

Supplementary submission to the Inquiry into the health impacts of alcohol and other drugs in Australia

October 2025



About FARE

The Foundation for Alcohol Research and Education (FARE) is the leading not-for-profit organisation working towards an Australia free from alcohol harms.

We approach this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs.

Working with local communities, values-aligned organisations, health professionals and researchers across the country, we strive to improve the health and wellbeing of everyone in Australia.

Community voices should be elevated in discussions about laws, policies and programs that impact on their health and wellbeing. This is why we work alongside people who have a lived experience of alcohol harm and communities disproportionately impacted by alcohol harm to create change.

To learn more about us and our work visit www.fare.org.au.

You can get in touch via email at info@fare.org.au

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Executive summary

All Australians should have the opportunity to be healthy, safe and free from the many ways that alcohol causes harm to people, families and communities. As noted in our 2024 submission, alcohol contributes to harm, injustice and inequity for many Australians including contributing to gendered violence, disability, chronic diseases and mental ill-health.

As we noted, alcohol is no ordinary commodity, it is a harmful product, requiring regulatory controls to minimise its harm. Alcohol is reported as the most common drug of concern in alcohol and other drugs (AOD) treatment,¹ with Australia recently experiencing the highest number and rates of alcohol-induced deaths in over two decades.² Alcohol policy responses should seek to reduce alcohol harm to communities and individuals.

This submission is unique as it has been led by FARE's Lived Experience Advisors, in line with our 2024 recommendation to ensure that alcohol policy and programs reflect people's experiences. These are people with lived expertise of alcohol harms related to family violence, Fetal Alcohol Spectrum Disorder (FASD) and alcohol dependence. FARE acknowledges and thanks them for their courage and generosity in engaging with this process. FARE also acknowledges that this group does not include people from Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander communities are disproportionately impacted by alcohol harms and any policy and programs targeting these harms must be led by these communities.

We emphasise to the Committee the recommendations from FARE's 2024 submission (#87), which addressed the following areas:

- **Human rights, justice and self-determination** - Centring lived expertise, preventing stigma and criminalisation and decolonising alcohol policy.
- **Gendered violence** - Preventing violence against women and children.
- **Systemic reforms** - Governance, model alcohol harm reduction laws, alcohol marketing reform and alcohol pricing.
- **Prevention** - Preventive health approaches and education campaigns.
- **Screening and supports** - Culturally responsive, trauma-informed, evidence-based, non-stigmatising, accessible screening and supports.
- **Fetal Alcohol Spectrum Disorder (FASD)** - Prevention, screening, diagnosis, supports and justice reforms.
- **Harmful industries** - Commercial determinants and preventing industry influence.

Some of these issues are elaborated upon in this submission, with the addition of further evidence and updates since FARE's last submission. This supplementary submission also offers further recommendations, primarily led by FARE's Lived Experience Advisors and addresses the following areas:

- **Lived experience involvement in policymaking** – what we learnt from this process.
- **AOD supports and treatment** – financial barriers, neurodiversity, sobering up centres, screening conversations, diversionary options.
- **Fetal Alcohol Spectrum Disorder (FASD)** – use of AUDIT, Strategic Action Plan, neurodiversity, broader health needs.
- **Alcohol and gendered violence** – licencing as a health issue, cross-sector collaboration, data collection, amplifying children's voices.
- **Harmful product marketing** – digital marketing, TV and streaming.
- **Commercial determinants** – response to Submission #204, analysis of industry submissions.

FARE again thanks the Standing Committee on Health, Aged Care and Disability for the opportunity to make this supplementary submission to the *'Inquiry into the health impacts of alcohol and other drugs in Australia'*.

Recommendations

Recommendations are intended for the Australian Government, unless otherwise noted.

1. Lived experience involvement in policymaking

Recommendation 1. Embed the meaningful involvement of people with lived experience in alcohol policy and program development. Value their insights as expert evidence, supporting their participation through appropriate resourcing, and engaging them as co-creators in addition to storytellers.

2. Alcohol and other drug (AOD) support and treatment

Recommendation 2. Prioritise increased and sustained funding for public and youth-specific AOD treatment services, including outreach and in-home detox programs, to ensure equitable and accessible care for all people seeking help.

Recommendation 3. Provide targeted funding to organisations to expand AOD-specific training for service providers, ensuring more inclusive and effective care for neurodiverse people.

Recommendation 4. Prioritise funding for sobering-up centres and mobile outreach services to ensure safe, supportive responses to decriminalising public intoxication.

