

Department of Social Services

Consultation on the Second Action Plan

National Plan to End Violence Against Women and Children 2022-32

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To whom it may concern

Thank you for the opportunity to inform the development of the Second Action Plan under the National Plan to End Violence Against Women and Children 2022-32. The Australian Alcohol and other Drugs Council (AADC) welcomes the continued national response to ending violence against women and children.

AADC is the national peak body representing Australia's alcohol and other drugs (AOD) sector and the focus of this submission is on the intersections between domestic, family and sexual violence (DFSV) and AOD use. The relationship between AOD use and DFSV is complex and nuanced by a range of confounding variables. While not all people who use AOD use violence - and substances alone do not determine whether someone will choose to use violence - AOD, particularly alcohol, are a persistent presence in many experiences of DFSV violence and can act as a risk factor. As such, the role of the AOD sector as a key partner in the prevention and response to experiences of violence is being increasingly recognised and, in this context, AADC recommends that the Second Action Plan:

1. In line with findings from the Victorian Royal Commission and national rapid evidence review¹, explicitly identifies AOD services as critical partners in prevention and early intervention, responses to people who use violence and system integration and workforce priority areas in the Second Action Plan. As part of this, it is critical that the Plan also incorporates reciprocal AOD capability building within DFSV services and workforces to provide holistic responses to the intersection of violence and AOD use.
2. Acknowledges the unique risks to, and burdens of violence on, women who use drugs
3. Recognises the complex intersections of AOD use and violence, and identifies AOD-related stigma as a factor that increases safety risk for women and children
4. Identifies instances of AOD-related stigma and discrimination which exacerbate risks and harms for women and children, and implements evidenced-based responses to remedy these in partnership with AOD peak bodies and national organisations
5. Works closely with Aboriginal Community Controlled Organisations and Aboriginal and Torres Strait Islander-specific AOD services to develop culturally safe, community controlled responses to DFSV.

¹ State of Victoria (2016). Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16). Victorian Government Printer: Melbourne.



6. Supports national DFSV governance structures to engage with similar governance structures in other sectors, such as the new National Drug Strategy Working Group, to drive legislative and policy alignment
7. Identifies local examples of cross-sector collaboration and seeks to scale up what is already working

About Us

AADC is the national peak body representing Australia's alcohol and other drugs (AOD) sector. We work to advance health and public welfare through the lowest possible levels of AOD related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level. AADC's founding members comprise each state and territory peak body for the AOD sector, other national peak bodies relating to the AOD sector, and professional bodies for those working in the AOD sector.

The current membership of AADC is:

Alcohol, Tobacco and Other Drug Association ACT (ATODA)	Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC)	Association of Alcohol and Other Drug Agencies NT (AADANT)
Australasian Therapeutic Communities Association (ATCA)	Australian Injecting and Illicit Drug Users League (AIVL)	Drug and Alcohol Nurses of Australasia (DANA)
Family Drug Support (FDS)	National Indigenous Drug and Alcohol Committee (NIDAC)	Network of Alcohol and Other Drug Agencies (NADA)
Queensland Network of Alcohol and Other Drug Agencies (QNADA)	South Australian Network of Drug and Alcohol Services (SANDAS)	The Australasian Professional Society on Alcohol and other Drugs (APSAD)
Victorian Alcohol and Drug Association Inc (VAADA)	Western Australian Network of Alcohol and other Drug Agencies (WANADA)	Drug Policy Modelling Program*
National Drug Research Institute (NDRI)*	National Drug and Alcohol Research Centre*	National Centre for Education and Training on Addiction (NCETA)*
*AADC associate member		

AOD services are a core partner in domestic, family and sexual violence (DFSV) response

AOD treatment and harm reduction services have long been a site of DFSV response owing to these services' focus on risk and harm reduction, trauma-informed practice and grounding in behaviour change. Yet this role has largely been undertaken without formal recognition or funding.

