



NADA
network of alcohol and
other drugs agencies

Response to the Report on the 2024 NSW Drug Summit

July 2025

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. We represent 87 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

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ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drug (AOD) services in NSW. We lead, strengthen and advocate for the sector. Our decisions and actions are informed by our members' experiences, knowledge, and concerns.

We represent 87 organisational members that provide services in over 100 locations across NSW, employing over 1,000 staff. Our members are diverse in their structure, philosophy, and approach to service delivery. They provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, and actively contribute to public health policy.

Together, we improve the health and well-being of people with living and lived experience of alcohol or other drug use across the NSW community.

NADA has award-level accreditation as reviewed by Quality Innovation and Performance (QIP), under the Australian Service Excellence Standards (ASES). A quality framework accredited by the International Society for Quality in Health Care – External Evaluation Association (IEEA).

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PREPARATION OF THIS SUBMISSION

This submission is based on the NSW NGO alcohol and other drugs (AOD) sector's response to the 2024 NSW Drug Summit Report.

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Priority area 1 - The service system: Access, integration and design

The actions from the report:

- 1.1 Within 12 months, release a 10-year whole-of-government alcohol and other drugs strategy that:
 - i. is underpinned by a harm-minimisation approach
 - ii. is developed and implemented by a steering committee comprising members from relevant government and non-government agencies
 - iii. appropriately addresses the disproportionate harms experienced by Aboriginal communities
 - iv. includes a whole-of-government monitoring and evaluation framework.
- 1.2 Ensure new or redesigned programs and services are co-designed with the communities they serve.
- 1.3 Engage with culturally diverse communities and their leaders to better understand how to use evidence based treatments to reduce drug-related harms in their communities and enhance community awareness and acceptability of drug use as a health issue.
- 1.4 Ensure specific and inclusive program delivery and service access to meet the unique needs of diverse communities, including lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+), culturally and linguistically diverse and Aboriginal communities.
- 1.5 Appropriately fund the integration of health and social services through innovative models that respond to the holistic needs of clients, including availability of mobile and/or telehealth services, and digital programs and navigation support.
- 1.6 Ensure access to specialist mental health services is available in all residential rehabilitation services that receive public funding, in order to increase the number of residential rehabilitation facilities that cater to individuals with co-occurring conditions.
- 1.7 Improve alcohol and drug treatment services (including detox) in custodial settings (including remand) and post release.
- 1.8 Support research and development in new and existing pharmacotherapies for methamphetamine use disorder and other emerging drugs of concern.

NADA Position:

- NADA supports **development of a ten-year alcohol and other drug strategy for NSW**. The NSW Government does not need to undertake extensive consultation on this development, as the sector has provided significant feedback on what needs to be included. NADA does support NGO representation on a steering committee that would oversee the development. We recommend that a draft strategy be provided to the sector and community for comment – similar to the process used to develop the *NSW Alcohol and Other Drugs Workforce Strategy 2024–2032*. We endorse the following in relation to the NSW AOD Strategy:
 - Development of an implementation plan to sit beside the strategy
 - A whole of government approach is essential to ensure alignment with existing intersecting strategies and priorities e.g. Closing the Gap, BBW, Housing, Child Protection, Justice
 - Inclusive of the roles of the Commonwealth and PHNs as funders of NSW services
- The Strategy needs to **recognise intergenerational trauma and institutional racism** as central contributors to drug-related harm in Aboriginal communities, and the urgent need for whole-of-government action to address these determinants.
- NADA supports the establishment of **structures to support genuine partnership with communities to design and deliver targeted and culturally safe services**. This should include strengthening

engagement of First Nations, multicultural and LGBTIQ+ groups and communities consistently across regions as well as **investment in research, evaluation and capacity building of agencies that provide proven evidence-based solutions to the communities they represent.**