Recommendation 5. Commission a targeted public awareness campaign to educate the community and frontline professionals about Alcohol Use Disorder as a chronic illness, emphasising the risks of sudden withdrawal and the value of medically supervised detox.

Recommendation 6. Implement routine alcohol screening and brief intervention as standard practice in primary care by equipping GPs and frontline health professionals with targeted training to use tools like AUDIT sensitively and confidently.

Recommendation 7. Establish and fund diversionary options such as residential rehabilitation and AOD courts to improve outcomes for people with substance use disorders intersecting with the justice system.

3. Fetal Alcohol Spectrum Disorder (FASD)

Recommendation 8. Provide adequate funding to fully implement the National FASD Strategic Action Plan 2018–2028, and the recommendations from the Senate Inquiry into effective approaches to prevention, diagnosis, and support for FASD.

Recommendation 9. Undertake a comprehensive review of specialised FASD support services to identify gaps and guide investment in holistic, evidence-based, and culturally safe services across health, education, disability and community sectors.

Recommendation 10. Invest in an integrated awareness and education campaign to promote best practice, coordinated care for people with FASD and co-occurring neurodiverse conditions across the health, education, and disability sectors.

Recommendation 11. Invest in comprehensive training for midwives and antenatal care providers, curriculum reform, diagnostic support tools, and the continued rollout of the

National FASD campaign to improve early identification and compassionate responses to alcohol use in pregnancy and FASD.

4. Alcohol and gendered violence

Recommendation 12. Commonwealth, State and Territory Governments recommit to and pass reforms to Liquor Acts and alcohol regulations consistent with the evidence-based recommendations in the Rapid Review and South Australian Royal Commission (to regulate online sale and delivery and advertising of alcohol). State and Territory Ministers for Women and/or Domestic and Family Violence Ministers should lead, or co-lead Liquor Act reforms, focusing on the connection between alcohol and DFSV.

Recommendation 13: Action plans supporting the National Action Plan on Gendered Violence should give targeted attention to alcohol reforms, covering issues such as restricting alcohol sale and availability, including for online sales and delivery, and advertising.

Recommendation 14. Invest in integrated models of care (eg. common risk assessment frameworks), and cross-sector professional development to build shared expertise and improve support for people with intersecting AOD, mental health, and family violence needs, (eg. a shared understanding of alcohol and violence against women and children).

Recommendation 15. Improve and standardise data collection on the role of alcohol in family violence across police, emergency, and child protection systems and invest in qualitative research to inform more effective prevention and intervention strategies.

Recommendation 16. Independently engage children affected by family violence through safe, developmentally appropriate processes to ensure their voices inform policies and supports tailored to their unique experiences.

5. Harmful product marketing

Recommendation 17: Introduce a federal harmful product marketing act to comprehensively regulate the advertising of alcohol (and other harmful products).

Recommendation 18. Strengthen regulations to restrict data-driven and personalised digital alcohol marketing, including banning push notifications and targeted ads, to protect people experiencing vulnerability from harm in the rapidly evolving online environment.

Recommendation 19. Close the loophole in the Commercial Television Industry Code of Practice that allows for alcohol to be advertised during sporting events, when the risk of violence is greater. It should also prevent any changes to the Code that would see an increase to alcohol advertising on commercial TV.

6. Commercial determinants of AOD harm

Recommendation 20. Exclude alcohol companies and their lobby groups from the development of laws, policies or programs related to alcohol harm reduction, due to their conflict of interest.

1. Lived experience involvement in policymaking

Valuing, understanding, prioritising and supporting people with lived experience of alcohol use and harms can help prevent alcohol harms. Lived experience is an essential part of the expert evidence informing and contributing directly to policy and program development. Intuitive, authentic insights can contribute key questioning and reality sense-testing for policy ideas, approaches and measures.

Until recently, the lived experience of people who have experienced alcohol harms has often been used to illustrate or promote policies and programs that they often had no influence over.³ People with lived experience of alcohol harms are also regularly stigmatised by industry and some politicians in their ‘*individual responsibility*’ narratives.

The South Australian Royal Commission into Domestic, Family and Sexual Violence (DFSV) employed both traditional and innovative approaches to engaging with lived experience.⁴ “*The advice, aspirations and lived experiences shared are not just acknowledged; they are its heartbeat.*”⁵ Lived Experience, ‘In their words’ (p. 11) was embedded as influencing, not just illustrating, the discussion. This extended to placing the 114-page ‘Voices’ report first on the webpage before the Final Report and other documents.⁶

What we learnt from this process

This supplementary submission is unique as it has been primarily led by FARE’s Lived Experience Advisors, in line with our 2024 submission recommendation to ensure that alcohol policy and programs reflect people’s experiences. FARE employs four Lived Experience Advisors. These are people with lived expertise of alcohol-related family violence, Fetal Alcohol Spectrum Disorder (FASD) and alcohol dependence.