However, the role of the AOD sector in preventing and responding to DFSV is increasingly being formally recognised. In the 2025 Report of the Rapid Review of Prevention Approaches, it was recommended that:

"The Commonwealth and state and territory governments to activate the health system and workforce as a key prevention lever. This should include equipping and resourcing General Practitioners (GPs), perinatal, and mental health and alcohol and other drug (AOD) services to identify and support DFSV victim-survivors and people who use violence (Commonwealth and states and territories)."

Similarly, the Victorian Government's Royal Commission into Family Violence, identified AOD services as a critical element of health system responses to identify violence when it occurs, assess risk and coordinate support for victim survivors as well as perpetrators of violence.² This role has been integrated into service system responses across ACT, NSW, QLD and VIC through the introduction of the multi-agency violence risk and assessment frameworks.

The AOD sector is in a unique position to change the trajectories of violence for both those who use violence and those who survive violence. In the case of men who use violence, while many men will never voluntarily engage in a men's behaviour change program, many do engage with AOD services, which provides opportunities for earlier intervention and the prevention of violence escalation. For those with lived experience of violence, AOD services play an important support role in prevention and recovery from violence, with women who have experienced violence and who access AOD services reporting that AOD workers were particularly helpful in assisting their recovery.³

These factors mean that the AOD sector plays an important role in supporting crisis responses as prevention, interrupting violence trajectories and supporting the recovery of people with lived experience of violence. However, despite the intersection of AOD issues and experiences of violence, the Consultation Paper does not make explicit mention of the role of the AOD sector in decreasing the risks to safety experienced by women and children.

AADC believes this is a significant gap, and a more explicit role for the AOD sector, supported by commensurate funding and reciprocal workforce capability building, can enhance coordination and connections in the system. To strengthen this further, there is scope within the Second Action Plan to ensure that DFSV services and workforces have appropriate AOD capabilities to ensure holistic support, no matter where a person enters the system.

As such, **AADC recommends that, in line with findings from the Victorian Royal Commission and national rapid evidence review, that AOD services be explicitly identified as critical partners in prevention and early intervention, responses to people who use violence and system integration and workforce priority areas in the Second Action Plan. As part of this, it is critical that the Plan also incorporates reciprocal AOD capability building within DFSV services and workforces to provide holistic responses to the intersection of violence and AOD use.**

Addressing AOD-related stigma and discrimination

A critical barrier to people accessing earlier support for experiences of DFSV is the continuing presence of drug-related stigma and discrimination.

Women who use drugs and experience violence are particularly impacted by drug-related stigma and discrimination, which exacerbates their risk of harm. A Melbourne-based study of women who inject drugs found that 82% had experienced at least one assault in their lifetime and 38% at least one instance of sexual assault, roughly double the prevalence among women in the general population.⁴ Yet, despite this, seeking treatment for either assault or sexual assault was uncommon, with women citing experiences of drug-related stigma and discrimination as a key factor, and concern that their use of substances would trigger involvement of child protection services and child removal, was also

² State of Victoria (2016). Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16). Victorian Government Printer: Melbourne.

³ Hegarty, K., McKenzie, M., McLindon, E., Addison, M., Valpied, J., Hameed, M., Kyei-Onanjiri, M., Baloch, S., Diemer, K., & Tarzia, L. (2022). *"I just felt like I was running around in a circle": Listening to the voices of victims and perpetrators to transform responses to intimate partner violence*. Research report, 22/2022. Sydney: Australia's National Research Organisation for Women's Safety Limited (ANROWS)

⁴ Colledge-Frisby S, Walker S, Wilkinson AL, et al. "Violence Against Women Who Inject Drugs", *JAMA Network Open*. 2026;9(3):e262096.

cited as a factor for not reporting experiences of violence to police or engaging with violence support services.⁵

More broadly, the presence of substance use can result in women who leave violence, for example, having accommodation offers being withdrawn or being made conditional on abstinence.⁶ This occurs at time when as many as 500,000 Australians each year cannot access AOD treatment due to lack of system capacity, the National Drug Strategy 2017-2026 emphasises harm reduction rather than abstinence from substance use, and the National Plan to End Violence Against Women and Children identifies safe and secure housing as essential to ending violence.^{7 8 9}

This highlights that women who use drugs face significant risk of violence that is exacerbated by drug-related stigma and discrimination, as well as the continuing criminalisation of some types of drugs. This increases the risk of harms for themselves and their children.

