2024 New South Wales Drug Summit Appendix

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Appendix A

ORGANISATIONS REPRESENTED AT THE 2024 NSW DRUG SUMMIT

APPENDIX A: ORGANISATIONS REPRESENTED AT THE 2024 NSW DRUG SUMMIT

The Summit sought the perspectives of a range of organisations that play a role in addressing drug related harm in NSW, as well as the perspectives of individuals with lived and living experience, and individuals with recognised expertise and influence in the alcohol and other drugs, and related fields. Some individuals who are not named and do not represent an organisation are captured as 'Individuals with recognised expertise'.

GRIFFITH

Organisation
Aboriginal Corporation Drug and Alcohol Network
Aboriginal Drug and Alcohol Residential Rehabilitation Network
Aboriginal Health and Medical Research Council
Alcohol and Drug Foundation
Australasian Therapeutic Communities Association
Broken Hill Detox & Rehabilitation Steering Committee
Clean Slate Clinic
Community Drug Action Team - Griffith
Deniliquin Specialist Community Mental Health Drug and Alcohol Service
Directions Health Services
Drug Court of NSW
Drug Policy Modelling Program, University of NSW
Family Drug Support
Gateway Health, Wodonga
Griffith City Council
Griffith Multicultural Council
Health Services Union
Intereach
Justice Health and Forensic Mental Health Network
Karralika Programs
Linking Communities Network Ltd
Murdi Paaki Regional Assembly
Murrumbidgee High School
Murrumbidgee Local Health District

Organisation
Murrumbidgee Mental Health and Drug and Alcohol Alliance
Murrumbidgee Primary Health Network
National Indigenous Australians Agency
Network of Alcohol and Other Drugs Agencies
NSW Department of Communities and Justice
NSW Department of Education
NSW Department of Primary Industries and Regional Development
NSW Parliamentary members
NSW Police Force
NSW Youth Advisory Council
Odyssey House NSW
Office of the Advocate for Children and Young People
Orana Haven Aboriginal Corporation
Orange Aboriginal Medical Service
People with lived and living experience of drug use
Riverina Medical and Dental Aboriginal Corporation (RivMed)
Riverina Murray Regional Alliance
Southern NSW Local Health District
St Vincent de Paul Society NSW
Ted Noffs Foundation
The Link Foundation
The NSW Users and AIDS Association
The Pharmacy Guild of Australia (NSW)
The Salvation Army
Uniting NSW/ACT
Weigelli Aboriginal Corporation
Wellbeing and Health In-Reach Nurse Program, NSW Health
Wellways
Western NSW Local Health District

LISMORE

Organisation
Aboriginal Corporation Drug and Alcohol Network
Aboriginal Drug and Alcohol Residential Rehabilitation Network
ACON
Alcohol and Drug Foundation
Armajun Aboriginal Medical Service
Australasian Therapeutic Communities Association
Australian Festivals Association
Ballina Shire Council
Bobby Goldsmith Foundation
Bulgarr Ngaru Medical Aboriginal Corporation
Cannabis Council of Australia
CASPA Services
Centre for Road Safety, Transport NSW
Clean Slate Clinic
Community Drug Action Team - Richmond Valley
Corrective Services NSW
Drug Policy Modelling Program, University of NSW
Ecoteam
Family Drug Support
Headspace
Health Services Union
Healthy North Coast Primary Health Network
Human Nature
Hunter New England Local Health District
Hunter New England Primary Health Network
Justice Health and Forensic Mental Health Network
Kyogle Together Inc.
Legal Aid NSW
Life Education NSW/ACT
Lismore City Council
Lives Lived Well
Magpie Centre Indigenous Corporation
Mid North Coast Local Health District
Murwillumbah Learning Community High School
Namatjira Haven, Drug and Alcohol Healing Centre
National Drug and Alcohol Research Centre
National Indigenous Australians Agency
Network of Alcohol and Other Drugs Agencies

Organisation
Nimbin Hemp Embassy
Nimbin Neighbourhood Centre
North Coast HIV and Related Programs
North Coast Population and Public Health
Northern NSW Local Health District
NSW Department of Communities and Justice
NSW Department of Education
NSW Ministry of Health
NSW Official Visitors Program
NSW Parliamentary members
NSW Police Force
NSW Premier's Department
Odyssey House NSW
Office of the Advocate for Children and Young People
People with lived and living experience of drug use
Pharmaceutical Society of Australia (NSW)
Social Futures
South Lismore Pharmacy
Southern Cross University
St Vincent's Health Network
Tamworth Aboriginal Medical Service
Ted Noffs Foundation
The Buttery
The Glen for Women (Wyong Creek)
The NSW Users and AIDS Association
The Pharmacy Guild of Australia (NSW)
The Public Defenders Office
The Salvation Army
Uniting NSW/ACT
University of New South Wales (UNSW)
Winsome and Lismore Soup Kitchen
Yellow Gate Medical Centre

SYDNEY

Organisation
Aboriginal Affairs NSW
Aboriginal Corporation Drug and Alcohol Network
Aboriginal Legal Service (NSW/ACT)
AbSec NSW
ACON
ADFNSW-Kathleen York House
Alcohol and Drug Foundation
Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists
Australasian Therapeutic Communities Association
Australian Community Support Organisation
Australian Counselling Association
Australian Drug Law Reform Foundation
Australian Festivals Association
Australian Government Department of Health and Aged Care
Australian Injecting & Illicit Drug Users League
Australian Lawyers Alliance
Australian Medical Association (NSW)
Australian National Imams Council
Australian Salaried Medical Officers' Federation
Australian Services Union of NSW
Avertis Consulting
BEING Mental Health Consumers
Blue Mountains City Council
Buddhist Council of NSW
Calvary Health Care
Camurus
Cannabis Council of Australia
Carers NSW
Central and Eastern Sydney Primary Health Network
Central Coast Local Health District
Centre for Social Impact
Charles Sturt University
City of Sydney Council
Community Drug Action Team – Surry Hills
Community Restorative Centre
Corrective Services NSW
Curtin University
Dalgarno Institute
Dancewize NSW
David McGrath Consulting

Organisation
Department of Customer Service
Directions Health Services
Domestic Violence NSW
Drug and Alcohol Health Services Inc.
Drug Court of NSW
Drug Free Australia
Drug Intervention Program Pty Ltd
Drug Policy Modelling Program, University of NSW
Elderslie High School
Family Drug Support
Fams
Flourish
Fresh Therapeutics Compounding Pharmacy
Fuzzy Operations
Grand Pacific Health
Harm Reduction Australia
Harvey Consulting Group
Haymarket Foundation
Headspace
Health Consumers NSW
Health Services Union
Hepatitis NSW
Homes NSW
Illawarra Aboriginal Medical Service
Illawarra Shoalhaven Local Health District
Individuals with recognised expertise
Indivior
James Martin Institute
Jarrah House
Jewish House
Jumbunna Institute for Indigenous Education and Research
Justice Action
Justice Health and Forensic Mental Health Network
Justice of the Peace Office
Justice Reform Initiative
Kamira
Karralika Programs
Kedesh Rehabilitation Services
Kirketon Road Centre
LaTrobe University
Launchpad Youth

Organisation
Law Society of NSW
Legal Aid NSW
Life Education NSW/ACT
Lives Lived Well
Lost Paradise Festival
Macquarie University
Mental Health Carers NSW
Mental Health Coordinating Council
Mission Australia
Mission of Hope
Monash University
Multicultural NSW
Murrumbidgee Local Health District
Nan Tien Institute
Narcotics Anonymous
National Centre for Clinical Research on Emerging Drugs
National Drug and Alcohol Research Centre
National Indigenous Australians Agency
National Organization for the Reform of Marijuana Laws
National Zakat Foundation
Nepean Blue Mountains Local Health District
Nepean Blue Mountains Primary Health Network
Network of Alcohol and Other Drugs Agencies
Newcastle Anglican Diocese
Next Gen Nurse Practitioners
Northern Sydney Local Health District
NSW Ambulance
NSW Bar Association
NSW Bureau of Crime Statistics and Research
NSW Centre for Road Safety, Transport for NSW
NSW Council of Civil Liberties
NSW Council of Social Service
NSW Crime Commission
NSW Department of Communities and Justice (including the Women's Safety Commissioner)
NSW Department of Creative Industries, Tourism, Hospitality and Sport, Hospitality and Racing
NSW Department of Education
NSW Department of Primary Industries and Regional Development
NSW Education Standards Authority
NSW Health Mental Health Youth Advisory Group
NSW Local Court
NSW Ministry of Health

Organisation
NSW Nurses and Midwives' Association
NSW Official Visitors Program
NSW Parliamentary members
NSW Poisons Information Centre
NSW Police Force
NSW Treasury
Odyssey House NSW
Office of the 24-hour Economy Commissioner
Office of the Advocate for Children and Young People
Open Door Consultancy Services
Our Watch
Payce Foundation
Penington Institute
People with lived and living experience of drug use
Pharmaceutical Society of Australia (NSW)
Pill Testing Australia
Police Association NSW
Policy By Proxy
Positive Life NSW
Public Services Association
Rainbow Lodge
Redfern Legal Centre
Representatives of families with lived and living experience of drug use
Royal Flying Doctor Service
Rural Doctors Association (NSW)
Safer Australian Roads and Highways Group
Sing Hosanna International Ministries
SMART Recovery Australia
Social Futures
Somali Muslim Association
South African BRICS Youth Association
South Eastern NSW Primary Health Network
South Eastern Sydney Local Health District
South Western Sydney Local Health District
Southern Youth and Family Services
St Vincent de Paul Society NSW
State Chambers
Students for Sensible Drug Policy
Suicide Prevention Australia
Sydney Drug and Education Counselling Centre
Sydney Local Health District
Sydney Medical School, University of Sydney

Organisation
Sydney North Primary Health Network
Technical and Further Education (TAFE) NSW
Ted Noffs Foundation
The Association of Australian Medical Research Institutes (AAMRI)
The Association of Independent Schools of NSW
The Buttery
The Coroner's Court of NSW
The Glen Group
The Kirby Institute
The Link Foundation
The Loop Australia
The Matilda Centre, University of Sydney
The National Centre for Education and Training on Addiction
The NSW Users and AIDS Association
The Pharmacy Guild of Australia (NSW)
The Rev. Bill Crews Foundation (aka. The Exodus Foundation)
The Royal Australasian College of Physicians
The Royal Australian and New Zealand College of Psychiatrists
The Royal Australian College of General Practitioners (NSW and ACT)
The Salvation Army
The Shopfront Youth Legal Centre
The Sydney Children's Hospitals Network
Unharm
Uniting NSW/ACT
University of New South Wales (UNSW)
University of Technology Sydney
Vietnamese Community in Australia – NSW Chapter
Waverly Council
Wayside Chapel
We Help Ourselves
WEAVE Youth & Community Services
Weigelli Aboriginal Corporation
Western Sydney Local Health District
Western Sydney Primary Health Network
Western Sydney University
Wollongong Homeless Hub and Housing Services
Women's Safety Commissioner, Communities and Justice
Youth Action
Youth Justice NSW
Youth Off The Streets
Youth Solutions
Youthblock Youth Health Service

Appendix B

2024 NSW DRUG SUMMIT PANELLISTS AND SPEAKERS

APPENDIX B: 2024 NSW DRUG SUMMIT PANELLISTS AND SPEAKERS

Griffith panel Chairs: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Anna McKenry	Clinical Advisor (Executive), Karralika Programs	Anna McKenry is the Executive Clinical Advisor of Karralika Programs, a residential alcohol and other drug rehabilitation program. Since completing her nursing degree, Anna has spent three decades working across the alcohol and drug (AOD) field in a variety of clinical, management and policy roles. Anna has a Master in Health Administration and is passionate about working with diverse groups to address the health inequities experienced by individuals and the community they live in.
Vickie Louise Simpson	Chair of ACDAN and Regional Alcohol and Other Drugs and Social and Emotional Wellbeing Coordinator, Griffith Aboriginal Medical Service	Vickie Louise Simpson is a proud Wiradjuri woman, born and raised in Griffith NSW. She has been a board member of Aboriginal Corporation Drug and Alcohol Network (ACDAN) since 2022 and is the regional AOD and social and emotional wellbeing co-ordinator at the Griffith Aboriginal Medical Service. Vickie Louise is Chairperson of the Griffith Local Aboriginal Land Council and a member of the Griffith Aboriginal Community Working Party. Vickie Louise is passionate about her community and promoting positive change through her various advisory roles, advocacy and strong community engagement.
Hester Wilson	Alcohol and Other Drugs Clinical Director, Murrumbidgee Local Health District and Chief Addiction Medicine Specialist, NSW Ministry of Health	Dr Hester Wilson holds multiple clinical, teaching and advisory roles and has been a leader in the alcohol and other drug sector for many years. She is a general practitioner and addiction medicine specialist, and chair of the RACGP Addiction Special Interest Group, AOD Clinical Director for Murrumbidgee LHD, Medical Advisor for Population and Community Heath in South Eastern Sydney Local Health District and is Chief Addiction Medicine Specialist with the NSW Ministry of Health.

Griffith panel Chairs: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Joe Cassar	Assistant Commissioner, NSW Police, Southern Region	Assistant Commissioner Cassar joined the NSW Police Force in 1987. He served as an inspector at the Eastern Beaches Local Area Command and played a pivotal role in the establishment of the Alcohol Licensing Enforcement Command. He spent time at the Cabramatta, Shoalhaven and Wollongong Local Area Commands before joining the Capability, Performance and Youth Command as Assistant Commissioner in 2017.
Spencer Barberis	Senior Drug and Alcohol Peer Worker, Murrumbidgee Local Health District	Spencer is a senior drug and alcohol peer worker at Murrumbidgee Local Health District and an emerging writer. Spencer is co-founder and poetry editor of Bramble, a digital literary journal to promote disabled creative talent. With a Bachelor of Creative Arts from the University of Wollongong and a Certificate IV in Mental Health Peer Work, he brings a unique blend of creativity and lived experience to his work, challenging stigma and advocating for harm reduction.

Lismore panel Chairs: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Patricia Collie	Alcohol and Other Drugs Clinical Director, Northern NSW Local Health District	Dr Patricia Collie is a general practitioner and addiction medicine specialist. She is the AOD Clinical Director for Northern NSW Local Health District. She is a recipient of the New South Wales Health Scholarship for Addiction Medicine Training and a distinguished member of the Australian Medical Association (AMA).
Leone Crayden	CEO, The Buttery and NADA Board Chair	Leone Crayden is Chief Executive Officer (CEO) of The Buttery, an AOD residential rehabilitation program in Northern NSW and is Board Chair of the Network of Alcohol and other Drugs Agencies (NADA). Leone has significant experience in senior management roles across the health, community services and disability sectors including Executive Director of Q Shelter, a peak housing and homeless organisation, and CEO of On Track Community Programs. Leone has held positions as the Co-Chair of the Mental Health Network with the Agency for Clinical Innovation (ACI) and Chairperson of the Mental Health Coordinating Council.

Lismore panel Chairs: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
David Waddell	Assistant Commissioner, NSW Police, Northern Region	Assistant Commissioner Waddell joined the NSW Police Force in 1990 and has held roles in tactical operations, anti-theft, and as detective inspector. During the COVID-19 pandemic, David coordinated the Australian Defence Force (ADF) deployment into NSW and worked with senior military personnel and NSW Health to facilitate the COVID-19 vaccine roll out. This included across regional and remote communities, including Aboriginal communities. David is currently leading a project focused on victims of crime to ensure they receive appropriate care and support.
Dian Edwards	CEO, Namatjira Haven	Dian Edwards is a proud Wiradjuri and Barkindji woman and is CEO of Namatjira Haven Drug and Alcohol Healing Centre. Dian was born in Yuin country in Nowra. Dian has reshaped Namatjira Haven to become a healing centre that adopts culturally appropriate evidence-based strategies for working with Aboriginal people with substance use disorders. Currently, Dian is working with the Board to create a healing centre specifically for Aboriginal women called Aunty Sandra's Place.
Mel Sass	Consumer Worker, Beacon Laundry	Mel Sass was one of the first employees at Beacon Laundry, a social enterprise in Bangalow, in the Byron hinterland of Northern NSW. Beacon Laundry was designed to create jobs for people who are unable to obtain mainstream employment. After experiencing the pressure of working as a child protection officer led to drug and alcohol use, Mel attended a rehabilitation program in the Northern Rivers. Following rehabilitation and unable to go back into the child protection sector, Mel found work at the social enterprise which has given them a connection with community, self-confidence and the structure and routine necessary to continue their recovery.

Sydney speakers Chair: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Chris Minns	Premier of NSW	The Hon Chris Minns MP is the 47th Premier of New South Wales and the Member for Kogarah. Chris was elected as the Member for Kogarah in 2015 and became leader of the NSW Labor Party in June 2021, successfully leading the party to Government at the 2023 NSW election.
Ryan Park	Minister for Health, Minister for Regional Health and Minister for the Illawarra	The Hon Ryan Park MP is the Minister for Health, Minister for Regional Health and Minister for the Illawarra and South Coast in the NSW Government. Ryan first joined NSW Parliament when he was elected Member for Keira in March 2011.

Sydney speakers Chair: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Annie Madden	Executive Director, Harm Reduction Australia	Dr Annie Madden AO is the Executive Director of Harm Reduction Australia and has a doctorate in drug policy. Annie has been an advocate in the drug policy context both within Australia and globally for over 30 years. She has provided technical expertise to the World Health Organization and various United Nations agencies and has been a member of Australian Government delegations to the United Nations General Assembly. Annie was CEO of the Australian Injecting and Illicit Drug Users League for 16 years and CEO of the NSW Users and AIDS Association (NUAA).
Amy Peacock	Deputy Director, NDARC, UNSW	Associate Professor Amy Peacock is a National Health and Medical Research Council (NHMRC) Emerging Leadership Fellow and Deputy Director of the National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW). She is Program Lead for Drug Trends, a national monitoring system identifying trends in illicit drug use, markets and harms that has operated for over twenty years and is funded by the Australian Government Department of Health and Aged Care.
Maree Teesson	Director, Matilda Centre for Research in Mental Health and Substance Use, University of Sydney	Professor Maree Teesson AC is Director of the Matilda Centre and a NHMRC Leadership Fellow at the University of Sydney. Maree is Chair of Australia's Mental Health Think Tank and a member of the Australian Academy of Health and Medical Sciences Council. Maree is a Former National Mental Health Commissioner, a Fellow of the Australian Academy of Social Sciences, and a Fellow of the Royal Society of New South Wales. Maree has made a major contribution to Australia's health and medical research effort in the field of mental health and substance use.
Ted Wheeler	Mayor of Portland Oregan, 2017-2024	Mayor Ted Wheeler served as Mayor of Portland, Oregon between 2017 to 2024. Prior to this, he served as Oregon State Treasurer. His candidacy for Mayor focused on key issues of the homelessness crisis, sustainability, engaging with neighbourhoods and small businesses, improving equity and affordability, and making city government more transparent and accountable. He has been a key figure during a complex time in Oregon's legislative history; starting with legislation passed in 2020 that changed the penalties associated with possessing small amounts of illicit drugs to a civil citation, with a focus on directing investment towards treatment services.

Sydney speakers Chair: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Don Weatherburn	Professor, NDARC, UNSW	Don Weatherburn PSM is a Professor at the National Drug and Alcohol Research Centre (NDARC) and was formerly Executive Director of the NSW Bureau of Crime Statistics and Research. Prior to that appointment, Don was foundation Research Director at the Judicial Commission of New South Wales. His current projects include an evaluation of the impact of the Drug Court on health and social functioning and a study into the criminal careers of drug traffickers.
Alison Ritter	Director, DPMP, Social Policy Research Centre, UNSW	Professor Alison Ritter AO is a drug policy scholar and Director of the Drug Policy Modelling Program (DPMP) at the University of New South Wales, Sydney. She has more than 30 years' experience working in the field of alcohol and other drugs. She conducts applied drug policy research on drug laws, drug treatment, models and methods of democratic participation in drug policy and research focussed on policy process. She is past President of the International Society for the Study of Drug Policy and Editor in Chief for the International Journal of Drug Policy.
Michael Doyle	Associate Professor, Edith Collins Centre, University of Sydney	Associate Professor Michael Doyle is a Bardi Man and academic at the University of Sydney. He has worked in Aboriginal health for over 20 years, commencing his career as an Aboriginal Health Worker at the Broome Regional Aboriginal Medical Service. Presently, Michael is the Head of the Aboriginal and Priority Populations team at the Edith Collins Centre for translational research in alcohol, drugs, and toxicology.
Kurt Simpson	Aboriginal Program Co-ordinator, South West Sydney Local Health District and Board member, ACDAN	Kurt Simpson is a proud Gamilaraay man from Walgett. He has worked at Riverina Medical and Dental Aboriginal Corporation in Wagga Wagga where he grew up, as well as at Katungul Aboriginal Medical Service in Bega. He has also managed Yitjawudik Men's Recovery Unit, located in Shepparton, Victoria. Kurt is currently the Aboriginal Program Coordinator at South West Sydney Local Health District (SWSLHD) and is a Board Member of ACDAN. Kurt is passionate about his work in alcohol and drugs. Prior to this work, he was a qualified fine dining chef. However, he saw many of his brothers and sisters struggling with AOD and was driven by his own successful fight with addiction to support others.