- NADA supports **appropriate funding for the integration of health and social services**, informed by existing evidence-based models that are working well. There is also a need for **increased investment in telehealth and remote services, particularly for those in rural and regional areas**, including capacity building to support skill development and access to technology - this should be supported by an uplift in general AOD knowledge and information for the health and social services sectors.
- The capacity of residential rehabilitation services to respond to co-occurring needs is dependent on more appropriate resourcing. Some **current residential funding models that include specialist mental health roles should be made consistent across all AOD services** to support the workforce to manage and respond to mental health needs of clients. Funding must support a staffing profile in residential services that includes mental health nursing, psychology, social work and access to psychiatry. The lived/living experience workforce is an integral part of any expansion in capacity of the sector's workforce. Peer navigators, for example, would facilitate increased capacity of the workforce to manage chronic health conditions, major mental health needs and the aging population of clients.
- People navigating the mental health system often face exclusion or are poorly supported when transitioning to or engaging with AOD services, and vice versa. Addressing these barriers through **integrated care pathways and shared workforce development** must be prioritised.
- We support the **increase in funding of residential models to include withdrawal management** to streamline a client's journey through treatment. Effective local models exist that could be leveraged. **Boosting ambulatory withdrawal services across rural and regional areas** should also be prioritised and would further improve treatment access.
- NADA is in agreement on the need to **improve AOD services delivered in custodial settings**. This should include access to SMART Recovery groups and peer-led approaches. Increased funding of post-custodial support programs is also required, which are in high demand.
- There is a need for an increase in **intensive community-based outreach treatment options** for people who are unable to be supported by residential services due to service and workforce capacity as a result of the intersection of multiple needs. For many rural centres, this is the only feasible model due to the lack of residential facilities (rehab and hospital beds). Many best practice models are operating successfully overseas, which the NSW Government can draw on.
- NADA supports **a larger focus on research and development** for the AOD sector, including, but not limited to, the continuation of trials for pharmacotherapies for methamphetamine use and other emerging drugs of concern. Practice-based research and development within the NGO sector is required.

Priority area 2 - Funding models

The actions from the report:

2.1 Significantly increase funding for alcohol and other drugs services to address unmet need and client complexity. Funding increases should commence within six months and distribution should be informed by:

- i. a population-based service planning model
- ii. a focus on equitable access across rural and remote NSW
- iii. weighting to reflect the higher cost of service provision in rural and remote areas
- iv. a demonstration of outcomes.

2.2 Provide 5-year funding contracts for non-government service providers that include cost escalation and support for service evaluation and aligned contract conditions, where possible, to improve service stability and workforce retention.

NADA position:

The NSW Government invests in existing services via historic Ministerially Approved Grants, as well as other programs such as the NSW Drug Package, Methamphetamine Package, and Drug and Alcohol Treatment Services Package. These services have reported concerns to the NSW Government about their ability to address demand, complexity of presentations and workforce issues, largely resulting from short-term contracts and wages that cannot compete with the public sector.

These issues are well documented in both the Special Commission of Inquiry into the Drug 'Ice' and the former Inquiry into rehabilitation in regional and rural NSW. Both Inquiries included a recommendation to apply the Drug and Alcohol Service Planning Model (DASPM) to inform planning and funding. This is similar to the National Mental Health Service Planning Framework tool, which has been used effectively in mental health. Unfortunately, service delivery challenges have only worsened since the onset of COVID-19, with rising costs to deliver services (including insurances) and maintain a suitably qualified workforce. New funds to the AOD sector have been used to establish new services rather than support the existing services that the NSW Government has invested in over many years.

- The NGO AOD sector is requesting that the **NSW Government increase the annual investment to the NGO AOD sector to respond to the demand and complexity of presentations** as part of the Drug Summit response. **An incremental increase in funds over the next five years** will allow for a staged approach to increasing the workforce and service system capacity over that time – see NADA's recent [Pre-Budget Submission](#). This should not be limited to treatment, but also include prevention, early intervention and harm reduction.
- If the NSW Government is not supportive of the DASPM, then an alternative should be provided to **support population planning and funding for AOD services**. At the least, the DASPM requires an update with the most recent data – NADA used its own funding to do this for residential withdrawal and rehabilitation services over 5 years ago.
- NADA recommends a **focus on equitable access across rural and remote NSW**. Current funding models are not sustainable in large regional centres with high concentrations of services and a limited workforce available to deliver. **Increased funding to expand services and the workforce in remote locations would increase the capacity and sustainability of services** to maintain their vital presence in these locations.
- NADA welcomes the NSW Government's Secure Jobs and Funding Certainty Roadmap to **move NGO service delivery contracts to 5-years**. **All NGO AOD service delivery funding should be part of this commitment**. Further, we recommend that NSW Ministry of Health **consolidate historic funding sources to existing funded NGOs into a single fund for the NSW NGO AOD sector** (including, NSW Drug Package, Methamphetamine, Drug and Alcohol Treatment Services) to simplify contract arrangements and support workforce retention. This should include a commitment to include the new investment from the Special Commission ('Ice') into that fund once evaluated.
- It is positive to see **importance placed on the demonstration of outcomes**, as the NSW NGO AOD sector has been leading the nation in reporting back on outcomes of AOD treatment. However, there is not an even playing field, and **those with limited data capacity require support**. Further, such an approach should be inclusive of prevention. This requires the capacity to fund and track longer-term outcomes.

