NEW)

Bundaberg	Wellways
Gladstone	Wellways
Rockhampton	Wellways
Sunshine Coast	Wellways

hs
headspace

Bundaberg	Youturn
Caloundra (Coming soon)	Lives Lived Well
Emerald	Anglicare
Gladstone	Roseberry
Gympie	Youturn
Hervey Bay	Wesley Mission
Maroochydore	Youturn
Maryborough	Wesley Mission
Rockhampton	Roseberry

PM
Primary Mental Health (Psychological Therapies)

Gladstone	Wakai Waian Healing
Gympie	Lifespan
Maroochydore	Changes Future
Nambour	Wakai Waian Healing
Noosa	Advance Wellbeing
Rockhampton	Wakai Waian Healing
Sunshine Coast	Ocean Grace
Sunshine Coast	Lifespan
Sunshine Coast	Reminded

FN
First Nations Service

Bundaberg	Indigenous Wellbeing Centre
Gladstone	Nhulunidu
Gympie	NCACCH
Sunshine Coast	REFOCUS
Hervey Bay	Galangoor Duwalami
Rockhampton	Gumbi Gumbi
Rockhampton	Helem Yumba
Woorabinda	Yoonthalla
CQID	5 x MHAOD spoke sites

World Showcase -Netherlands



The Netherlands' drug policy, often cited as one of the most progressive in the world, has evolved over decades and is grounded in public health principles rather than punitive measures. While cannabis remains illegal, the country's approach to drug use focuses on harm reduction and decriminalisation, aiming to minimise the risks associated with drug use, protect public health, and reduce social harm.

A key component of the Dutch drug policy is the regulation of cannabis through licensed "coffee shops," where individuals can legally purchase and smoke marijuana. This policy was first introduced in the mid-1970s as part of a strategy to separate the market for soft and hard drugs. By providing a legal, regulated outlet for cannabis, the government aimed to reduce the likelihood that cannabis users would come into contact with dealers who also sold harder drugs like heroin or cocaine. This separation of markets, known as the "Dutch model," effectively created a controlled environment where cannabis use could be monitored and managed while avoiding the risks associated with illicit drug trafficking.

Though cannabis is decriminalised for personal use in the Netherlands, other drugs remain illegal. However, the country's overall approach to drug policy emphasises harm reduction rather than criminalisation. For example, intravenous drug use, particularly heroin, has been a concern in the Netherlands, but the government has adopted several strategies to address this issue without resorting to harsh legal penalties.



One of the cornerstones of the Dutch model is the provision of safe spaces for people who inject drugs. Known as “safe injection rooms,” these facilities offer a clean and supervised environment for individuals to use intravenous drugs, which helps prevent the spread of infectious diseases like HIV and Hepatitis C, often associated with needle sharing. Additionally, health professionals are available to provide immediate medical assistance if needed, and users have access to counseling and addiction treatment services. This approach prioritises the health and safety of individuals while reducing the public health risks associated with illegal drug use.

Further supporting the harm reduction strategy, the Dutch government introduced methadone replacement therapy as a way to assist those struggling with opioid addiction. Methadone, a synthetic opioid, is used as a safer alternative to heroin, allowing users to stabilize their lives and reduce the health risks associated with injecting illicit drugs. This treatment approach has proven effective in reducing heroin-related deaths and improving the quality of life for individuals in recovery.





In 1998, the Netherlands took its harm reduction efforts a step further by introducing heroin-assisted treatment for those who could not tolerate other forms of therapy. Under this program, individuals are provided with synthetic, injectable heroin under medical supervision. This method ensures that users receive the substance in a controlled setting, minimising the risks of overdose, contamination, and criminal involvement. The program has been successful in stabilising the lives of long-term addicts and reducing the public health impact of heroin use.

The Dutch drug policy has been globally praised for its emphasis on health care accessibility, harm reduction, and prevention. By focusing on medical treatment and social reintegration rather than disciplinary measures, the Netherlands has been able to create a system that reduces drug-related harm without resorting to mass incarceration. The country's experience highlights the effectiveness of treating drug addiction as a health issue rather than a criminal one, and its success has served as a model for other nations grappling with drug-related challenges. Through its progressive policies, the Netherlands has demonstrated that a pragmatic, health-focused approach to drug use can result in better outcomes for individuals and society as a whole.

Source: Foundations Wellness Centre: *Do Other Countries Treat Addiction Like Us and See It as a Global Disease?*, 2024.



"It doesn't matter how
slowly you go as long
as you do not stop"

-Confucius

3. Coexisting Issues

What other challenges are people experiencing along with AOD misuse?



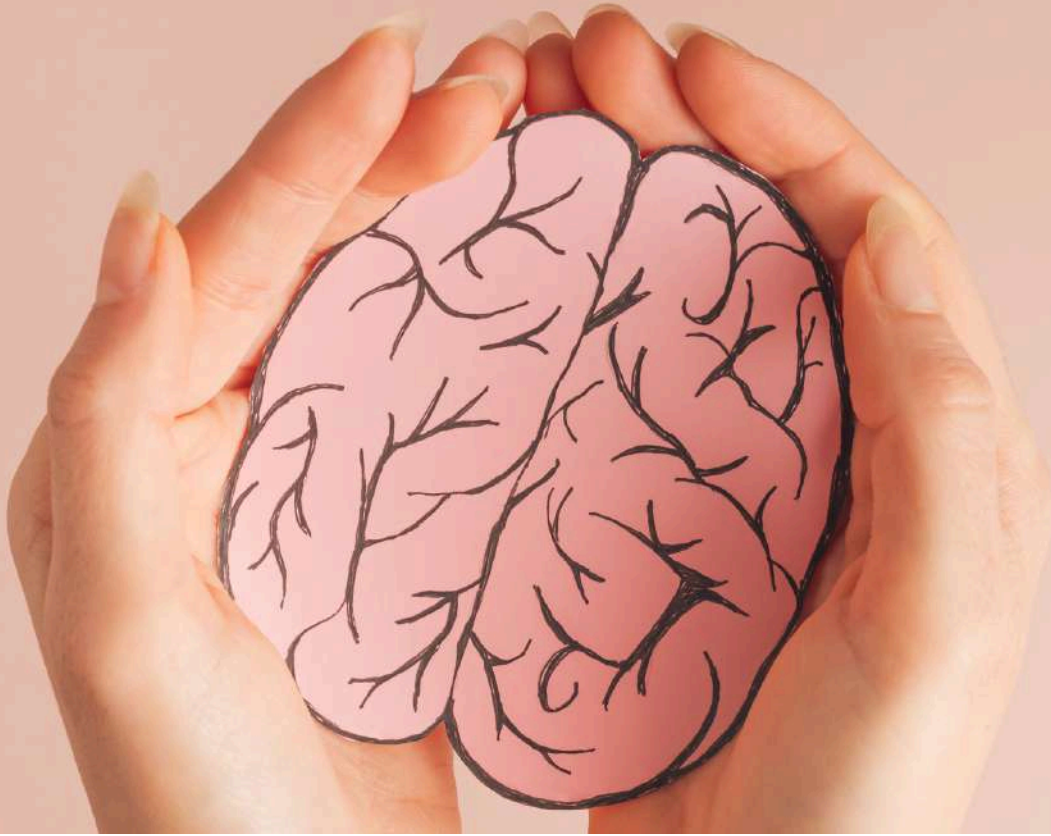
3.1 AOD & Mental Health

Over half of Australians with a mental health disorder also have alcohol dependence.

In the Hinkler community, 100% of service providers reported seeing mental health issues among clients who also have alcohol and other drug (AOD) problems. This aligns with national data showing that 55% of individuals with AOD use disorder also have a co-occurring mental health condition.

Mental health issues significantly increase the likelihood of substance use, with 60% of people with a mental health disorder also experiencing alcohol dependence. Australians with mental illness are more likely to engage in risky drinking (37% compared to 32% in the general population), and adults with mental health conditions are twice as likely to smoke daily (15% versus 7.4%). They are also 1.8 times more likely to use illicit drugs, with elevated rates of cannabis, methamphetamine, and vaping use. The overlap of substance use and mental health disorders is notably high, with 46% of individuals with substance use disorder also experiencing anxiety, and individuals with psychotic disorders showing high rates of smoking (66%) and alcohol dependence (51%).

These co-occurring conditions create a complex clinical picture, with individuals facing greater disease severity and poorer outcomes compared to those experiencing either condition in isolation. This highlights the need for integrated treatment approaches that address both substance use and mental health issues simultaneously.



100%

Of Hinkler community service providers surveyed said they saw mental health issues among clients who also had AOD issues



55%

Of Australians experiencing an AOD disorder also had a co-occurring mental health condition



60%

Of Australians with a mental health disorder also experienced AOD dependence



37%

Of Australians with a mental illness drink alcohol at risky levels compared to general population (32%)



Australians with a mental health disorder are twice as likely to smoke daily compared to general population (15% compared to 7.4%)



Australians with a mental health disorder are 1.8 times more likely to use an illicit drug than general population (29% compared to 16%)



Australians with a mental health disorder are more than twice as likely to vape (12.3% compared to 5.8%)



Australians with a mental health disorder are twice as likely to use cannabis (19.8% compared to 10%)



Australians with a mental health disorder are more than twice as likely to use meth/amphetamines (2.7% compared to 0.7%)



51%

Of Australians with psychotic illness have a history of harmful drinking or alcohol dependence



46%

Of Australians with a psychotic illness have a history of harmful illicit drug use



46%

Of Australians with a substance use disorder also have an anxiety or affective disorder

Sources: AIHW, 2024, Social Shift Institute 2024 Hinkler Community Service Provider AOD Survey.



3.2 AOD & Physical Health

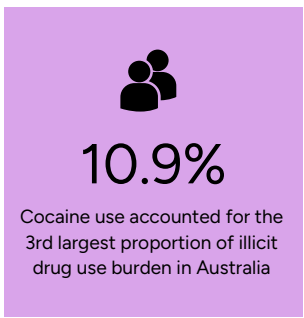
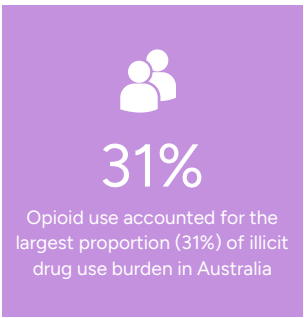
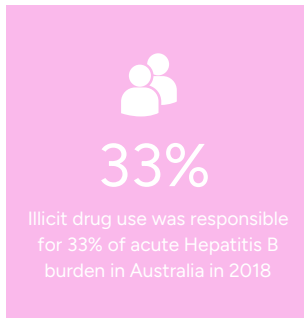
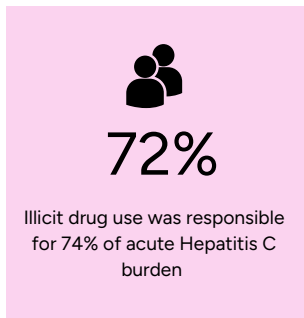
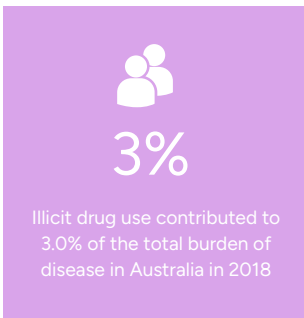
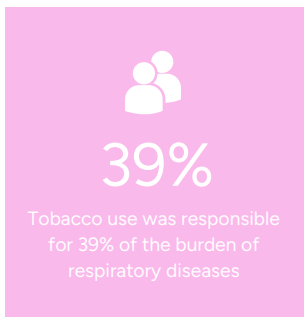
AOD use is strongly linked to an increased risk of chronic health conditions.