This co-design has been a genuine collaboration throughout the process of developing this submission. The input of the Lived Experience Advisors was considered and respected on equal terms to other expert evidence. Multiple and flexible modes of engagement were provided to allow for written, verbal, individual and group input. The proposals progressed through conversations with the Advisors, instead of them being asked to review and give feedback on previously developed proposals.

“To be part of an organisation that makes lived experience a priority in a meaningful, empowering and non-tokenistic way fills me with pride and purpose.” – Lived Experience Advisor

The process was informed by the principles in lived experience training, guidelines and frameworks.⁷ This engagement went beyond the important role of ‘telling their story’ to illustrate policy. It has been foundational in generating and developing policy ideas, positions and responses. FARE acknowledges and thanks our Lived Experience Advisors for their courage and generosity in engaging with this process.

Time constraints prevented broader engagement with a more diverse group of lived experience advisors. For example, this could have involved Aboriginal and Torres Strait Islander peoples, and LGBTIQ+ people. However, being employed at FARE meant that the Advisors could be supported materially, including being properly remunerated for their time, having appropriate resourcing, such as access to files, data, communication, training and organisational support.

Recommendation 1. Embed the meaningful involvement of people with lived experience in alcohol policy and program development. Value their insights as expert evidence, supporting their participation through appropriate resourcing, and engaging them as co-creators in addition to storytellers.

2. Alcohol and other drug (AOD) support and treatment

Facilitating access to alcohol screening, brief interventions and treatment is one of the World Health Organization's top five initiatives to achieve a world free from alcohol related harm.⁸ Our 2024 Submission noted the value of early identification and screening tools help prevent AOD harms and support people experiencing AOD harms. There are some further measures that need to be implemented to support people seeking help and treatment.

Financial barriers to accessing AOD services

All people, regardless of their private health insurance status, should have equitable and timely access to Alcohol and Other Drug (AOD) treatment services, whether inpatient or outpatient, when needed. Access should be determined by need, not by ability to pay or insurance coverage. Treatment should be available at the critical moment when people are ready to seek help, especially during vulnerable periods when the window for intervention is brief and potentially lifesaving. A particular focus must also be placed on ensuring accessible and appropriate treatment facilities for young people under 18, so that early intervention can prevent long-term harm and the progression of substance use disorders.

There remains a significant financial barrier to people accessing AOD services, creating inequity in access to timely treatment.⁹ Those without private health insurance often face delays in securing a bed in public inpatient or outpatient facilities due to chronic underfunding. This delay can result in missed intervention opportunities, as people ready for treatment may lose motivation or suffer severe health consequences, (including death), while waiting for a place to become available. The problem is even more pronounced for adolescents: there are extremely limited AOD treatment services for people under 18, which severely restricts early intervention and increases the risk of addiction progression.

Recommendation 2. Prioritise increased and sustained funding for public and youth-specific AOD treatment services, including outreach and in-home detox programs, to ensure equitable and accessible care for all people seeking help.

AOD support needs to accommodate neurodiverse cohorts

AOD support services should be accessible, inclusive, and effective for everyone who needs them, including people with neurodiversity. These services must be designed to meet the diverse sensory, cognitive, and communication needs of neurodivergent people, ensuring equitable access and improved treatment outcomes. This includes streamlined service pathways and environments intentionally adapted to reduce barriers.

People with neurodiversity, including people with Fetal Alcohol Spectrum Disorder (FASD), Autism and ADHD, often face significant challenges navigating complex service systems. These difficulties are compounded by a lack of staff training and poorly adapted physical environments, which can deter engagement or lead to failed treatment attempts. Without targeted accommodations, neurodiverse clients may find existing services inaccessible or unsuitable for their needs. To address these gaps, targeted funding should be provided to support the rollout and promotion of AOD-specific training courses, like NOFASD's "*FASD-Informed Practice for the Australian Alcohol and Other Drug Workforce*".¹⁰

Recommendation 3. Provide targeted funding to organisations to expand AOD-specific training for service providers, ensuring more inclusive and effective care for neurodiverse people.