Sydney speakers Chair: Carmel Tebbutt and John Brogden		
Name	**Position**	**Biography**
Dan Howard	Commissioner of the Special Commission of Inquiry into the Drug 'Ice'	Professor Dan Howard SC was the Commissioner of the Special Commission of Inquiry into the Drug 'Ice', which ran for 14 months and delivered its report with 109 recommendations to the NSW Government in January 2020. The report has been widely acknowledged in the AOD sector as providing a blueprint for contemporary drug policy and law reform in NSW. A retired senior counsel, academic and author specialised in mental health and criminal law, Dan Howard has held other senior public roles, including as President of the NSW Mental Health Review Tribunal and an Acting Judge of the NSW District Court, and as a NSW Deputy Senior Crown Prosecutor. He is an NSW Patron of the Justice Reform Initiative.
Mary Harrod	CEO NUAA	Dr Mary Harrod is the CEO of the NSW User's and AIDS Association (NUAA), an NGO that works to improve the health and human rights of people with lived or living experience of illicit drug use in NSW. Her work at NUAA has focussed deepening its reach into the most marginalised communities of people who inject drugs while engaging with new communities such as people who attend music festivals or who are engaged with or seeking treatment. The aim of Dr Harrod's and NUAA's work is in building a broad constituency of support for effective systems change that will allow people who use drugs to enjoy health and human rights equal to the rest of the community and live lives free from stigma and discrimination.
Megan Moses	Advocate and member of the Uniting Fair Treatment Reference Group	Megan Moses' journey into advocacy began 4 years ago, after agreeing to speak at an event hosted by the Medically Supervised Injecting Centre. She talks candidly about her life, drug use, the impact of stigma, and the urgent need to change the narrative about people who use drugs. Megan combines her personal stories with various formal studies, including an honours degree in psychology from Sydney University which introduced her to the value of evidence-based approaches in addressing problematic substance use. Her most important message is that we all have a role to play in shaping our community, away from judgmental misinformed stereotypes, towards a recognition of our common humanity and the need for compassion and support.

SYDNEY PANELLISTS

Theme 1: Health promotion and wellbeing Breakout session 3 Chair: Nicolas Parkhill		
Name	**Position**	**Biography**
Nicolas Parkhill	Former ACON CEO	Nicolas Parkhill AM has over 30 years' experience in public and community health. Nicolas was the former CEO of ACON from 2009 until 2024 and prior to this, worked in numerous senior management and policy roles for NSW Health and the NSW Cabinet Office, including working on the 1999 NSW Drug Summit. He has a background in health policy, social marketing, community development and public relations. Nicolas is a former Board member of the Network of Alcohol and other Drugs Agencies (NADA), the Australian Federation of AIDS Organisations (AFAO) board, and the Australian Government's National Suicide Prevention Office Advisory Board.
Erin Lalor	CEO, Alcohol and Drug Foundation	Dr Erin Lalor AM was appointed CEO of the Alcohol and Drug Foundation in 2017. She is a recognised leader in the health policy and not-for-profit sectors with over 20 years of experience as a clinician, researcher, advocate and leader. She is currently Deputy Chair of the Australian Institute of Health and Welfare and a member of the Australian National Advisory Council on Alcohol and Drugs.
Emily Deans	Manager, Strategy and Design, Youth Solutions	Dr Emily Deans is an early career researcher in inclusion health. She has expertise in working with young people experiencing significant vulnerabilities, including mental illness, substance use problems, gambling problems and those in contact with the justice system. Emily has built and led a research portfolio at Youth Solutions, an alcohol and other drug (AOD) harm reduction organisation working with young people aged 12-25 years in South-Western Sydney. She also works part-time with NDARC supporting non-profit agencies with outcomes-based monitoring and feasibility studies.
Marianne Jauncey	Medical Director, Uniting MSIC	Dr Marianne Jauncey is a public health physician dedicated to working in harm reduction for decades. She has been the Medical Director of the Uniting Medically Supervised Injecting Centre (MSIC) since 2008. Dr Jauncey is committed to ensuring Uniting MSIC provides unwavering support and meets the needs of its clients beyond merely supervised injection. She is passionate about improving the lives of people who use drugs and is always keen to get people talking to make this happen.
Annie Madden	Executive Director, Harm Reduction Australia	As above.

Theme 1: Health promotion and wellbeing Breakout session 3 Chair: Nicolas Parkhill		
Name	**Position**	**Biography**
Tina Taylor	Senior Engagement Officer at the CAOD, Ministry of Health	Tina Taylor is a proud Ngiyammpaa Weilwan woman, born on Wiradjuri Country (Cowra, NSW). With over 10 years of experience in the Aboriginal community-controlled sector, Tina has dedicated her career to improving the health and wellbeing of Aboriginal communities. She previously served as the Manager of the Social and Emotional Wellbeing team at Tharawal Aboriginal Medical Service, which paved the way for her role as the first Aboriginal Program Coordinator at South Western Sydney Local Health District (SWSLHD) Drug Health Services. There, she established a new Aboriginal Drug Health team, working closely with local Aboriginal community-controlled health organisations (ACCHOs). Tina now holds the position of Senior Engagement Officer at the Centre for Alcohol and Other Drugs (CAOD), Ministry of Health, in the first full-time identified role of its kind. Tina is passionate about fostering genuine partnerships between Aboriginal Medical Services (AMS) and local health districts to deliver better outcomes for Aboriginal communities; and embedding cultural ways into AOD models.

Theme 2: Equity, respect and inclusion Breakout session 3 Chair: Suzie Hudson		
Name	**Position**	**Biography**
Suzie Hudson	Clinical Advisor, CAOD, NSW Ministry of Health	Dr Suzie Hudson is an accredited mental health social worker with a PhD in public health and community medicine who has worked in the AOD, mental health and forensic mental health fields for over 25 years. A clinical leader and current Clinical Advisor at the CAOD at the NSW Ministry of Health, her role is to provide AOD treatment policy advice and to support AOD treatment providers across NSW to deliver compassionate, trauma-informed and high-quality care. Suzie is an Adjunct Associate Lecturer at NDARC.
Teguh Syahbahar	Manager, Multicultural Programs, Odyssey House	Teguh Syahbahar is the Manager of Multicultural Programs at Odyssey House NSW, overseeing Odyssey's CALD Specialist AOD Program, which includes primary prevention initiatives, early intervention, treatment, and community support for culturally and linguistically diverse communities. He is also an Adjunct Associate Lecturer at NDARC, contributing to multicultural AOD research. Utilising grassroots experience, he has administered frontline AOD support and led capacity building efforts within a range of culturally and linguistically diverse communities across Greater Sydney.

Theme 2: Equity, respect and inclusion Breakout session 3 Chair: Suzie Hudson		
Name	**Position**	**Biography**
Carla Treloar	Scientia Professor, Centre for Social Research in Health and the Social Policy Research Centre, UNSW	Carla Treloar AM is Scientia Professor at the Centre for Social Research in Health and the Social Policy Research Centre at UNSW, Sydney. Her work brings to light the gaps, failures and harms of health and social systems and poses solutions to better meet the needs of people who experience social marginalisation.
Mary Harrod	CEO, NUAA	As above.
Michael Doyle	Associate Professor, University of Sydney	As above.
Michael Woodhouse	CEO, ACON	Michael Woodhouse is the CEO of ACON since September 2024 and has been an executive leader in health and human services for over 20 years including roles in both the government and not for profit sector. He has a strong interest in community led services and programs and in better outcomes for Aboriginal and Torres Strait Islander communities. Michael has experience in primary health care, disability support, aged care, child and family services and inclusion strategies. Michael has been involved in many LGBTQI+ community organisations including a time as Co-Chair of Sydney Gay and Lesbian Mardi Gras.

Theme 3: Safety and justice Breakout session 3 Chair: David McGrath		
Name	**Position**	**Biography**
David McGrath	Former COO, Special Commission of Inquiry into the Drug Ice, and Board Member Justice and Forensic Mental Health Network	David McGrath is the former Chief Operating Officer (COO) of the Special Commission of Inquiry into the Drug 'Ice', a former Executive Director of the Mental Health and Drug and Alcohol Office at NSW Ministry of Health, and former Chair of the Intergovernmental Committee on Drugs. He is currently a technical advisor to the World Health Organization on mental health, addiction and human rights and a board member of the NSW Justice Health and Forensic Mental Health Network and the Black Dog Institute.

Theme 3: Safety and justice Breakout session 3 Chair: David McGrath		
Name	**Position**	**Biography**
Jackie Fitzgerald	Executive Director, NSW BOSCAR	Jackie Fitzgerald is Executive Director at the NSW Bureau of Crime Statistics and Research (BOCSAR) with the NSW Department of Communities and Justice and has worked in the field of criminology for more than twenty-five years. In recent years her work has focussed on the issue of Aboriginal over-representation in the justice system, changes in young people's participation in crime, the impact of the pandemic on offending behaviour and how the criminal justice system responds to crime and domestic and sexual violence.
Spencer Barberis	Senior Drug and Alcohol Peer Worker, Murrumbidgee Local Health District	As above.
John Watson	Commander, NSW Police Force Drug and Firearms Squad, State Crime Command	Detective Superintendent John Watson APM is the Commander of the NSW Police Force Drug and Firearms Squad, State Crime Command and has been in the role for five years. John has been with the NSW Police Force for more than 38 years. In 2023, John was named in the Kings Honours List and received the Australian Police Medal (APM) for his work combatting clandestine laboratories and improving safety procedures for officers and the community.
Levii Griffiths	Alcohol and Other Drug Treatment Worker, Assertive Outreach, Odyssey House	Levii Griffiths is a proud Yuwaalaraay and Gamilaraay man, deeply connected to his heritage and community. He is dedicated to keeping young Aboriginal people out of the criminal justice system, believing strongly in the power of prevention and support. Levii's commitment extends beyond youth; he is equally passionate about ensuring that all Aboriginal workers in the alcohol and other drug sector receive access to cultural supervision and mentoring. Levii aims to create a positive impact for individuals and the community, promoting healing and understanding.
Caitlin Hughes	Associate Professor and Matthew Flinders Fellow, Flinders Criminology and Centre for Impact, Flinders University	Caitlin Hughes is an Associate Professor in criminology and drug policy and Matthew Flinders Fellow at Flinders University. Caitlin has spent 18 years researching drug and alcohol policy. Her research seeks to advance Australian and international drug policy by improving the evidence-base into the effects of different legislative and law enforcement approaches to drug use and supply and working directly with policy makers. Caitlin is also a Visiting Fellow at NDARC and is the current President of the International Society for the Study of Drug Policy.

Theme 4: Keeping young people safe and supporting families Breakout session 3 Chair: Jo Mitchell		
Name	**Position**	**Biography**
Jo Mitchell	Director, Policy by Proxy	Dr Jo Mitchell PSM is an independent consultant, a non-executive director of the Cancer Council and adjunct associate professor at the University of Sydney and UNSW. Formerly an Executive Director at the NSW Ministry of Health, her professional expertise is policy and the delivery of state-wide services and programs. She also has significant experience in supporting policy-relevant research. Dr Mitchell is passionate about prevention, equity and evidence informed strategy that drives health outcomes. In 2018 she was awarded the Public Service Medal for her contribution to population health policy in NSW.
Bianca Martin	Case Manager and Community Engagement Coordinator, Launchpad Youth	Bianca Martin is a passionate advocate for at-risk youth and community well-being, with lived experience in addiction, mental health, complex trauma, and homelessness. She currently works as the Community Engagement Coordinator at Launchpad Youth Community. With over six years of experience in the community health sector, Bianca is dedicated to supporting vulnerable young people within her community. Using a holistic case management approach, she offers the support she once received. Her aim is to help young people understand that their struggles do not define them, and that their pain can and will be transformed into their power.
Jennie Ross-King	Parent and advocate	Jennie Ross-King is Alex's mother. Alex was 19 years old when she passed away after taking an unknown dose of MDMA at a music festival in January 2019. Alex, and 5 other young people were the subject of a Coronial Inquiry into deaths at music festivals over a 5-month period. It was here that Jennie learnt how widespread the use of illicit drugs is amongst young people and the dangers associated with the lack of knowledge and education surrounding its use and the role this played in Alex's death. Jennie decided she would endeavour to make a difference for other families by ensuring that all prevention and harm reduction options are available for people who chose to use illicit substances.
Zoë Robinson	NSW Advocate for Children and Young People	Zoë Robinson was appointed as the Advocate for Children and Young People in January 2021. Zoë holds a law degree and a Master of Human Rights. She previously worked as a solicitor for firms in NSW, for Deloitte in internal strategy and was the CEO of the NSW Peak Body for Youth Homelessness. Prior to commencing her appointment as the Advocate, Zoë worked at the Department of Premier and Cabinet. Her role was focussed on breaking disadvantage. Zoë believes that all children and young people should be heard, listened to and be central to the work that we do both in government, business and community.

Theme 4: Keeping young people safe and supporting families Breakout session 3 Chair: Jo Mitchell		
Name	**Position**	**Biography**
Maree Teesson	Director of the Matilda Centre for Research in Mental Health and Substance Use	As above.
Chris Nicholson	Commander, Crime Prevention Command, NSW Police Force	Superintendent Chris Nicholson is the Commander, Crime Prevention Command, NSW Police Force (NSWPF). He has been with the NSW Police Force for 30 years. Chris oversees the NSWPF coordination of key strategic portfolios including mental health, Aboriginal strategy and coordination, drugs and alcohol, multiculturalism, victims of crime and others. He is responsible for several key Drug Summit issues including the Cannabis Cautioning Scheme (CCS) and Early Drug Diversion Initiative (EDDI).

Theme 5: Integrated support and social services Breakout session 3 Chair: Tanya Skippen		
Name	**Position**	**Biography**
Tania Skippen	Director, Avertis Consulting	Tania Skippen is the Director of Avertis Consulting, providing management consulting services to the health and human service sectors. She has over 30 years' experience working in health and mental health across three Australian states in clinical, training, management and senior executive positions. Her roles included Deputy Commissioner for the Mental Health Commission of NSW and Director of Clinical Services and Programs for the Mental Health Branch, NSW Ministry of Health. Tania is a non-executive director of SMART Recovery Australia and SMART Recovery International. She originally trained as an occupational therapist and has a Master in Health Services Management (Planning).
Josh Macey	Lived and living experience representative	In Josh Macey's own words: "I spent a lot of years on the streets of Kings Cross sleeping rough and almost half my life living with drug dependency. During that time I dealt with and/or seen in action many of the support services and social services. I've seen things work and a lot that doesn't work. Now I've got my life on track I've decided to remain an open book, hoping to help people understand a world they haven't experienced so we can work together to help change the lives of the many people who are still battling."

Theme 5: Integrated support and social services
Breakout session 3
Chair: Tanya Skippen

Name	Position	Biography
Robert Stirling	CEO, The Network of Alcohol and other Drugs Agencies	Dr Robert Stirling is CEO with the Network of Alcohol and other Drugs Agencies (NADA) – the peak body for NSW non-government alcohol and other drug (AOD) services. He represents the NGO sector in AOD, health and social policy, sector and workforce development, data management and research. Robert has worked in the AOD sector for almost 20 years across government, NGO and research. He is Chair of the National Centre for Education and Training on Addiction Advisory Board, Deputy Chair of the Australian Alcohol and other Drugs Council and Adjunct Lecturer with the Drug Policy Modelling Program at UNSW.
Kelly-Anne Stewart	Director, Strategic Partnerships, Corrective Services NSW	Kelly-Anne Stewart ACM is the Director of Strategic Partnerships at Corrective Services NSW, which leads relationships with key government and non-government partners, to improve outcomes for clients. In 2023 Kelly-Anne received the Australian Corrections Medal for her work with women and leading the COVID-19 response at Corrective Services NSW.
Kurt Simpson	Aboriginal Program Coordinator, South West Sydney Local Health District & Board member, Aboriginal Corporation Drug and Alcohol Network (ACDAN)	As above.
Emma Nicholson	Executive Director, Strategy, Policy and Regulation, Homes NSW	Emma Nicholson leads policy and strategy in the Homes NSW agency, which the NSW Government established in 2024, to bring responsibility and coordination of homelessness services and crisis, transitional, social, affordable and key worker housing together under one roof. Emma has worked across Aboriginal housing, housing delivery, and homelessness services. She has lived experience in her family of proactive policing, the criminal justice system and the value of harm reduction and rehabilitation services.

Theme 5: Integrated support and social services Breakout session 3 Chair: Tanya Skippen		
Name	**Position**	**Biography**
Michael Bowden	Senior Clinical Advisor, Child and Youth Mental Health, NSW Ministry of Health	Dr Michael Bowden is a child and adolescent psychiatrist with over 35 years' experience working in mental health. He has worked across private and public health settings in addition to academic and leadership positions. He is currently Senior Clinical Advisor, Child and Youth Mental Health, at the NSW Ministry of Health. The position provides clinical leadership and expert advice on high level strategic and clinical service planning, best practice models of care and policies regarding mental health services and programs for perinatal, infant, child, adolescent, young people and their families across NSW. Dr Bowden is also currently Clinical Senior Lecturer in the Discipline of Psychiatry, Sydney Medical School, University of Sydney.

Appendix C

PROGRAMS

NSW Drug Summit 2024					
GRIFFITH					
Time	**Feature**			**Lead**	
9am – 9:20am	**Arrival and registrations**				
MORNING PLENARY					
9:30am – 9:40am	**Welcome to Country**			Griffith Local Aboriginal Land Council	
9:40am – 9:50am	**Summit opening**			Ms Carmel Tebbutt and Mr John Brogden AM (Co-chairs)	
9:50am – 10am	**Welcome address**			The Hon Ryan Park, MP Minister for Health, Minister for Regional Health, and Minister for the Illawarra and the South Coast	
10am – 10:50am	**Panel discussion – regional perspective**			Hosted by Co-chairs Panel of five speakers	
10:50am – 11am	**Approach to the day**			Co-chairs	
11am – 11:30am	**MORNING TEA**				
THEMED SESSION #1 – Facilitated discussions per theme					
11:30am – 1pm	**Health promotion & wellbeing**	**Equity, respect & inclusion**	**Safety & justice**	**Keeping young people safe & supporting families**	**Integrated support & social services**
1pm – 2pm	**LUNCH**				
2pm – 2:30pm	**Summary of Session #1 themes' outcomes** Hosted by Co-chairs				
THEMED SESSION #2 – Facilitated discussion with consolidation of theme groups per theme					
2:30pm – 4pm	**Health promotion & wellbeing**	**Equity, respect & inclusion**	**Safety & justice**	**Keeping young people safe & supporting families**	**Integrated support & social services**
4pm – 4:25pm	**AFTERNOON TEA**				
AFTERNOON PLENARY					
4:25pm – 4:55pm	**Summary of Session #2 themes' outcomes** Hosted by Co-chairs				
4:55pm – 5pm	**Closing address on Day of Summit** Hosted by Co-chairs				
5pm	**Summit close**				

NSW Drug Summit 2024 - Program

NSW GOVERNMENT

NSW Drug Summit 2024						
LISMORE						
Time	**Feature**			**Lead**		
9am – 9:20am	**Arrival and registrations**					
MORNING PLENARY						
9:30am – 9:40am	**Welcome to Country**			Ngulingah Local Aboriginal Land Council		
9:40am – 9:50am	**Summit opening**			Ms Carmel Tebbutt and Mr John Brogden AM (Co-chairs)		
9:50am – 10am	**Welcome address**			The Hon Ryan Park, MP Minister for Health, Minister for Regional Health, and Minister for the Illawarra and the South Coast		
10am – 10:50am	**Panel discussion – regional perspective**			Hosted by Co-chairs Panel of five speakers		
10:50am – 11am	**Approach to the day**			Co-chairs		
11am – 11:30am	**MORNING TEA**					
THEMED SESSION #1 – Facilitated discussions per theme						
11:30am – 1pm	**Health promotion & wellbeing**	**Equity, respect & inclusion**	**Safety & justice**	**Keeping young people safe & supporting families**	**Integrated support & social services**	
1pm – 2pm	**LUNCH**					
2pm – 2:30pm	**Summary of Session #1 themes' outcomes** Hosted by Co-chairs					
THEMED SESSION #2 – Facilitated discussion with consolidation of theme groups per theme						
2:30pm – 4pm	**Health promotion & wellbeing**	**Equity, respect & inclusion**	**Safety & justice**	**Keeping young people safe & supporting families**	**Integrated support & social services**	
4pm – 4:25pm	**AFTERNOON TEA**					
AFTERNOON PLENARY						
4:25pm – 4:55pm	**Summary of Session #2 themes' outcomes** Hosted by Co-chairs					
4:55pm – 5pm	**Closing address on Day of Summit** Hosted by Co-chairs					
5pm	**Summit close**					

NSW Drug Summit 2024 – Sydney

DAY ONE: 4 DECEMBER

TIME	ITEM	PRESENTER
7:45am – 9am	**REGISTRATION - Pyrmont Theatre Foyer**	
	MORNING PLENARY - Pyrmont Theatre	
9am – 9:30am	**Introduction and welcome to Country**	Ms Carmel Tebbutt and Mr John Brogden (Co-chairs) Metropolitan Local Aboriginal Land Council member
9:30am – 9:40am	**Opening remarks**	The Hon. Chris Minns MP, Premier of NSW, and Member for Kogarah
9:40am – 10am	**Welcome address and introduction of keynote speakers**	Co-chairs
10am – 10:10am	**The 1999 Drug Summit – looking back and looking forward**	Dr Annie Madden AO, Executive Director of Harm Reduction Australia
10:10am – 10:20am	**Drug use and harm trends**	Associate Professor Amy Peacock, Deputy Director of the National Drug and Alcohol Research Centre (NDARC)
10:20am – 10:30am	**Prevention and young people**	Professor Maree Teesson AC, Director of the Matilda Centre for Research in Mental Health and Substance Use
10:30am – 11am	**MORNING TEA - Pyrmont Theatre Foyer**	
11am – 11:30am	**International perspective**	Mayor Ted Wheeler, Mayor of Portland, Oregon
11:30am – 11:40am	**Drug policy and criminal justice**	Professor Don Weatherburn, NDARC
11:40am – 11:50am	**Drug policy developments**	Professor Alison Ritter AO, Director of the Drug Policy Modelling Program at the University of New South Wales
11.50am – 12:20pm	**Panel: Q&A with keynote speakers**	Facilitated by Co-chairs
12:20pm – 12:30pm	**Approach to breakout sessions**	Co-chairs
12:30pm – 1:30pm	**LUNCH - Pyrmont Theatre Foyer**	
1:30pm – 2:30pm	**BREAKOUT SESSION 1**	
	Health promotion & wellbeing Room 3.6 Equity, respect & inclusion Room 2.5-2.6 Safety & justice Room 3.4-3.5 Keeping young people safe & supporting families Room 3.3 Integrated support & social services Room 2.2-2.3	
2:30pm – 3pm	**AFTERNOON TEA - Pyrmont Theatre Foyer**	
3pm – 4pm	**BREAKOUT SESSION 2**	
	Health promotion & wellbeing Room 3.6 Equity, respect & inclusion Room 2.5-2.6 Safety & justice Room 3.4-3.5 Keeping young people safe & supporting families Room 3.3 Integrated support & social services Room 2.2-2.3	
	AFTERNOON PLENARY - Pyrmont Theatre	
4pm – 4:20pm	**Lived and living experience perspective**	Special guest
4:20pm – 4:30pm	**Wrap up and close**	Co-chairs

NSW Drug Summit 2024 – Sydney

DAY TWO: 5 DECEMBER

TIME	ITEM	PRESENTER
8:30am – 9am	REGISTRATION - Pyrmont Theatre Foyer	
	MORNING PLENARY - Pyrmont Theatre	
9am – 9:05am ●	**Welcome**	Ms Carmel Tebbutt and Mr John Brogden (Co-chairs)
9:05am – 9:15am ●	**Day 2 Summit opening**	The Hon. Ryan Park MP, Minister for Health, Minister for Regional Health, and Minister for the Illawarra and the South Coast
9:15am – 9:30am ●	**Reflections on the Special Commission of Inquiry into the Drug 'Ice'**	Professor Dan Howard SC, Commissioner of the Special Commission of Inquiry into the Drug 'Ice'
9:30am – 10am ●	**Stigma and discrimination from a lived and living experience perspective**	Special guests
10am – 10:10am ●	**Approach to the breakout session**	Co-chairs
10:10am – 10:30am	MORNING TEA - Pyrmont Theatre Foyer	
10:30am – 12:30pm	BREAKOUT SESSION 3	
	Health promotion & wellbeing facilitated panel Room 3.6 **Equity, respect & inclusion facilitated panel Room 2.5-2.6**	**Safety & justice facilitated panel Room 3.4-3.5** **Keeping young people safe & supporting families facilitated panel Room 3.3** **Integrated support & social services facilitated panel Room 2.2-2.3**
12:30pm – 1:30pm	LUNCH	
	AFTERNOON PLENARY - Pyrmont Theatre	
1:30pm – 2:30pm ●	**Report back of breakout session**	Co-chairs and Panel Chairs (moderated/facilitated)
2:30pm – 3pm ●	**Summary and next steps**	Co-chairs
	SUMMIT CLOSE	

LIVE STREAMED SESSION + MEDIA ●

Appendix D

YARNING CIRCLE REPORT

Report: Yarning Circle with the Hon. Ryan Park MP Minister for Health.