Priority area 3 - Prevention and early intervention

The actions from the report:

3.1 Enhance funding for prevention and early intervention programs, prioritising the first 2,000 days of a child's life.

3.2 Provide safer and more affordable housing through increased investment in public and social housing,

including support for transitional housing, and prioritising Housing First models.

3.3 Increase place-based local programs that build community capacity and connection, including out-of-school hours activities and community events.

3.4 Ensure greater access to learning and development opportunities across the alcohol and other drugs, child protection, mental health, and domestic and family violence sectors, to increase understanding and awareness of child and family needs in the context of parental drug use.

NADA position

NADA is supportive of the priority actions in this area and our response is informed by the views of members who deliver health promotion, prevention and early intervention services – which represent a small number of NGOs.

- While this priority area is referred to as Prevention and Early Intervention, its focus does not reflect how these terms are traditionally understood in the AOD sector. The emphasis is largely on children, young people and addressing the social determinants of health, important but narrow lens when considering the full scope of prevention.
- The report conflates prevention of use with prevention of harm. By focusing solely on social determinants as a strategy for prevention, it overlooks a crucial opportunity to invest in targeted, evidence-based interventions that prevent the escalation from occasional or risky use to more harmful patterns, including dependence. True early intervention must address individuals who are not yet in crisis but are at risk of future harm. This includes strategies to intervene during the early stages of risky use when behaviour change is more feasible and cost-effective. **It is important that the AOD Strategy provides this broader view of prevention and early intervention.**
- Successfully addressing AOD harms requires a balanced, proactive approach including prevention and early intervention initiatives. Prevention efforts, particularly those that are community-led and place based, can help build resilience and provide young people with the tools they need to reduce drug-related harm.
- **Long-term and evidence-based planning and investment for prevention and early intervention is required.** We support allocation of funds to increase the number and capacity of NSW communities participating in place-based prevention of AOD related harm. This should include evidence-based models such as multi-disciplinary hubs in communities to build community connection and support mechanisms for families and children which facilitates a whole of system approach to addressing needs where they are.
- Population-level public health prevention efforts that can reach individuals at risk across diverse settings and geographies should also be a priority, so long as they are developed in partnership with affected communities and services.
- Early intervention, and support for parents and families, can make a significant difference in preventing and reducing drug related harm. Early intervention can also disrupt the cycle of intergenerational harm and reduce ongoing contact with child protection agencies. **Greater investment in proven approaches is needed including targeted information and behaviour change programs** to support for young people and their families. Programs should be designed and delivered by local communities and target populations, with a focus on First Nations, CALD and LGBTIQ+ communities and young people and cater to the needs of children of parents who use AOD.
- The rapid evolution of **digital health presents a significant opportunity to expand prevention and early intervention efforts.** Digital platforms allow for the low-cost, scalable delivery of public health information and early support, both peer-led and professional, reaching people well before they experience serious harms. Importantly, these solutions can be proactive rather than reactive: Meeting people where they are, instead of waiting for them to seek help. A dedicated digital prevention and early intervention pillar, providing referral pathways, peer support, and self-help tools for people at lower risk, would enable scalable, accessible support across NSW, particularly in regional areas and for harder-to-reach populations. Digital health should be included as a priority area in the AOD Strategy.

- NADA supports **improved access to cross sectoral responses to learning and development** that brings workers together from various service settings to enable shared understanding, exchange of knowledge and perspective to better respond to the needs of children and families.
- **Access to safer and more affordable housing** through increased investment in public and social housing, including support for transitional housing, and prioritising Housing First models, is a major priority for the people that access NSW NGO AOD services.