According to the Australian Institute for Health and Welfare, alcohol, tobacco, and illicit drug use are strongly linked to an increased risk of chronic health conditions, as well as blood-borne viruses, poor social and emotional wellbeing, and various other harms (AIHW, 2024). These substances contribute to a greater likelihood of developing chronic diseases such as cancer, heart disease, and diabetes, and can exacerbate existing health conditions. For example, tobacco use is responsible for 29% of the burden of respiratory diseases in Australia, while alcohol contributes to 4.5% of the total disease burden, including 40% of liver cancer cases.

Illicit drug use contributes to 3% of the total disease burden and is particularly linked to high rates of poisoning and blood-borne viruses, such as Hepatitis C, Hepatitis B, and HIV. In fact, illicit drug use is responsible for 72% of the acute Hepatitis C burden and 33% of the acute Hepatitis B burden in Australia. Opioid and methamphetamine use are the largest contributors to the illicit drug use burden.

In the Hinkler community, 18% of local service providers report observing chronic physical health conditions among clients who also have alcohol and other drug issues, underscoring the significant impact of substance use on long-term health outcomes.

The collective burden of alcohol, tobacco, and illicit drug use was responsible for 15.4% of the total disease burden in Australia in 2018, highlighting the critical need for targeted interventions to address both substance use and chronic health conditions.



Sources: AIHW, 2024, Alcohol and Other Drugs Knowledge Centre, 2024.



3.3 AOD & DFV

AOD use plays a significant role in domestic and family violence (DFV), both as a risk factor and a coping mechanism.

In 2021–22, nearly half of women who experienced male-perpetrated sexual assault reported that alcohol or other substances contributed to the incident. Women who have experienced sexual violence are also more likely to engage in harmful substance use, including smoking, heavy drinking, and illicit drug use, compared to those who have not. The intersection of AOD use and domestic violence is stark, with 1 in 5 people aged 14 and over reporting abuse linked to someone else's drinking, including verbal and physical abuse. Women are disproportionately affected, being 1.6 times more likely than men to experience fear from someone under the influence of alcohol. The number of women reporting harm due to someone's drinking has grown in recent years, from 2.2 million in 2019 to 2.4 million in 2022–23. Substance use, particularly alcohol, contributes to a significant proportion of family violence incidents, with 29% of such incidents involving alcohol, and 43% of drug-related intimate partner violence incidents resulting in physical injury being alcohol-related (AIHW, 2024).

Among men detained for sexual assault, 28% attributed their alcohol use to the offense, while 8% pointed to illicit drugs, highlighting the significant role substances play in both perpetration and the escalation of violence.

In the Hinkler region, 35% of community service providers report a clear link between AOD misuse and domestic violence among their clients, underlining the need for integrated approaches to address both issues concurrently.



35%

Of Hinkler community service providers surveyed reported seeing AOD use in DFV contexts among their clients



1 in 5 Australians 14+ years old experienced abuse from someone else's drinking including verbal & physical abuse in 2021-22



2.4M

The number of Australian women who experienced harm from someone's drinking increased from 2.2M in 2019 to 2.4M in 2022-23



Australian women are 1.6 times more likely to be put in fear by someone affected by alcohol than men



4.6M

21% or 4.6 million Australians 14+ years old were put in fear or verbally or physically abused by someone affected by alcohol in the last 12 months



18%

Of Australians who were verbally abused by someone affected by alcohol were abused by a current or ex spouse or partner in 2022-23



25%

Of Australians who were physically abused by someone affected by alcohol were abused by a current or ex spouse or partner in 2022-23



28%

Of Australian men detained for sexual assault felt their use of alcohol contributed to the offence in 2017-18



8%

Of Australian men detained for sexual assault felt their use of illicit drugs contributed to the offence in 2017-18



43%

Of drug related intimate partner violence resulting in physical injury were alcohol-related in 2014



12%

Of DV homicides involved offenders who had consumed alcohol in 2020-21 (based on toxicology results)



9.2%

Of DV homicides involved offenders who had consumed illicit drugs in 2020-21 (based on toxicology results)

Sources: AIHW, 2024; Alcohol and Drug Foundation, 2024; Social Shift Institute Hinkler Community Service Provider AOD Survey, 2024.



3.4 AOD & Homelessness

There is a strong relationship between homelessness and AOD misuse.

In 2024, 65% of community service providers in the Hinkler region reported that housing and homelessness issues were prevalent among their clients struggling with alcohol and other drug (AOD) problems. Similarly, 54% noted that financial instability was a significant challenge for these individuals. Nationally, the Australian Institute of Health and Welfare (AIHW) reports that 8.6% of Australians engaging with specialist homelessness services in 2022-23 identified as having problematic illicit drug use. Furthermore, a striking 75% of those with AOD misuse in these services were aged under 45, and 75% also reported co-occurring mental health issues.

Historical data from 2014 shows that a significant portion of Australians experiencing homelessness engaged in risky behaviours, with 57% drinking alcohol at harmful levels, 39% using illicit drugs, and 14% injecting substances. Notably, in 2022-23, 79% of those with problematic AOD use accessing homelessness services were returning clients, highlighting the chronic nature of these intersecting issues.

Despite the clear link between AOD misuse and homelessness, only 2.9% of specialist homelessness services clients sought assistance specifically for AOD-related problems. These statistics reflect the complex and persistent challenges faced by individuals experiencing homelessness, further compounded by substance use and mental health concerns.



65%

Of Hinkler community service providers surveyed observed housing & homelessness issues among clients with AOD issues



53%

Of Hinkler community service providers surveyed observed financial issues among clients who also had AOD issues



8.6%

Of Australians 10+ years of age engaged with specialist homelessness services reported problematic AOD use in 2022-23



75%

Of Australians engaged with specialist homelessness services with AOD misuse concerns were returning clients



75%

Of Australians engaged with specialist homelessness services with AOD misuse concerns also had a mental health issue



57%

Of Australians experiencing housing instability or homelessness in 2014 also engaged in risky drinking



39%

Of Australians experiencing housing instability or homelessness in 2014 also engaged in illicit drug use



2.9%

Of Australians engaged with specialist homelessness services in 2022-23 sought assistance for AOD misuse

Sources: AIHW, 2024; Social Shift Institute Hinkler Community Service Provider AOD Survey, 2024.



3.5 AOD & Criminal Offences

For minor drug offences, there is a focus on treating drug issues as health problems.

In Australia, the relationship between alcohol, illicit drugs, and criminal offences is significant, with strict laws in place for the importation, exportation, and possession of illegal substances.

In Queensland, individuals can be charged with various offences related to drugs, such as possessing, supplying, trafficking, or cultivating illegal substances. Other criminal activities include the possession of drug paraphernalia, publishing drug recipes, and drug driving, as well as the operation of clandestine drug labs. For minor drug offences, there is a focus on treating drug issues as health problems, especially for youth. This change aims to save police time for serious crime like trafficking, which now faces a life sentence, up from 25 years.

In the Wide Bay Burnett region, 11.7% of all recorded offences were drug-related, while 6.2% were related to drink driving. This is consistent with state-wide statistics, where drug offences accounted for 11% of total offences and drink driving for 4.3%.

Illegal Drugs in QLD

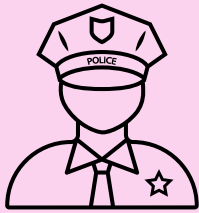
In Queensland, illegal drugs are classified into 3 types of scheduled drugs including:



- **Schedule 1, Part 1 drugs**
Heroin, cocaine, amphetamine, methamphetamine, phencyclidine, LSD, MDMA/ecstasy, paramethoxyamphetamine (PMA) and paramethoxymethamphetamine (PMMA)—(drugs sometimes sold as ecstasy but more powerful)
- **Schedule 1, Part 2 drugs**
Includes all anabolic and androgenic steroidal agents
- **Schedule 2 drugs**
Cannabis, morphine, pethidine, ketamine, diazepam, codeine

If a person is caught with Schedule 1 drugs, the penalties are more severe than Schedule 2 drugs. The amount of drug a person has also plays a large part. (Legal Aid Queensland, 2024).

Penalties for Drug Offences in QLD



Queensland has a “Three Strike Rule” introduced in April 2023 with a tiered approach to minor drug possession. This includes:

- **1st minor drug-possession offence:** a police officer issues a warning, accompanied by a drug warning notice and a police referral to a support service.
- **2nd and 3rd minor drug-possession offence:** a police officer offers the opportunity for the person to participate in a mandatory Drug Diversion Assessment Program.
- **4th minor drug-possession offence:** a police officer issues the offender with a notice to appear in court. (DLG, 2024)



11.7%

Of total offences in the Wide Bay Burnett region in 2024 were for drug offences (3,278 offences)



45.6%

Of total drug offences in the Wide Bay Burnett region in 2024 were for possession offences (1,497 offences)



38.5%

Of total drug offences in the Wide Bay Burnett region in 2024 were for other offences (1,263 offences)



12.1%

Of total drug offences in the Wide Bay Burnett region in 2024 were for sell/supply of drug offences (399 offences)



3%

Of total drug offences in the Wide Bay Burnett region in 2024 were for producing drug offences (99 offences)



0.6%

Of total drug offences in the Wide Bay Burnett region in 2024 were for trafficking offences (20 offences)



6.2%

Of all total offences in the Wide Bay Burnett region in 2024 were for drink driving (1758 offences)



0.18%

Of all total offences in the Wide Bay Burnett region in 2024 were for liquor e.g. drunkenness (51 offences)

QLD Police Drug Diversion Program

In Queensland, most drug offences involve individuals caught with small amounts of illicit drugs for personal use. The Police Drug Diversion Program is a legislated initiative that offers eligible individuals the opportunity to participate in a diversion program as an alternative to prosecution. It's important to note that this program does not decriminalise or legalise the possession or use of illicit drugs.

A person may be eligible for diversion if they meet certain criteria:

- They have been arrested or questioned for a minor drug offence under s.378B of the Police Powers and Responsibilities Act 2000.
- They have not committed any other related indictable offences, such as possessing a larger quantity of a dangerous drug or restricted medicine.
- They have no prior prison sentence for offences related to the supply, trafficking, or production of dangerous drugs or precursors.
- A police officer reasonably believes the drugs involved are for personal use.

Participation in the diversion program is voluntary. If accepted, the individual is referred to a QLD Health-funded Alcohol and Other Drugs (AOD) specialist for a Drug Diversion Assessment Program. During this session, the individual will have a confidential discussion with a trained counsellor about their alcohol and drug use. The session may cover education, harm reduction strategies, and other counselling approaches tailored to their needs and goals. If the person wishes to pursue further treatment or support, the counsellor can provide a referral, although additional treatment is not mandatory.

All information shared during the appointment remains confidential, unless there are concerns about serious harm to the individual or others. Police are only notified if the appointment has been completed.

The overall focus of the drug diversion program is health-based, aiming to address illicit drug use with a supportive and rehabilitative approach.

Source: Queensland Police, 2024



Bridges Health & Community Care

Bridges Health & Community Care delivers evidence-based supports, delivered by experienced, dedicated staff without judgement. Bridges understand the barriers individuals can experience when struggling with mental health and alcohol & other drug issues and the stigma that can surround it. They support people based on what they want and need to achieve a greater sense of wellbeing and personal growth.

Bridges offer a Drug & Alcohol Rehabilitation Treatment program (DARTS) supporting people with drug and alcohol and mental illness. DARTS offers a comprehensive treatment service for problematic substance use issues across all types of drug use including cannabis, methamphetamine (ICE), misuse of pharmaceuticals like codeine, solvent misuse (sniffing) and tobacco.

The Bridges specialist team can help people with:

- A comprehensive day assessment
- Mental health and psychological services
- Information, education and family support
- Withdrawal management and harm reduction
- Practical support to help with personal goals
- Relapse prevention



Bridges uses a harm minimisation approach with their foremost goal to assist clients in reducing the harmful effects of AOD. The clinical team assists people with their underlying mental health issues through trauma-informed counselling and referral for more intense psychological services. The service is funded by the Queensland Health Community Services Funding Branch.