6th February 2025

Tina Taylor and Michael Doyle

Acknowledgement of Country

The Yarning Circle working group acknowledges that Aboriginal and Torres Strait Islander peoples are the First Peoples and Traditional Custodians of Australia, and the oldest continuing culture in human history.

We pay respect to Elders past and present and commit to respecting the lands we walk on and the communities we walk with.

We celebrate the deep and enduring connection of Aboriginal and Torres Strait Islander peoples to Country and acknowledge their continuing custodianship of the land, seas, and sky.

We acknowledge the ongoing stewardship of Aboriginal and Torres Strait Islander peoples, and the important contribution they make to our communities and economies.

We reflect on the continuing negative impact of government policies and practices and recognise our responsibility to work with and for Aboriginal and Torres Strait Islander peoples, families, and communities towards improved health and economic, social and cultural outcomes.

Acknowledgement and thanks to those involved in the yarning circle

Tina Taylor and Michael Doyle thank the Aboriginal working group for their hard work and assistance in organising the Yarning Circle. Your dedication and guidance were crucial in making this first-of-its-kind meeting possible, and we sincerely appreciate your contributions **[Appendix A].**

Tina, Michael, and the working group collectively thank Hon. Ryan Park, MP Minister for Health, for agreeing to attend the yarn, listening carefully, and considering the topics raised.

We also thank Daniel Madeddu and his team at the Centre of Alcohol and Other Drugs (CAOD) for their unwavering commitment and support in organising this meeting. Your team's dedication, from the behind-the-scenes secretariat efforts to the administration and logistical coordination, has been invaluable. We are deeply grateful for the attention to detail and seamless execution that your team provided. Your collective efforts have made a significant impact, and we truly appreciate the time and energy everyone invested.

We sincerely thank you for the valuable contributions and unwavering commitment demonstrated during the Yarning Circle. This process has highlighted the strength and dedication of our Aboriginal Alcohol and Other Drug (AOD) sector, underscoring its critical role and resilience.

On behalf of everyone who attended, we would like to express our warm thanks to Aunty Beryl and her team from Yaama Barrgay Catering for the beautiful food and outstanding service on the day.

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Executive Summary

On Thursday, 6th February 2025, a Yarning Circle was held between key stakeholders in the Aboriginal AOD community and the Hon. Ryan Park MP Minister for Health.

The Yarning Circle was in response to Aboriginal people's concerns that Indigenous perspectives were not heard or understood at the Sydney Drug Summit (4th and 5th December). Several Aboriginal people expressed their concerns on stage during the final session of the Drug Summit in Sydney. In response, the Hon. Ryan Park MP, Minister for Health, invited the Aboriginal people who raised these concerns to contact his Office to organise a meeting.

There were 37 attendees, including the Hon. Ryan Park MP, Minister for Health, Chief Health Officer Dr Kerry Chant, and Executive Director Centre for Alcohol and Other Drugs (CAOD), Daniel Madeddu and Executive Director Centre for Aboriginal Health (CAH), Geraldine Wilson-Matenga. Aboriginal stakeholders included people with lived and living experience, Elders, representatives from stolen generation organisations, frontline workers, government employees, and community organisations.

The yarns focused on key topics within Aboriginal AOD health, including cultural approaches to working and workforce infrastructure, supporting parents who use AOD and treatment and diversion. The yarns also included discussions that intersect with matters that may fall under the jurisdiction of other NSW and Commonwealth Ministers. Following this Yarning Circle, it is hoped that the NSW Minister for Health and their Department will engage with other Ministers and relevant Government Departments as necessary.

While not every subject that required discussion could be covered during the yarn with the Minister, it was noted that the possibility for ongoing dialogue remains. This ongoing conversation could involve specific reporting on activities related to the delivery of drug and alcohol services to Aboriginal people in NSW.

Background

The Working Group, chaired by Michael Doyle and Tina Taylor, was made up of Aboriginal people who live in NSW **[Appendix A]**. It met six times between December 17th, 2024, and February 6th, 2025. The Working Group was predominantly comprised of Aboriginal people who had attended the NSW Drug Summit in Sydney. Additional Aboriginal people with specific knowledge in key areas were co-opted onto the working group as needed. The Centre for Alcohol and Other Drugs in NSW Health provided secretariat support.

Yarning Circles are a traditional practice for the various Aboriginal Nations of NSW. Yarning Circles are used to discuss important matters that affect the community, which in this case were drugs and alcohol. The Yarning Circle for the 6th of February 2025 was a contemporary adaptation that the Working Group designed. For each topic area, the Working Group identified Aboriginal yarn leaders with in-depth knowledge of that topic. During each yarning session, once the yarn leaders had spoken, the Yarning Circle was opened for everyone else to join the yarn discussion. Michael Doyle and Tina Taylor facilitated the yarning circles.

All Yarning Circle participants were Aboriginal people who work in the AOD sector or a closely related field in NSW; in total, 28 Aboriginal people took part in the Yarns. All people invited to the Yarning Circle were encouraged to submit documents that could be added to the Yarning Circle report **[Appendix D-K].** The report was developed from transcribed notes taken by staff from CAOD, Debbie Kaplan and Millie Poutama on the day. Per the Working Group's direction, all verbatim information used in the report has been anonymised.

Data and Evidence

Raechel Wallace, Aboriginal Program Manager for the Network of Alcohol and Other Drugs Agencies (NADA) and Michael Doyle, Associate Professor at the University of Sydney, commenced proceedings with an academic overview and presentation of current data **(Appendix B-C).**

Distribution of people accessing services at non-government organisations (NGO) 2023 - 2024

Raechel Wallace shared data regarding the distribution of people who accessed NGO AOD Aboriginal Controlled Community Health Organisations (ACCHO) and non-ACCHO services during the most recent financial year 23/34 **(Appendix B).**

The data showed that almost one in four presentations (23.9%, N=5,793 episodes) were from First Nations people (Aboriginal and Torres Strait Islander).

The average age of First Nation people accessing services was 31 years, as opposed to others, 37 years.

Compared to all others:

- fewer First Nations people were employed (7.8% vs 22.2%)
- almost half were living in regional areas (45% vs 35%)
- more than one-quarter were referred from the criminal justice system (26.3% vs 19.9%)

- nominated meth/amphetamine as their primary substance of concern (40% vs 30%)
- did not complete treatment (40% vs 36%) did not complete treatment (40% vs 36%)

Refer to Appendix B for the data.

Distribution of people accessing Local Health Districts 2016-2019

Michael Doyle shared data regarding the distribution of people who attended LHD services **(Appendix C).**

The data showed that one in eight (13%) clients were Aboriginal, Torres Strait Islander or both, with the most common principal drug of concern being opioids (36%) followed by Alcohol (21%). The primary service provided was counselling, provided to two in every five clients (40%) followed by Opioid pharmacotherapy (31%).

Michael also talked about the stigma surrounding Aboriginal people and shared data to demonstrate that Aboriginal people drink less than others. He also shared data to support the notion that disadvantage is cumulative, including details about social conditions and other stress factors.

- One in six clients had experienced recent housing stress
- One in six had worked/studied in the past 4 weeks
- One in five were a caregiver to/lived with children under 16 years (just over 1 in 10 to a child under 5 years)
- One in 10 had been arrested in the past 4 weeks
- One in 14 had been violent in the past 4 weeks
- One in 14 had experienced violence in the past 4 weeks
- One in ten had experienced violence as victim and/or perpetrator

Refer to Appendix C for the data.

The Yarning Circle addressed four key topics.

- Cultural approaches to working in AOD
- Infrastructure to support the AOD workforce
- Supporting parents who use AOD
- Treatment and diversion

Cultural approaches to working in drug and alcohol (D&A)

Approximately one in four D&A clients in NSW are Aboriginal **(Appendix B),** highlighting the need for culturally safe services. While cultural approaches in assessments, counselling, and group sessions show benefits, more work is needed to fully integrate "Culture as Therapy."

An example of 'Culture as Therapy' is incorporating cultural needs in all aspects of the clients/consumers' AOD treatment. In this approach, culture is not just seen as a

backdrop but as an active component of the healing process, offering patients a sense of connection, empowerment, and emotional balance as part of their recovery journey. This can also include more flexible approaches to how current services operate; for example, a clinical setting may not be as productive when working with a client as outside connecting with Country.

Discussions focused on the importance of being on-Country in order to heal. Culture and Country were both seen to be the foundation of healing and contribute to identity and a sense of belonging and purpose. Building trust is critical to engaging. The yarn leaders provided valuable insights into the challenges faced by Aboriginal communities in relation to substance use, trauma, and cultural healing. The discussions emphasised the need for more culturally grounded, flexible, and holistic services that address individuals' complex needs. A focus on community-driven approaches, cultural safety, and integrating traditional healing practices was identified as key to improving outcomes and supporting recovery within Aboriginal communities.

The yarns also discussed Aboriginal cultural practices in healing, addressing challenges in harm reduction, and advocating for holistic and culturally appropriate services. Key topics included community engagement, the role of culture in recovery, and the need for flexibility and support in service provision.

Yarn Leaders: Kurt Simpson, Aaron More, Rebecca Risley

Key Themes:

- The need for culturally grounded, holistic, and flexible care in AOD services, particularly in local health districts (LHD's) and mainstream services.
- Models of care with culture at the centre are the most effective/impactful for Aboriginal people.
- The power of connecting to culture and land in healing, especially for Aboriginal people.
- Calls for more cultural training and resources for AOD Aboriginal workers.
- Advocacy for better post-custodial support and the rebuilding of family structures impacted by trauma, particularly for Stolen Generations survivors.

Cultural Healing and Connection to Country: One of the central themes discussed was the significance of being "on-Country" for Aboriginal healing. This connection to land is seen as a grounding experience, allowing individuals to learn traditional skills such as artifact making. It was highlighted that this cultural connection fosters a sense of self-identity, belonging, and hope, which are vital components of the healing journey. The emotional responses observed in individuals participating in cultural practices demonstrate the transformative power of these experiences. It was emphasised that even small steps in assisting someone's recovery, such as an Aboriginal Health Worker (AHW) sharing cultural knowledge, can have a profound impact.

Challenges in Treatment and Support services: A key issue discussed was the lengthy intake processes in services, which often present barriers for individuals, particularly those in withdrawal. The need for more flexibility in service delivery was emphasised, with suggestions to adapt the intake process better to accommodate individuals in crisis. Additionally, concerns were raised about the lack of cultural supervision and frameworks

for Aboriginal workers in the AOD sector. There is a call for more support and resources to assist Aboriginal workers and the development of more effective cultural safety and training in AOD services to address the prevailing gaps in understanding Aboriginal culture.

Holistic and Culturally Grounded Care: It was noted that clients seeking support often face a range of issues beyond substance use, including housing instability. However, the current funding structures do not adequately address these holistic needs. There was strong advocacy for more integrated hub style services offering comprehensive support in one space rather than forcing clients to seek assistance from multiple agencies. Culturally embedded approaches were described as a crucial component of healing, with calls for ACCHO's AOD programs and culturally competent treatment options.

Community Outreach and Cultural Education: The importance of reaching out to communities and learning directly from those working on the ground was discussed. It was emphasised that, while necessary, traditional hospital-based care is not the only solution. Alternative programs grounded in culture and community engagement are valuable in addressing Aboriginal individuals' needs. Rather than focusing solely on new services, the need to visit and learn from successful existing programs was highlighted as an effective way to improve outcomes.

Open Floor Discussions:

- **Alternative Learning and Healing**: The value of "on-country" learning as a more effective educational approach than traditional classroom settings was discussed. It was noted that being outside and engaging with nature supports healing and learning, as it creates a more conducive environment for self-reflection and connection to culture.
- **Cultural Programs in Prisons**: The importance of yarning circles and cultural counselling in custodial services was highlighted, but there was concern about limited access to such programs. A call was made for increased cultural programs within prisons, particularly those addressing AOD concerns. There was also a request for more post-release support and funding for correctional centres to address substance use challenges better.
- **Rebuilding Family Structures**: The need to support individuals from the Stolen Generations and rebuild broken family structures was raised. It was suggested that more resources should be allocated to assist survivors of trauma in rebuilding their lives, with a focus on providing long-term support for future generations. The term "cultural rebirth" was proposed as a more appropriate alternative to rehabilitation, acknowledging the depth of trauma experienced and the importance of cultural healing.
- **Family Inclusive Practice:** The ongoing impacts of historical trauma on Aboriginal families was discussed, particularly concerning the high rates of child removal and the lack of proper support for children in out-of-home care. The need for safe spaces and trauma-informed support to rebuild family structures, and protect children was emphasised.
- **Trauma and Violence**: The experience of trauma and violence, particularly in the context of sex work, was shared, underscoring the need for time and resources to address these issues. The importance of educating young people on the dangers

of drug use and overdoses was also discussed, with a call for increased awareness about the importance of reporting overdoses and seeking help.

“I had two clients, both really wanted help, they did not have the capacity to sit through an hour-long intake. These people were withdrawing, they did not have the capacity to go through that process.” These people got into detox by the Aboriginal Health Worker (AHW) being flexible and changing the approaches so that people can ask for help.”

"Often clients come with a range of issues, such as housing. Funding structure does not allow for holistic care, and ways to support clients with holistic needs. People want to access care in the one space "

Infrastructure to support the drug and alcohol workforce

Yarn leaders: Alan Bennett, Nathan Jones, Vickie Simpson, Nathan Taylor

A strong, well-supported, Aboriginal-led AOD workforce is vital for the local community. Still, Aboriginal AOD workers often face vicarious trauma and isolation, especially when balancing direct service delivery with demands for research, policy, and planning input.

While NSW's collaborative Aboriginal AOD workforce is a strength, more support and investment are needed. Investing in more Aboriginal leadership roles in the sector creates valuable opportunities for growth and support. For example, having Aboriginal people in managerial/Director roles can provide the Aboriginal health workforce with strong cultural guidance and support while also opening the door for future career advancement and leadership development. It’s also important to support Aboriginal workers with professional development and peer support. The broader AOD workforce must also be trained to ensure cultural safety and respect, avoiding overburdening Aboriginal staff with cultural duties outside their roles.

The Yarning Circle meeting emphasised an urgent need to better support the Aboriginal workforce, who can be re-traumatised in the work they do, or they may not feel equipped to deal with all the experiences of trauma among clients of the service.

Participants recognised the value of sharing knowledge, building networks, drawing on strengths and wisdom, and supporting staff. This includes more training, cultural supervision, creating peer networks, and building awareness of how to access support.

Key Themes:

- Need for better training, cultural supervision, and support systems for frontline workers, especially those with lived experience and working in communities in which they live.
- Focus on investing in Aboriginal leadership roles and creating stronger governance structures to support frontline workers.
- Importance of long-term funding to ensure stability, program continuity, and community trust.

- Enhancing organisational cultural safety and supervision to address systemic issues and improve service delivery.
- Strengthening partnerships between ACCHOs and mainstream services for mutual respect and shared expertise.
- Need for more precise career progression and culturally sensitive recruitment processes for Aboriginal workers.
- Recognising the value of lived experience in workforce roles while addressing stigma during onboarding.
- Investing in community-controlled sectors to foster local leadership, self-determination, and culturally relevant services.

Challenges Faced by Frontline Workers: Multiple speakers discussed the difficulties frontline workers face, particularly those with lived experience. The challenges are not limited to addressing substance use, as many workers are also dealing with significant trauma. A key concern raised was that many AOD services are not equipped to handle trauma adequately, and workers often lack sufficient training and support. There was a call for more cultural supervision, debriefing opportunities, and better awareness of available support systems. The emotional toll of working with trauma was noted, particularly for workers with lived experience, leading to a discussion about the risk of re-traumatisation.

Career Pathways and Recruitment: The need for clearer career pathways for Aboriginal workers was discussed, emphasising roles based on lived experience and cultural expertise rather than formal qualifications. Concerns were raised about onboarding and recruitment processes that involve non-Aboriginal people, which may undermine the cultural relevance of Aboriginal identified roles.

Workforce Development and Leadership: The importance of supporting Aboriginal workers, especially in leadership roles, was stressed. Establishing Aboriginal governance structures and leadership roles was essential to creating a supportive work environment. The discussion pointed out that Aboriginal workers often take on managerial responsibilities due to lack of formal roles. Investing in leadership and workforce development is crucial to address these gaps and create career progression opportunities.

Support for Aboriginal Workers: There was a strong emphasis on the need to support Aboriginal workers, particularly those dealing with trauma. The gap in cultural support was identified, as frontline workers are often underprepared and unsupported, particularly when non-Aboriginal leadership does not advocate for their needs. Leadership roles should be accessible to Aboriginal workers, and there was a call for investment in leadership development to prevent a leadership crisis in Aboriginal health services. Additionally, more training and development opportunities for young Aboriginal people to enter the workforce were identified as critical, including starting whilst young people are at school. The peak bodies, RTOs, and sectors all have an essential role in developing young people to enter their career pathway.

Lived Experience and Peer Support: The value of incorporating lived experience into the workforce was recognised. Workers shared that their personal experiences offer valuable insights and connections with clients. However, challenges related to the stigma of lived

experience were discussed, particularly around onboarding processes and the extended time it takes to hire such workers.

Cultural Healing for Stolen Generations Survivors: Tailored cultural healing programs for survivors and their families were emphasised, with a focus on addressing the unique trauma and health needs. The need to consider family structures and provide culturally appropriate support was underscored.

Sustainable Funding for Aboriginal Services: Multiple speakers raised the issue of short-term funding, with concerns about the instability it causes within ACCHO's. Short-term funding makes attracting and retaining staff difficult and undermines community trust, as valuable programs are often discontinued. There was a strong call for more sustainable, long-term funding to ensure continuity, program growth, and the maintenance of trust within Aboriginal communities.

Cultural Safety and Investment in Infrastructure: Cultural safety within organisations was a central theme, with calls for greater investment in cultural supervision and training, particularly for decision-makers. The lack of adequate physical infrastructure was also raised as a significant challenge, with overcrowded spaces and unsuitable facilities impeding the ability for our AHW workforce to work effectively, particularly in "on-Country" programs. The need for investment in capital infrastructure was emphasised to support organisations in delivering effective services.

Partnerships and Collaboration: Stronger partnerships between mainstream health services and ACCHOs were seen as crucial for integrating clinical expertise into Aboriginal-led services. These partnerships benefit both Aboriginal communities and mainstream services, although there was a recognition that they must be adequately funded to avoid placing additional burdens on Aboriginal organisations.

"Short-term funding is a challenge and it prevents organisations from attracting and retaining staff. It creates a system of uncertainty. We need sustainable, long-term funding for organisations."

"Aboriginal health workers, there are not enough manager positions to support those workers. The Aboriginal workers end up taking on those responsibilities."

"We need better pathways for progression. There is no degree in 'connecting to country', or 'connecting to culture'. Need mob in roles based on expertise and knowledge, not a "piece of paper".