Priority area 4 - Information and education

The actions from the report:

4.1 Ensure all health professionals receive alcohol and other drugs education and training that includes trauma-informed care and addresses stigma and discrimination.

4.2 Expand evidence-based age-appropriate alcohol and other drugs education in schools and other community settings.

4.3 Co-create social media content with young people to provide credible information about drugs and treatment.

4.4 Where required, support provision of community-led and targeted information and community development activities to meet the specific needs of priority population groups.

4.5 Improve alcohol and other drugs education and health promotion with a high-profile awareness campaign for the community.

NADA position

- NADA agree on the crucial need for **improved access to professional development and training** to support and sustain the current and future AOD workforce. Education should address stigma and discrimination, reflect trauma-informed care principles and target new workers and experienced clinicians and managers.
- **Access to AOD education is also a priority for workers in adjacent sectors** who frequently engage with people who use AOD, to build their capacity to support people and promote cross sector partnership.
- While there has been some recent investment in AOD workforce capacity, NADA have advocated for the [reinstatement of a dedicated organisation](#) to support the workforce. NADA are frequently approached by our members and cross sector partners requesting high-quality, tailored AOD training and this proposed centre would provide access to a trusted, consistent and sector informed solution. Our members are also frequently asked to provide training in their local communities.
- From a prevention and early intervention perspective, community information and development activity must be evidence based (and evidence-generating). This requires a degree of centralised support - training, connections, resources - which can then be locally adapted and deployed.
- Consistent with Recommendation 1 from the Special Commission of Inquiry into Ice, **trauma-informed care and practice training should be made widely available** for all staff, including those working in NSW Health, NGOs and ACCO's.
- A greater emphasis on cross-sector training between the AOD and mental health workforces is required. Workers in both sectors should be equipped to recognise and manage co-occurring conditions, as the current siloed systems are a significant barrier to accessing holistic, timely support. This training should be mandated and funded under the NSW AOD Workforce Strategy and tailored for Aboriginal service contexts.
- Training and community education initiatives that are **co-designed and delivered with people with living and lived experience of alcohol and other drugs is key to addressing stigma and**

discrimination. This should include **co-creation of social media content about AOD use with young people** to ensure effective tailored health messaging that reaches diverse cultures and sub-groups.

- Depending on the targeted cohorts, it may be preferable for community organisations to design and deliver campaigns. Campaigns should also be targeted and capable of adaptation for delivery in different communities. They should be supported by long-term investment and other policy measures.
- Further **education and support in digital spaces are also required**, including in prevention and early intervention.

Priority area 5 - Family and community support

The actions from the report:

5.1 Enhance family-inclusive practices and expand support services for families and carers impacted by alcohol or other drugs use to fully meet need.

5.2 Improve navigation tools and access points for families seeking support, including implementing a lived and living experience ambassador program.

5.3 Expand specialised alcohol and other drugs support and treatment for pregnant women, parents and the first 2,000 days of their child's life, particularly where there is a risk of child removal.

5.4 Strengthen education and capacity-building initiatives with community and faith-based leaders to address stigma and cultural barriers to seeking support.

NADA position

- We support recent funding to increase capacity of existing services to support family and carers, however, it is clear that **more funding is needed to meet demand, build capacity of staff and include specialist child and family workers** to enable services to effectively support families and carers
- We support the **expansion of existing specialist services for women, in particular to facilitate withdrawal services for pregnant women and women with children.** The use of existing services to boost funding for withdrawal services for women with children, babies and pregnant women over 33 weeks would increase the capacity of these services to provide withdrawal management for women with children. The introduction of a **minimum ratio of withdrawal beds for all residential rehabilitation services** to decrease wait times for treatment and a smoother transition from withdrawal to residential and aftercare is required.
- In residential services that support women with children, **funding models need to cover resourcing to work with the children to support their development** while they are in the residential service – existing funding is only for the parents, not interventions for children. This could include intensive family preservation services co-located with AOD services.
- There is a need for more **community-based services for women with children and funding of family worker positions** in AOD services, which also promotes cross-sector responses to working with families and children of people who use substances.
- We also note that women only appear in the report in relation to their role as a parent. It is important that **strategies are inclusive of all women**, regardless of whether they are a parent. Women are at higher risk of harm from AOD and tend to access treatment later, with a higher severity of symptoms.
- **Service access for single fathers and parents as a unit**, also need to be considered.
- Existing NSW service navigation tools are typically focussed on people ready for treatment, and more general tools (like ADIS and Path2Help) do not yet provide for warm referrals for people who are sober-curious, or at the early stages of contemplating change, in less acute stages of need. There could be value for NSW to support a more active, warm referral process to prevention and early intervention services.