Anyone can contact Bridges DARTS service by phoning 1800 263 274. DARTS is available in Bundaberg, Childers, Gin Gin, Maryborough Hervey Bay and North Burnett.

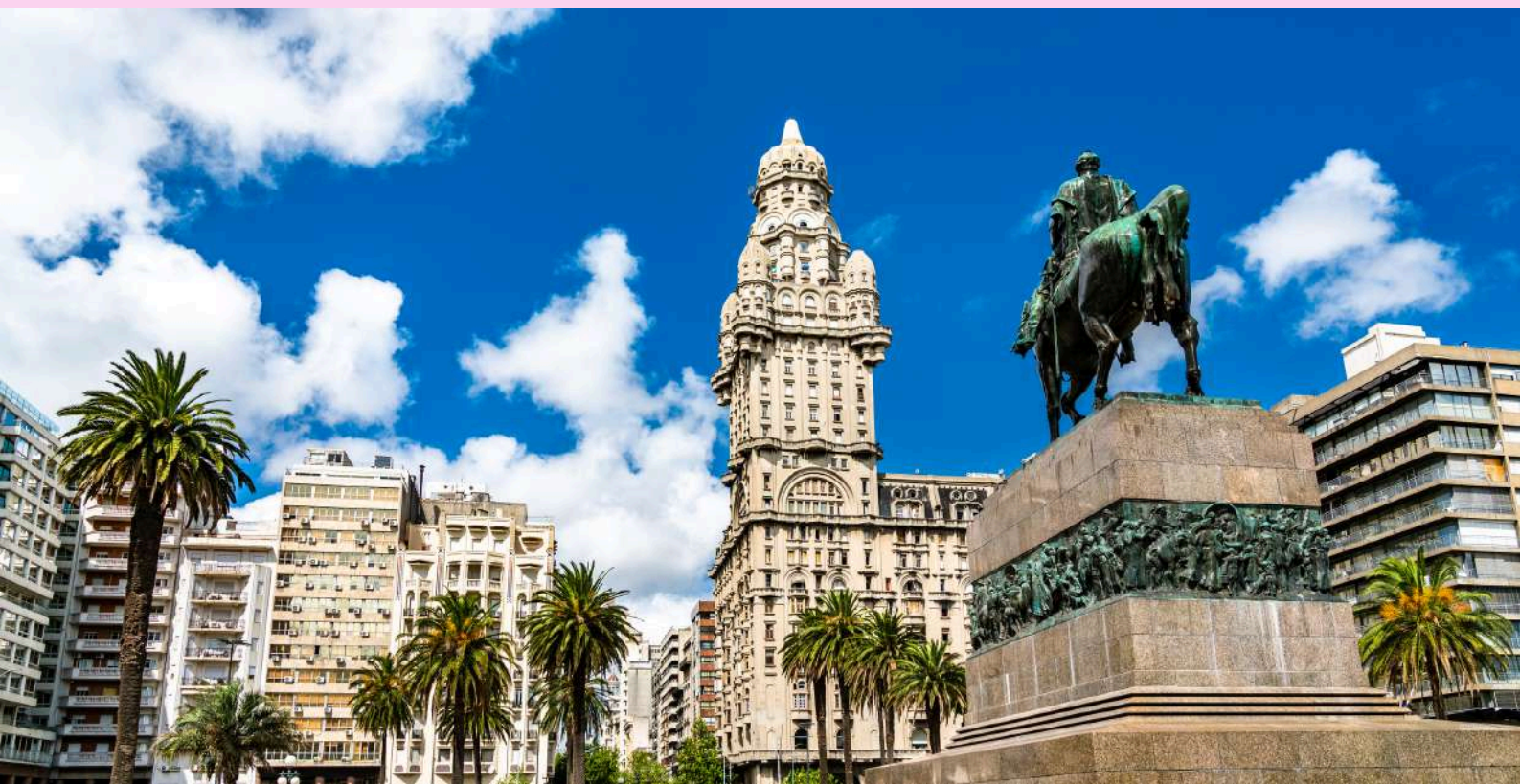


World Showcase -Uruguay



In 2013, Uruguay made a landmark decision by legalising marijuana, becoming the first country in the world to fully regulate and sell cannabis. This progressive move was part of the government's broader strategy to combat the dangerous influence of drug cartels and the associated violence that had plagued the nation for years. The government's approach was not just to allow cannabis use but to take control of the market in a way that undercut the illegal drug trade by offering marijuana at a price of just \$1 per gram. This pricing strategy was aimed at making legal marijuana affordable and accessible, thereby reducing the power and profits of black-market dealers and cartels.

The legalisation of marijuana was part of Uruguay's broader and more nuanced approach to drug policy. While marijuana was legalised for personal use and sale, the government did not make the use of harder drugs such as heroin and cocaine legal. However, dealing or trafficking these substances remains a criminal offense. The differentiation between marijuana and harder drugs reflects Uruguay's focus on harm reduction, where the primary goal is to reduce the social and health harms associated with drug use. By regulating cannabis, the government sought to offer a safer alternative to illegal substances, while continuing to combat the illegal trafficking of more dangerous drugs.





The government's strategy involved creating a comprehensive legal, commercial, and bureaucratic framework to manage cannabis distribution and use. The aim was multifaceted: to replace a violent, illegal narcotics market with a regulated one, improve public health outcomes, protect individual rights, raise tax revenue, and contribute to research on the medical benefits of cannabis. This bold initiative reflected a significant shift in the way Uruguay viewed drug policy—moving away from punishment measures and towards a public health-oriented approach. Although the legalisation of marijuana faced some opposition from segments of the public, Uruguay's decision to regulate the cannabis market has been seen as a pioneering model that has influenced cannabis policy in other parts of the world.

At the heart of Uruguay's marijuana legalisation law is a clear commitment to improving public health. The law's preamble states that its primary goal is to “promote and improve the health of the general population” by reducing the harms associated with cannabis use. The idea is not only to control the availability of cannabis but also to mitigate the potential negative consequences of its use, such as addiction, mental health issues, and societal disruption.

Uruguay's approach to drug policy has been supported by various public health measures. In 2005, the government established a fund using assets seized from drug trafficking and money laundering activities. This fund was directed towards programs designed to combat drug abuse, including prevention initiatives, addiction treatment, and rehabilitation services. The funds have also been used to bolster law enforcement efforts and to create a more effective, transparent system for regulating drugs in the country. Recently, money seized from traffickers has been directed into establishing new addiction treatment centres in the capital, Montevideo, offering both emergency treatment and long-term rehabilitation services.

By focusing on treatment and harm reduction rather than criminalisation, Uruguay's government has positioned itself as a global leader in drug policy reform. Despite initial opposition, the long-term impact of this strategy has been to shift the conversation about drugs away from fear and criminalisation towards health, safety, and regulation. As the world continues to reconsider its approach to drug use and trafficking, Uruguay's model may serve as an example for other nations seeking to address the complex issues surrounding drug policy.

“Love is the strongest force
in the world, and when
it comes to addiction,
it becomes a
powerful agent
of healing.”

-Unknown



4. Economic Impacts of AOD

The cost of AOD misuse to society.



4.1 Economic Impacts of AOD

AOD related harms cost Australia \$80.3 billion in 2021.

Data from the Australian Institute of Health & Welfare shows the economic impact of alcohol and other drug (AOD) use in Australia is staggering, with the total social cost of AOD-related harm in 2021 reaching \$80.3 billion. This figure includes the costs of alcohol (\$22.6 billion), tobacco (\$35.8 billion), and other drugs (\$12.9 billion).

In 2017-18, AOD use contributed to a variety of economic burdens, including \$3.6 billion in lost productivity due to absenteeism at work, \$3.1 billion in crime-related costs, \$2.4 billion in road traffic accident-related costs, and \$2 billion in healthcare-related costs. Additionally, the social costs of premature death and reduced quality of life from AOD use amounted to \$25.9 billion and \$20.7 billion, respectively.

Specific substances also contributed significantly to these costs, with tobacco alone accounting for \$136.9 billion in 2015-16, opioid use costing \$15.76 billion in 2015-16, and methamphetamine use costing \$5 billion in 2013-14.

The ongoing cost-of-living crisis in Australia is adding another layer of complexity to the situation, as financial strain affects AOD use patterns. While some individuals may reduce their substance consumption due to budget constraints, others may turn to increased drinking or drug use as a means of coping with the psychological stress caused by economic hardship. (AIHW, 2024).



\$66.8B

The total social cost of alcohol use in Australia in 2017-2018



\$136.9B

The total social cost of tobacco use in Australia in 2015-16



\$15.7B

The total social cost of opioid use in Australia in 2015-16



\$4.5B

The total social cost of cannabis use in Australia in 2015-16



\$5B

Total social cost of meth/amphetamine use in Australia in 2013-14



\$80.3B

Total social cost of AOD addiction in Australia in 2021



\$3.6B

Total social cost of absenteeism from work due to AOD use in Australia in 2017-18



\$3.1B

Total social cost of AOD related crime in Australia in 2017-18



\$2.8B

Total social cost of AOD related healthcare costs in Australia in 2017-18



\$2.4B

Total social cost of AOD related road traffic accidents in Australia in 2017-18



\$25.9B

Total social cost of AOD related premature death in Australia in 2017-18



\$20.7B

Total social cost of AOD related lost quality of life in Australia in 2017-18

AODS

Wide Bay Hospital & Health Service

AODS- Alcohol and Other Drugs Service provides a comprehensive range of supports to assist people with both mental health and alcohol and other drug issues. AODS provide a specialised service for people of all ages who are directly affected by severe and complex illness and/or problematic substance use, as well as promoting mental health and wellbeing in local communities.



The service strives to promote recovery and build resilience to reduce the impact of mental illness on individuals, their carers and families. AODS specialise in community-based treatment provided close to home and are supported by a range of inpatient and residential facilities, depending on the clinical needs of the individual.

AODS provide a specialist service within a harm minimisation framework. Individuals directly or indirectly affected by their own or another alcohol or drug use can access an assessment or a range of specialist services including:

- Opiate replacement therapy as part of a comprehensive management plan
- Needle and syringe program
- Shared patients with the non-government sector and private medical services where indicated.

AODS is free and no referrals are required.

To contact AODS Hervey Bay

Phone 4128 5400 or email WBMHSS-AODS-FraserCoast@health.qld.gov.au

To contact AODS Bundaberg

Phone 4150 2740 or email WBMHSS-AODS-Bundaberg@health.qld.gov.au



World Showcase -Iceland



The Icelandic Model is a groundbreaking, evidence-based approach to preventing adolescent substance use that has gained international recognition for its effectiveness. It is a theoretically grounded intervention that emerged through a unique collaboration between policymakers, behavioural scientists, field practitioners, and local residents in Iceland. This partnership has allowed the development of a comprehensive strategy that targets both risk and protective factors associated with substance use in young people. The focus is on reducing the known risk factors for substance use, such as poor family dynamics, lack of supervision, and weak social bonds, while simultaneously strengthening a broad range of protective factors at the parental, school, and community levels.

One of the key components of the intervention is its focus on engaging parents, schools, and communities in fostering positive relationships with adolescents. This is achieved through programs that encourage parents to spend more time with their children, monitor their activities, and engage in open communication. Schools are also encouraged to provide more extracurricular activities, fostering a sense of belonging and purpose among students. Communities are involved in creating safe and supportive spaces for young people to engage in social and recreational activities that do not involve substances.





A core element of the Icelandic Model's success is the annual collection of data through cross-sectional surveys that track the impact of the intervention on adolescent substance use. These surveys have consistently demonstrated the effectiveness of the approach in reducing substance use among 14- to 16-year-old Icelandic adolescents. The surveys, which have included over 7,000 adolescents each year, with an impressive response rate of over 81%, provide a reliable measure of the intervention's success. The data show that from 1997 to 2007, there were significant declines in the proportions of adolescents reporting risky behaviours such as drinking alcohol, smoking cigarettes, and using illicit substances like hashish (cannabis).