Supporting parents who use drug(s) and or alcohol

Yarn Leaders: Noni Greenwood and Cathy Sheridan

Aboriginal parents, grandparents, and extended family members deeply care for their children. Still, fear of mandatory reporting and potential child removal often prevents them from seeking support for AOD issues. This concern is rooted in the historical and ongoing overrepresentation of Aboriginal children in the child removal system. Intergenerational trauma and AOD use contribute to poor health outcomes in these

families, with children often seeing hazardous AOD use as usual. While child removal may aim to protect, it can lead to further trauma and AOD use later in life. Finding ways to improve access to health services while keeping families together is crucial, with strong interagency relationships playing a key role in achieving this.

This yarning circle discussion highlighted ongoing challenges for Aboriginal people involved in the child protection system and support services, mainly focusing on the intersection of substance use, family dynamics, and child removal processes.

The disproportionate number of Aboriginal children in out-of-home care was recognised, with a lot of discussion around the need for radical system reform to begin to change this longstanding inequity. The system continually re-traumatises Aboriginal people and families and reinforces the gaps. Restoration rates were seen to be too low, with some of the group noting that the "goalposts" that DCJ set for parents keep changing.

Keeping children with their community should be the priority. Families need to stay together. If the parents are experiencing challenges, then children should go to grandparents, aunties/uncles or kin. Members of the group felt strongly that there has been inactivity for too long, with the same discussions occurring now as 20 years ago. Child removal is one of the triggers for AOD use for some parents- the system needs to support the parents, not remove the children. People don't always know how to parent, they may have experienced violence, abuse and neglect and haven't been given the skills or tools to work through these traumas.

A representative from AbSec flagged work that is happening regarding a restoration taskforce, and a report to Minister Washington. The point was made that a statutory response is not the best way to reduce risk. Aboriginal communities are already experiencing over-surveillance, so there needs to be a more measured response.

A representative from the Office of the Senior Practitioner (DCJ) noted the important role of embedding Aboriginal ways of knowing, being and doing, and changing the system. Investing in cultural ways of knowing, being and doing needs to be at the forefront of practice. Families need to be supported so that the home is the best place to go back to/stay in.

Speakers emphasised the need for culturally appropriate support for Aboriginal families, with an emphasis on the trauma caused by historical and ongoing child removals. Encourage more teamwork between AOD and child protection services. This will help provide better, more holistic support for families. The dialogue also focused on the importance of working with Aboriginal communities to offer practical solutions, particularly to child restoration practices and family support. There was an urgent call for a shift towards more empathetic, culturally respectful, and supportive practices in child protection, substance use recovery, and family restoration efforts.

Key Themes:

- Child removal causes ongoing trauma, further perpetuates substance use, and cultural disconnection in Aboriginal communities.
- Fear of child removal and mandatory reporting prevent families from seeking help for AOD services.
- Aboriginal communities face cultural disconnection, requiring solutions that prioritise cultural practices.
- Criticism of reactive, ineffective child protection systems, with a call for reform.

- Importance of valuing Aboriginal knowledge and kinship systems in parenting and recovery, advocating for Aboriginal-led solutions.
- Need for culturally appropriate services that support family unity, especially for those affected by substance use.
- Urgent cooperation between DCJ and health services is needed to better support families.
- Address the overrepresentation of Aboriginal people in child protection.
- Frustration with policies that harm Aboriginal families by lacking meaningful support.
- Focus on prevention, early intervention, and family support rather than child removal.

Trauma from Child Removal: Many Aboriginal families are still affected by the trauma of the Stolen Generation and having children taken from them. This trauma can lead to issues like substance use. Funds should be spent on keeping families together rather than removing children from their homes.

Support for Children in Out-of-Home Care: The meeting called for targeted pathways to prevent children from entering the out-of-home care system. Cross-government collaboration was proposed as an effective way to intervene earlier and support at-risk children.

Barriers to Seeking Help: Families are afraid of seeking help due to mandatory reporting as they worry that their children will be taken away. This fear stops them from getting the support they need. There aren't enough culturally appropriate services that make it easy for Aboriginal families to access the help they need, especially for recovery.

Over Surveillance of Aboriginal families: Aboriginal families are watched too closely by child protection services. This creates a sense of distrust and fear in the community.

Need for Culturally Safe Family Support: There's a need for rehabilitation services that are run by Aboriginal people, specifically for Aboriginal families. There was a strong sense of wanting to ensure the voice of parents is being heard and not being excluded from conversations. Families need services that can help parents without the fear that their children will be taken away. Support should not only focus on substance use but also a more holistic approach, including mental health and trauma, to help families heal.

Systemic Problems and Reform: Aboriginal families are overrepresented in the child protection system. There is a need for fundamental changes to address this imbalance. DCJ is starting to include more Aboriginal ways of knowing, being and doing in their practices, but more needs to be done. The current child protection policies don't always work for Aboriginal families, though some changes are being made. There was discussion around work that is underway to set up a Restoration Taskforce to review and improve the family restoration process, making it easier for families to reunite. It was acknowledged that systemic reform requires whole-of-government responses, and that discussions need to occur between relevant portfolio Ministers and agencies.

"Engaging with parenting experiencing addiction can be difficult due to reluctance to seek support or accessing services due to fear of removal. This can get in the way of the healing

process. We need to support families differently and have conversations between the two parts of government."

"Separating children from parents has significant magnitude. Work needs to be done to better value the expertise of the AOD staff and the value that they bring and give them a chance to help parents before child removal."

Treatment, diversion and the justice system.

Prison and juvenile detention should be a last resort, especially for Aboriginal people, who are overrepresented in the justice system. Many detainees have a drug and alcohol disorder, and treatment should be prioritised over detention. Early intervention and culturally appropriate programs are needed, particularly for young people. There is also a call for fair application of drug laws and equal access to diversion programs and AOD treatment for those in custody, along with support for post-release programs to reduce reoffending.

The discussions highlighted numerous systemic issues impacting Aboriginal communities, particularly in relation to justice, health, and rehabilitation. There is a clear need for culturally appropriate services, integrated approaches, prevention, and early intervention to break the cycles of trauma, incarceration, and AOD use. Key areas for reform include diversion programs, rehabilitation models, cultural reconnection, and addressing intergenerational trauma. Collaboration, long-term funding, and trusting Aboriginal leadership are essential for creating lasting, positive change.

Yarn leaders: Sharon-Marie, Raymond Weatherall, Grantley Creighton

Key themes:

- Holistic healing through culture is essential to address trauma and AOD use.
- Cycles of incarceration are intergenerational, leading to disconnection from culture, country, and family.
- Individuals with violent pasts often cannot access rehabilitation, leading to reincarceration.
- Residential rehabilitation models and eligibility criteria need to be more inclusive.
- Limited post-custodial support options for people transitioning from jail with substance use disorders and trauma issues.
- The need to address harm that comes from criminalising a health problem.
- Difficulty in delivering services in secure settings and maintaining continuity of care upon release.

Decriminalisation and Diversion: Aboriginal Legal Service spoke of their focus on advocating for the decriminalisation of personal drug use, recognising that diversion is often a secondary measure after individuals have already been involved in the justice system. Prevention should be the primary goal, with a focus on reducing criminal justice system involvement, and treating drug use as a health issue. Discussions highlighted that diversion programs need to be more accessible and equitably available to Aboriginal people, as current participation rates are lower than for non-Aboriginal individuals. Examples of alternative court models were named including Drug Court, Koori Court and Walama List.

Intergenerational Trauma and Disconnection: Families are often caught in a cycle of incarceration, with significant impacts on culture, community, and family ties, particularly for youth who are disconnected from their cultural heritage and country. It was noted that the better the understanding of, and response to, trauma, the more chance you may have in reducing incarceration.

Cultural and Spiritual Healing: For many, overcoming a substance use disorder is linked to reconnecting with cultural identity, community, and spirituality. A strong sense of accountability to self and community and healing from trauma are crucial steps in breaking cycles of incarceration and substance use.

Rehabilitation and Early Intervention Needs: There is a gap in rehabilitation access, particularly for those with a history of violent offences. Some rehabilitation centres have rigid entry criteria that prevent people with violent pasts from accessing services, often pushing them back into incarceration. A more flexible approach to rehabilitation, including changes to eligibility policies, is needed to ensure that people who have been incarcerated or experienced trauma can receive adequate treatment.

Methamphetamine has a particularly strong grip on communities, presenting challenges for effective treatment compared to other substances like heroin.

Challenges within the Justice System and Health Integration: There is a rapidly rising Aboriginal prison population, with many individuals inside struggling to access health services, particularly around AOD treatment, due to logistical issues with custodial settings and service availability. Similarly, people leaving custody and returning to community are often unable to get the support they need, such as access to rehabilitation, opioid treatment, or post-custodial support services. The intersection between substance use, mental health issues, and incarceration highlights the need for a holistic, integrated approach to treatment and prevention, and better pathways between services.

Suicide and AOD Use Among Young People: Suicide rates, particularly among young people, are a significant issue, often tied to a lack of connection to culture and Country. Country is seen as a holistic healing force, and reconnecting individuals to it is essential for reducing self-harm and suicide.

The intersection of Sexual Health and AOD: The impact of AOD use on sexual health is underexplored, particularly in the context of long-term drug use like methamphetamine. There is also a need to address high rates of Hepatitis C and STI reinfection within incarcerated populations, and infection extends into the community post-release.

Resource Gaps and Trust in Aboriginal-led Services: Aboriginal services are often under-resourced, with mainstream systems struggling to fit Aboriginal needs. There is a call for more significant funding and trust in Aboriginal-controlled organisations, allowing them to do the work they know best in supporting their communities.

Support for Stolen Generation Survivors: There is an urgent need for services specifically tailored to support survivors of the Stolen Generations and their descendants, recognising their unique trauma and experiences.

"People leaving custody and going back into the community can't always access treatment and support. This is a particular issue for OTP when people only get short term scripts and cannot link into AMS."

"We want diversion to be more accessible. Current diversion programs are not made available equitably. Aboriginal participation in programs is lower than non-Aboriginal. Also need adequate availability of treatment services, such as rehab."

Minister's Reflections

The Minister reflected on the day's experience as sincerely humbling, acknowledging the honest and meaningful conversations. He expressed that valuable discussions like this are rare. The Minister also acknowledged the missed opportunity at the Drug Summit for more meaningful engagement with the Aboriginal community, with insufficient input being considered. Special recognition was given to Michael and Tina for their dedication and approach, which helped make this session happen. The Minister highlighted that this session is just the beginning, with a commitment to ensuring senior leaders like Geraldine have a seat at the table to address the significant issues facing Aboriginal communities.

The Minister committed to reaching out to Minister Washington, the Minister for Families and Communities, and Minister Anoulack Chanthivong, the Minister for Corrections, to raise some of the key cross-agency and systems issues that were discussed during the Yarning Circle. In particular, the intersection between AOD and the portfolios associated with child wellbeing, families and justice.

There is a commitment to bringing these three pieces together to create change, and the Minister noted he would report back to Michael and Tina to ensure accountability. The Minister expressed a clear intent to continue these discussions, including one-on-one sessions, and affirmed that their office would remain accountable in the process. A key takeaway from the session was the recognition that "Mob know Mob," and the Minister emphasised the importance of listening to Aboriginal people and asking, "What do you think you need?" The Minister thanked Michael, Tina, the working group, Daniel and the team from the CAOD and Geraldine for their leadership and contributions to the day's discussions.

Submissions

Everyone who attended the Yarning Circle was invited to contribute an outline of a key issue that should be considered. Participants were encouraged to keep their summaries to no more than one page, including possible and practical solutions. There was also an opportunity to write comments on the day, which are attached to the report. It was strongly suggested that the names of individuals and organisations be avoided where possible **[Appendix D – L].**

Appendix A – List of working group members who helped organise the Yarning Circle

Work group members	Nation	Organisation
Michael Doyle (Co-chair)	Bardi	The University of Sydney, Edith Collins Centre
Tina Taylor (Co-Chair)	Wailwan & Ngiyampaa	Centre for Alcohol and other Drugs
Alan Bennett	Ngemba	Weigelli
Colin McGrath	Kamilaroy	AH&MRC: Aboriginal Health and Medical Research Council
Danielle Manton	Barunggam	The Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN)
Kurt Simpson	Gamilaraay	South Western Sydney Local Health District
Lea-Anne Miller	Wonnarua	Eleanor Duncan
Leanne Lawrence	Dharawal	Lives lived well
Levii Griffiths	Yuwaalaraay & Gamilaraay	Odyssey House
Nathan Jones	Bundjalung	Centre for Aboriginal Health
Nathan Taylor	Wiradjuri	AH&MRC: Aboriginal Health and Medical Research Council
Noni Greenwood	Wailwan & Ngiyampaa	Department of Communities and Justice
Raechel Wallace	Yuin	The Network of Alcohol and other Drugs Agencies (NADA)
Rebecca Riseley	Tanganatura tribe palawa people	NSW Users and AIDS Association (NUAA)
Vickie Simpson	Wiradjuri	Griffith AMS
Secretariat support: Millie Poutama		Centre for Alcohol and other Drugs

Appendix B – Service type, episodes and demographic information from The Network of Alcohol and Other Drugs Agencies (NADA)

The following information was presented by Raechel Wallace, Aboriginal Program Manager for NADA.

Table 1:

Distribution of people who accessed NGO AOD Aboriginal Controlled Community Health Organisations (ACCHO) and non-ACCHO services, 2018-2024

	2018-19		2019-20		2020-21		2021-22		2022-23		2023-24	
Total People	20937		24205		23334		20786		20928		20738	
Total First Nations people (ALL)	4008		4864		5129		4686		5146		5010	
Total First Nations people (ACCHO-only)	492		436		600		754		877		450	
Total episodes (N)	**24957**		**28223**		**26793**		**23935**		**24294**		**24273**	
Episodes for First Nations people (n)	**4765**	**19.1%**	**5626**	**19.9%**	**5838**	**21.8%**	**5436**	**22.7%**	**5945**	**24.5%**	**5793**	**23.9%**
ACCHO services (n)	492 (5)	10.3%	436 (5)	7.7%	600 (5)	10.3%	754 (5)	13.9%	999		543	
Non-ACCHO services (n)	4273 (196)		5190 (193)		5238 (190)		4682 (169)		4946		5,250	
All other episodes (n)	**20192**	**80.9%**	**22597**	**80.1%**	**20955**	**78.2%**	**18499**	**77.3%**	**18349**	**75.5%**	**18480**	**76.1%**
Ratio of overall other episodes to episodes for First Nations people	4.2		4.0		3.6		3.4		3.1		3.2	
Ratio of Non-ACCHO to ACCHO services that provide support to First Nations people	39.2		38.6		27.1		24.1		29.3		24.9	

% denotes proportion of n relative to N

Summary for most recent FY 23/24 episodes:

- Almost ¼ were from First Nations people (23.9%, N=5,793 episodes), have updated the table in Word to reflect the R table version
- Average age is 31years (compared to others, 37 years)
- Compared to all others:
  1. fewer First Nations people were employed (7.8% vs 22.2%)
  2. almost half were living in regional areas (45% vs 35%)
  3. more than one-quarter were referred from the criminal justice system (26.3% vs 19.9%)
  4. nominated meth/amphetamine as their primary substance of concern (40% vs 30%)
  5. did not complete treatment (40% vs 36%)

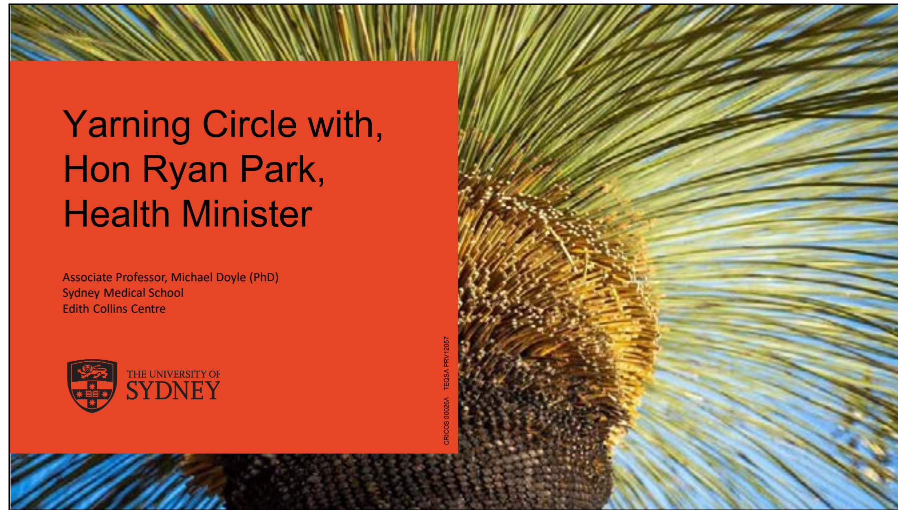
See Table 2 on the next page for more information.

Table 2: Demographic information from NADA database for 2023/24

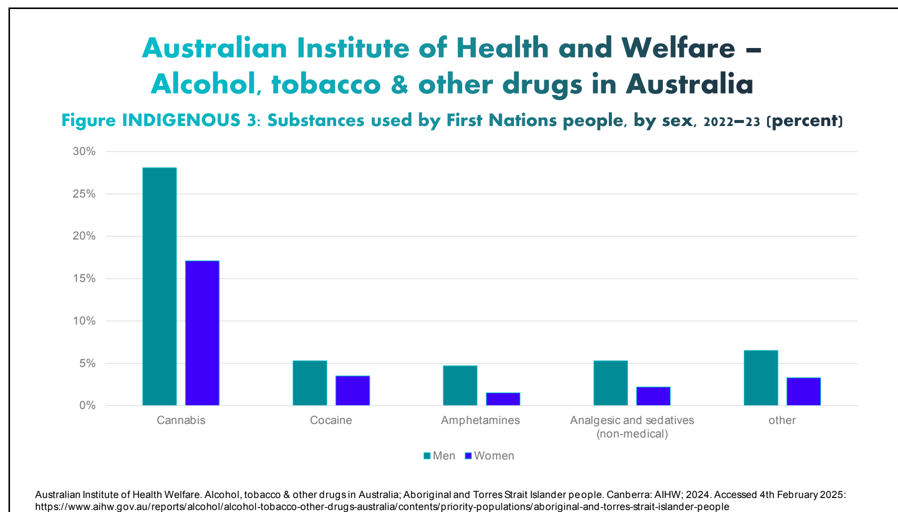
	Total (N=24273)	Aboriginal and Torres Straits Islander (N=5793)	All others (N=18480)
Age groups, treatment entry			
0-<18 years	2150 (8.9%)	930 (16.1%)	1220 (6.6%)
18-<30 years	6682 (27.5%)	1786 (30.8%)	4896 (26.5%)
30-<40years	6703 (27.6%)	1686 (29.1%)	5017 (27.1%)
40-<50 years	5253 (21.6%)	998 (17.2%)	4255 (23.0%)
50 years and older	3485 (14.4%)	393 (6.8%)	3092 (16.7%)
Age, treatment entry			
Mean (SD)	35.6 (12.9)	31.5 (11.8)	36.8 (12.9)
Median [Min, Max]	34.7 [10.8, 124]	30.9 [11.6, 124]	36.1 [10.8, 124]
gender			
Man	14662 (60.4%)	3236 (55.9%)	11426 (61.8%)
Woman	9086 (37.4%)	2415 (41.7%)	6671 (36.1%)
Non-binary	37 (0.2%)	4 (0.1%)	33 (0.2%)
Not stated	488 (2.0%)	138 (2.4%)	350 (1.9%)
Employment			
employed	4553 (18.8%)	452 (7.8%)	4101 (22.2%)
benefits/pension/retirementfund	15358 (63.3%)	3968 (68.5%)	11390 (61.6%)
no income/dependent on others	2497 (10.3%)	955 (16.5%)	1542 (8.3%)
others/not stated	1865 (7.7%)	418 (7.2%)	1447 (7.8%)
stablehousing			
yes	19098 (78.7%)	4193 (72.4%)	14905 (80.7%)
no	2877 (11.9%)	902 (15.6%)	1975 (10.7%)
not stated	2298 (9.5%)	698 (12.0%)	1600 (8.7%)
Living			
alone	6206 (25.6%)	1266 (21.9%)	4940 (26.7%)
partner and/or children	3715 (15.3%)	709 (12.2%)	3006 (16.3%)
alone with children	1269 (5.2%)	355 (6.1%)	914 (4.9%)
friends/relative	9805 (40.4%)	2419 (41.8%)	7386 (40.0%)
others/not stated	3278 (13.5%)	1044 (18.0%)	2234 (12.1%)
unknown	0 (0%)	0 (0%)	0 (0%)
Remoteness of residence			
metro	13482 (55.5%)	2526 (43.6%)	10956 (59.3%)
regional	9061 (37.3%)	2597 (44.8%)	6464 (35.0%)
remote	357 (1.5%)	181 (3.1%)	176 (1.0%)
unknown	1373 (5.7%)	489 (8.4%)	884 (4.8%)
Referral by criminal justice system			
no	19065 (78.5%)	4267 (73.7%)	14798 (80.1%)
yes	5208 (21.5%)	1526 (26.3%)	3682 (19.9%)
Remoteness of residence			
metro	13482 (55.5%)	2526 (43.6%)	10956 (59.3%)
regional	9061 (37.3%)	2597 (44.8%)	6464 (35.0%)
remote	357 (1.5%)	181 (3.1%)	176 (1.0%)
unknown	1373 (5.7%)	489 (8.4%)	884 (4.8%)
Referral by criminal justice system			
no	19065 (78.5%)	4267 (73.7%)	14798 (80.1%)
yes	5208 (21.5%)	1526 (26.3%)	3682 (19.9%)
Primary substance of concern			
opioids	1859 (7.7%)	403 (7.0%)	1456 (7.9%)
others	1622 (6.7%)	420 (7.3%)	1202 (6.5%)
meth/amphetamines	7693 (31.7%)	2312 (39.9%)	5381 (29.1%)
alcohol	9227 (38.0%)	1525 (26.3%)	7702 (41.7%)
cannabis	3872 (16.0%)	1133 (19.6%)	2739 (14.8%)
Types of treatment completion			
planned completion	15322 (63.1%)	3495 (60.3%)	11827 (64.0%)
left	8951 (36.9%)	2298 (39.7%)	6653 (36.0%)