- NADA support the **development of place-based, community-led programs that build on community strengths and work with faith and cultural leaders** to promote trust and reduce stigma - noting that different community groups may also have different needs. As perceptions of drug and alcohol use vary significantly between cultures and regions, services need to be co-designed, delivered, and evaluated in partnership with local communities. This approach provides the best opportunity to engage with communities, fostering long-term relationships and ensuring tailored services for local needs.

Priority area 6 - Youth specific services

The actions from the report:

- 6.1** Increase co-design of services and navigation tools with young people and the peer workforce.
- 6.2** Enhance access to treatment and support for children and young people, particularly those with complex needs, using flexible approaches and access points (e.g. 'no wrong door' approach and co-located services).
- 6.3** Implement harm-reduction education, community engagement and resilience-building programs.
- 6.4** Increase the availability of supported accommodation and transitional housing for young people.

NADA position

NADA's response under this area is informed by our members with expertise in the provision of specialist AOD services to young people.

- NADA support **increased access to services and navigation tools for children and young people, that are co-designed with young people. Evidence based wrap around supports and no wrong door approaches** should be prioritised, as this engagement and early intervention provides warm entry to treatment with positive health and social outcomes. Funding should address the current lack of youth-specific withdrawal services, residential programs, and day programs, separate from adult services.
- We recommend **integrated cross-sector ways of working to meet young people's needs**, address challenges navigating the system and receiving disconnected supports, while preserving connections to family/carers and culture.
- **Establishment of Aboriginal-led youth diversion programs**, with targeted funding directed to Aboriginal Community Controlled Organisations (ACCOs). This is critical in light of the overrepresentation of Aboriginal young people in the criminal justice system.
- NADA support calls for **implementation of harm reduction education** as raised in the Youth Statement on the NSW Drug Summit, ensuring co-designed programs with youth that reduce stigma and educate on both the harms of AOD use and ways to keep self and others safe.
- We support the need for **greater access to safe housing** to adequately address the needs of young people who use AOD. **Expanded transitional housing programs with integrated case management** are needed to avoid unsafe living conditions and further disadvantage young people.

Priority area 7 - Aboriginal social and emotional wellbeing and cultural safety

The actions from the report:

- 7.1** Elevate the role of, and enhance supports for, the Aboriginal community-controlled sector to deliver

holistic supports for people impacted by alcohol and other drugs.

7.2 Expand access to culturally safe services for Aboriginal communities by supporting holistic and culturally grounded Aboriginal led approaches, particularly in mainstream services.

7.3 Improve trauma-informed care and support for Aboriginal children and parents impacted by drugs, with a focus on family rebuilding, particularly for Stolen Generations survivors.

7.4 Prioritise appropriately funded and Aboriginal-led prevention, early intervention and family support, to meaningfully address high rates of child removal and redress the disproportionate harms experienced by Aboriginal people and communities through system improvements that reduce involvement in the criminal justice and out of home care systems.

NADA position

NADA supports the outlined priority actions which seek to improve service access and health outcomes for the disproportionate numbers of Aboriginal people accessing AOD services and strengthen and expand the ACCOs and broader sectors' capacity to respond in culturally safe ways.