Decriminalising public drunkenness needs sobering-up centres

The aim of decriminalising of public drunkenness in many States and Territories, is to treat intoxicated people with dignity and care, rather than punishment. This shift in policy should be supported by a health-based response that ensures people are kept safe and provided access to appropriate support. A key part of this is the widespread availability of adequately funded sobering-up centres, along with transportation services to ensure people can reach these centres safely.¹¹ This approach can significantly reduce the risk of alcohol-related harm, injury, or death in public spaces.¹²

Without proper investment in sobering-up centres and transport programs, people who are intoxicated are left exposed to serious secondary harms, including violence, injury, exposure, or other health risks, (including death). Many regions lack dedicated, safe spaces for people to sober up, and there are limited services in place to identify and safely transport people from public spaces to care settings. Mobile outreach services, such as buses staffed by trained support workers, play a critical role in reducing misadventure and preventing further alcohol-related harm by helping people access care rather than being left in unsafe situations.

Recommendation 4. Prioritise funding for sobering-up centres and mobile outreach services to ensure safe, supportive responses to decriminalising public intoxication.

Life-threatening alcohol addiction experience

Alcohol Use Disorder (AUD) must be recognised and treated as a chronic medical condition, on par with other health conditions and free from stigma or moral judgment. This includes a shared understanding that AUD features in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5),¹³ and that addiction is not a failure of character or willpower. Special attention must be given to people at the highest risk use of alcohol, for whom sudden cessation without medical supervision can be life-threatening.¹⁴ Healthcare and government responses need to be informed, compassionate, and clinically appropriate.

Improved understanding, both within the community and at the policy level, is needed about the serious medical risks associated with severe alcohol dependence. Alcohol can cause life-threatening withdrawal symptoms if stopped abruptly, especially among those in the most severe risk categories. Despite this, there appears to be limited public awareness of the complex psycho-social symptoms of addiction and the need for medical supervision during detox. As a result, people often encounter stigma instead of support, and systems may respond with punitive or ineffective measures instead of evidence-based care.

Recommendation 5. Commission a targeted public awareness campaign to educate the community and frontline professionals about Alcohol Use Disorder as a chronic illness, emphasising the risks of sudden withdrawal and the need for medically supervised detox.

Screening and brief intervention for alcohol by health services

Routine alcohol screening and brief intervention should be standard medical practice, enabling early identification of Alcohol Use Disorder (AUD) and timely support for those at risk. General practitioners (GPs) and other health professionals play a critical role in this process, using tools like the Alcohol Use Disorders Identification Test (AUDIT) to open meaningful, non-judgmental conversations about alcohol use. These interactions can serve as pivotal moments for prevention, early intervention, or referral to treatment, reducing long-term harm and improving patient outcomes.

Despite the availability of effective screening tools like the AUDIT, many health professionals lack confidence or training in how to approach conversations about alcohol use, particularly due to concerns about stigma or patient discomfort.¹⁵ Shame and fear of judgment often prevent people from disclosing their alcohol use honestly, especially if the interaction feels clinical or moralising. As a result, opportunities for early intervention are frequently missed, and many people only access support at more advanced, more harmful stages of alcohol dependence.

Recommendation 6. Implement routine alcohol screening and brief intervention as standard practice in primary care by equipping GPs and frontline health professionals with targeted training to use tools like AUDIT sensitively and confidently.

Justice diversionary options

Justice systems should prioritise rehabilitation over punishment for people with substance use disorders, offering meaningful diversionary pathways such as AOD courts or remand in residential rehabilitation facilities. These alternatives recognise addiction as a health issue and provide people with the opportunity to address the underlying causes of their behaviour in a supportive, therapeutic setting rather than in the criminal justice system.

Currently, there is a lack of consistent investment in diversionary programs within the justice system, and options such as remand in rehab or AOD-specific courts are not consistently available or prioritised.¹⁶ As a result, people struggling with addiction are often placed in custodial settings that do little to address the root causes of their behaviour and may in fact exacerbate their social disadvantage and substance use. Without structured, supported alternatives, opportunities for long-term recovery and reduced recidivism can be lost.

Recommendation 7. Establish and fund diversionary options such as residential rehabilitation and AOD courts to improve outcomes for people with substance use disorders intersecting with the justice system.

3. Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term describing a range of neuro-developmental impairments.¹⁷ FASD is a lifelong disability, which describes impacts on the brain and body of people prenatally exposed to alcohol. People with FASD experience challenges in their daily living and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential.¹⁸

Our 2024 Submission noted key measures that can help prevent FASD, and support people with FASD. These included systemic FASD prevention like awareness programs, screening, diagnosis and supports, and justice reforms. Many of these have been previously recommended by the Senate Inquiry into Effective approaches to prevention, diagnosis and support for FASD, that reported in 2021.¹⁹

Implement the National FASD Strategic Action Plan

The National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028 was developed to provide a clear pathway of priorities and opportunities to improve the prevention, diagnosis, support and management of FASD in Australia. It built on significant foundational work and investment over many years by governments, non-government organisations, family

advocates, researchers and clinicians, individual champions and communities who have raised awareness and supported people and their families living with FASD.

Elements yet to be fully implemented include achieving consistent screening and diagnosis, particularly in the criminal justice and education sectors, establishing comprehensive cross-sector support and management for people with FASD, and ensuring sufficient resourcing for the plan's initiatives. While some progress has been made on awareness²⁰ and professional guidelines,²¹ significant challenges remain in ensuring early detection and appropriate, long-term support for those affected.

Recommendation 8. Provide adequate funding to fully implement the National FASD Strategic Action Plan 2018–2028, and the recommendations from the Senate Inquiry into effective approaches to prevention, diagnosis, and support for FASD.

Expand support services to address broader FASD health needs

Our healthcare and support systems must ensure that people with FASD have access to specialised, coordinated services that address the full spectrum of health-related challenges associated with the condition. These services should be readily available, widely disseminated, and designed to respond to the complex and lifelong needs of people with FASD, including cognitive, physical, behavioural, sensory and mental health impacts.

Despite growing recognition of FASD as a serious neurodevelopmental condition, specialised support services remain limited, inconsistent, and unevenly distributed across regions. People with FASD often face a wide range of associated health issues that require multidisciplinary care, yet many existing services are not equipped to provide the depth or breadth of support required. This results in fragmented care, delayed interventions, and significant unmet health and social needs.

Recommendation 9. Undertake a comprehensive review of specialised FASD support services to identify gaps and guide investment in holistic, evidence-based, and culturally safe services across health, education, disability and community sectors.

FASD support needs to accommodate neurodiverse cohorts

Our health and other support systems need to recognise and respond to the complex and often overlapping needs of people with FASD and co-occurring neurodiverse conditions such as Autism and ADHD. A truly inclusive and effective FASD support system must account for the high rates of comorbidity and ensure services are equipped to respond with multi-disciplinary, person-centred approaches. This includes not only acknowledging the co-existence of these conditions, but also actively designing supports, services, and interventions that accommodate the combined impacts on behaviour, communication, cognition, and emotional regulation.

Currently, the national FASD Strategy lacks concrete actions to address the common co-occurrence of FASD with other neurodevelopmental conditions like Autism and ADHD. While it acknowledges higher rates of comorbidity and the need for multi-disciplinary responses, there is no targeted implementation plan or investment in programs that address this complexity in practice. As a result, people with dual or multiple diagnoses often fall through service gaps, with supports designed for one diagnosis failing to meet the broader or overlapping needs of the person. This contributes to misdiagnosis, inadequate support, and poorer long-term outcomes.

Recommendation 10. Invest in an integrated awareness and education campaign to promote best practice, coordinated care for people with FASD and co-occurring neurodiverse conditions across the health, education, and disability sectors.

Health professionals use of AUDIT assessments to identify PAE

All midwives, and other relevant health professionals, should be supported and trained to use validated tools like the AUDIT to identify Prenatal Alcohol Exposure (PAE) early in pregnancy. Because many women trust midwives more than other healthcare providers, midwives are uniquely positioned to play a pivotal role in early identification and intervention. When PAE is disclosed and recorded during pregnancy, it can serve as an early marker that enables timely and accurate FASD diagnosis later in a child's life. This reduces the need for repeated, often distressing disclosures and ensures children can access appropriate FASD-informed supports much earlier, leading to better developmental outcomes and fewer misdiagnoses.

Currently, many women are hesitant to disclose alcohol use during pregnancy to health professionals due to fear of judgment or potential involvement of child protection services. While midwives often hold greater trust with women, they may not always be equipped or confident in how to sensitively navigate these conversations. Additionally, without early and accurate PAE data, diagnoses of FASD are frequently delayed until at least age three and often misdirected or missed entirely. Women are also expected to recall and disclose PAE years after the fact, placing an unfair burden on memory and emotional resilience, especially in high-stress situations.

Recommendation 11. Invest in comprehensive training for midwives and antenatal care providers, curriculum reform, diagnostic support tools, and the continued rollout of the National FASD campaign to improve early identification and compassionate responses to alcohol use in pregnancy and FASD.