For Aboriginal and Torres Strait Islander women, the harms of AOD-related stigma and discrimination are exacerbated by its intersection with racial discrimination and continuing impacts of colonisation. As acknowledged within the consultation paper, Aboriginal and Torres Strait Islander women and children are disproportionately impacted by DFSV, and experiences of systemic racism and fears of child removal act as critical barriers to receiving appropriate support. Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal and Torres Strait Islander-specific AOD services have a central role in responses to both AOD harms and DFSV across Australia and, as such, must have a lead role in developing culturally safe, community controlled responses to DFSV.

The way in which AOD-related stigma and discrimination contributes to harms is exacerbated further when looking at responses to men who use violence. In the ACT and Victoria, for example, Men's Behaviour Change Program (MBCP) Minimum Standards permit the exclusion of men who use AOD.¹⁰ ¹¹ Most concerning, MBCP facilitators are not required to undertake any AOD-related training, resulting in AOD-related exclusion assessments being made without any specialist expertise. These exclusions close off pathways of early intervention and the opportunity to change violence trajectories, increasing the safety risks for women and children.

More broadly, MBCP practice standards across states and territories frequently encourage onward referral when AOD use is present, yet there is no requirement for program facilitators to undertake any AOD-specific training to support appropriate referrals. This is despite the significant intersections between AOD and violence, and the increasingly recognised role of the AOD sector in DFSV responses.

In an environment where 77% of Australians consume alcohol each year and 18% report using an illicit drug^{12 13}, it is critical that decisions to exclude participants on the basis of AOD-related issues - and assessments to refer - are free from AOD-related stigma and discrimination, and conducted by a workforce with specialist knowledge of AOD issues and the AOD service system.

⁵ *ibid*

⁶ Victorian Alcohol and Drug Association (2026). *Submission to the Inquiry into the relationship between Domestic, Family and Sexual Violence, and Suicide*. Melbourne: VAADA.

⁷ Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K. & Gomez, M. (2014). *New Horizons: The review of alcohol and other drug treatment services in Australia*. Sydney, NSW: Drug Modelling Program, National Drug and Alcohol Research Centre, UNSW.

⁸ Department of Health. (2017). *National Drug Strategy 2017-2026*. Canberra: Commonwealth of Australia.

⁹ Department of Social Services. (2022). *National Plan to End Violence against Women and Children 2022-32*. Canberra: Commonwealth of Australia

¹⁰ Community Services Directorate. (2021). *ACT Practice Standards: Men's Behaviour Change Programs*. ACT Government: Canberra.

¹¹ Family Safety Victoria (2017). *Men's Behaviour Change Minimum Standards*. Melbourne: Family Safety Victoria

¹² Australian Institute of Health and Welfare (2024). *National Drug Strategy Household Survey 2022-23*. Canberra: AIHW

¹³ Australian Institute of Health and Welfare. (2024). *Alcohol overview*. Canberra: AIHW

It also highlights the need for a nuanced and sensitive framing of the relationship between AOD use and violence that recognises the complex, multiple variables that shape this relationship.

To enhance the safety of all women and children and ensure that the service system is responsive to the range of issues that shape experiences of violence, **AADC recommends that the Second Action Plan:**

- Acknowledges the unique risks to, and burdens of violence on, women who use drugs
- Recognises and responds to the complex intersections of AOD use and violence, and identifies AOD-related stigma as a factor that increases safety risk for women and children
- Seeks to identify instances of AOD-related stigma and discrimination which exacerbate risks and harms for women and children, and implements evidenced-based responses to remedy these in partnership with AOD peak bodies and national organisations
- Works closely with Aboriginal Community Controlled Organisations and Aboriginal and Torres Strait Islander-specific AOD services to develop culturally safe, community controlled responses to DFSV.