For instance, the proportion of adolescents who reported being drunk in the last 30 days steadily decreased, as did the number who smoked at least one cigarette a day or had tried cannabis. These reductions in substance use are particularly notable because they suggest that the Icelandic Model's focus on strengthening protective factors has had a direct impact on reducing risky behaviours among adolescents. At the same time, the surveys indicated positive changes in the broader community context. There was a notable increase in the proportion of adolescents who reported spending quality time with their parents and who felt that their parents knew with whom they were spending their time. These findings reflect the success of the intervention in fostering stronger family bonds, which have long been associated with lower levels of substance use.

The Icelandic Model provides a compelling example of how a collaborative, evidence-based approach to prevention can produce meaningful changes in adolescent behaviour. By focusing on strengthening protective factors across the family, school, and community, the model has demonstrated significant success in reducing substance use among adolescents.

Source: Health Promotion International, Volume 24, Issue 1, March 2009. Substance use prevention for adolescents: the Icelandic Model. <https://doi.org/10.1093/heapro/dan038>



"I refuse to label you;
addicted is never a
character trait, it's
just a step in the
journey to rediscover
yourself."
-Unknown

5. AOD Strategies

What are governments doing around AOD misuse?



5.1 Local AOD Strategies

MHAOD Joint Regional Plan 2020-2025.

Country to Coast QLD, the local Primary Health Network (PHN), has developed a Joint Regional Plan for 2020-2025, focusing on mental health, suicide prevention, and alcohol and other drug (MHAOD) services across the Central Queensland, Wide Bay, and Sunshine Coast regions.

This plan outlines a collaborative approach to service delivery, with funding responsibilities shared between Commonwealth-funded PHN and MBS services, as well as State Government services. Both levels of government are involved in funding and providing alcohol and other drug services, ensuring a comprehensive response to community needs.

The plan is informed by the National Mental Health Service Planning Framework, which supports evidence-based, precise planning to meet the needs of the community. Service mapping for the PHN region identified 77 active community service providers in mental health and/or AOD care, with 42 receiving Commonwealth funding, 28 receiving State funding, and 10 supported by philanthropic contributions. Additionally, 33 services are specifically targeted at vulnerable groups, including children, youth, Aboriginal and Torres Strait Islander peoples, rural and remote populations, socioeconomically disadvantaged people, CALD communities, and those with complex needs.

A Regional MHAOD Council has been established to facilitate integrated service responses, with a focus on collaboration between the three Hospital and Health Services, the PHN, and the Queensland Health Mental Health Alcohol and Other Drugs Branch. The region is also placing increasing importance on the involvement of people with lived experience, incorporating peer support workers into the workforce to enhance service delivery and community engagement.



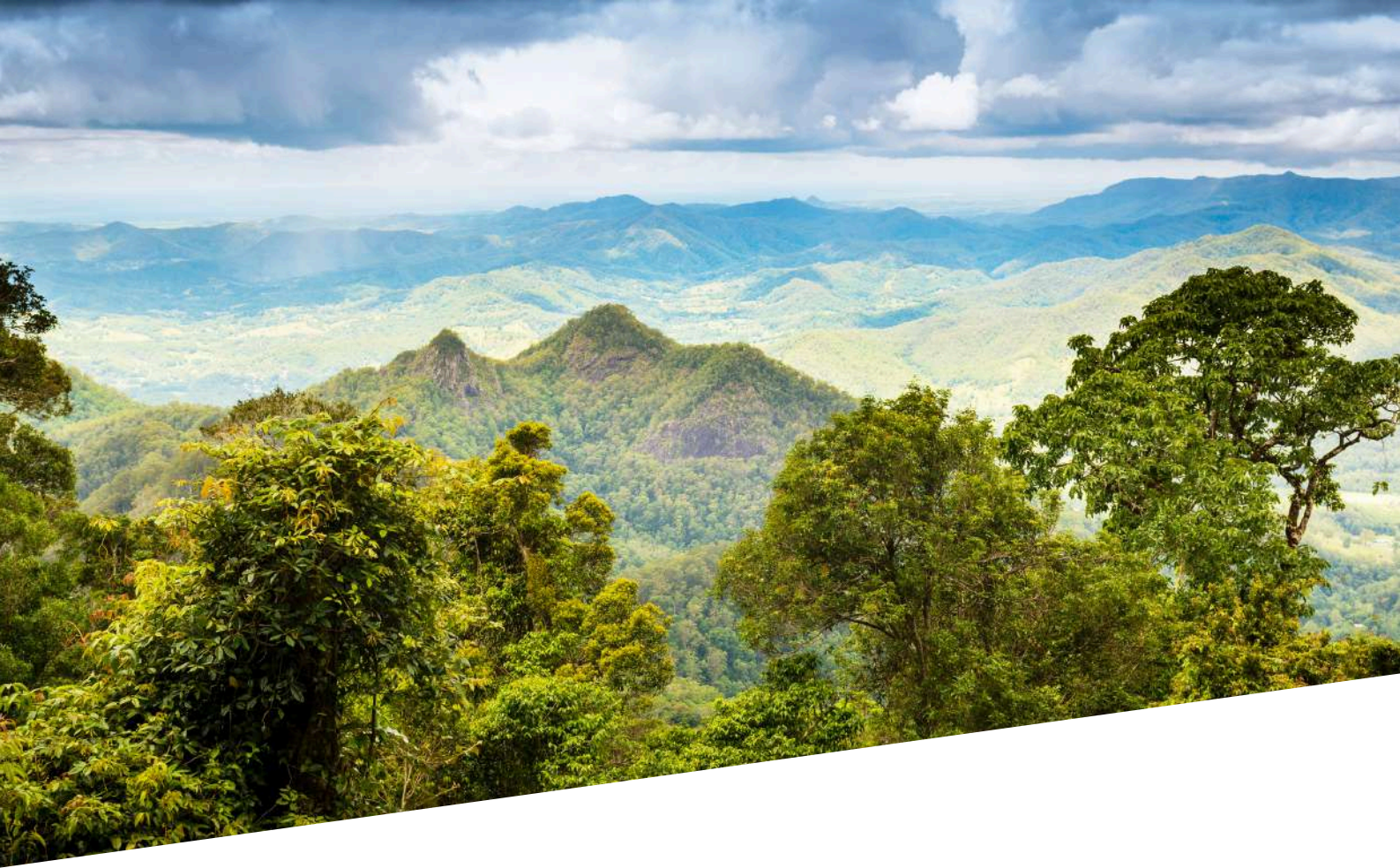
To view the Full MHAOD Joint Plan 2020-2025 and its actions visit

<https://c2coast.org.au/wp-content/uploads/210105-Joint-Regional-Plan-2020-2025-Final.pdf>
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Summary table of the Wide Bay region from the MHAOD Joint Regional Plan 2020-2025

Wide Bay area is home to approximately 208,000 people (25% of the region's population) and covers three local government areas (Bundaberg, Fraser Coast and North Burnett).

<p>Population needs in the area</p>	<p>Rates of mental and behavioural problems and psychological distress are high across the area.</p> <p>The area has significant rural populations. In North Burnett, 98% of the population live in outer regional areas and experience gaps in services, a high turnover of GPs, few mental health workers, and a large ageing population.</p> <p>The area has a large population with profound or severe disability.</p>
<p>Access to services</p>	<p>The area experiences limited access to mental health services and drug and alcohol services. Compared with the rest of Queensland, the area experiences lower rates of mental health plans and lower use of psychiatrists, psychologists and social workers.</p>
<p>Aboriginal and Torres Strait Islander service needs</p>	<p>Aboriginal and Torres Strait Islander people comprise 4.2% of the population in the Wide Bay area.</p>
<p>Youth mental health</p>	<p>In Bundaberg, access to youth early intervention and mental health services is a particular concern. Young people are also vulnerable on the Fraser Coast.</p>
<p>Socio-economic disadvantage</p>	<p>The area experiences high levels of socio-economic disadvantage, with 55% of the population living in socially disadvantaged areas. In North Burnett, 65.6% of the population is in the most socio-economically disadvantaged quintile. High unemployment is a concern across the area. Fraser Coast has experienced an increase in domestic violence-related offences.</p>
<p>Drug and alcohol needs</p>	<p>The Wide Bay area has negligible access to alcohol and other drug rehabilitation services and very limited access to any type of alcohol and other drug service.</p>
<p>Projected population growth</p>	<p>The projected population growth for Wide Bay is an average of just under 1.1% per year over the next 10 years.</p>



5.2 Queensland AOD Strategies

Queensland Alcohol & Other Drugs Plan 2022-2027.

The Queensland Government's *Achieving Balance: The Queensland Alcohol and Other Drugs Plan 2022-2027* reflects its commitment to reducing the harmful impact of alcohol and other drug (AOD) use across the state. Recognising the complexity of AOD-related harm, the plan outlines the need for multi-faceted responses to be effective. It emphasises the importance of cross-sector collaboration, involving areas such as housing, child safety, health, justice, employment, education, and policing, to minimise harm and achieve better outcomes.

The strategic priorities highlight the wide-ranging impacts of problematic AOD use, calling for the concerted efforts of government agencies, as well as the non-government and private sectors. Key objectives of the plan include improving outcomes for individuals, families, and communities, renewing and strengthening the commitment to prevent and reduce AOD use, and enhancing approaches to harm minimisation. The plan places greater emphasis on health responses, increased investment in treatment and prevention, and expanding diversion strategies to reduce reliance on the criminal justice system.

Key Focus Areas of the Queensland Alcohol & Other Drugs Plan 2022-2027



Strategic Priorities of the Plan



Source: Queensland Mental Health Commission, 2019; *Achieving Balance: The Queensland Alcohol and Other Drugs Plan 2022-2027*

To view the full plan visit:

<https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>

or

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5.2 Queensland AOD Strategies

Queensland Better Care Together Plan.

The Queensland Health Better Care Together is a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027. Better Care Together will take forward many of the key recommendations and directions from the final report of the Inquiry into the opportunities to improve mental health outcomes for Queenslanders. Better Care Together was developed based on consultation with more than 500 stakeholders across our Hospital and Health Services, peak bodies, non-government organisations and people with lived experience.

Key Priorities of the plan include:

1 Priority	Strengthening service capacity and the built environment	2 Priority	Responding to mental health crisis and suicidality
3 Priority	Delivering improved services with First Nations peoples	4 Priority	Strengthening quality to reduce harm and improve outcomes
5 Priority	Improving workforce capability and sustainability	6 Priority	Delivering digital capability and digitally enabled treatment, care and support

Source: Queensland Health, 2024; Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027.

To view the full plan visit:

<https://www.health.qld.gov.au/public-health/topics/mental-health-alcohol-and-other-drugs/what-we-do-at-queensland-health/strategic-plans-and-priorities/better-care-together>

or

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5.2 Queensland AOD Strategies

Queensland Corrective Services Alcohol & Drug Strategy 2020-2025.

This strategy aims to address the strong correlation between AOD misuse and offending as a critical issue confronting the health, community services and criminal justice systems. This Strategy establishes a holistic, enterprise-wide approach to preventing and deterring the supply, reducing the demand and reducing the harm associated with alcohol and other drug use.

Objective 1 – Prevent and deter supply: Prevention and deterrence strategies aim to restrict the supply of alcohol and other drugs into the correctional environment through barrier hardening, risk mitigation and ensuring perpetrators are brought to justice.

Objective 2 – Reduce demand: The causes of AOD use are multiple and complex, and often related to factors of social disadvantage. QCS must work with our partners to address these issues.

Objective 3 – Reduce harm: AOD use carries substantial risks to individual, family and community health and safety. Research indicates a mix of therapeutic approaches to alcohol and drug use are most effective at reducing use and the likelihood of recidivism. Harm reduction initiatives aim to mitigate risk, encourage safe behaviour and reduce adverse health and social consequences of AOD use.