4. Alcohol and gendered violence

Developments since 2024

This section provides an update on FARE's 2024 submission, based on FARE's latest policy, research and engagement on this issue. As FARE emphasised in its 2024 submission: alcohol is a significant enabler and exacerbator of domestic, family and sexual violence (DFSV). Stronger alcohol regulation, such as reducing alcohol accessibility and alcohol advertising, is an important and necessary step in reducing DFSV.

Several wide-ranging expert reviews have supported this conclusion. For example, ANROWS' review of this topic concluded there is a "solid and persistent association" shown in the literature between alcohol use and violence against women.²²

The Federal Government commissioned *Rapid Review of Prevention Approaches* recognised that alcohol increases both the incidence and severity of physical and sexual violence within intimate relationships and families and that a failure to consider DFSV in alcohol policy has allowed unprecedented growth in alcohol availability, which has been statistically linked to increases in alcohol-related DFSV.²³

In response to the *Rapid Review*, First Ministers committed to prioritising the national crisis of gender-based violence, including violence against children and young people. The *Rapid Review* specifically recommended changes to Liquor Acts to help address this issue, articulated in Recommendation 17:

"a. adopting clear primary objectives in state and territory liquor regulatory regimes to prevent gender-based violence, alongside existing objectives around alcohol harm reduction (states and territories) and

b. restrictions on alcohol sales, delivery timeframes (states and territories) and advertising (Commonwealth and states and territories)”

In August 2025, the South Australian Royal Commission into Domestic, Family and Sexual Violence reinforced the need for action in this space and elaborated on these recommendations in relation to the online sale and delivery of alcohol. It recommended specific changes to the SA Liquor Act to:²⁴

- Make harm minimisation the paramount objective of the Liquor Act.
- Ensure that alcohol can only be sold for delivery between 10am-10pm.
- Introduce a safety pause of two hours between when alcohol is ordered and delivered.

In formulating this recommendation, the Royal Commission drew on evidence from extensive community engagement, in which “The relationship between alcohol and drug use and domestic, family and sexual violence [in South Australia] has been a throughline observed by the Commission during its engagement with people with lived experience, people using violence, frontline workers and organisations.”

The *Rapid Review’s* recommendations, informed by the additional specifics of the *Royal Commission* (a two-hour safety pause between order and delivery, a 10am-10pm delivery window, and harm minimisation as the paramount objective in Liquor Acts), provide the best and clearest formula for State and Territory Liquor Act reforms.

However, in the last year States and Territories have made very limited progress on reviewing and reforming liquor regulation in line with the *Rapid Review* recommendations. Several States and Territories have made changes to their Liquor Acts that are focused on supporting businesses and industry, which are inconsistent with the reforms proposed in the *Rapid Review*, and which in some instances would increase alcohol-related harm.

As of the date of this submission, no jurisdiction has passed any reforms consistent with the *Rapid Review*, though two jurisdictions have developed bills to support some key elements of the *Rapid Review* recommendations (SA and ACT). Advertising of alcohol remains an area that neither States and Territories, nor the Commonwealth Government, have acted on.

Increased alcohol availability through late-night and rapid delivery increases the risks of alcohol harms. Yet currently, liquor licensing is primarily managed within State and Territory portfolios focused on law, governance and business, with limited structural connection to health or family violence prevention portfolios.

This separation reduces accountability for alcohol-related harm, including gendered violence. As a result, liquor licensing measures do not adequately mitigate the risk of alcohol-fuelled gendered violence in the community. By embedding harm reduction and gender-based violence prevention as primary objects, alcohol policy and regulation can play a central role in reducing high-risk alcohol use that can escalate violence, especially late at night.

The increasing body of evidence concerning the role alcohol plays in violence towards women and harms to children, particularly due to men’s heavy drinking,²⁵ also reveals a gap in the Government’s National Plan to End Gender Based Violence,²⁶ which currently pays minimal attention to alcohol. FARE recommends that action plans supporting the National Plan give targeted attention to alcohol reforms, covering issues such as restricting alcohol sale and availability, including for online sales and delivery, and advertising.

Recommendation 12. Commonwealth, State and Territory Governments recommit to and pass reforms to Liquor Acts and alcohol regulations consistent with the evidence-based recommendations in the *Rapid Review* and SA Royal Commission (to regulate online sale and delivery and advertising of alcohol). State and Territory Ministers for Women and/or Domestic

and Family Violence Ministers should lead, or co-lead Liquor Act reforms, focusing on the connection between alcohol and DFSV.