- The Aboriginal AOD Sector has not had a strategy since 2014 when the National Indigenous Drug and Alcohol Committee (NIDAC) was defunded. **Development of a strategy, or specific strategies, that are led by Aboriginal people**, including the Aboriginal AOD workforce and people with living and lived experience of AOD use, is needed to support the AOD Sector to achieve improved outcomes for Aboriginal people.
- ACCOs provide a vital service to their community but are unable to meet rising demands. **Greater investment and capacity building support of the ACCO sector** is vital to ensure that both ACCOs and ACCO peak organisations are appropriately resourced to maximise outcomes for the community.
- NADA's ACCO members call for **long-term, needs-based funding, not just project or pilot-based models**. Given the disproportionate burden of drug-related harms in Aboriginal communities, the response should explicitly reference the need for a renewed Aboriginal AOD strategy, led by Aboriginal experts and people with lived experience, to guide investment, workforce development, and culturally safe care over the next decade.
- ACCOs are best placed to provide services to Aboriginal people and must be appropriately resourced. As not all Aboriginal people access ACCO services, mainstream services must be culturally safe so that Aboriginal people have their needs met regardless of the service they choose. A cultural audit process is available to mainstream services whereby trained Aboriginal auditors with NADA and the Aboriginal Corporation Drug and Alcohol Network (ACDAN) provide guidance on ways a service can enhance all areas of their operations to ensure cultural safety. **Cultural safety standards and audits** should be embedded in all funding contracts for AOD services that are not ACCO. **Funding to services that covers the cost of a cultural audit** would enable organisations to take leadership on this approach.
- It is also important to invest in and prioritise evaluation of culturally determined therapeutic approaches and healing practises and to embed this learning in models of care.
- Supporting Aboriginal families as a unit is critically important. Culturally safe alternatives to residential care are required with the goal of keeping families connected and children at home, with **a focus on Aboriginal families at risk of child removal**. ACCO Residential Rehabilitation services that can take families as a unit is required.
- Services are also needed for **families and communities who are supporting a loved one** with their AOD use, to ensure that their needs are also supported.
- With almost a quarter of NGO AOD treatment being provided to Aboriginal people, there is a critical need to attract, retain a grow a sustainable and Aboriginal AOD Workforce, particularly in regional and rural areas. **Funding of tailored traineeship programs, education and development initiatives** are urgently needed to build career pathways, build capacity and sustain workers at all staffing levels within the sector – these should be prioritised in ACCO and NGO services.

- **Invest funds in the building of an Aboriginal cultural supervision pool and allocation to services to access cultural supervision for Aboriginal workers** is a priority to ensure the retention and support of the Aboriginal AOD workforce.

Priority area 8 - Workforce

The actions from the report:

- 8.1** Fully implement the *NSW Alcohol and Other Drugs Workforce Strategy 2024–2032*.
- 8.2** Increase funding for workforce development and sustainability across the government and nongovernment sectors and disciplines.
- 8.3** Expand the peer workforce across the spectrum of alcohol and other drugs services, including the Aboriginal peer workforce.
- 8.4** Optimise care and outcomes for clients of alcohol and other drugs services by ensuring vocational and professional training that addresses stigma and discrimination.
- 8.5** Provide appropriate supervision and supports to strengthen frontline alcohol and other drugs staff capability and wellbeing.
- 8.6** Expand access to opioid substitution treatment and improve integration with primary care, including increasing the number of general practitioners and nurse practitioners who prescribe opioid substitution treatment.

NADA Position:

- NADA has worked with the NSW Ministry of Health to develop the NSW AOD Workforce Strategy and supports **full implementation of this strategy, including meaningful indicators and supported by data collection systems to measure the effectiveness** of the strategy to build and maintain a skilled and sustainable NSW AOD workforce that meets current and future community needs. Successful implementation of the strategy should see expansion of the identified Living and Lived Experience (LLE) and Aboriginal workforce and a diverse AOD workforce profile that reflects the communities that we serve.
- NADA continue to advocate for **increased funding to the NGO AOD sector to support workforce sustainability**, enable workforce development and access to regular supervision and wellbeing programs. We strongly recommend **prioritising fully funded access to Continuing Professional Development (CPD)**. Many frontline AOD workers are currently unable to access essential training due to cost barriers. This particularly affects those in NGO and ACCO services. Funded CPD opportunities should include both accredited and non-accredited training and be accessible to workers across metropolitan, regional, and remote areas. These initiatives should also support **Aboriginal cultural supervision and lived experience workforce development**.
- **Initiatives are needed to swiftly increase the availability of supervisors**, through training of experienced practitioners to deliver clinical supervision, Aboriginal Cultural Supervision, Multicultural Supervision and supervision by and for people in identified Living and Lived Experience positions.
- Prior to the NSW Drug Summit, NADA called for the [re-establishment of a dedicated Registered Training Organisation \(RTO\) for the sector](#) to address the challenges facing the AOD workforce, which include underfunding, complex clinical demands, and a lack of accessible professional development. The centre would offer funded, nationally accredited and non-accredited training, as well as coordinated practice placements, to support new and experienced workers, improve sector capacity, and promote clear employment pathways. It would provide accessible, high-quality and sector-informed training that reflects

emerging needs and priorities while also building the capacity of adjacent sectors (such as FDV and Child Protection workers) who interact with people who use AOD.