Appendix C – Clinical Outcomes and Quality Indicators (COQI) Cohort Study

Slide 1



Slide 2



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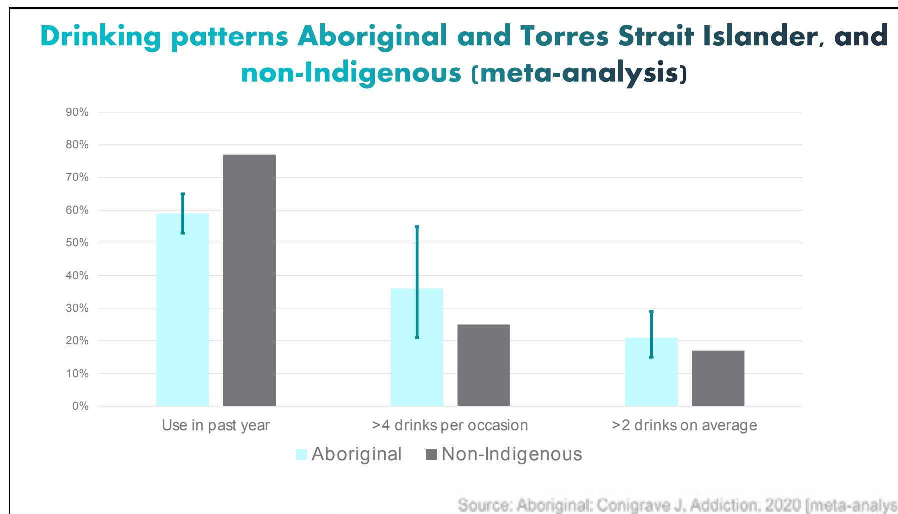

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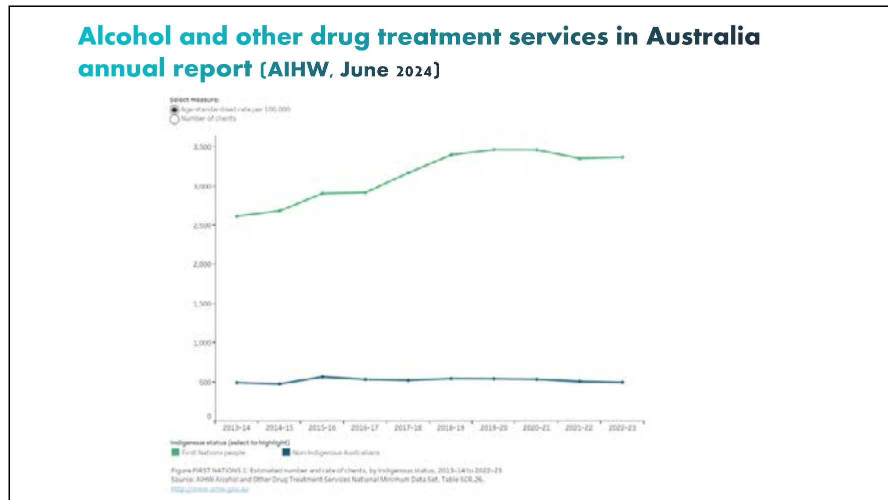
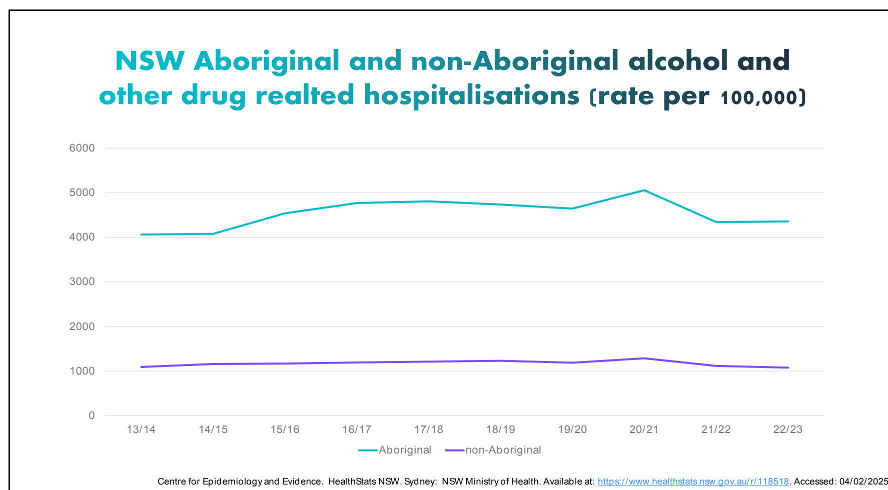
Slide 4



Slide 5



Slide 6

Clinical Outcomes and Quality Indicators (COQI) Cohort Study

Aboriginal and Torres Strait Islander Client-focused analysis

Presented by A/Prof Michael Doyle, University of Sydney

Prepared by Emma Black in consultation with Prof Nick Lintzeris and the study Chief Investigators

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Slide 7

Who is behind the study?

Chief Investigators:

Prof N. Lintzeris, SESLHD & University of Sydney; Prof A.J. Dunlop, HNELHD & University of Newcastle; Prof N. Ezard, St Vincents Hospital & UNSW; A/Prof R. Bruno, University of Tasmania; Prof A. Shakeshaft, University of Queensland & UNSW; Prof M. Farrell, UNSW; A/Prof M. Montebello, NSLHD & University of Sydney; Mr D. Reid, ISLHD; Mr S. Childs; CCLHD MOH; Dr K.J. Siefried, St Vincents & UNSW; Ms K. Mammen; MOH & SESLHD; Ms J. Holmes; MOH & SESLHD; Dr R.J. Deacon; MOH & SESLHD; Dr L. Mills; University of Sydney & SESLHD; A/Prof M. Doyle, University of Sydney; Mr N. Taylor, AHMRC; Ms E. Black; SESLHD & University of Sydney

Project setup was funded by the National Centre for Clinical Research into Emerging Drugs (NCCRED, UNSW).

Thanks to Nick Lintzeris who is the lead investigator and all other investigators. A special thanks to Emma Black who prepared the data and slides.

Slide 8

Ethics approval

South-Eastern Sydney Local Health District HREC (2019/ETH10612)

Aboriginal Health and Medical Research Council HREC (2167/23).

Slide 9

Dataset information

- Extracted, deidentified data from electronic patient medical records, July 2016-Jun 2019
- Formed of:
  1) the NSW Minimum Dataset for AOD Treatment Services (MDS)- open and closed episodes.
     1) Everyone entering treatment in NSW Health public AOD treatment system has an episode opened.
     2) It contains information such as whether the client is Aboriginal, source of income, living situation, and characteristics of the treatment (e.g. main type of treatment e.g. counselling, length of time in treatment) and the type of service
  2) the Australian Treatment Outcomes Profile (ATOP) –
     1) initial assessment at entry to treatment
     2) Patient reported measure, asks clients about their substance use, social conditions (e.g. housing stress, caregiving responsibilities, arrest, exposure to violence, days worked/studied) and wellbeing over the past 28 days

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Dataset information

- Includes records for clients attending public AOD treatment services in :
  - South Eastern Sydney Local Health Districts
  - Hunter New England Local Health District
  - Central Coast Local Health District
  - Illawarra & Shoalhaven Local Health District
  - North Sydney Local Health District
- Note: St Vincents Hospital Network participated in the study; however, no MDS data (including information about Aboriginality) were available, so this site was excluded.
- Lower age limit for access to these services was generally 16 years
- The participating health districts provide services to approximately 3.1 million people aged 15 years or more (44% of the NSW population).

Slide 11

Findings

Aboriginal and Torres Strait Islander clients entering treatment in the sample

Slide 12

Entry to public AOD treatment, 2016-19

- [reminder: this dataset excluded clients where Aboriginality information was missing]
- One in eight (13%) clients were Aboriginal, Torres Strait Islander or both

	Number of entrants	Proportion
Aboriginal and/or Torres Strait Islander	1,626	13%
Non-Indigenous	11,012	87%

- Limitation: Due to the small numbers of Torres Strait Islander people, and of people who were both Aboriginal and Torres Strait Islanders, the three groups (Aboriginal, Torres Strait Islander, and both) have been combined into one group in the following slides.

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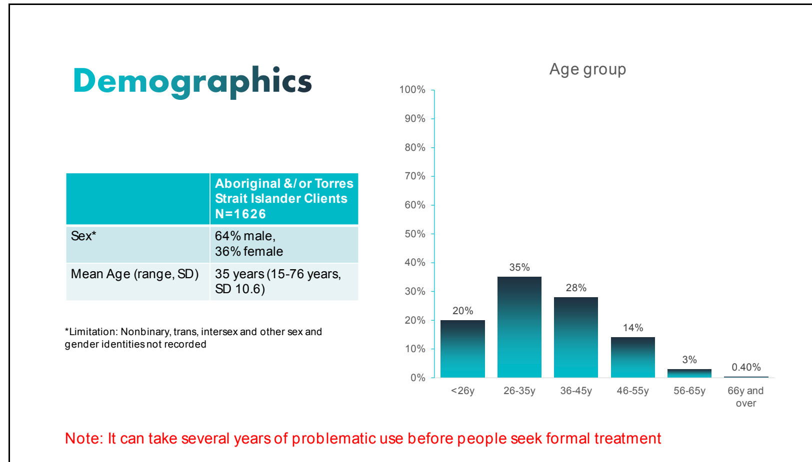
Slide 13



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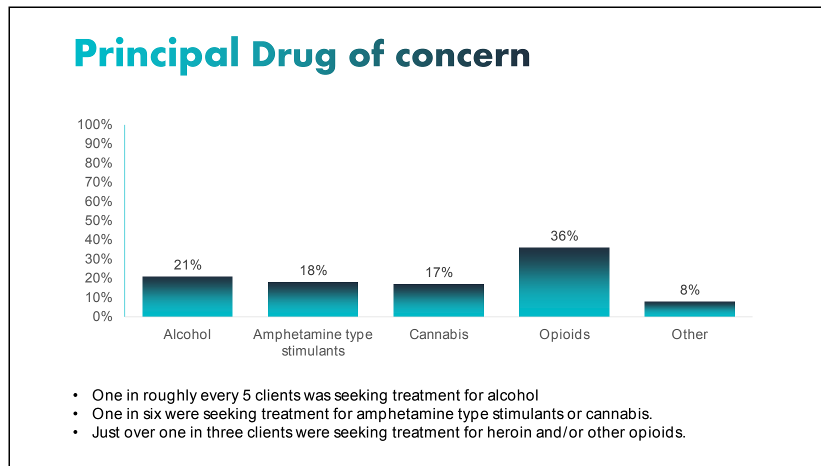

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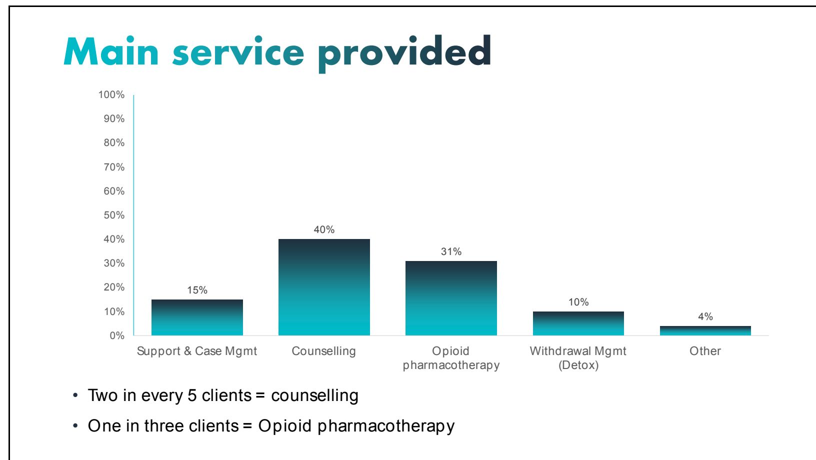

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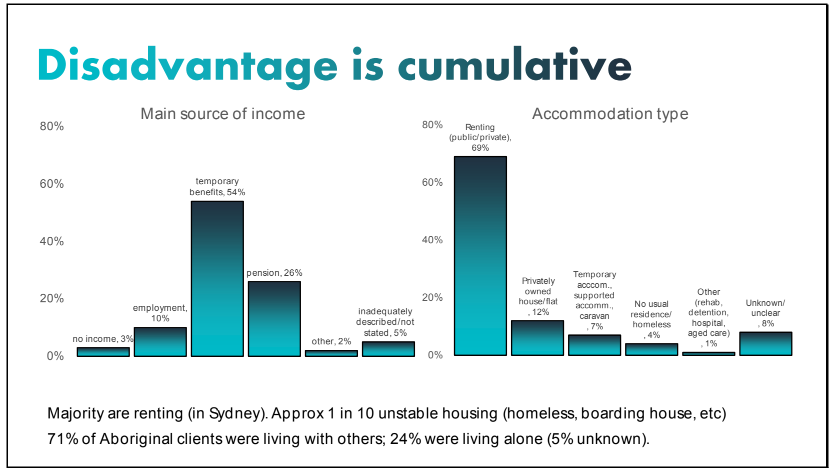

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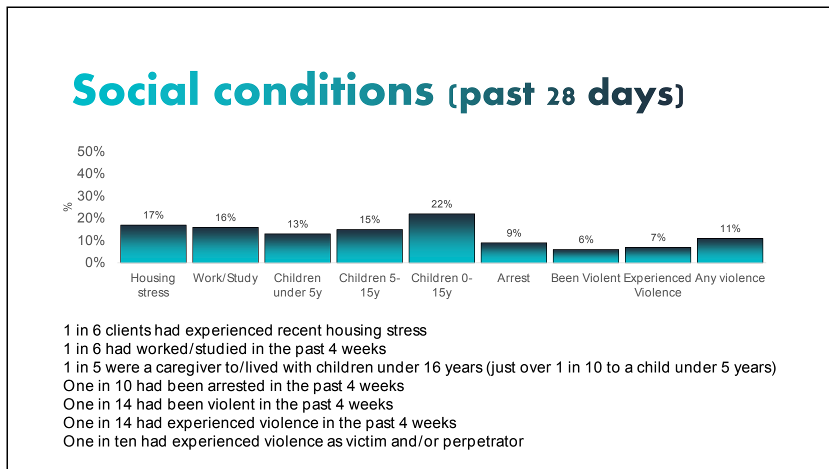

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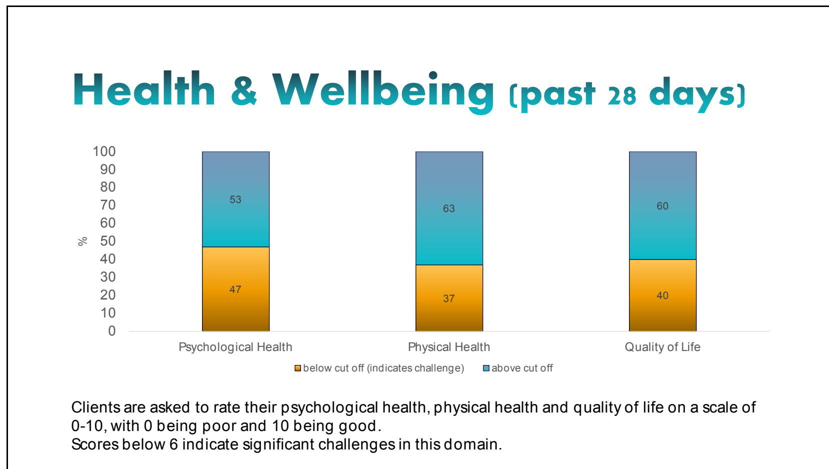

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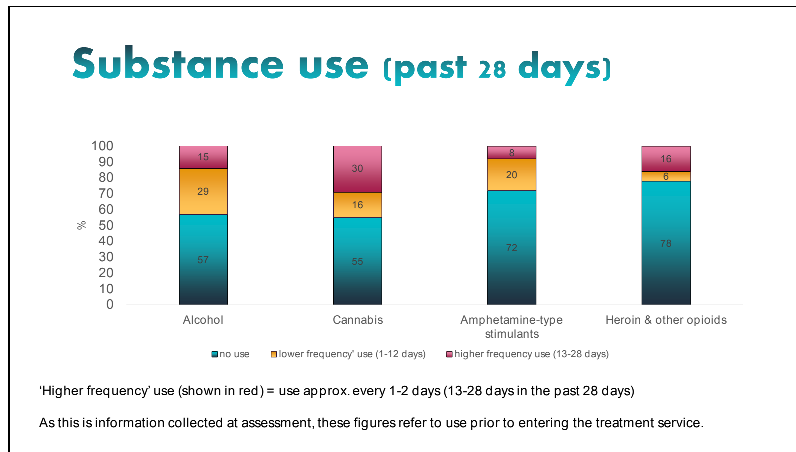

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Thank you.
Any questions?

michael.doyle@sydney.edu.au

Appendix D – Statements received during the Yarning Circle (via QR code)

- Leanne Lawrence:
  Build more rehabs for Aboriginal families

- John Leha:
  Investment into ACCO/ACCHO's to provide intersectional healing and targeted early interventions for families before becoming at risk of child protection. There also needs to be more conversations for mob to come together between drug summits by mob for mob. Not enough time to address very complex issues. Thank you for today.

- Kai:
  For extremely violent offenders who need treatment programs, smaller purpose built programs need to be created. 2:1 staffing. 2-3 patients per house. For extremely violent cases where no other services are designed to take them.
  Same for transgender patients, smaller programs to support this minority population.
  Same for patients with cognitive disabilities such as FASD. Could be medium-large sized.
  It could be coined as complex drug and alcohol residential rehabilitation programs.

- Chloe Wilson:
  I have many thoughts/ideas but we had limited time and space on this form. I wanted to provide other mob opportunities to speak. I really do hope that these were the starting point of conversations.

  - Something that really stood out for me today was the ongoing impact that colonisation has had on our cultural understandings of gender and LGBTQ+SB mob and the erasure of cultural identities that is continuing to happen. We have much work we have to do in this area. Our Nations are home to some of the longest living trans and gender diverse cultures. Sistergirls, Brotherboys, trans mob and LGB mob exist in most if not all First Nations communities. Both LGBTQ+ communities and mob have higher rates of AOD use and trauma but as LGBTQ+SB we are often forced to choose between our culture and our sexuality and/or gender when accessing services. Rainbow mob can experience higher rates of disconnection from culture and family of origin and reconnection might not always be possible due to homophobia and transphobia. Many resi rehabs and AOD support services are built around heteronormativity and the gender binary meaning that gender diverse, trans and LGB mob are falling through the gaps. Where do they go for support? LGBTQ+ orgs often don't have the education or cultural understanding to support LGBTQ+SB mob and mob workers in these spaces are limited and burning out due to the demand on First Nations workforces, barriers to employment for Mob, LGB people and particularly trans people. There is limited data on First Nations people that accurately records sexuality but more so gender. Governments and funding models work on evidence. We cannot provide evidence to secure funding and support to do the work if we are not nationally and across the state accurately recording sexuality and gender when gathering data.
  - A specific yarning circle with LGBTQ+SB mob, LGBTQ+SB mob orgs like Blaq, LGBTQ+ NGO's and allies in the AOD sector is needed to ensure that our voices are not lost in these conversations as is what has historically happened. This helps increase safety and capacity to speak in group settings (I had yarns at lunch with others who said to me they wanted to raise about LGBTQ+ SB mob but were unsure of the safety especially given the political rhetoric and hate that is unfolding across Australia and globally about trans and gender diverse people)

- We need support from NSW government to support LGBTIQ inclusion and education in ACCO's, within First Nations communities and more broadly.
- Continued and new partnerships between LGBTQ+ NGOs and ACCO's with government support to bi directionally support inclusion and build shared understanding. So that both parties increase capacity to support LGBTQ+SB mob with a focus on funding and expanding this work.
- increased education on LGBTQ+ families, chosen families and relationships is needed. With a focus on understanding LGBTQ+SB experiences with culture and LGBTQ+SB identity. Many of us our proud of our ancestral heritage queer, blak and deadly! but some struggle to find connection to culture outside of LGBTQ+SB mob spaces and those are limited especially if you live outside of metro areas.
- Expansion of harm reduction services outside of abstinence and addiction messaging. We are missing many community members who might not identify with this language. Drugs and Alcohol can increase access to connection, sense of belonging and can enable healing conversations about trauma that they might not otherwise be able to have and we can see this in the micro dosing trials. I know this to be true for many younger people as this is part of my experience and could stop progression to addiction. We could be supporting mob and all people more broadly by meeting where they are at and talking to them about moderating use, timeframes between dosing and how to avoid harms of drugs and alcohol without pushing abstinence."

- Raymond Weatherall:
  Incarceration – Diversion programs where Culture is used as a strength-based Solution.
  Understanding of How Trauma dictates thoughts, feelings and emotions in regard to our decision making processes
  Immersing Oneself on Country with knowledge holders can open up conversations that people have never been able to before because of disconnection from Country, family and most importantly themselves.
  Thankyou"

- Waminda - South Coast Women's Health & Wellbeing Aboriginal Corporation:
  - Comprehensive Culturally driven Dual Diagnosis support - better collaboration between Drug & Alcohol and Mental health mainstream specialist Service that work and walk alongside ACCHO's for better outcomes - additional funding support to employ more Aboriginal people to increase cultural safety within these systems.
  - Homelessness- Transitional and Supported Housing and Employment pathways targeted for Aboriginal people living Rehab and require greater health & wellbeing Care for support.
  - Wellbeing site options for respite and holistic care supports - provided through ACCHO's to look at the whole our person to address the underlining impacts that cause A&D misuse as a way to self medicate. Funds for GP's, Psychiatrist and Phycologist that can work along ACCHO;s Models of Care to provide

opportunity to break cycles and give hope/opportunity for positives change and outcomes - linking back to Cultural and strength-based supports.