Recommendation 13: Action plans supporting the National Action Plan on Gendered Violence should give targeted attention to alcohol reforms, covering issues such as restricting alcohol sale and availability, including for online sales and delivery, and advertising.

FARE's engagement with its lived experience advisers on gendered violence issues also informed the following additional discussion and recommendations.

Cross-sector collaboration

A coordinated and integrated service system would include AOD, domestic and family sexual violence (DFSV), child protection, justice, and mental health sectors collaborating seamlessly to provide holistic support for people with complex needs. In this system, people encounter a 'no wrong door' approach, where no matter which service they access, they receive appropriate care, early identification of issues, and timely referrals.

Currently, sectors that address AOD, DFSV, child protection, justice, and mental health often operate in silos with differing approaches, for example. This can lead to fragmented care, gaps in knowledge, lack of cross-sector training, and inconsistent responses to overlapping issues such as alcohol as a risk factor for violence. Siloed funding mechanisms exacerbate these challenges. Additionally, clients, particularly women, may fear stigma or repercussions such as losing custody of children, which deters them from seeking help.

Recommendation 14. Invest in integrated models of care (eg. common risk assessment frameworks), and cross-sector professional development to build shared expertise and improve support for people with intersecting AOD, mental health, and family violence needs, (eg. a shared understanding of alcohol and violence against women and children).

Better data collection & sharing

A robust, consistent, and comprehensive data collection system would capture the full scope and complexity of alcohol-related violence against women and children across each jurisdiction. This system would support better understanding of the intersections between alcohol use and family violence, enabling informed policy decisions and targeted interventions. Enhanced data sharing and communication between state and federal jurisdictions will ensure coordinated responses and effective resource allocation to protect populations at risk of harm.

Currently, data on alcohol's role in family violence incidents is inconsistent and incomplete across different services and jurisdictions.²⁷ Police records, ambulance callouts, emergency hospital presentations, and child protection reports often lack standardised collection of alcohol involvement, making it difficult to accurately measure prevalence and patterns. These gaps hinder the development of evidence-based responses and cross-jurisdictional collaboration.

Recommendation 15. Improve and standardise data collection on the role of alcohol in family violence across police, emergency, and child protection systems and invest in qualitative research to inform more effective prevention and intervention strategies.

Amplifying the voices of children impacted by family violence

The voices of children impacted by family violence need to be independently heard, respected, and meaningfully incorporated into policy development and service design. Recognising that

children experience family violence uniquely, it is crucial that their perspectives inform tailored supports and interventions that meet their specific needs and promote their wellbeing.

Currently, children's experiences of family violence are often only acknowledged within the broader family context, which can obscure their individual needs and trauma. Children's voices risk being overlooked or filtered through adult perspectives, limiting opportunities for policies and services to be truly responsive to their lived realities. Models such as those implemented by the South Australian Domestic and Family Violence Royal Commission provide effective examples of how to amplify children's voices in policy and practice.²⁸

Recommendation 16. Independently engage children affected by family violence through safe, developmentally appropriate processes to ensure their voices inform policies and supports tailored to their unique experiences.

5. Harmful product marketing

This section, harmful product marketing, provides an update on FARE's 2024 submission, based on FARE's latest policy, research and engagement on this issue.

Our 2024 submission noted that alcohol marketing is regulated under a fragmented patchwork of regulation by the Australian Government and states and territories. Alcohol marketing is largely left for consideration against the alcohol industry developed and implemented Alcohol Beverages Advertising Code (ABAC). This Code is overseen by the ABAC Scheme, which is funded and governed by alcohol industry bodies themselves. In practice, this patchwork of limited regulation, which is narrow in scope and coverage, results in alcohol marketing being largely unregulated in Australia. Regulation has failed to keep up with technology, and protections are urgently needed to keep Australians safe online.

We highlight here recent developments in harmful product marketing and reaffirm that only federal legislative action can protect the Australian community from increasingly pervasive and targeted alcohol advertising. Advertising continues to reach children and people at risk of alcohol harm.

Recent research confirms that Australians, and children in particular, continue to be heavily exposed to alcohol advertising. A recently published survey of 15 to 17-year-olds found that 70 per cent reported seeing alcohol advertising in the past month, with many exposed through multiple media channels such as TV, social media and in-store advertising. Nearly half (41 per cent) of children recalled seeing alcohol advertising in three or more different settings.²⁹ The most common channels recalled were traditional and digital: television (32 per cent), bottle shops (31 per cent), social media (29 per cent) and elsewhere on the internet (27 per cent).