Priority area 9 - Stigma and discrimination

The actions from the report:

9.1 Ensure that the NSW Government collaborates with relevant stakeholders to strengthen the implementation of the Mindframe guidelines for the media.

9.2 Establish a taskforce to report in 12 months on how the NSW Public Service will take a leadership role in reducing stigma and discrimination by:

- i. removing barriers to employment for people with lived and living experience
- ii. integrating the perspectives of people with lived and living experience into policies, programs and training.

9.3 Develop, using co-design processes, community education campaigns to address stigma and discrimination.

9.4 For the purposes of the *Criminal Records Act 1991*, reduce the period for a conviction for use or possession of a prohibited drug to be considered spent from 10 years to 5 years for adults, and 3 years to 1 year for juveniles, for minor drug offences.

NADA Position:

NADA firmly support and advocate for all recommended priority actions to reduce stigma and discrimination and their impacts on the lives of people who use or have used AOD. This stigma not only impacts individuals but the workforce and AOD sector as a whole. It impacts funding and policy decisions and it is therefore essential to address stigma and discrimination across multiple domains, including at the personal and policy level.

- NADA supports **removing barriers to employment for people with lived and living experience**, such as blanket exclusions that result from criminal record checks, drug testing, and ensuring a right to privacy concerning a person's medical records. While we appreciate the need to assess risk, current practices are creating barriers and excluding people from undertaking meaningful employment, not only in the AOD sector.
- Additionally, the perspectives of people with lived and living experiences should not only be integrated but also supported by measures of accountability within organisational frameworks. This is essential to ensure meaningful involvement that effectively reduces stigma and discrimination.
- Training and educational campaigns should be co-designed and co-delivered by those with lived and living experience, as this collaboration is critical in combating stigma and discrimination. It is useful to make decisions about who is best to deliver campaigns based on the target audience – NSW Government, or local community organisations.
- While the **reduction in the period of conviction under the *Criminal Records Act 1991* is welcomed**, NADA acknowledges that effectively addressing stigma and discrimination requires tackling the underlying power structures associated with criminalisation. It is essential to **reconsider the calls for the decriminalisation of personal possession and use**, as highlighted at the Drug Summit.
- NADA supports the **implementation of the Mindframe guidelines for the media**. Its efforts should ensure media reporting is balanced, evidence-based, and highlights persistent social issues and their solutions through treatment and effective public policy. NADA would also recommend that guidelines be

applied across NSW Government policies, to address inconsistencies in language and responses across the NSW Government.

Priority area 10 - Cannabis and driving

The actions from the report:

10.1 Legislate for a medical defence for people using medically prescribed cannabis who are driving and include:

- i.** an option for police at the roadside or a court to assess the defence
- ii.** guidelines that are developed by relevant government agencies (such as Transport, Health, Police and Justice) to support implementation
- iii.** a review after 12 months.

NADA position

NADA supports the proposed priority and wish to see an approach to road safety that focuses on impairment rather than the presence of a substance. NADA encourage the exploration of models that will allow people who are prescribed cannabis products to drive without fear of penalties and would welcome the consideration of models used in other jurisdictions, where an unimpaired driver using medicines as prescribed can lawfully drive.

Priority area 11 - Harm reduction

The actions from the report:

11.1 Immediately implement a pilot of drug-checking services at music festivals, which includes:

- i.** a health and peer workforce
- ii.** provision of harm-reduction advice
- iii.** an exclusion zone
- iv.** integration with the current drug surveillance and early warning system
- v.** an evaluation that can inform additional models such as a fixed-site drug checking service/s.

11.2 Enhance current drug monitoring systems to prepare for the emergence of new drugs of concern in Australia.

11.3 Amend section 36A of the *Drug Misuse and Trafficking Act 1985* (NSW) to remove the legislative restriction that currently limits medically supervised injecting centres to one premises in Kings Cross, noting substantial community consultation would be required to accompany any decisions about establishing additional medically supervised injecting centres.