  - Training and Capacity building pathways for Aboriginal people to upskill and gain qualifications

- Fiona Murray:
  Key issue: unsuccessful cultural counselling programs in correctives at the moment.
  Solution: develop and implement culturally appropriate counselling programs designed BY mob FOR mob and be implemented in the centres.

Appendix E – Submission from Bianca Martin – representing perspective of Aboriginal Young People

Culturally Safe Support: The Importance of Aboriginal and Torres Strait Islander & Lived Experience Workers

As we are all aware, Aboriginal and Torres Strait Islander peoples and workers with lived experience are significantly underrepresented in the youth community support sector.

From my own experience, having received support from homelessness and AOD services since I was 13 years old, I deeply understand the vital role trust plays in the support process. It's not just about providing services it's about how a young person connects with the person offering that support. When a worker has lived through similar struggles, it creates a unique and invaluable bond. This trust is often the key to engagement and change.

Our Young people, especially those who have experienced trauma or come from complex backgrounds, often carry deep distrust toward authority figures. I can speak from personal experience when I say that the times I truly engaged with a worker, or took their advice seriously, was always when I felt they truly understood as to where I was coming from because they, too, had lived through the same challenges. That understanding, that shared experience, is what helped me feel heard, supported, and motivated to achieve the goals we set out together.

Now, at 27, and having worked in the sector for the past six years, I can say with certainty that one of the biggest gaps we face is the lack of support for Aboriginal and Torres Strait Islander peoples, as well as workers with lived experience. This gap isn't talked about enough, and the truth is, it's time we address this. We need to invest in these workers and communities, as they bring crucial perspectives and insights that can truly make a difference.

However, it's not enough to just acknowledge the importance of lived experience workers, there must also be real, ongoing funding and support to ensure they can thrive in their roles. We need to ensure that funding goes toward training, development, and support systems across the whole sector for workers with lived experience, so they are properly equipped to assist young people. Aboriginal and Torres Strait Islander workers shouldn't just be a "nice-to-have" or a box to tick we are an integral part of effective, meaningful youth and community support. Without proper funding for ongoing training, supervision, and professional development, we risk not only underutilising these valuable workers but also diminishing the quality of the support provided to young people who need it most.

Investing in workers with lived experience isn't just about funding salaries, it's about ensuring that they have the tools, resources, and backing to build trust with the young people they work with and help break down the barriers that too often stand in the way of real progress.

When a worker reaches burnout, it doesn't just affect them it directly impacts the young people they're supporting. Burnout leads to fatigue, disengagement, and reduced effectiveness, which can break the trust that young people have built with their workers. For those of us who've lived through trauma, the last thing we need is a support worker who isn't able to give their full attention and care. That's why it's crucial that we invest in

not only the recruitment of Aboriginal and Torres Strait Islander and lived experience workers but also in their ongoing support and well-being to prevent burnout. Without it, we risk losing the very people who could help young people turn their lives around.

The power of Early Intervention

By investing in targeted programs, particularly for at-risk youth in vulnerable communities, we can significantly improve their well-being and reduce harm. These programs help keep young people engaged and connected within their communities. Early intervention is key in addressing issues before they escalate into more serious problems, such as drug dependency, crime, and homelessness. When we connect young people with the right support's early, we assist in breaking the cycle, by providing young people with the right support at critical stages in their lives. For instance, by offering mentorship, life skills training, and safe spaces like youth-led community groups, we can reduce the likelihood of young people turning to drugs or crime as coping mechanisms. Supporting families through these interventions also creates a stronger foundation for long-term stability, helping to reduce homelessness and build resilience. By addressing these issues at the root, we're not just preventing harm, were giving young people the opportunity to thrive and make positive choices for their future and the next generation. It's crucial that funding not only supports the young person but also extends to their families, providing wraparound support that create long lasting change. For Aboriginal and Torres Strait Islander young people's, family dynamics can create a critical role in their well-being and healing. Healing generational and intergenerational trauma requires a community approach, and that starts within in the home with family members being a part of the healing "where possible".

The Importance of Cultural Connection and Awareness

It is essential that funding be allocated to ensure all services have the resources to provide culturally appropriate support for Aboriginal and Torres Strait Islander and CALD young peoples. By investing in services that prioritise cultural connection, we can help these young people stay grounded in their communities, stay connected to their Elders, and have safe spaces where their cultural identity is celebrated and respected. The importance of culture and community cannot be overstated, it provides a sense of belonging, resilience, and connection. For young people facing trauma's, homelessness, or AOD issues, maintaining a strong connection to culture is essential for healing, rebuilding and empowerment. It is equally crucial that community service workers have a deep understanding of the specific needs and values of the communities they work in. This means investing in training and support for workers to ensure they are not only culturally competent but also able to work alongside communities in ways that are respectful and effective. By ensuring these resources and supports are in place, we empower young people to thrive and create lasting, positive change in their lives.

Appendix F – Submission from Aboriginal Corporation for Drug and Alcohol NSW (ACDAN)

About ACDAN

ADAN (Aboriginal Drug and Alcohol Network) was established in 2003 after the Grog Summit in order to develop a platform which allowed Aboriginal AOD Workers to come together to network and be the voice for the sector regarding Aboriginal issues.

ACDAN was formally established and incorporated in 2020 due to an ongoing need to support and advocate for our Aboriginal AOD Workforce.

The Aboriginal Corporation Drug and Alcohol Network (ACDAN) is a member-based organisation led by a Board of Directors, who represents separate, but inter-connected organisations across the Alcohol and Other Drugs sector.

Our goals are:

1. **Influencing Policy through Representation** Establishing a robust forum for Aboriginal AOD workers to voice their perspectives ensures that policies are not only developed with cultural sensitivity but are also guided by lived experiences. This representation can lead to more effective and tailored programs that resonate with the needs of the community, helping to empower both workers and those they serve.
2. **Tailored Input into AOD Policies** By working closely with Aboriginal communities and their representatives, the Board can ensure that diverse cultural perspectives are integrated into AOD policies and programs. This input is crucial for developing initiatives that truly reflect the unique needs of Aboriginal peoples across NSW, which can lead to increased trust and engagement with health services.
3. **Supporting Career Pathways** Facilitating clear career pathways for Aboriginal AOD workers encourages retention and professional growth within the sector. This can include mentorship programs, skills workshops, and educational opportunities that not only enhance professional development but also build a strong network of shared knowledge and experiences among Aboriginal workers.
4. **Collaboration for Tool Development** Partnering with various organisations to review and develop Aboriginal AOD specific tools is essential for creating resources that are contextually relevant and respectful of cultural practices. This collaboration can lead to innovative solutions that empower Aboriginal communities and improve the effectiveness of AOD interventions.

Overall, fostering a supportive environment that emphasises professional development, culturally appropriate policies, and collaborative partnerships will be instrumental in enhancing the effectiveness of the AOD workforce in addressing the challenges faced by Aboriginal and Torres Strait Islander communities. This approach not only benefits the workforce but also leads to more effective service delivery for the communities served.

Purpose The impact of drug and alcohol use within Aboriginal communities underscores the critical need for cultural sensitivity and community-led approaches in formulating effective policies. As highlighted by the statistics, Aboriginal individuals are disproportionately represented in Drug and Alcohol service contacts, emphasising the importance of addressing systemic issues and barriers to care. To ensure the NSW Drug Summit leads to meaningful change, inclusive strategies must be established that

actively involve Aboriginal leaders, healthcare professionals, and community members in the planning and implementation process. This engagement can help identify culturally appropriate interventions, support systems, and prevention programs that align with the community's needs and values. Moreover, addressing social determinants such as education, housing, and employment is essential to reducing drug and alcohol-related harm. By integrating these considerations into the discussions at the Summit, a more holistic approach to Drug and Alcohol policy can be developed. Ultimately, creating an inclusive environment that recognizes and amplifies Aboriginal voices will foster trust, enhance collaboration, and lead to insights that can significantly improve outcomes for all affected communities.

Context The ongoing intergenerational effects of colonization continue to shape the lives of Aboriginal and Torres Strait Islander peoples in profound ways. The historical context provided is critical to understanding the present-day challenges faced by our communities, particularly in the realms of drug and alcohol (D&A) use and service utilisation. The legacy of dispossession, cultural disruption, and systemic racism has created structural disadvantages that manifest across various sectors, including health, education, and economic stability. The high rate of drug and alcohol service contact among Aboriginal populations is a reflection of these underlying issues rather than an isolated problem. It highlights the need for a comprehensive approach to policy and service delivery that addresses the root causes of these disparities.

1. Cultural Resilience and Healing Recognising and incorporating Aboriginal cultural practices in drug and alcohol programs is essential for healing and recovery. This includes respecting traditional knowledge systems and the importance of community-led initiatives that empower Aboriginal peoples to reclaim ownership over their health and wellbeing.
2. Addressing Racism and Social Determinants Acknowledging and tackling the impact of racism is crucial for improving health outcomes. Education and awareness-raising initiatives targeting non-Aboriginal people can foster understanding and correct misconceptions, ultimately reducing the stigma faced by Aboriginal communities. Furthermore, addressing social determinants of health — such as access to education, employment opportunities, and housing — is vital for creating an environment where Aboriginal individuals can thrive.
3. Tailored D&A Services It is imperative that drug and alcohol services are not only accessible but also tailored to meet the unique needs of Aboriginal clients. This can involve training for service providers on cultural competencies, creating safe spaces for Aboriginal clients, and ensuring that programs reflect the values and needs of the communities they serve.
4. Intergenerational Support Any initiatives aimed at reducing harm from drug and alcohol use should consider the intergenerational trauma experienced by Aboriginal families. This includes developing programs that support families in navigating these challenges collectively, recognising the importance of kinship ties and community support systems.
5. Policy Advocacy Continued advocacy for policies that support Aboriginal self-determination and health equity is necessary. Engaging Aboriginal leaders in the decision-making processes will ensure that policies are effective, culturally relevant, and truly reflective of the communities' needs.

In conclusion, addressing the complex issues surrounding drug and alcohol use in Aboriginal communities requires a multi-faceted approach that includes cultural respect,

systemic change, and community empowerment. The legacy of colonisation is not just a historic event; it continues to impact the lives of many Aboriginal peoples today. Therefore, concerted efforts are vital for creating a future where Aboriginal communities can achieve health and wellbeing on their own terms.

Envisioned Outcomes from the Summit The Drug Summit presents a pivotal opportunity to address the pressing needs of Aboriginal and Torres Strait Islander people regarding drug and alcohol services. By focusing on the five key areas you've highlighted, stakeholders can work collaboratively to create sustainable solutions that reflect the unique cultural and social contexts of Aboriginal communities. Here's a synthesis of the proposed actions within these areas:

1. Investment in Drug and Alcohol Service Delivery & Sector Infrastructure

   Whole of Family Approach Design services that address the needs of entire families, recognizing the interconnectedness of drug and alcohol issues within familial structures.
   Client Load Considerations Develop appropriate formulas for client load in services that reflect the complexities of Aboriginal clients.
   Accessibility and Timeliness Ensure that drug and alcohol services are available in both government and non-government sectors to minimize gaps in care, particularly during crucial withdrawal and rehabilitation phases.

2. Appropriate Treatment Approaches for Aboriginal People

   Cultural Integration Promote the utilisation of Aboriginal cultural practices in therapeutic settings, ensuring that treatment acknowledges and respects cultural identity.
   Choice of Provider Provide clients with the option to choose between Aboriginal and non-Aboriginal workers, tailoring the treatment experience to individual comfort and cultural needs.
   Equitable Access to Pharmacological Treatments Ensure Aboriginal individuals have the same access to and uptake of pharmacological options as other populations.

3. Enhanced Peer-Based Education and Support

   Peer-Based Roles Create a framework for establishing ongoing peer-based roles within drug and alcohol services, leveraging the lived experience of individuals for support and education.

4. Changes to the Criminal Justice System

   Addressing Overrepresentation Focus efforts on reducing the overrepresentation of Aboriginal peoples in the criminal justice system, which can often stem from the compounded effects of systemic inequality and historical trauma.
   Bias Reduction Implement training and systems to eliminate conscious and unconscious racial bias within the police and judicial system, ensuring fair treatment for Aboriginal individuals in legal matters.

5. Recurrent Funding for Drug and Alcohol Programs

   Stability and Continuity Long-term funding allows service providers to develop consistent programs that can adapt and grow with community needs. When funding is stable, providers can focus on achieving meaningful outcomes rather than continually applying for grants or adjusting to shifting financial landscapes.
   Building Trust Ongoing funding fosters a sense of reliability within the community. When people see that services are consistently available and that organisations are committed to their welfare, it strengthens trust. In contrast, frequent changes in funding can result in scepticism and withdrawal from seeking help.
   Workforce Retention and Development A stable financial environment enables service providers to invest in workforce development, ensuring that staff have robust training, supervision, and career pathways. This investment is essential for retaining skilled workers who understand the community's needs and can deliver effective services.
   Program Evaluation and Improvement With long-term funding, providers can establish continuous evaluation processes that enable them to measure outcomes, gather community feedback, and refine their programs. This iterative approach leads to better service delivery and enhanced effectiveness over time.
   Enhanced Collaboration Sustainable funding can foster partnerships among various agencies, governmental and nongovernmental, leading to coordinated approaches to D&A issues. Collaborative models often yield better outcomes, as they address the multifaceted nature of health and social challenges.

In conclusion, prioritising long-term, stable funding in the D&A sector is essential for building a resilient workforce and instilling confidence among Aboriginal and Torres Strait Islander communities. Only through such investments can we hope to achieve the long-term and meaningful outcomes necessary to address the complex needs arising from historical and ongoing challenges.

Conclusion The success of the Drug Summit relies on a concerted effort to address these five focus areas in a manner that is respectful of Aboriginal cultures, acknowledges past injustices, and strives towards equitable health outcomes. By investing in comprehensive strategies that engage Aboriginal leaders and communities, we can create a more effective D&A service landscape that promotes healing, resilience, and empowerment for Aboriginal peoples across NSW.

Appendix G – Summary of Aboriginal Legal Service NSW/ACT public policy positions on alcohol and other drugs

The following is a summary of key positions put forward by the ALS in a range of government inquiries, law reform processes and public advocacy over a number of years.

We support the decriminalisation of possession and use of small quantities of all drugs. Drug use should be treated as a social and health issue, not as a criminal justice issue.

- The ALS supports approaching drug use as a health and social issue, rather than a criminal justice issue.
- We support reducing reliance on criminalisation and increasing access to non-police responses that connect people with support, treatment and education.
- Policing and criminalisation responses to personal drug use disproportionately impact Aboriginal people and contribute to over-policing and over-incarceration.
  - The ALS routinely provides court representation to clients charged with low-level drug possession.
  - Between February 2021 and February 2024, our solicitors appeared in over 5000 court matters where a client was charged with possession of a small quantity of cannabis.
  - Aboriginal and Torres Strait Islander people are more likely to be subjected to punitive 'proactive' policing practices in public places than non-Aboriginal people and are over-represented at every stage of the criminal process in NSW.[1]
  - NSW Police officers are more likely to conduct strip searches of Aboriginal people,[2] use force against Aboriginal people[3], and more likely to charge Aboriginal adults and young people with criminal offences than to utilise diversionary options[4], including charging for conduct such as possessing small quantities of cannabis rather than diverting through the cannabis cautioning scheme.
  - The continued criminalisation of small quantities of drugs fuels increased negative interactions between Aboriginal people and police, and drives cycles of incarceration.
  - At time of writing, the numbers of adults and children in NSW prisons are the highest on record, with the numbers of people on remand in NSW now

[1] See, eg, NSW Bureau of Crime Statistics and Research, Aboriginal over-representation in the NSW Criminal Justice System quarterly update December 2023 (Report, April 2024) which found that the rate of imprisonment of Aboriginal imprisonment in NSW is nearly 10 times the rate of imprisonment for non-Aboriginal people and that the rate of bail refusals by police for Aboriginal adults and young people continues to increase at a faster rate than court bail refusals

[2] [Data shows] Aboriginal people are disproportionately represented – making up 14% of all searches but 3.4% of the state's population": Tamsin Rose, 'NSW police strip-searches of Indigenous people rose 35% in past 12 months and included 11 children, data reveals' (The Guardian, online, 17 October 2023).

[3] Christopher Knaus, 'NSW police use force against Indigenous Australians at drastically disproportionate levels, data shows' (The Guardian, online, 31 July 2023),

[4] Caitlin Fitzsimmons, '"Like a snare": Indigenous young offenders more likely to be prosecuted for same crimes' (Sydney Morning Herald, online, 30 November 2022); Adam Teperski and Sara Rahman, Why are Aboriginal adults less likely to receive cannabis cautions? (Bureau of Crime Statistics and Research, Crime and Justice Bulletin No CJB258, June 2023).

outstripping the number of people in prison serving sentences of imprisonment[5].
  - Closing the Gap Target 11 (reducing the incarceration of children) was 'off-track' for the first time since 2019.
  - BOCSAR data shows that a significant driver of Aboriginal people on remand is an exponential increase in the volume of police charges against Aboriginal people since 2012 (96%).
  - Reform efforts must be focused on reducing the number of Aboriginal people being driven into the court system and prisons by reducing the number of Aboriginal people charged for low-level offences.

- Evidence from other jurisdictions shows that decriminalisation does not necessarily lead to an increase in drug use

  - The ALS has been strongly supportive of the reforms that commenced in October last year in the ACT, which have seen a large number of common drugs decriminalised for personal use.
  - Earlier, in January 2020, the ACT Government decriminalised possession of small amounts of cannabis, the use of cannabis in the home, and cultivation for personal use for people aged 18 years and above[6].
  - Despite these changes, the proportion of the population using cannabis in the ACT has remained stable and, in the 2022-23 period, cannabis use amongst the ACT population was lower than cannabis use in the rest of Australia[7].
  - ACT Police report that they have not been aware of an increase in drug use following the decriminalisation of a larger group of drugs one year ago in the ACT[8].

- Decriminalising drugs would lead to significant cost savings for NSW. Research shows that it costs the NSW Government approximately $977 per prosecution for an offence involving a small amount of drugs[9].

Implement the recommendations of the Ice Inquiry in full.

- There is already a blueprint for more effective, evidence-based responses to drug use, which lead to safer communities, cost savings and improved individual outcomes.
- In 2018, the NSW Government commissioned a special inquiry into the drug 'ice', which had public hearings across the state. It handed down 109 recommendations in 2020.

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[5] BOCSAR, 'Number of adults on remand in NSW the highest on record: NSW Custody Statistics: Quarterly update March 2024' (May 2024) https://www.bocsar.nsw.gov.au/Pages/bocsar_media_releases/2024/mr-custody-Mar2024.aspx

[6] Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 (ACT)

[7] Australian Institute of Health and Welfare (AIHW), 'Cannabis in the NDSHS' National Drug Strategy Household Survey 202223 (Online Report, 29 February 2024).

[8] Mollie Bovill, 'It's been 12 months since small amounts of illicit drugs were decriminalised in the ACT', ABC News: https://www.abc.net.au/news/2024-10-28/act-drug-decriminalisation-one-year-on/104523428

[9] Anh Dam Tran, Don Weatherburn and Suzanne Poynton, 'The savings associated with decriminalisation of drug use in New South Wales, Australia: A comparison of four drug policies' (2023) 149 Journal of Substance Abuse Treatment.