Source: Queensland Corrective Services Alcohol & Other Drug Strategy 2020-2025.

To read the full strategy visit:

[https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/8e5cf564-5adc-4938-a330-55a3ec946afb/qcs-drug-and-alcohol-strategy-2020.pdf?](https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/8e5cf564-5adc-4938-a330-55a3ec946afb/qcs-drug-and-alcohol-strategy-2020.pdf?ETag=8b3b493a66fc4cdb7f91de908acd1775)

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5.3 Australian AOD Strategies

National Drug Strategy 2017-2026.

The National Drug Strategy 2017-2026 is a national framework for building safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities.

The 10-year National Drug Strategy aims to reduce and prevent the harmful effects of:

- alcohol
- tobacco
- other drugs

Six sub-strategies sit under the National Drug Strategy. These focus on specific issues including:

- National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019
- National Alcohol and Other Drug Workforce Development Strategy 2015–2018
- National Alcohol Strategy 2019–2028
- National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028
- National Ice Action Strategy 2015

Source: Australian Government National Drug Strategy 2017-2026.

To read the full strategy visit:

[https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/8e5cf564-5adc-4938-a330-55a3ec946afb/qcs-drug-and-alcohol-strategy-2020.pdf?](https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/8e5cf564-5adc-4938-a330-55a3ec946afb/qcs-drug-and-alcohol-strategy-2020.pdf?ETag=8b3b493a66fc4cdb7f91de908acd1775)

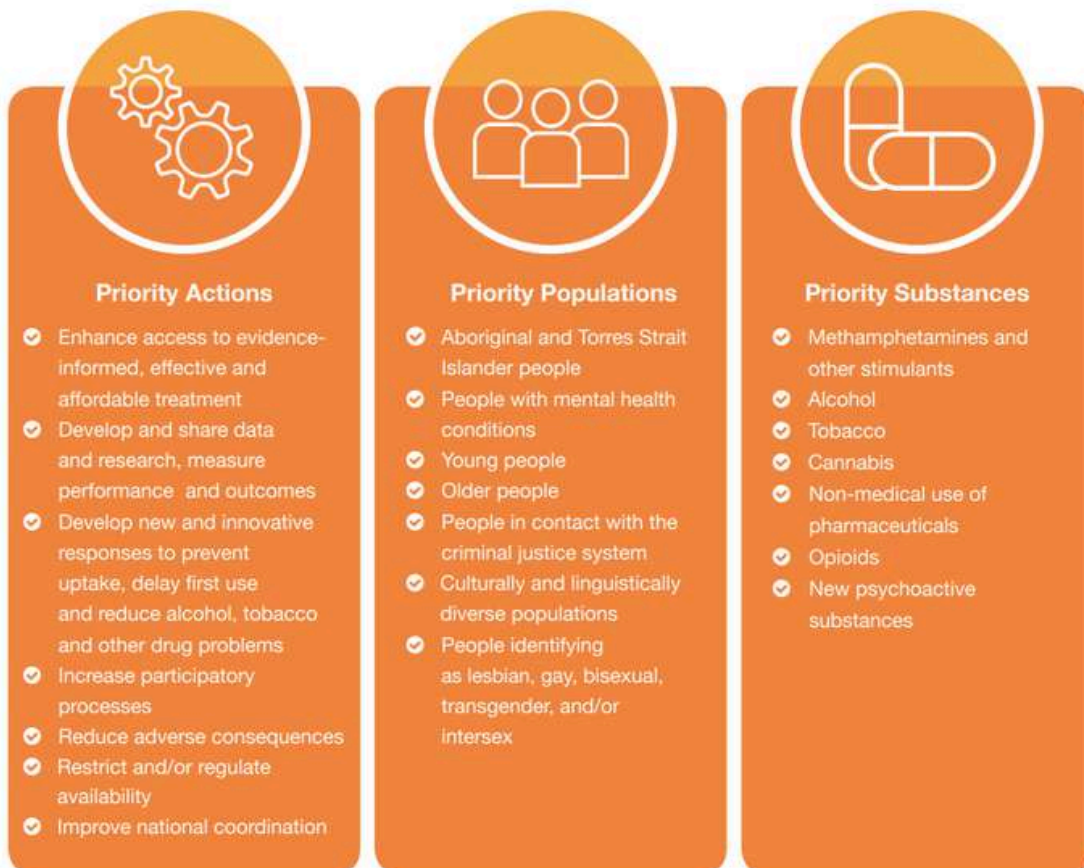
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A Balanced Approach Across the Three Pillars of Harm Minimisation





5.3 Australian AOD Strategies

National Alcohol Strategy 2019-2028

The National Framework for preventing and minimising alcohol-related harms in Australia aims to address the widespread impact of alcohol misuse on individuals, families, and communities.

This strategy builds on the nation's long-standing commitment to tackling risky alcohol consumption through a combination of law enforcement, prevention, early intervention, and health care approaches. It serves as a guide for coordinating responses to alcohol-related harm, ensuring that strategies are both population-wide and locally appropriate, involving governments, communities, and service providers.

Additionally, the strategy aligns with Australia's commitment to the World Health Organization's (WHO) Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020, which includes a target of reducing harmful alcohol consumption by 10% by 2025. It also supports the WHO Global Strategy to Reduce Harmful Use of Alcohol and the United Nations 2030 Agenda for Sustainable Development Goals. The strategy underscores the importance of cross-jurisdictional and community collaboration, recognising that preventing alcohol-related harm cannot be achieved by governments alone but requires a coordinated effort across multiple sectors.

Source: Australian Government National Alcohol Strategy 2019-2028.

To read the full strategy visit:

[https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/8e5cf564-5adc-4938-a330-55a3ec946afb/qcs-drug-and-alcohol-strategy-2020.pdf?](https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/8e5cf564-5adc-4938-a330-55a3ec946afb/qcs-drug-and-alcohol-strategy-2020.pdf?ETag=8b3b493a66fc4cdb7f91de908acd1775)

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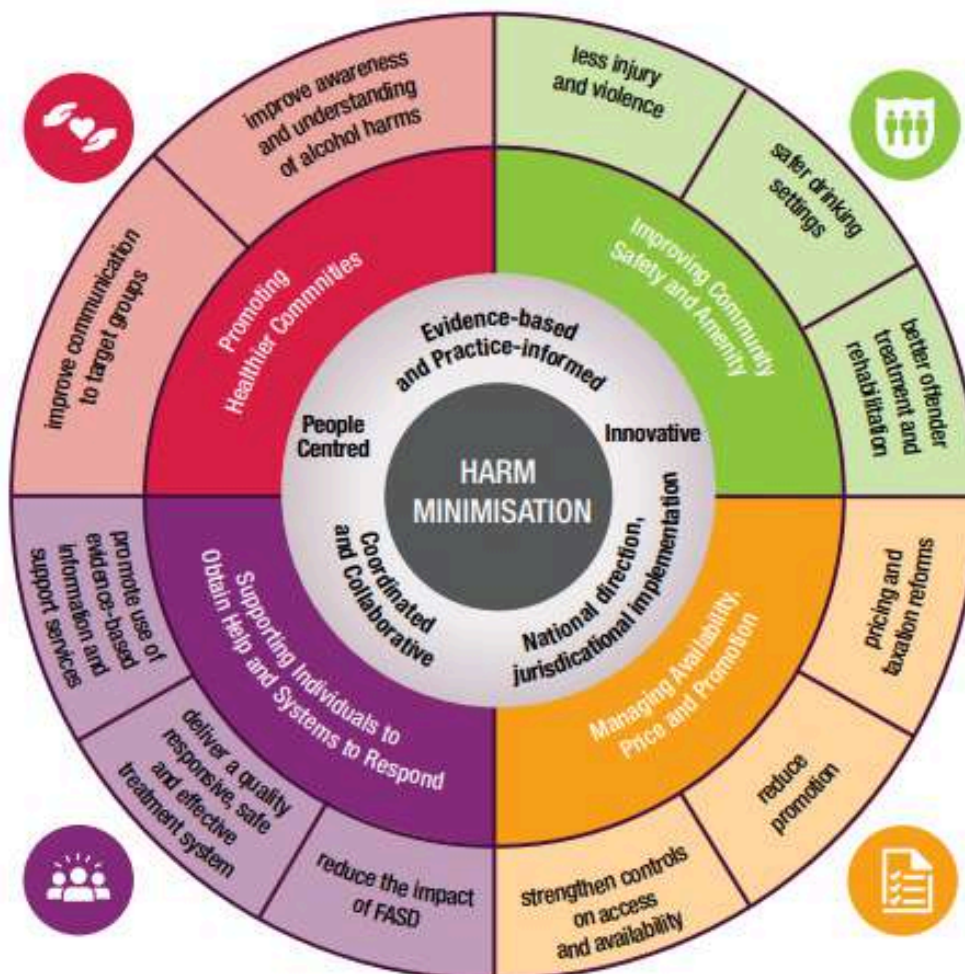


THE NATIONAL ALCOHOL STRATEGY 2019–2028 AT A GLANCE

Aim

To prevent and minimise alcohol-related harms among individuals, families and communities by:

- identifying agreed national priority areas of focus and policy options;
- promoting and facilitating collaboration, partnership and commitment from the government and non-government sectors; and,
- targeting a 10% reduction in harmful alcohol consumption:
 - alcohol consumption at levels that puts individuals at risk of injury from a single occasion of drinking, at least monthly; and
 - alcohol consumption at levels that puts individuals at risk of disease or injury over a lifetime.





5.4 Global AOD Strategies

WHO Global Action Plan 2022-2030.

In 2010, the World Health Assembly endorsed the Global Strategy to Reduce the Harmful Use of Alcohol, setting the foundation for global action on this pressing public health issue. Building on this, the 75th World Health Assembly adopted the Global Alcohol Action Plan 2022–2030, designed to accelerate the implementation of the Global Strategy by translating its goals into tangible, measurable outcomes.

To achieve success, the action plan emphasises the need for united efforts from governments, intergovernmental organisations, UN entities, academia, professional associations, and civil society organisations. By working together, these stakeholders can address the harmful use of alcohol and advance its reduction as a key public health priority, with the aim of achieving meaningful improvements across a range of health targets by 2030.

Key Operational Objectives of the Action Plan include:

1. Increase population coverage, implementation and enforcement of high-impact policy options and interventions to reduce the harmful use of alcohol worldwide for better health and well-being, taking into account the gender perspective and a life-course approach.
2. Strengthen multisectoral action through effective governance, enhanced political commitment, leadership, dialogue and coordination of multisectoral action.
3. Enhance the prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions as an integral part of universal health coverage and aligned with the 2030 Agenda and its health targets.
4. Raise awareness of the risks and harms associated with alcohol consumption and its impact on the health and well-being of individuals, families, communities and nations, as well as of the effectiveness of different policy options for reducing consumption and related harm.
5. Strengthen information systems and research for monitoring alcohol consumption, alcohol related harm, their determinants and modifying factors, and policy responses at all levels, with dissemination and application of information for advocacy in order to inform policy and intervention development and evaluation.
6. Significantly increase the mobilisation of resources required for appropriate and sustained action to reduce the harmful use of alcohol at all levels.