11.4 Expand the delivery and accessibility of evidence-based harm reduction strategies including needle and syringe programs, particularly in regional, rural and remote areas.

NADA position:

- NADA support **a greater investment and emphasis on harm reduction strategies** in NSW, which will bring indisputable cost benefit and improved health and social outcomes for people who use AOD. With a recent report on drug policy expenditure estimating only 8.3% to harm reduction and prevention in 2021/22 there is a clear need for substantially greater investment in harm reduction approaches – noting the ACT Government's recent [report on the return on investment in harm reduction](#).

- NADA commends the NSW Government for acting immediately following the Drug Summit to establish a drug-checking pilot, now currently underway in NSW at music festivals. Following evaluations from drug checking services in other jurisdictions and the NSW pilot, NADA hopes to see the **continuation and expansion beyond the drug checking pilot at both festivals and fixed sites**. We also encourage NSW Health to **collaborate with NSW police to establish an exclusion zone for law enforcement at festivals**, to ensure that attendees are able to freely and anonymously access the event and the dedicated testing area without concerns of being approached by police.
- NADA advocates for the **removal of legislative restrictions to allow for the establishment of additional medically supervised injecting centres** across NSW in locations of identified need.
- NADA supports **expanding the delivery and accessibility of needle and syringe programs, particularly in regional, rural, and remote areas**. Additionally, the provision of needle and syringe programs in custodial settings would accord with the human right to health.

Priority area 12 - The criminal justice system and policing

The actions from the report:

12.1 Reform the Early Drug Diversion Initiative to extend eligibility criteria to address restrictions relating to possession of multiple drugs, criminal history and threshold drug quantities; limiting police discretion with an assumption of diversion for personal use quantities; and ensuring a clear monitoring and evaluation framework.

12.2 Ask the Attorney-General to review opportunities for consistency in the Cannabis Cautioning Scheme and the Early Drug Diversion Initiative.

12.3 Expand the Magistrates Early Referral into Treatment program to fully meet demand.

12.4 Expand the Drug Court to regional areas, prioritising the Far North Coast, the Central Coast and Wollongong, ensuring accompanying service infrastructure.

12.5 Strengthen diversion programs for young people, including by better utilising and reforming the *Young Offenders Act 1997* (NSW) and consider reinstating the Youth Drug and Alcohol Court of NSW.

12.6 Expand access to alternative sentencing models for Aboriginal people, including the Walama List, Youth Koori Court, Circle Sentencing and Justice Reinvestment.

12.7 Increase police understanding of available local health and social services to support referrals.

12.8 Provide comprehensive harm-reduction training for NSW Police officers and other relevant first responders and equip them with naloxone to respond to opioid overdoses.

12.9 Strengthen enforcement of illicit drug supply, targeting suppliers.

12.10 Cease the use of drug detection dogs and strip searching for suspected drug possession during the current trial of drug-checking services at music festivals, with consideration to extending this to all music festivals.

NADA Position:

- NADA acknowledges that the recommendations in this report do not reflect the call for the decriminalisation of personal use and possession by participants at the Drug Summit. To effectively

address the recommended actions outlined in this priority area, **the decriminalisation of personal use and possession must be taken into consideration.**

- NADA supports the **reform of the Early Drug Diversion Initiative and removal of police discretion** to ensure that more people are eligible under the program.
- NADA supports the **expansion of all diversion initiatives and alternative sentencing options**, accompanied by **mandatory education for NSW police on health interventions** and the available health and social services.
- **Expansion and resourcing of Youth Koori Courts**, including culturally informed diversion options and wraparound supports. Magistrates involved in youth justice must be supported with structured guidance and cultural supervision to ensure they are aware of and actively directing eligible young people to these programs.
- NADA supports **mandatory training in harm reduction, stigma and discrimination for NSW Police, Corrective Services, and Community Correction employees**, co-designed and co-delivered by people with lived and living experience. We also recommend the **training of the NSW Police Force and other first responders (Fire Services, SES, RFS) in the use of naloxone** to respond to opioid overdoses and de-escalation techniques when responding to people impacted by AOD.
- NADA believes that priority 12.10 does not go far enough to protect rights, particularly for young people and marginalised communities and requests a **review of processes for the use of drug detection dogs and strip searches** for suspected drug possession.