- We have repeatedly called for the NSW Government to urgently implement the recommendations of the Ice Inquiry in full.
- The ALS strongly supports full implementation of all 109 recommendations of the Special Commission of Inquiry into the Drug 'Ice', especially:
    - Implement a whole-of-Government alcohol and drug policy recognising that the use of drugs is a health and social issue, prioritises health and social responses to drug use and recognises the harms associated with punitive responses (Rec 5)
    - In conjunction with increased resourcing for specialist drug assessment and treatment services, implement a model for the decriminalisation of the use and possession for personal use of prohibited drugs (Rec 11)
    - Support local, community-driven collective impact initiatives, including justice reinvestment initiatives, that respond to local drivers of drug use and actively support their further expansion in consultation with local communities (Rec 20)
    - Expand community-led, culturally safe and effective responses to harmful amphetamine-type stimulant use in Aboriginal communities (see Recs 57, 58, 59)
    - Expand the Youth Koori Court to regional areas to improve access to culturally appropriate diversion programs for Aboriginal young people (Rec 60)
    - Implement the Walama Court, including through adequate funding and resourcing, to improve access to culturally appropriate diversion programs for Aboriginal people in the District Court (Rec 61)

- To reduce the harms caused to Aboriginal communities by the current criminalisation response to cannabis, we also support Recommendation 1 of the recent NSW Parliamentary Inquiry into the Impact of the regulatory framework for cannabis in New South Wales – that the NSW Government consider law reform including:
    - reconsider the classifications of 'small' and 'traffickable' quantities of cannabis in Schedule 1 of the Drug Misuse and Trafficking Act 1985 to increase the thresholds
    - reduce the maximum penalty for cannabis possession (i.e. the offences of being in possession not for the purposes of supply, cultivating no greater than a small quantity of cannabis plant and using cannabis all of which currently carry a maximum penalty of 2 years imprisonment) to a fine-only offence
    - amend cannabis related offences to ensure non-commercial supply of cannabis or gifting is treated as possession and not supply
    - remove deemed supply measures that reverse the onus of proof such as section 29 of the Drug Misuse and Trafficking Act 1985, in respect of cannabis possession
    - amend of the Law Enforcement (Powers and Responsibilities) Act 2002 to significantly limit the circumstances in which persons can be searched by police in respect of a small quantity of cannabis not possessed for the purposes of supply.
    - amend relevant legislation to provide a presumption that a person will receive a section 10 dismissal under the Crimes (Sentencing Procedure)

Act 1999 so they will not be convicted when sentenced for the possession of a small quantity of cannabis
    - reform of the Cannabis Cautioning Scheme to limit police discretion and create a presumption of diversion that operates irrespective of criminal history or prior cautions and make it more available including by expanding to larger quantities of cannabis

Reform existing drug cautioning schemes to make them more available, especially for Aboriginal people

- The Cannabis Cautioning Scheme provides police with discretion to issue a caution instead of proceeding with criminal charges. A person can only be cautioned twice and cannot be cautioned at all if they have prior convictions for serious drug offences[10].
- The Early Drug Diversion Initiative similarly provides police with a discretion to issue up to two $400 on-the-spot fines for persons found possessing small amounts of drugs as an alternative to criminal prosecution. The person can choose to pay the fine, attend court or may have their fine waived if they engage in a telehealth consultation about their drug use[11].
    - Despite the promise of this scheme, only 6.4% of people interacted with between 29 February to 11 August 2024 were diverted. Only 2.7% of Aboriginal people were diverted[12].
- Despite the availability of these diversionary options, Aboriginal and Torres Strait Islander people in NSW are less likely to benefit from diversion than non-Aboriginal people.
- Data shows that NSW Police are more likely to charge Aboriginal young people with criminal offences than to utilise diversionary options[13], including charging for conduct such as possessing small quantities of drugs.
- A 2023 study of the Cannabis Cautioning Scheme by BOCSAR found that Aboriginal people are significantly less likely to be eligible for a cannabis caution than non-Aboriginal people (21.6% compared to 54.3%)[14].
    - The study concluded that broadened eligibility criteria, a reduction in scope for police discretion and policies which address the overrepresentation of Aboriginal people in the criminal justice system are required to address the discrepancy in cautioning rates between Aboriginal and non-Aboriginal people[15].15
- Whenever the power to divert is subject to individual police officer discretion, that police discretion is consistently exercised against the interests of our clients on a systemic level

[10] New South Wales Police Force, Drug Programs and Initiatives, (Web Page).
[11] Ibid.
[12] UNSW 'How is the Early Drug Diversion Initiative Going?' (Research Report, 2024) https://www.unsw.edu.au/content/dam/pdfs/ada/sprc/research-reports/dpmp-drug-summit-2024-explainers/2024-10-how-is-theearly-drug-diversion-initiative-going-dpmp-2024-v2.pdf
[13] Caitlin Fitzsimmons, '"Like a snare": Indigenous young offenders more likely to be prosecuted for same crimes' (Sydney Morning Herald, online, 30 November 2022).
[14] Adam Teperski and Sara Rahman, 'Why are Aboriginal adults less likely to receive cannabis cautions?' (2023) no. 258 Crime and Justice Bulletin 9.
[15] Ibid 1

- Reducing police discretion, introducing presumptions in favour of diversion, and expanding eligibility criteria are essential to making drug diversionary schemes more effective.

Provide sustainable, needs-based funding to Aboriginal Community-Controlled Organisations to provide culturally safe legal assistance and AOD services and supports for Aboriginal people, especially services that are on Country

- Under Closing the Gap, the NSW Government has committed to implementing the Priority Reforms under the National Agreement, including strengthening the ACCO sector.
- The parties to the National Agreement, including the NSW Government, have formally recognised that Aboriginal organisations are better for Aboriginal people, lead to better outcomes, and are frequently preferred over mainstream service providers.
- There must be an increase in funding to ACCOs to provide culturally safe support and services to Aboriginal people which are local and place-based.
- There must be an increase in the number of community-controlled residential rehabilitation programs that are place-based and on Country, and an increase in the capacity of existing programs.

- This also includes investment in Aboriginal Legal Services:
    - For as long as there is a criminalisation response to personal drug use, and in any transition towards decriminalisation, the ALS is a vital service that plays a role in minimising harm to individuals and communities, including by supporting clients to access diversion and support in the community.
    - There must be greater investment in the ALS to allow us to sustainably to support our clients with holistic, culturally safe legal services, as we are often the service provider of choice for Aboriginal people.

Appendix H – Submission from Eleanor Duncan Aboriginal Services

Dear Hon. Ryan Park

Ensuring Equity, Respect, and Inclusion: The Role of the NSW Drug Summit in Closing the Gap for Aboriginal Communities

The NSW Drug Summit presents a vital opportunity to embed equity, respect, and inclusion into drug policy reform by prioritising Aboriginal leadership and self-determination. The ongoing impacts of colonisation — including intergenerational trauma, systemic racism, forced removal of children, loss of land, and cultural disconnection — continue to drive substance use and the overrepresentation of Aboriginal people in the justice system. The Drug Summit must address these disparities by ensuring Aboriginal voices lead the discussion and that Aboriginal-led solutions are directly funded and implemented. By embedding these principles, the NSW Government can work towards Closing the Gap and align with the four Priority Reforms under the National Agreement.

Priority Reform 1: Formal Partnerships and Shared Decision-Making To achieve meaningful reform, Aboriginal leadership and community input must be central to drug policy discussions and decision-making. Establishing formal partnerships between the NSW Government and Aboriginal Community Controlled Organisations (ACCOs) will ensure policies and programs are co-designed, community-led, and culturally responsive. ACCOs have the trust and expertise to deliver effective, trauma-informed AOD interventions that address the root causes of substance use. By embedding Aboriginal governance structures into funding and policy decisions, the Drug Summit can take a critical step in advancing shared decision-making.

Priority Reform 2: Building the Aboriginal Community-Controlled Sector Direct funding for ACCOs to provide intervention and rehabilitation services is essential in Closing the Gap. Culturally safe AOD rehabilitation facilities specifically for Aboriginal mothers with children, young people, and men will provide accessible, wraparound support embedded in cultural healing practices. These services will connect individuals to country, community, and identity while addressing the root causes of AOD dependency. Investment in the Aboriginal community-controlled sector ensures Aboriginal people receive care from organisations they trust, strengthening self-determination and breaking cycles of trauma.

Reform 3: Transforming Government Organisations The justice and health systems have historically failed Aboriginal communities by criminalising substance use rather than treating it as a health issue. Decriminalising the personal use of drugs and shifting toward mandatory AOD rehabilitation and trauma-responsive interventions instead of incarceration will reduce the over-policing and imprisonment of Aboriginal people. The NSW Government must transform its approach by embedding cultural competency, trauma informed care, and anti-racist policies into its AOD response. This includes training for police, health workers, and government agencies to ensure services are culturally safe, accessible, and responsive to community needs.

Priority Reform 4: Shared Access to Data and Information Ensuring transparency and accountability in policy implementation is critical to Closing the Gap. The NSW Government must commit to shared access to data and reporting mechanisms that track the effectiveness of AOD interventions for Aboriginal communities. Partnering with ACCOs to co-design culturally appropriate data collection and evaluation tools will allow

for real-time monitoring of health outcomes, service access, and community feedback. This will ensure ongoing improvements in service delivery and that policies remain aligned with community needs.

Conclusion By embedding these reforms into the NSW Drug Summit's policy agenda, the Government can take meaningful steps to address the inequities faced by Aboriginal people in the health and justice systems. Prioritising Aboriginal-led solutions, decolonising mainstream AOD services, and shifting towards trauma-informed rehabilitation over incarceration will create real, lasting change. A culturally responsive AOD strategy that aligns with the Priority Reforms will not only reduce harm and improve health outcomes but also uphold the principles of self-determination and justice for Aboriginal communities.

Thank you for taking the time to meet and listen to the concerns of our communities.

Kind Regards

Lea-Anne Miller SEWB Manager of Operations

Appendix I – Submission from Vickie L Simpson Griffith AMS & ACDAN Chairperson

Funding Gaps: The disparity in funding between ACCHO/ACCO's and government or other NGO positions is a major factor that impacts recruitment. When staff can earn more in other roles, it becomes challenging to attract and keep people in our sector, especially when the funding received doesn't reflect the full scope of the work that needs to be done.

Reliance on Consultants for Submissions: It's clear that the reliance on consultants for grant submissions creates a significant strain on both financial and human resources. This essentially means that the funding we receive is diluted, as a portion goes to external consultants instead of directly benefiting community programs or workforce. One potential solution here could be capacity-building initiatives — either through government support or partnership opportunities — that allow ACCO/ACCHO's to build their own in-house submission-writing capabilities. This could help reduce dependency on expensive consultants and allow for more resources to be directed toward direct service delivery.

Short-Term, Drip-Feed Funding: The current model of funding (short-term and drip-fed) makes it hard to maintain continuity and stability in service provision. This hampers both recruitment and retention because staff may not feel secure in their positions, and long-term planning for community development is compromised. The solution here is longer-term funding agreements or multi-year funding cycles that can give organisations the breathing room to plan effectively and invest in staff and programs without constantly worrying about funding being cut or reduced.

Underpaid Staff: When funding barely covers wages, this directly affects recruitment and retention. If staff are overworked and underpaid, they are less likely to stay in the job, and they are less likely to perform at their best. The lack of ability to invest in additional resources and professional development further exacerbates this issue. Investing in training programs and providing a clear career path for staff can help improve retention. the solution, funding needs to reflect the work we do and value to roles we undertake. Staff will not stay when they have to consider their personal and families needs first, we have mortgages and other financial commitments, the constant worry of meeting ours and our families day to day needs can be stressful and in turn impact our general wellbeing.

Workplace Infrastructure: The current workplace environments and resources are not adequate. Some services have buildings and land, and there is no funding to update and equip these to make them safe places for the community. Such funding can include the need for more culturally based residential rehab centres, community hubs which can provide holistic care for the community, and lack of crisis accommodation for communities in need. Often, these funding opportunities are going to mainstream as they have the capacity to write and compete for grants, we simply do not.

Community Engagement and Awareness: Our work requires significant community engagement and events, which are often underfunded or not funded at all. Community engagement is essential in rapport building, obtaining trust from community by the workers and the organisations is vital for achieving good outcomes. Often our organisations are funded for a short-term project, which delivers great outcomes through

the hard work of our org's then funding is reduced or not continued. From simple Men's and Women's Groups to provide critical social, emotional and cultural engagement is often the most effective way of forming positive working relationships, these programs more often then not are not funded, again we are left to then seek grants from other agencies to deliver these if submissions are not successful then the programs/groups/community events fold.

ACDAN Funding: Our purpose is to provide workforce support to the Aboriginal AOD sector. We currently have a short term funding contract which will barely cover the wage of 1 person plus other essential costs from insurance, audit, IT, some travel and a small portion of the costing for the Symposium. In 2024 our Symposium cost approximately 80k which included meals, accommodation, presentation fees, cultural protocols, resources, transport and other expenses for approximately 80 attendees. The current funding provides approximately 20k towards these costs. The Symposium which provides a platform for our workforce to come together to network, share and learn new ideas and acknowledge the achievements of our peers.

Our workforce are calling out for better work and pay conditions, more training and up to date relevant culturally appropriate resources which we aim to be consulting and developing together.

Our Board are all volunteers, we are fortunate that our workplaces support our vision by providing us time to dedicate to the tasks and commitments of ACDAN. I am often working after hours and on weekends to ensure compliance and tasks are carried out. This is supported by a part time Admin Officer, who also plans and facilitates our Symposium.

Appendix J – Submission from Nathan Jones Centre for Aboriginal Health

- There is an urgent need to grow the Aboriginal Drug Health workforce within LHD's, both in terms of frontline professionals and leadership roles.
- Despite there being a significant over-representation of Aboriginal consumers most LHD's have a very limited Aboriginal Drug Health Workforce (eg. SWSLHD has approx. 18% of all consumers were Aboriginal but prior to Ice Inquiry Investment only had 3 Aboriginal identified roles within the service)
- Only 4 LHDs have dedicated Aboriginal Drug Health Leadership roles, compared to Mental Health that have an Aboriginal MH Clinical Lead in every LHD.
- Leadership and frontline roles are critical to ensuring services are culturally responsive to the needs of Aboriginal consumers and their families. It's critical to ensure these positions are supported to provide care in a way that works for Aboriginal people, this means flexibility in service models that acknowledge and address cultural needs.
- To facilitate this governance structures that bring together Drug Health, Aboriginal Health Leadership Teams & community partners that can challenge existing service models and facilitate reform. For SWSLHD this has been transformative with the establishment of an Aboriginal Drug Health Team that has its own model of care but is also integrated into the broader drug health service.
- A critical part of this model is integration with ACCHOs and having a shared services that support assessment, treatment, referral and coordination of care. While this has been successful in SWSLHD there is significant scope across the system to strengthen collaboration and integration between LHD drug health services and ACCHOs.

Appendix K – Submission from Rebecca Riseley NUAA

To: Hon. Ryan Park MP, Minister for Health

Background and Context Harm from alcohol and other drug (AOD) use extends across multiple areas, including chronic disease (e.g., liver disease, diabetes), blood-borne virus transmission, injuries, neurological impacts, incarceration, self-harm, and broader social disruptions such as family breakdown. The relationship between harmful AOD use and the broader social, historical, political, and economic context cannot be ignored. For many Aboriginal and Torres Strait Islander people, the legacies of colonisation, inequality, and systemic racism have heightened vulnerability to substance-related harm.

Mental health and substance use disorders, including anxiety, depression, and drug dependence, are the leading contributors to disease burden. In 2018, these conditions accounted for 23% of the total burden of disease.

The Need for Change Aboriginal people make up one in four clients in drug and alcohol and harm reduction services. However, mainstream approaches frequently fail to meet cultural needs, leaving many Aboriginal people feeling unheard, judged, and unable to engage in a way that makes sense for them.

Harm reduction is not just a strategy; it is embedded in our cultural values. Looking out for one another, ensuring safety, and making sure no one is left behind are fundamental to how we operate as a community. However, when existing systems fail to accommodate these values, Aboriginal people often disengage from support services.

Case Study: Addressing Barriers in Detox Services A recent experience highlights how mainstream service models can fail Aboriginal clients and how cultural harm reduction can provide practical solutions.

In one week, two Aboriginal men shared the same experience with me. Both sought support at the local detox unit, arriving for their intake but leaving before completing the assessment. They were in withdrawal, desperate for support, yet were expected to sit in an office for an hour, answering questions at a desk. In their state, this was an impossible task, and they left feeling as though they had failed.

Clinical settings can be intimidating, particularly for those who have experienced previous trauma. Recognizing this, I contacted the detox unit and arranged a walkthrough to better understand their processes. During the visit, I explained why the intake process was not working for some Aboriginal clients. I suggested alternative approaches, such as conducting the intake outside while walking and talking, rather than sitting in an office. The response was a firm no.

However, my role provided the flexibility to propose a different solution. I asked whether we could assist with the intake process for clients already engaged with our harm reduction service. We trialled this approach, and it worked for our people — it made others want to give it a go as well. This demonstrated that when services are delivered in a culturally responsive way, engagement increases. But, like so many solutions led by our communities, the rigid structures and bureaucracy within mainstream services create barriers to meaningful change.

Cultural Harm Reduction in Action This example illustrates cultural harm reduction in practice:

- Listening to people and understanding their barriers to accessing services.
- Challenging rigid service delivery models and advocating for flexibility.
- Providing alternative solutions that are culturally appropriate and meet people where they are.
- Strengthening engagement by adapting services to the needs of Aboriginal clients.

This approach is not just about making services more accessible; it is about embedding cultural understanding within harm reduction frameworks. The success of this trial demonstrates the potential for improved outcomes when services embrace Aboriginal ways of working.

What Works in Harm Reduction

Harm reduction is where it all begins.

Peers leading the way at the forefront of harm reduction is essential, along with the flexibility to be innovative in our approaches. We know what works.

Peers are passionate about giving back. They are resilient, resourceful, highly motivated, and driven to improve the system so that others do not have to experience what they have been through.

Peer Outreach (Distribution) Programs

Programs like "NUAA's Peer Distribution Program" work because they are led by people with lived experience who have faced similar adversities as those they support. They work within their own communities, where they are already known and trusted, providing education, harm reduction tools, support, and guidance to improve outcomes for the most vulnerable populations.

However, these programs are underfunded, limiting their potential impact. The current funding structure restricts the program's reach and its capacity to support identified Aboriginal peers across NSW. A substantial increase in funding is essential to expand the Peer Distribution Program and ensure identified Aboriginal peers are embedded within every Local Health District. Without this investment, we cannot fully support those most at risk or scale up proven, culturally responsive strategies that make a real difference.

Establishment of an Aboriginal-Led, Community-Controlled Organisation in Harm Reduction A critical missing piece in the harm reduction landscape is an Aboriginal-led, community-controlled organisation dedicated to harm reduction. This organisation must be sustainably funded on a long-term basis, rather than relying on short-term pilot funding. It must be led by Aboriginal people, for Aboriginal people, ensuring culturally safe and appropriate harm reduction services.

This organisation would:

- Develop Aboriginal peer leaders in harm reduction.
- Provide cultural supervision and support for Aboriginal Lived/Living Experience workers and AOD specific training on cultural safety.
- Deliver harm reduction programs tailored to the unique needs of Aboriginal communities.
- Represent our mob in key policy discussions and service planning.

Recommendations

1. Substantial and Sustained Funding for more Identified Aboriginal Peers in Peer Outreach Programs

    - Increase investment to ensure identified Aboriginal peers are embedded in every Local Health District.
    - Expand the scope of peer-led harm reduction services to reach more people in need.

2. Long-Term Funding for an Aboriginal-Led, Community-Controlled Harm Reduction Organisation

    - Establish a dedicated Aboriginal-led organisation focused on harm reduction.
    - Ensure funding is long-term and sustainable rather than short-term pilot projects.
    - Build a culturally safe harm reduction workforce led by and for Aboriginal people.
    - It would be appropriate for NUAA, as the only peer-led organisation working in harm reduction in NSW, to auspice this organisation while leadership and governance remained within the Aboriginal Community.

3. Cultural Safety Training

    - Clinical staff must go beyond good intentions and actively engage with cultural safety training.
    - Training must address the impacts of colonisation, systemic racism, and intergenerational trauma on Aboriginal health and wellbeing.
    - Holistic and culturally safe clinical services will increase Aboriginal engagement and participation, leading to better health outcomes.

4. Recognition of Lived Experience

    - Aboriginal people with lived experience must be supported to lead harm reduction efforts, not just participate in them.
    - Aboriginal Lived/Living Experience (LLE) workers must be included in major governance committees related to AOD, blood-borne viruses, and research.
    - These workers must receive appropriate support and cultural supervision.

Conclusion At the end of the day, harm reduction is about keeping our mob safe. It's about meeting people where they are, without shame or punishment, and walking with them on their journey — wherever that may lead.

We already know what works. We just need the resources and respect to lead the way.

Thank you.

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Appendix L – Submission from NADA

Strengthening the Aboriginal alcohol and other drugs workforce in NSW

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs (AOD) sector in NSW. We represent 85 organisational members of which 16 are Aboriginal Community Controlled Organisations (ACCOs). The NGO AOD sector employs over 1,000 staff including Aboriginal AOD Workers in both mainstream and ACCO organisations. NGOs in the NSW AOD sector provide services to approximately 20,000 people each year, and approximately 5,000 of these are Aboriginal.

Background: NGO service delivery data from 2023-24 shows that almost a quarter of treatment episodes were provided to Aboriginal and Torres Strait Islander peoples. Further data showed that the average age of Aboriginal persons attending an AOD treatment service was 31 years compared to 37 years for non-Aboriginal persons. Fewer Aboriginal people were employed at 7.8% compared with 22.2% for a non-Aboriginal person, and almost half were living in regional areas (45% vs 35%). 26.3% of referrals for Aboriginal people to AOD treatment services were from the criminal justice system compared with 19.9% for non-Aboriginal people. The nominated primary drug of concern reported for Aboriginal people was meth/amphetamine followed by alcohol, which was the most common primary drug for non-Aboriginal people. The data also shows that 40% of Aboriginal people did not complete treatment compared to 36% for non-Aboriginal people.

Key issues: There are a number of key areas impacting the Aboriginal AOD sector in NSW. There is a critical need to attract and retain a sustainable Aboriginal AOD Workforce, and to ensure that the sector as a whole is equipped to effectively support the disproportionate numbers of Aboriginal people accessing AOD treatment services.

The Aboriginal AOD workforce in regional, rural and remote areas experience unique challenges and need specific consideration. It is also vital that across NSW, AOD services for Aboriginal people are community-led by both an Aboriginal Community Controlled Sector that is adequately funded and supported and a strong and sustainable Aboriginal AOD workforce across ACCO and mainstream services. This will ensure that AOD services to Aboriginal people are culturally safe, regardless of where a person chooses to seek support.

Recommendations

1. Creating career pathways for the Aboriginal AOD workforce: There is a current gap in qualified Aboriginal AOD Workers in NSW. Aboriginal AOD Workers are vital in the AOD Sector and best placed to support Aboriginal people seeking treatment. The current data shows that one in four people accessing AOD treatment are Aboriginal and/or Torres Strait Islander. To build the Aboriginal AOD Workforce an Aboriginal AOD Traineeship program is needed. A successful model was the NADA Aboriginal AOD Traineeship program that was delivered in 2013. This program supported three positions that worked in the NGO sector in both ACCO and mainstream services. Further funding into programs of this type is required to help build a strong and supported workforce. Note: The evaluation report can be provided upon request.

Educational pathways that include both tertiary and university qualifications are required that are specific to AOD to skill the workforce, such as a Graduate Diploma in Indigenous Health Promotion (AOD specialisation stream) especially after the success of the Graduate Diploma of Indigenous Health (Substance Use) at the University of Sydney. We need training opportunities at all levels in the AOD Sector from caseworkers through to AOD Nurses and management positions.

To better support the recruitment and retention of Aboriginal AOD Workers, funding to services must include allocation for cultural supervision for Aboriginal workers as a priority. This should also be included for mainstream organisations and provided to both Aboriginal and non-Aboriginal staff. Funding is also required to be able to train experienced Aboriginal AOD staff to develops skills to become cultural supervisors. There is currently a concerning lack of available supervisors to draw from and this initiative would support retention and help to address the cultural load Aboriginal staff experience.