Enhancing System Coordination and Cross-Sector Integration

Integrated responses to DFSV vary significantly across Australia. While progress has been made through the implementation of, for example, cross-sector, common risk assessment frameworks, there is an opportunity for the Second Action Plan to drive consistent responses across all jurisdictions to ensure that responses to violence are not dependent on location.

As part of this system coordination and cross-sector integration, it is critical that national governance structures which lead responses to violence engage with governance structures which oversee other social and community services systems and drive legislative and policy alignment. In relation to AOD, the newly created National Drug Strategy Working Group serves as a platform which brings together AOD stakeholders across Commonwealth, state and territory governments, including health and law enforcement, to coordinate AOD responses. With the current National Drug Strategy set to expire this year, this provides an opportunity for national leadership on violence responses and AOD policy to coordinate and ensure strategic alignment to eliminate violence.

Across Australia there are localised examples of cross-sector integration that are supporting better outcomes for those experiencing violence. In AOD and DFSV responses, these include:

- Partnership between the AOD, specialist DFSV sectors and Men's Behaviour Change Program peak bodies in Western Australia to coordinate collaborative workforce development and build service capability.¹⁴
- Enhancing the gender-responsiveness of AOD services in NSW¹⁵
- Specialist Family Violence Advisors embedded within AOD services across Victoria¹⁶
- Programs, such as U-TURN at Windana, a residential rehabilitation AOD treatment service, which has an embedded Men's Behaviour Change Program as part of its service model.¹⁷
- Domestic and Family Violence Risk Assessment and Management Framework (RAMF) in the Northern Territory, which establishes integrated case management and case coordination

¹⁴ Western Australian Network of Alcohol and other Drug Agencies. (2026). Intersecting family and domestic violence and alcohol and other drug capability building initiative. Available at <https://wanada.org.au/sector-quality/co-occurring-aod-and-mental-health/>

¹⁵ Network of Alcohol and other Drugs Agencies. (2025). *Working with Women Engaged in Alcohol and Other Drug Treatment*. Sydney: NADA.

¹⁶ Victorian Alcohol and Drug Association. (2026). *Victorian Specialist Family Violence Advisors*. Available at <https://www.vaada.org.au/victorian-specialist-family-violence-advisors/>

¹⁷ Windana. (2026). *U-Turn Program*. Available at <https://windana.org.au/services/u-turn/>

responses, bringing together alcohol and other drug services alongside health, mental health, family support, legal, youth, and housing/homelessness services.¹⁸

The Consultation Paper identified system-level barriers that constrain early intervention efforts. These localised responses highlight the way in which these system barriers are being responded to and overcome to deliver better outcomes. The Second Action Plan has an opportunity to explore additional local examples of cross sector collaboration, and scale up what is currently working.

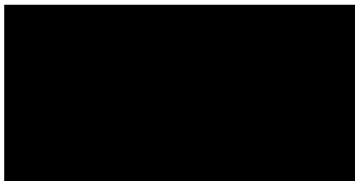
To enhance system coordination and cross-sector integration, **AADC recommends that:**

- National DFSV governance structures engage with similar governance structures in other sectors, such as the new National Drug Strategy Working Group, to drive legislative and policy alignment
- The Second Action Plan identify local examples of cross-sector collaboration and seek to scale up what is already working.

Thank you for the opportunity to inform the Second Action Plan. AADC welcomes this opportunity to highlight the way in which the safety of women and children can be enhanced by strengthening the role of the AOD sector and responses to the intersections of AOD use and violence.

If you require any further information in relation to this submission, please do not hesitate to contact me directly on [REDACTED] or via email at [REDACTED]

Yours sincerely

A large black rectangular box redacting the signature of the Chief Executive Officer.A small black rectangular box redacting the name of the Chief Executive Officer.

Chief Executive Officer

Australian Alcohol and other Drugs Council

6 August 2026

¹⁸ Northern Territory Government. (2026). Domestic and family violence risk assessment and management. Available at <https://families.nt.gov.au/domestic-family-and-sexual-violence/ramf>