Key Operational Principles of the Action Plan include:

- **Multisectoral action.** The development, implementation and enforcement of alcohol control policies at all levels require concerted multisectoral action, with the engagement of the health sector and other relevant sectors, such as social welfare and employment, customs, agriculture, education, transport, sport, culture, finance and law enforcement, as appropriate, to address the harmful use of alcohol in their activities.
- **Universal health coverage.** All individuals and communities, including those in rural areas, receive the health services they need, without suffering financial hardship, to reduce the health burden caused by the harmful use of alcohol, including the full spectrum of essential quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course.
- **Life-course approach.** Recognising the importance and interrelationship of alcohol control measures and prevention and treatment strategies and interventions to prevent and reduce alcohol-related harm at all stages of a person's life and for all generations. This ranges from eliminating the marketing, advertising and sale of alcoholic products to minors and the protection of the unborn child from prenatal alcohol exposure to the prevention and management of the harms due to the use of alcohol in older people.
- **Protection from commercial interests.** The development of public policies to reduce the harmful use of alcohol should be protected, in accordance with national laws, from commercial and other vested interests that can interfere with and undermine public health objectives.
- **Equity-based approach.** Public health policies and interventions to reduce the harmful use of alcohol should aim to reduce health inequalities and protect people in different groups (across social, biological, economic, demographic or geographical divides) from alcohol related harm.
- **Human rights approach.** Protection from alcohol-related harm and access to the prevention and treatment of AUDs in health systems contributes to the fulfilment of the right to the highest attainable standard of health; strategies and interventions to reduce the harmful use of alcohol should address and eliminate discriminatory practices (both real and perceived) and stigma with regard to preventive measures and health and social services for people with AUDs.
- **Empowering people and communities.** The development and implementation of strategies and interventions to reduce the harmful use of alcohol and protect people and communities from alcohol-related harm should provide opportunities for the active engagement and empowerment of people and communities, including people with lived experiences of alcohol-related harm

Source: National Alcohol Strategy 2019-2028, p.8-10.

To read the full strategy visit:

<https://iris.who.int/bitstream/handle/10665/376939/9789240090101-eng.pdf?sequence=1>

or

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Indicators and milestones for achieving global targets

Global targets	Indicators	Milestones	Comments
1.1. By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol. ²⁵	1.1.1 Total alcohol per capita consumption defined as the estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption. 1.1.2. Age-standardized prevalence of heavy episodic drinking. 1.1.3. Age-standardized alcohol-attributable deaths. 1.1.4 Age-standardized alcohol-attributable DALYs.	2019 2022 2025 2027 2029/2030	This target and indicators are fully consistent with SDG and NCD global monitoring frameworks and data on these indicators have been periodically collected and regularly reported by WHO. WHO estimates for indicator 1.1.1 are produced annually – and for other indicators under this target are produced periodically. WHO estimates for all indicators under this target have been previously reported for 2010, 2012, and 2016. ²⁶
1.2. By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions.	1.2.1 Number of countries (as a percentage of all WHO Member States) that have introduced, enacted or maintained the implementation of high-impact policy options across the following areas: (a) affordability of alcoholic beverages; (b) advertising and marketing of alcoholic beverages; (c) availability of alcoholic beverages; (d) drink–driving; (e) screening and brief interventions for risky patterns of alcohol use; and treatment of AUDs.	2019 2022 2025 2027 2029/2030	Data on all indicators under this target have been collected through WHO global surveys on alcohol and health and progress towards the attainment of SDG target 3.5. The data on alcohol policy indicators is available and periodically updated in the WHO's GISAH. SAFER monitoring and other relevant activities undertaken at the global, regional or country levels will provide additional information to improve the validity and reliability of data.
2.1. By 2030, 75% of countries have developed and enacted national written alcohol policies. 2.2. By 2030, 50% of countries have produced periodic national reports on alcohol consumption and alcohol-related harm.	2.1.1 Number of countries (as a percentage of all WHO Member States) with a written and enacted national alcohol policy. 2.2.1. Number of countries (as a percentage of all WHO Member States) producing at least two national reports within the last 8-year period on alcohol consumption and alcohol-related harm.	2019 2022 2025 2027 2029/2030	The data for these targets and indicators is collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. Data for indicator 2.1.1 have been previously reported by WHO for 2010, 2012, and 2016. ²⁷ Data for indicator 2.2.1 will require minor adjustments in existing data collection tools for reporting on this indicator.

Global targets	Indicators	Milestones	Comments
3.1. By 2030, 50% of countries have an established national multisectoral coordination mechanism for the implementation of national multisectoral alcohol policy responses.	3.1.1. Number of countries (as a proportion of all WHO Member States) with an established multisectoral national coordination mechanism for the implementation of national multisectoral alcohol policy responses.	2022 2025 2027 2029/2030	"Multisectoral" refers to engagement with one or more government sectors outside of health, such as finances, criminal justice, social welfare etc. Data collected through WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require minor adjustments for reporting on this indicator.
3.2. By 2030, 50% of countries are engaged in the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.	3.2.1. Number of countries (as a proportion of all WHO Member States) actively represented in the global and regional networks of WHO national counterparts.	2022 2025 2027 2029/2030	Information from WHO regional offices and headquarters collated on a regular basis.
4.1. By 2030, 50% of countries have a strengthened capacity for the implementation of effective strategies and interventions to reduce the harmful use of alcohol at national level.	4.1.1. Number of countries (as a proportion of all WHO Member States) that have increased governmental resources for implementation of effective alcohol policies at the national level.	2019 2022 2025 2027 2029/2030	This target is formulated by taking into consideration the number of countries with the developed capacity and infrastructure to address the harmful use of alcohol at national level. For these targets and indicators, data is collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require minor adjustments for reporting on these indicators.
4.2. By 2030, 50% of countries have a strengthened capacity in health services to provide prevention and treatment interventions for health conditions due to alcohol use, in line with the principles of universal health coverage.	4.2.1. Number of countries (as a proportion of all WHO Member States) that have increased service capacity to provide prevention and treatment interventions for health conditions due to alcohol use within health systems, in line with the principles of universal health coverage.	2019 2022 2025 2027 2029/2030	This target is formulated by taking into consideration the number of countries with the developed capacity and infrastructure to provide prevention and treatment interventions for health conditions due to alcohol use at national level. Data collected through WHO global surveys on progress towards the attainment of SDG target 3.5.

Global targets	Indicators	Milestones	Comments
5.1. By 2030, 75% of countries have national data generated and regularly reported on alcohol consumption, alcohol-related harm and implementation of alcohol control measures.	5.1.1. Number of countries (as a proportion of all WHO Member States) that generate and report national data on per capita alcohol consumption, alcohol-related harm and policy responses.	2019 2022 2025 2027 2029/2030	Passive surveillance of available data and data collection through WHO global surveys on alcohol and health and progress towards the attainment of SDG health target 3.5, as well as other relevant monitoring activities at the global and regional levels. Data collection and reporting on this indicator is a part of WHO regular monitoring and reporting on alcohol-related indicators for the existing global monitoring frameworks, such as the SDGs and the NCD Global Monitoring Framework.
5.2. By 2030, 50% of countries have national data generated and reported on monitoring progress towards the attainment of universal health coverage for AUDs and major health conditions due to alcohol use.	5.2.1. Number of countries (as a proportion of all WHO Member States) that have a core set of agreed indicators and generate and report national data on treatment coverage and treatment capacity for alcohol use disorders and related health conditions due to alcohol use.	2019 2022 2025 2027 2029/2030	Passive surveillance of available data and data collected through WHO global surveys on progress towards the attainment of SDG health target 3.5 and other relevant monitoring activities at global and regional levels. Data collected through activities undertaken for monitoring SDG indicator 3.5.1.
6.1. At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use and associated health conditions.	6.1.1 Number (absolute) of countries that have secured dedicated resources for the implementation of alcohol policies at the national level. 6.1.2. Number (absolute) of countries that have secured dedicated resources for increasing the coverage and quality of prevention and treatment interventions within health systems for disorders due to substance use. 6.1.3. Number (absolute) of countries that introduced, when appropriate, dedicated funding for reducing the harmful use of alcohol from alcohol tax revenues or other revenues linked to alcohol production and trade.	2022 2025 2027 2029/2030	Data collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities undertaken at the global and regional levels. The current data collection tools require some adjustments for reporting on these indicators.

Source: National Alcohol Strategy 2019-2028, p.36-38.

5.4 Global AOD Strategies

UN Global Action Plan 2022-2030.


The United Nations (UN) Global Action Plan 2022-2030 outlines strategies to achieve the 17 Sustainable Development Goals (SDGs).


The Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. It recognises that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. All countries and all stakeholders, acting in collaborative partnership, are currently implementing this plan, including, Australia.

The Global Action Plan includes the 17 Sustainable Development Goals (SDGs) along with 169 targets. These seek to build on the UN Millennium Development Goals and complete what this did not achieve. The SDGs are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental. The Goals and targets will stimulate action over the next fifteen years in areas of critical importance for humanity and the planet.



Sustainable Development Goal 3 focuses on ensuring healthy lives and promoting well-being for all at all ages. This includes sub goals focusing on alcohol and other drugs including:

	Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
Indicators ▾	
3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	
3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	

	Target 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
Indicators ▾	
3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	

Source: United Nations Sustainable Development Goals: <https://sdgs.un.org/goals/goal3>

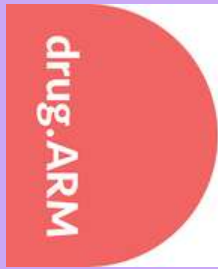
To read the full strategy visit:

<https://sdgs.un.org/publications/transforming-our-world-2030-agenda-sustainable-development-17981>

or

Scan the QR code





Drug ARM

Outreach Service



Drug ARM provide Street Outreach Services to support people who are experiencing, or at risk of, homelessness, or have issues with alcohol and other drugs, to access services.

Drug ARM provide non-judgemental and confidential support through referrals, information and a vital outreach of compassion. Their patrols visit parks, street sides and other accessible areas in the regions where we operate. In some locations they offer a barbeque.

Drug ARM's Mobile Outreach Support and Health Program by Integrated Teams (better known as MOSHPIT) provides a unique health service. Each of their vans offer a fully equipped on board health centre providing check-ups, dressings for minor wounds, referrals to other agencies and support in gaining housing. Drug ARM partners with other local agencies including GPs and nurses, counsellors, Centrelink officers and volunteers.

Drug ARM currently provides Street Outreach Services in Maryborough:

Mondays

5.30pm – 6.15pm – Alice Street Skate Park

6.30pm – 7.15pm – Queens Park

7.30pm – 8.30pm – Mobile Patrol

Thursdays

5.30pm – 6.15pm – Alice Street Skate Park

6.30pm – 7.15pm – Queens Park

7.30pm – 8.30pm – Mobile Patrol

Drug ARM will also be starting a new Street Outreach Service in Hervey in 2025 with schedule to be announced.

For more information visit:

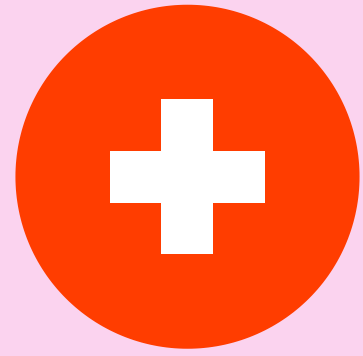
<https://www.drugarm.com.au/>

or

scan the QR code



World Showcase -Switzerland



In the 1980s, Switzerland faced a severe public health and safety crisis centred around drug addiction, particularly in urban areas like Geneva. One of the most glaring examples of this issue was Platzspitz Park, located in downtown Geneva, which became infamous for being overrun by heroin addicts and their dealers. The park, once a peaceful gathering spot, was soon dubbed "Needle Park" due to the overwhelming number of addicts injecting heroin in broad daylight. This situation was not isolated to Geneva; other Swiss cities like Bern and Zurich also struggled with similar issues, including rising HIV infections, drug overdose deaths, and escalating crime rates linked to the drug trade.

As the drug crisis worsened, Swiss law enforcement and the judicial system became overwhelmed. The country was prosecuting around 20,000 drug-related cases every year, but despite these efforts, the situation continued to spiral out of control. Drug users were frequently arrested, but incarceration alone was not addressing the root causes of addiction, nor was it leading to any meaningful long-term solutions for public safety or health. In the face of this dire situation, Swiss policymakers decided to shift their strategy. Rather than focusing on punishing drug users, they chose to support them, offering a more compassionate and evidence-based approach to addiction.