2. Ensuring culturally safe AOD service delivery: ACCOs are best placed to provide culturally safe services to Aboriginal people. Ensuring ACCHOs are appropriately resourced is therefore a priority. In saying this not all Aboriginal people access ACCO services for AOD. Therefore mechanisms are also needed to ensure that mainstream services are culturally safe so that Aboriginal people receive culturally safe services regardless of the service they choose. A cultural audit process made available to mainstream services that includes Aboriginal workers and consumers as part of the audit process would assist services to develop and deliver processes and policies across all operational areas and ensure their services are culturally safe for Aboriginal people. The Aboriginal guidelines project in 2018 established a pool of cultural auditors across NADA and ACDAN organisations who are able to provide this audit. Funding to services to cover the cost of this service to AOD NGOs would provide incentivise more organisations to take up this opportunity.

3. Improving access to Harm Reduction Services in Rural Areas: A greater investment in harm reduction services is needed for people who use drugs, particular in rural and remote areas in NSW where there are fewer services available. It has been reported by NADA member services that some communities do not have access to programs such as needle syringe programs. Other communities do not have access to naloxone and the local pharmacy does not stock this product. These programs plus community education to raise awareness of these programs are essential. Embedding of these programs into local community organisations such as Aboriginal Medical Services is also essential for better access for Aboriginal communities.

4. Building capacity of ACCHOs: Aboriginal Community Controlled Organisations provide a range of vital services in Aboriginal Communities. However, they are often stretched and unable to meet rising demands. Greater investment and capacity building support is needed for the ACCO sector, to ensure that both ACCOs and ACCHO peak organisations are appropriately resourced to maximise outcomes for the community.

   Funding is required to establish an Aboriginal young person residential rehabilitation centre as there is not one in NSW and the drop out rates of Aboriginal young people completing residential programs are high with only 30% of Aboriginal young people

staying in a residential program more than 30 days. This is likely understood to be caused by the need for Aboriginal people to leave country in order to enter a residential program. More funding is required to be able to provide AOD treatment options on country for Aboriginal people

5. Developing an Aboriginal AOD Strategy that prioritises Aboriginal people: The Aboriginal AOD Sector has not had a strategy since 2014 when NIDAC was defunded. The NIDAC Strategy was a national strategy. To best support the AOD Sector in NSW to achieve improved outcomes for Aboriginal people, the development of the strategy should be led by Aboriginal people (AOD workers and people with LLE) The Strategy should include set priority areas, targets and funding plans and provide strategic direction across prevention, early intervention, treatment and harm reduction – with a focus on ensuring that people have access to services where they live and that meet their needs. It should be developed in genuine collaboration with services across the sector and people with living and lived experience of drug use.

NADA contact for this submission
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Appendix M – Submission from Kinchela Boys Home Aboriginal Corporation

(Copy supplied physically to Hon. Ryan Park on the day)

Appendix N – Full list of Yarning Circle Attendees

Representative name	Organisation Name
Michael Doyle	The University of Sydney Aboriginal Strategic Collaboration Group
Tina Taylor	Centre for Alcohol and Other Drugs Aboriginal Strategic Collaboration Group
Hon. Ryan Park	NSW Health Minister
Nathan Jones	Centre for Aboriginal Health
Noni Greenwood	Department of Communities and Justice
Alan Bennett	Weigelli Aboriginal Drug and Alcohol Residential Rehabilitation Network Aboriginal Strategic Collaboration Group
Vickie Simpson	Griffith Aboriginal Medical Centre Aboriginal Corporation Drug and Alcohol Network – Aboriginal Strategic Collaboration Group
Kurt Simpson	South Western Sydney Local Health District Aboriginal Corporation Drug and Alcohol Network Aboriginal Strategic Collaboration Group
Raechel Wallace	Network of Alcohol and other Drugs Agencies Aboriginal Strategic Collaboration Group
Lea-Anne Miller	Eleanor Duncan Aboriginal Corporation Drug and Alcohol Network
Nathan Taylor	Aboriginal Health and Medical Research Council
Leanne Lawrence	Lives Lived Well
Rebecca Riseley	NSW Users and AIDS Association
Kerry Chant	Chief Health Officer Ministry of Health
Representative name	**Organisation Name**
Daniel Madeddu	Centre for Alcohol and Other Drugs
Debbie Kaplan	Centre for Alcohol and Other Drugs
Kate Conigrave	Chief Addiction Medicine Specialist, NSW Health Aboriginal Strategic Collaboration Group
Millie Poutama	Centre for Alcohol and Other Drugs

Geraldine Wilson	Centre for Aboriginal Health
Grantley Creighton	Justice Health and Forensic Mental Health Network
Aaron More	The Glen Aboriginal Drug and Alcohol Residential Rehabilitation Network
Raymond Weatherall	Consumer Reference Committee Rainbow Lodge
Sharon-Marie Hall	Aboriginal Legal Service
James Michael Welsh (Uncle Widdy)	Kinchela Boys Home Aboriginal Corporation
Jenny Ellis	Kinchela Boys Home Aboriginal Corporation
Shayne Johnson	Kinchela Boys Home Aboriginal Corporation
Fiona Murray	Corrections
Mark Syron	Maayu Mali Aboriginal Drug and Alcohol Residential Rehabilitation Network
John Leha	Aboriginal Child, Family and Community Care State Secretariat (AbSec) - BlaQ Aboriginal Corporation
Tyrone Hall	Legal Aid
Aunty Rusty Nannup	Sex Workers Outreach Project
Cathy Sheridan	Weigelli
Kai Clancy	The University of Sydney
Chloe Wilson	ACON previously known as the AIDS Council of NSW
Matthew McLean	Minister's Advisor / Chief of Staff
Laura Dutta	Minister's Advisor / Policy Advisor
Vivienne Moxham-Hall	Minister's Advisor / Senior Policy Advisor

Appendix E

YOUTH STATEMENT

February 2025

YOUTH STATEMENT

ON THE NSW (SYDNEY/GADIGAL) DRUG SUMMIT

This Youth Statement was developed by young people who participated in the NSW Sydney/Gadigal Drug Summit. We are united in our call for meaningful reform to drug policies, programs, and services. The Statement has been prepared to ensure that the perspectives of youth delegates are accurately represented and that our voices are heard by policymakers. We aim to elevate and centre youth perspectives, emphasising the need for young people to have a genuine role in shaping the futures we will inherit.

The Statement has been developed by young people of diverse cultural and linguistic backgrounds, genders and sexualities, and lived experiences, many of whom identified at the summit as people with lived or living experiences of drug use and service access in NSW. Many of us are currently consumers of health/support services and/or are volunteering or working in the drug and alcohol, health, community, education, and related sectors.

However, there are many young people and communities who were not able to attend or were not well-represented at the summit, including youth in custodial settings. Most youth delegates in attendance were convened last minute, and were young adults rather than youth under 18 or 16. We also have not had the capacity nor capability of reaching any youth delegates of the regional summits. This Statement therefore cannot and does not reflect the perspectives of all young people or youth and we urge readers to consider the importance of engaging all youth.

Acknowledgements

Acknowledgement of Country

We acknowledge the traditional custodians of this land, the Aboriginal and Torres Strait Islander Peoples of the First Nations. This Statement has been largely completed on the unceded lands of the Dharug, Dharawal, Gadigal, and Guringai Peoples, the Wianamatta People of the Dharug Nation, and the Wallumattagal People of the Eora Nation. We pay our respect to their Elders past and present.

We ask that readers reflect on what it means to profit from living and working on these lands which were taken through processes of colonisation that have been resisted for over 200 years. Australia's colonial drug laws continue to disproportionately impact First Nations Peoples, and we believe that drug policy reform can uplift and begin to heal marginalised communities.

Acknowledgement of Lived and Living Experience

We acknowledge that each individual has their own unique experiences, including those related to past and present drug use, as well as experiences of caring for others who use drugs, and interactions with the criminal system due to drug criminalisation. We recognise the vital role of people with lived and living experience, whose unwavering leadership and advocacy have been instrumental in shaping the alcohol and other drug system across Australia.

Through their expert guidance, diverse experience, and peer support, lives are saved and health outcomes are improved. People with lived and living experience bring valuable knowledge and insight that is essential in shaping services and supports that are both safe and responsive to the needs of our communities. This participation takes courage, gives voice, helps to reduce stigma and discrimination in our communities, and must be more than a tokenistic representation.

Contact

For further information or inquiries regarding this Youth Statement, please contact Baillee Farah at bailleefarah@gmail.com.

Introduction

Young people envision a future for people who use drugs where harm reduction, education, and support are prioritised over punishment and stigma. We recognise that no drug use is 'safe', including use of illicit, licit, and prescribed drugs. However, the safety of people who use drugs and wider communities is directly, consistently, and systemically endangered by stigma, criminalisation, and other poor policy.

Despite their resilience, young people face significant challenges related to drug policies and support systems. The criminalisation of drug use disproportionately impacts youth, often limiting our opportunities and reinforcing cycles of disadvantage. Many young people encounter additional barriers to accessing evidence-based education, harm reduction, health services, and mental health support. The stigma associated with drug use further isolates young people, discouraging them from seeking help and perpetuating cycles of shame and misunderstanding. This results in situations where we are more likely to experience avoidable harms and are denied opportunities to determine our own health outcomes.

Youth voices must be central to the conversation about drug reform. Young people bring lived experience, innovative ideas, and a deep understanding of the challenges facing their peers. We are uniquely affected by the impacts of drug policies and are vital stakeholders in shaping solutions that are equitable, effective, and rooted in compassion. As one youth delegate commented: **"We are young but we should not be dismissed for our relative inexperience to older people. Some of us have more life experience in 20 years than someone who has lived 60, whether they wanted it or not."**

Youth perspectives are consistently sidelined in decision-making processes, resulting in policies and programs that fail to address our specific needs. We often feel that we must fight for our voices to be heard and respected, while so often the needs of young people are discussed and determined for us, rather than with us. This is not unique to young people, and youth who also use drugs, are First Nations, are from other diverse and marginalised cultural, ethnic, linguistic, or religious backgrounds, are Disabled and/or neurodiverse, have diverse genders and/or sexualities, are homeless, or identify with other marginalised identities. We have unique and intersectional experiences of disenfranchisement and underrepresentation in discussions and wider social systems that directly impact our lives.

Young people's experience of the Sydney/Gadigal Drug Summit

The Sydney/Gadigal Drug Summit was no exception, with many young people feeling silenced and disrespected in the proceedings and interactions over the two days on December 4th and 5th 2024. We were grateful to have the opportunity to attend the Sydney/Gadigal Summit given our typical exclusion from these spaces, however youth delegates faced additional challenges in having our voices heard. Our attitudes towards the summit before attending were mixed - some of us were excited, with expectations based on our contact with the Ministry or hopes that it would be a safe space to share perspectives and have important conversations to lead to critical policy change. One person shared that: **"I expected it to be safe place where the whole purpose was to learn how to better include people that we marginalise, and I was**

excited to be part of that." Other young people had more trepidation and/or did not know what to expect given their previous experiences of politics, governance, and associated resistance to social change. When reflecting on their experiences, many of these delegates echoed the sentiment that: **"I did not have many, if any, expectations of the summit but even those weren't met."** Most young people had a disheartening experience of the Sydney/Gadigal Summit, and these challenges were compounded for First Nations, CALD, and other diverse young people who saw their communities blatantly disrespected in the summit proceedings. One young person commented that: **"marginalisation continued to be perpetuated with a 'do for not with' mentality [that] seemingly pervaded the summit."**

Similarly to many other delegates, the message we heard was that our unique expertise would have very little impact in informing the government's approach to drug policy, particularly when our perspectives did not fit with existing political intentions, or indeed when we challenged the government to do better. For some, the summit felt like an election promise or **"box-ticking exercise"** rather than a commitment to change, as well as a way for the government to delay implementing reforms that save lives and protect the rights and health of communities.

The summit had limited opportunities for meaningful youth participation and, as demonstrated by delegates on the second day, reflected an ill-considered approach towards accurate representation of the voices of all delegates. The Ministry of Health offered support to young people attending the summit and there were important support options implemented such as a chill-out space and mental health support staff. However, the youth session on Day 1 was scheduled during lunch time, and the room was set up for individual group discussions rather than to facilitate inclusive and safe discussion for the higher number of youth delegates. This established for youth delegates prior to attending that their participation was an afterthought and that they would not be afforded time to rest and reset between the intense proceedings throughout the day:

> **"I think taking the lunch break away from us on the first day was unsupportive. I was already feeling quite low energy after the morning session and needed a moment to access the chill out room, but didn't get a chance. We were thrown from one high tension moment into another and it was emotionally draining without any break.**

The youth session was extremely uncomfortable for most if not all in attendance, with poor and disrespectful facilitation resulting in young people feeling uncomfortable, upset, and unheard. Youth delegates described the session as **"disingenuous"** and **"horrific"**, and described feeling like **"we were being told off or rushed through by the 'adults in the room' despite us being young adults with valuable things to say."** One young person commented that the format and facilitation of the session **"meant responses were not as fleshed out and honest as they could have been, which diminished the session entirely."** Another young person commented that: **"Youth voices were shut down quite decidedly at the lunch time session and although I can appreciate that there was a limited time frame in which to listen to everyone, it felt like lunch detention."** The session was even more challenging when young people shared their lived experiences (e.g., of drug use, addiction, service access). As one young person commented: **"It was apparent that the Chairs were not necessarily trauma informed and that might be something to consider when dealing with topics where people with trauma must contribute.**

There were some moments of insensitivity that made the whole experience feel less safe." Together, these experiences had a notably negative impact on young people in attendance.

During discussion groups and the final session where group discussions were collated and represented, it was evident that the thoughtfulness with which all delegates shared their perspectives on policy change was not well-understood by summit organisers. Summaries of key reform topics developed for Day 2 discussion groups were not reflective of contributions made on Day 1, and this was articulated by delegates across all discussion groups, with considerable dismay and frustration. Additionally, we heard from delegates and speakers drawing on substantial evidence that there are many reforms the government could implement, but that without larger policy change - like decriminalisation, legalisation, and regulation - many of the challenges experienced by communities would remain. Despite overwhelming support from delegates for a government commitment to decriminalising drugs, we were frequently told that this was off the table, and that we should stop discussing it, instead prioritising "achievable solutions". This approach blatantly disregarded and disrespected the unique experiences and expertise that delegates sought to share.

There were many moments throughout the panels and overall summit where there was a constant sense of misinterpretation of what was actually being said. Several times, the panel coordinators in an attempt to summarise our views, would incorrectly categorise all our views as falling under the same vague topic, whilst ignoring the nuances of what was actually being said. The final nail in the coffin was the phrases that were put forward on the final day, being a pale reflection of the conversations the day before, and the inability to even qualify any of those phrases before we were expected to vote on them.

For many young people, these interactions were vastly different to our overwhelmingly positive experiences with other delegates throughout the summit and during discussion groups. We noted the attentiveness and respect we received from other delegates when contributing to discussions, including from delegates who had opposing views to us. We are also incredibly grateful for the fierce youth advocates that spoke up at the summit and advocated for us within the Ministry of Health. Thanks to these individuals, youth delegates were provided more opportunities to contribute during the summit and were able to attend a collective debrief and second discussion group post-summit. This facilitated a much safer space to share and ensured that what we shared was accurately documented.

Young people are often at the center of public and political discussions, with significant attention focused on our safety, wellbeing, and behaviour. While these intentions may stem from care, they often result in decisions made about us, not with us. As one youth delegate commented: **"I want to see changes to how we run discussions with marginalised groups. Be inclusive, be respectful, and be attentive to what people have to say - especially if you're purporting to do something for their benefit."** We hope that the experiences shared in this Statement highlight the importance of designing truly inclusive processes where young people are empowered as equal contributors. We need to ensure that youth voices are not just included but actively prioritised in future discussions and reforms.

What young people need and want to see change

The following priorities and recommendations for the NSW Government are intended to summarise and accurately represent the issues raised by youth delegates during Summit proceedings. This list is not exhaustive and is in no particular order, and focuses on key themes raised and affirmed by multiple young people in attendance and with capacity to contribute to this Statement.

De/criminalisation, governance, and justice

1. Remove all criminal penalties for the use and possession of drugs, enabling the government to focus on health outcomes and disrupting illicit supply chains
2. Commit to a shift to the legalisation and regulated supply of drugs for personal use
3. Amend current diversion schemes in legislation, resulting in diversion being standard practice, the removal of police discretion, the expansion of eligibility criteria, and amendments to health interventions with consideration that diversion to a health service assumes that drug use is problematic and places an unnecessary burden on both under resourced health services and consumers who do not require support at that time
4. Review and revise threshold quantities for personal use/possession to ensure accurate and appropriate thresholds based on the realities of substance use
5. Cease the use of drug detection dogs and strip searches to police drugs in recognition of the diverse harms and breaches of human rights caused by these policing practices, with consideration that reasonable discretion is not defined in LEPRA, and with acknowledgement of the substantial evidence of the misuse and inefficacy of strip searches and drug detection dogs
6. Commit to reducing police presence at music festivals to a degree which is necessary to work alongside other service providers to ensure safety of patrons, stakeholders, and surrounding communities without causing further harm to patrons and the live music sector
7. Revise roadside drug testing for prescription cannabis to ensure drivers are not criminalised by outdated policy when driving unimpaired
8. Commit to introducing threshold limits in roadside drug testing to account for the presence of a drug in a driver's system at levels that do not cause impairment
9. Introduce a whole-of-government AOD strategy tailored for specific communities that provides an in-depth action plan for departments to follow and implement, ensuring an integrated approach
10. Ensure that health promotion programs, including needle and syringe programs, are accessible to people in adult and juvenile custodial settings
11. Commit to evidence-based policy and improved data collection

Harm reduction and education

12. Commit to the implementation of drug checking (mobile and fixed site), enabling providers to obtain licenses to legally operate services for locations and communities in need across NSW
13. Implement more drug consumption rooms (DCRs), particularly in Western Sydney, and consider expanding access for DCRs to people under 18

14. Commit to the use of non-judgemental and non-stigmatising language to reduce AOD-related harms, including in educational curriculum
15. Review school-based drug education and develop an age-appropriate curriculum that moves past stigmatising and factually incorrect moralistic messaging towards harm reduction messages that educate young people on both the harms of licit and illicit substance use and ways to keep themselves and others safe
16. Develop culturally appropriate resources for diverse families to support adults to have safer and honest conversations about substance use with children/young people in their care
17. Expand access to take home naloxone and invest in public health campaigns to promote awareness and access for people who use all drugs, and for people who may potentially witness an overdose, including friends and family of people who use licit and illicit drugs
18. Ensure all first responders are equipped with naloxone and provided adequate training

Young people

19. Respectfully and genuinely engage young people in consultation and co-design, including through ensuring that young people are prioritised as speakers on issues affecting young people
20. Invest in youth-specific treatment and support services, including integrated services and wraparound care
21. Invest in youth-specific residential and inpatient treatment services, with consideration of the ways that adult/mixed age services can and sometimes do cause further harm to at-risk youth
22. Develop youth-specific programs and resources that are led and designed by young people to maximise relevance and impact
23. Prioritise access to safe housing to adequately address the realities of underserviced youth and youth who use drugs
24. Consider the ways that youth conferencing can benefit CALD and other communities by creating spaces for young people to have open and honest conversations with their parents/guardians about drug use
25. Consider the disempowering impacts of the social media ban on young people, including the ways that the ban contributes to mistrust, furthers stigmatisation, and prevents young people connecting with peers and support services
26. Increase funding for youth outreach programs and examine the impacts of the social media ban on the capabilities of youth services to reach and support young people, particularly for reaching people under the age of 16, with consideration that social media is the dominant method of youth outreach and resource provision
27. Recognise the diversity in 'youth' as an elastic category that ranges from pre-natal care to young adults, and ensure diverse representation and consultation to best support young people

Communities and services

28. Centre and support people from specific cultural, ethnic, linguistic, and religious backgrounds, including those with lived and living experience of drug use, to lead conversations and drive reforms that affect them and their communities
29. Prioritise outreach with and intentionally engage with culturally and linguistically diverse communities, including migrants, asylum seekers, and refugees, and the children and grandchildren of these communities, to improve health outcomes and access to services
30. Centre people with lived and living experience in harm reduction service design and delivery
31. Invest in lived and living experience (LLE) roles and workforce sustainability, ensuring that peer organisations and the wider sector are adequately resourced to build an ethical LLE workforce where workers are supported in their roles
32. Prioritise investment in First Nations-led services, advocacy, and policy
33. Increase funding for existing services to ensure adequate resourcing to meet demand

Vision for the future

To conclude, young people want to see a government commitment to health and human rights-based approaches to drugs. We strongly advocate for initiatives that prioritise the agency of people who use drugs and communities in determining their own health and social outcomes, including suitable education and harm reduction, expanding services and ensuring equitable access to services, eliminating stigma, and reinvestment of funds allocated to enforcement and punishment towards improving health and social outcomes.

Youth voices are critical to drive meaningful drug reform, and we should not need to ask for opportunities to co-create the futures we will inherit while preventing avoidable loss of life and harms associated with bad drug policy. Despite the disheartening experiences outlined in this Statement and the systemic disenfranchisement of young people, we remain optimistic that collaborative change can occur, centred on compassion, equity, human rights, and evidence. We urge readers to consider not just young people's vulnerabilities, but our capabilities and potential. We believe that we all envision a world where young people are confident and supported, and are not scared or unable to seek help. It is our hope that we can work together in safe and supportive environments to co-design and co-deliver the policies and programs that will achieve this.

We stand united in our call for change, and we urge policymakers to enact the reforms outlined within. As young people and youth delegates at the NSW Sydney/Gadigal Drug Summit, we affirm our commitment to centring young people in discussions, policy changes, and programs. Together, we advocate for drug reform that honours the human rights of people who use drugs and recognises the importance of youth-centered approaches in creating a more just and compassionate future.