In 1994, Switzerland introduced the "Four Pillars" drug policy, which aimed to tackle the drug problem through a balanced, multifaceted approach. The Four Pillars Law includes: harm reduction, treatment, prevention, and repression (or law enforcement). This comprehensive strategy prioritised public health and safety while also ensuring that drug users could receive the support they needed to manage their addiction. The law included the establishment of safe injection sites, where users could inject heroin under the supervision of medical professionals.





This was designed to reduce the risks associated with unsupervised drug use, such as overdose and the spread of infectious diseases like HIV and Hepatitis C.

In addition to safe injection sites, Switzerland implemented other harm reduction measures, such as methadone maintenance treatment and the provision of slow-release morphine or heroin for chronic users. These alternatives were meant to stabilize users by providing them with a legal, controlled source of opioids, reducing the need to resort to the dangerous black market. These substitution therapies, such as opioid substitution therapy (also known as medication-assisted treatment), gave drug users a safer option to manage their addiction while avoiding the risks of street heroin, which often contained impurities and unpredictable potency.

Over time, the impact of these policies became evident. Opioid-related deaths, new HIV infections, and Hepatitis C cases all dropped significantly. The overall public health situation improved, and drug-related crime diminished. For example, theft and burglary rates, which had been driven by the need for users to fund their addiction, became nearly nonexistent. The Swiss public, drug users, and law enforcement officers all reported feeling safer as a result of these changes. The police, now freed from the need to arrest and prosecute drug users, could focus their efforts on targeting drug dealers and dismantling the black market.

The Swiss model of drug policy has been widely praised for its success in improving both public health and public safety. It has provided a model for other countries grappling with similar issues, showing that a compassionate, evidence-based approach to addiction can yield far better results than punitive measures alone. By treating drug addiction as a health issue rather than a criminal one, Switzerland has managed to reduce harm to individuals and communities, creating a safer, more stable society for all.

“Given love and opportunity everyone can recover. All who know this and have the capacity to help others should assist as they can.”

-Dallin H Oaks



6. Community Feedback on AOD

Hinkler Community & Service Provider Feedback on AOD and Supports Needed



6.1 Knowing where to get help

More than 1 in 3 Hinkler residents don't know where to get AOD help.



46%

Of Hinkler residents reported having friends or family with an alcohol issue



25%

Of Hinkler residents reported having friends or family with a drug issue



31%

Of Hinkler residents reported having friends or family with a smoking/vaping issue



66%

Of Hinkler residents reported knowing where to get AOD help if needed



34%

Of Hinkler residents reported they did not know where to get AOD help if needed

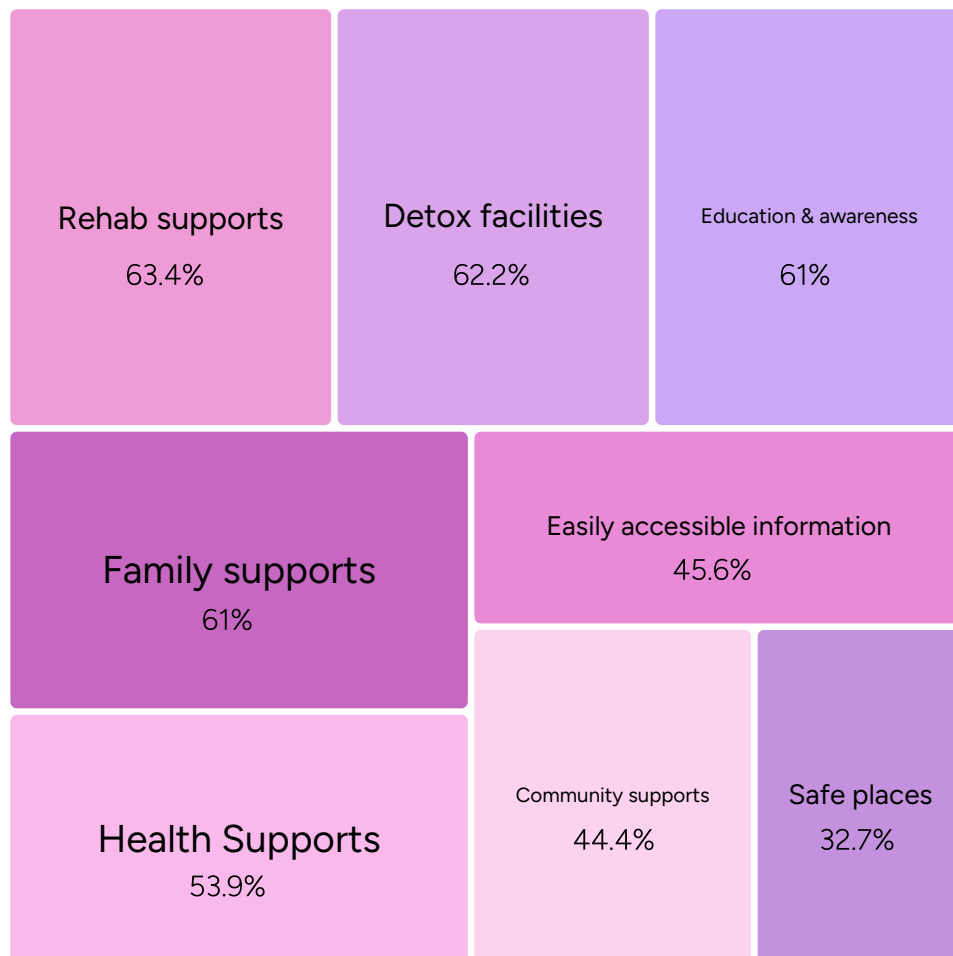
Sources: Social Shift Institute Hinkler Community AOD Survey, 2024.



6.2 What supports are needed

Hinkler residents want to see more rehabilitation centres.

Feedback from the Hinkler AOD Community Survey 2024 conducted by Social Shift showed that people feel we need rehabilitation centres & detox facilities the most.



Specific feedback comments received:

A selection of specific feedback comments on supports needed that we received on the survey are listed below:

- A primary needle and syringe program staffed by people with lived experience of AOD use. Easily accessible naloxone and peer training in this. Trauma informed police. Drug checking opportunities. BBV testing opportunities.
- Al-Anon for family and friends of alcoholics.
- Places for people to safely use because there are those who will continue to use.
- Aboriginal Wellbeing Centres
- AOD workers need better training. Recently I was told of an AOD worker who wasn't aware of a youth rehab in Brisbane. Her client had to teach her. This was quite concerning because it means referrals for youth have most likely been missed because of workers limited knowledge.
- Online AA support for families.
- Youth detox and rehabilitation facilities.
- Peer-led recovery networks. First Nations Healing Circles. Creative Arts Programs. Mobile recovery vans. Pop-up counselling services.
- To address the addiction/ substance issues would be really to expand more into cost of living, tackling homelessness issues, the systems in place that have homelessness in such a wealthy country. I'm not saying all addicts stream from homelessness but more so when poverty is low addicts rise as with mental health. To reduce and support addiction issues I feel this would need to be looked at.
- We need more AOD services and supports for adults and young people particularly in relation to detox and rehabilitation. There is no rehab or detox facilities for youth in the Hinkler region.
- Messages for those participating in these activities to not feel ashamed and seek help to be free from addiction. Also more about the long term impact on their health and the mental health of their family.
- Normalise choosing non-alcoholic beverages and not asking others why they're not drinking or moderating their consumption.
- More things to do in Hervey Bay to help people keep off drugs and alcohol and the streets.
- We have to create a need for addicted people to rehabilitate.
- Help people deal with the underlying issues that cause them to turn to substance abuse for relief. Domestic violence, housing, lack of income, relationship breakdowns.
- Please help these people that have no control over their choices. They are to be humanely respected, they should not be treated with malice.
- Education of harm reduction. Reduce the psychosocial stressors in people's lives.
- There is not enough help for DV families to shelter and gain support. Most stay as there is no where to go. I am one of them.
- More funding for First Nations Wellbeing/ Wellness Centres on Country (land, sea and sky).
- Early intervention and education.
- Humanising/ de-stigmatising the issue to enhance understanding and engagement with relevant resources and services. Begin educating our community early. Don't wait for the problem to appear. Promote wellness and connection. Free activities that promote positivity, self-awareness and celebrate diversity and inclusion.
- Put warnings on alcohol bottles about the long term risks and maximum accepted drinking levels.
- Adequately fund local service providers rather than larger out of state businesses.
- Desperately need low cost/ free rehabilitation support/ treatment centres locally. With doctors and psychologists on site at the facility.
- I feel a day rehab centre could be a good option for some people. Being a day rehab it would provide people with the opportunity to still attend their jobs and connection with family as they also need to learn to live in their environment making better choices- of course this is not an easy option, however, nor is live in rehab.

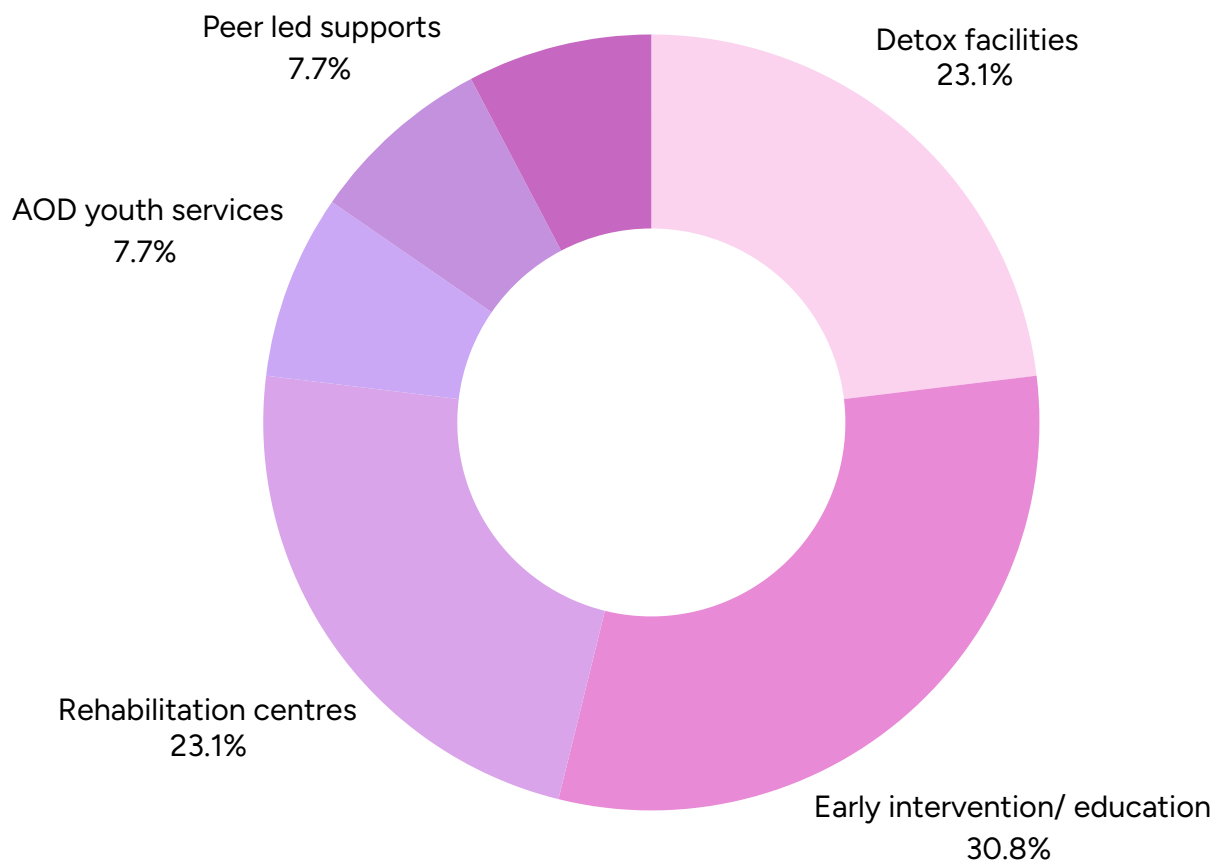
A selection of specific feedback comments on supports needed that we received on the survey are listed below:

- Drug use is a huge issue for this community there needs to be affordable or free rehab centres as well as day support that is well marketing and has specialist psychologists available for adults and youth. There needs to be a better youth centre. There needs to be more collaboration between health, AOD, psychologists and community workers to ensure end to end collaboration, case management and support to provide holistic medical, detox, lifestyle and psychological supports and interventions. Better interventions as well needed for at risk families and children in care.
- We need a primary NSP service, either within WBHHS community based with QuIHN. We need access to BBV testing that isn't only with a GP. We need the current AOD to use evidence based harm reduction. We need people to know about harm reduction items such as wheel filters. We need easy access, information and education on naloxone. Including PWUD trained and supported to use it with peers in the community. We need a larger AOD peer workforce. We need more peer and smart groups.
- Usually AOD presents with co-morbidities. We need services that are able to provide a holistic approach that have a walk-in service. Families and users often report that they cannot get the support they need to receive e.g. AOD use much be under control before they can receive mental health support. A lot of AOD use is to cope with daily stress.
- A rehab centre that is not religious based.
- We have so many community groups but they seem to fill up quickly or have a lack of funding. Also making public aware of these supports that are available in better ways.
- 24 hour outreach teams/ peer supports that can assist with individuals in the community - taking individuals to a delegated space for dry out periods and be given a feed and opportunity to discuss options of ongoing care.
- There needs to be several, long term residential rehab facilities across the region. They need to accommodate both men and women and there needs to non-religious options in order to achieve recovery. Religious related trauma is a very real thing for some people (sometimes it's the reason they start abusing substances in the first place) and only having church run options can not only exclude some people entirely but can inhibit earlier forms of intervention. Hervey Bay is so lucky to have Transformations and the amazing, life saving work that they do. However, they can't be expected to service the entire region and the community deserves more diverse and practical options to tackle an incredibly complex and serious issue.
- A rehab centre that doesn't cost a fortune for those on low incomes. And ensure people who are homeless with these issues are assisted into safe housing.



Hinkler Community Service providers want to see more early intervention & education.

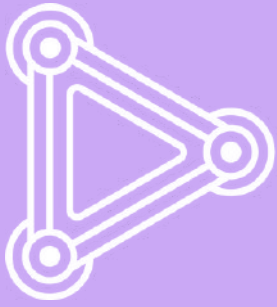
Feedback from the Hinkler Community Service Provider AOD Survey 2024 conducted by Social Shift showed that community service providers want to see more early intervention/education supports, detox facilities and rehab centres.



Specific feedback comments received:

A selection of specific feedback comments on supports needed that we received on the survey are listed below:

- Detox clinics for people seeking rehabilitation
- Support and education for families and loved ones of people experiencing addiction to learn about harm minimization, enabling behaviours etc . Community action group where those concerned about AOD issues in the area can come together and share thoughts, concerns and brainstorm ideas for taking action. Ideally, this action group should include addicts in recovery and even some in active addiction so long as they are not under the influence during meetings. Action could include anything to spread awareness and reduce stigmas that prevent people from seeking help.
- Early intervention and prevention programs that begins at school. Look at AODS as self-medication and start to address barriers that exacerbate the use of AODS
- Detox centres & more rehab centres. More mental health services
- More treatment beds
- Hugely increased, liberal access to treatment and prevention programmes. Revolving door, local treatment facilities. Massive increase to mental health funding as poor mental health(trauma, in particular) reliably correlates with future AOD abuse, the two things together create a self-reinforcing death spiral and the two things must be dealt with together, not separately, to minimise harms to both individuals and communities.
- AOD services targeted towards youth. Housing shelter for temporary stays
- A One-Stop Centre: that would provide comprehensive services including medical treatment, mental health counselling, and social services. These centres would offer detox programs, rehabilitation, therapy, and aftercare in a single location. Peer Recovery and Transitional Coaches: Train and employ individuals who have successfully managed their own recovery to support others through mentorship, advocacy, and guidance.
- More crisis housing and DV support
- More in-person outpatient support options
- Help and support. Better understanding. For example 2 heroin addicts. One is off. Other has a meltdown. They trigger one another. Police response is DV. Sends them homeless. Pushes the respondent the one trying to stay clean into criminal system via dv breaches
- We need detox facilities, greater support around mental health and qualified psychologists /psychiatrists support with existing rehabilitation programs
- AODS facility for under 18s. AODS program that is not affiliated with religion
- I think the Fraser Coast Community will continue have mixed feelings surrounding AOD in general unless we promote their involvement to help. By also running further campaigns to educate the community about the nature of addiction, the importance of seeking help, and available resources. We can then as a community stand together to address the various aspects of stigma, prevention, treatment, and recovery.



About Social Shift Institute

Social Shift Institute is committed to driving meaningful, community-led change through innovation. As the research and community development arm of HBNC, our focus is on empowering local communities by providing the tools, strategies, and support they need to address some of the most pressing social challenges.

In partnership with the Department of Social Services, we serve as a designated Brokerage Organisation for the Community-led Support Fund (CLSF). Through this fund, we help communities secure funding for impactful projects focused on mental health, family support, job readiness, and employment.

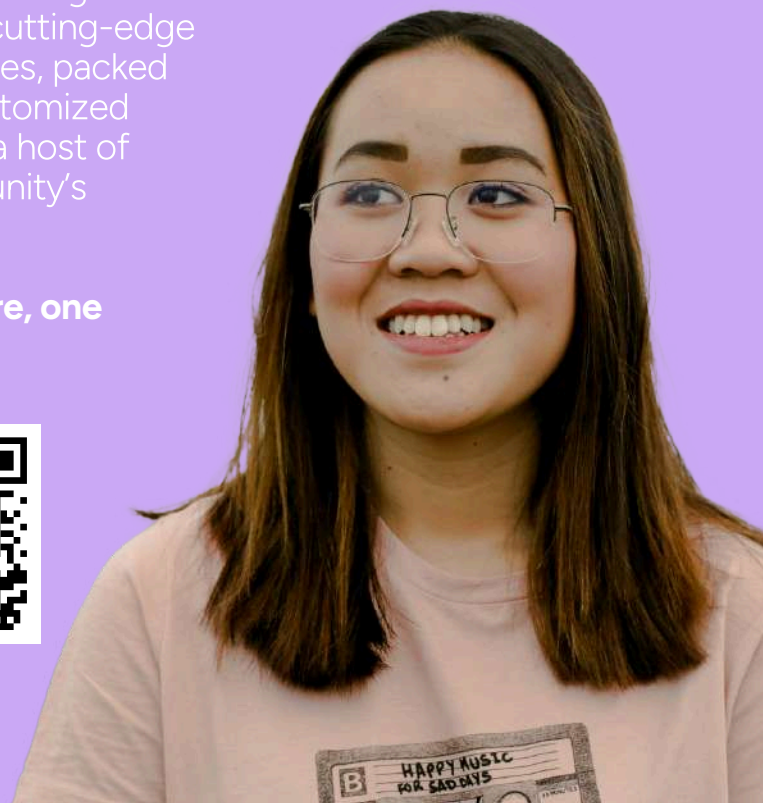
But we don't stop there. Together with local communities, we're building momentum with our Social Shifters workshops and activities—designed to build local capacity to solve real-world problems using the latest, evidence-backed strategies.

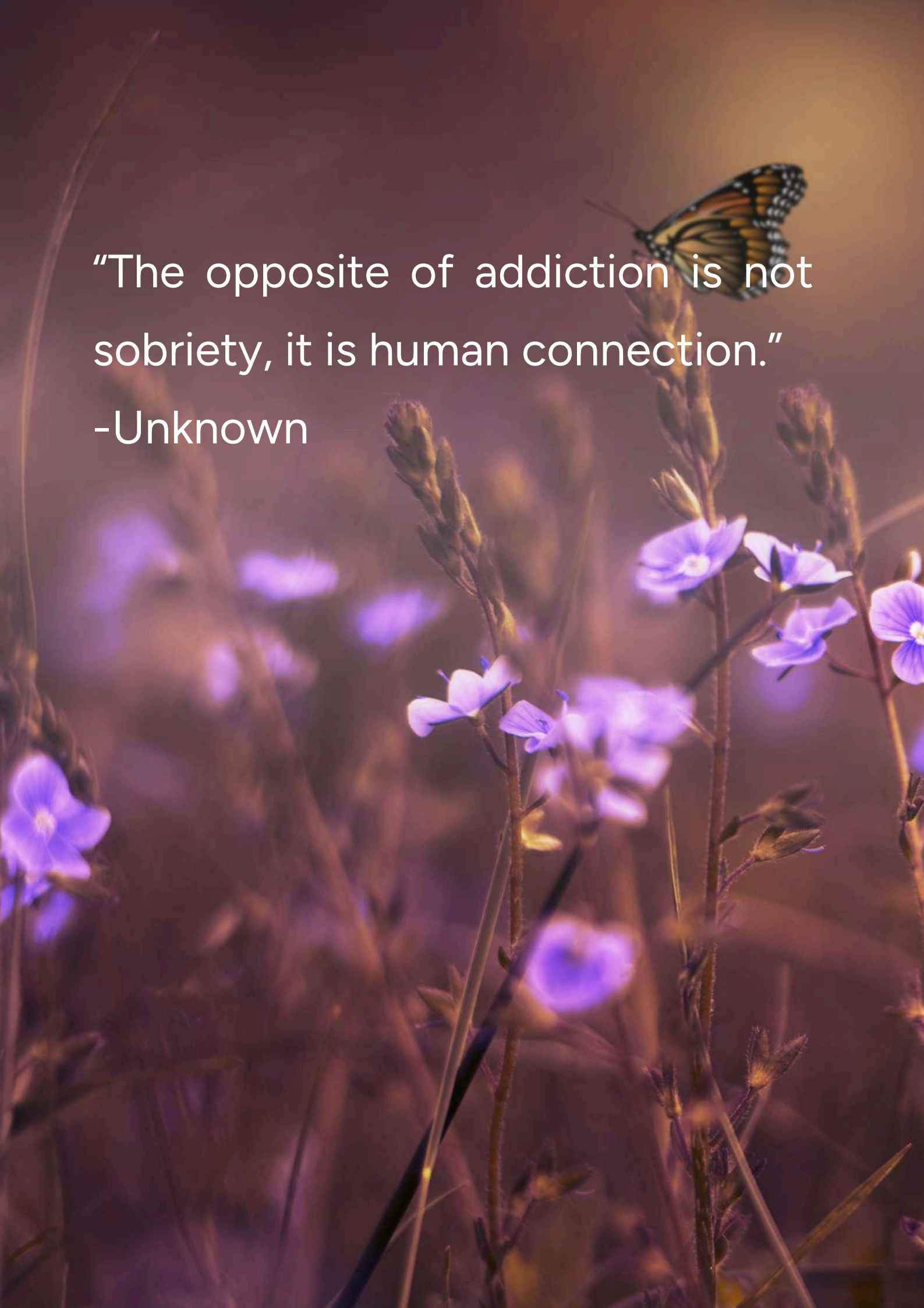
We're also always in motion, gathering data and conducting ongoing research. Our State of Reports and other publications help us track the evolving needs of our communities and spotlight key opportunities for action and collective impact.

And here's where things get even more exciting: We're currently developing the Social Vault—a cutting-edge library of innovative programs and resources, packed with ready-to-use toolkits that can be customized for any community. Get ready to tap into a host of resources that will accelerate your community's growth and success!

Join us in shaping our community's future, one social shift at a time!

Find out more:
www.socialshift.com.au



A monarch butterfly with its characteristic orange and black wings is perched on a stem of a purple flower. The background is a soft, warm, golden-brown color, suggesting a sunset or sunrise. The overall mood is peaceful and contemplative.

"The opposite of addiction is not sobriety, it is human connection."

-Unknown

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