In January 2025, a national poll found that 90 per cent of Australians were concerned by proposals to increase TV alcohol ads during times when children might watch, and 82 per cent were concerned about alcohol advertising during televised sports.³⁰ These findings show that families and communities are alarmed by current marketing practices and expect stronger protections.

As we have previously outlined, the harm to the community from harmful products such as alcohol, exacerbated by extensive advertising, is significant. A Federal **Harmful Products Marketing Act** would provide a comprehensive legislative framework for regulating harmful product marketing. Such an act could restrict advertising of harmful products such as alcohol in the same way tobacco advertising is restricted.

Recommendation 17: Introduce a federal harmful product marketing act to comprehensively regulate the advertising of alcohol (and other harmful products).

In the absence of such an Act, the Government can act to better regulate specific areas of harm.

Digital marketing

The shift to digital media has magnified the harms caused by ineffective marketing regulation. Analysis of online advertising during 2022–23 identified the five weeks in which alcohol-related ambulance attendances peaked (holiday and sporting seasons) and found that alcohol companies ran over 5,000 new ads on Facebook and Instagram during those weeks.³¹ These promotions explicitly tied alcohol use to festivities and sports, and often included direct ‘buy now’ buttons. In this frictionless digital environment, alcohol ads can link directly to purchases and rapid home delivery, eliminating the buffer that might otherwise deter impulse use.

Even more worryingly, personalised push-notifications and data-driven targeting reach people in vulnerable moments. Four in five Australians support banning push notifications prompting an alcohol purchase, while three quarters agree with companies not being allowed to use online activity to market their products.³²

A report recently released by VicHealth and FARE showed that people online are being extensively tracked and profiled by data-driven marketing and these marketing practices are being utilised by alcohol companies. This kind of marketing can be particularly harmful for people experiencing alcohol dependency, with the data driven marketing model able to capture their mood, location and perceived interests to target them with personalised marketing, which could result them receiving alcohol advertising at moments when they are most susceptible. Reportedly, Alcohol companies target people with almost 40,000 alcohol ads each year on Facebook and Instagram and people who are at risk of harm from alcohol or gambling products, including people who are experiencing problems with gambling and people with high-risk alcohol use.³³

Recommendation 18. Strengthen regulations to restrict data-driven and personalised digital alcohol marketing, including banning push notifications and targeted ads, to protect people experiencing vulnerability from harm in the rapidly evolving online environment.

TV and streaming services

Recent examples have exposed how co-regulation can leave Australians unprotected. In June 2025 the Australian and Communications Media Authority (ACMA) refused to endorse a revised Commercial TV Code of Practice proposed by Free TV, the commercial TV peak body. ACMA said this was because it was “*not satisfied that the revised code would provide appropriate community safeguards*”. Free TV had proposed extending “M” program slots (allowing alcohol ads) into daytime and school-holiday hours, resulting in a potential increase of up to 800 hours of alcohol advertising each year.

Not only did the ACMA reject the revised code, but they also committed to assess the suitability of alcohol advertising restrictions in the current code, including exemptions for sporting events. These exemptions include the gap in regulation whereby alcohol advertising is permitted in children’s viewing hours if it is a live sporting broadcast. ACMA also raised community concern about gambling ads, urging industry to voluntarily tighten existing rules. This decision shows that without government oversight, broadcasters will push for more ads, not less.

Critically, the co-regulatory model does not cover online streaming or broadcasting. ACMA urged Free TV to extend its live free-to-air broadcast safeguards to catch-up and streaming

services, but these services remain outside ACMA's remit. This gap is growing, over 91 per cent of Australians now watch on demand services, and more people watch streaming than free-to-air TV.³⁴ Yet existing codes apply only to live TV and radio, not to online catch-up or global streaming platforms. In practice, this means Australians face intensive alcohol, gambling and unhealthy food advertising online with no effective oversight.

Recommendation 19. Close the loophole in the Commercial Television Industry Code of Practice that allows for alcohol to be advertised during sporting events, when the risk of violence is greater. It should also prevent any changes to the Code that would see an increase to alcohol advertising on commercial TV.

6. Commercial determinants of AOD harm

Our 2024 Submission noted that the alcohol industry activities operate as key commercial determinants of health. Their actions contribute to high-risk alcohol use, resulting in a range of health and social harms to individuals, families and communities. Addressing commercial determinants of violence includes preventing the policy influence of the alcohol industry and making them accountable for the harms their products cause.

Response to inquiry submission #204

Alcohol companies and their lobby groups have a conflict of interest between harm minimisation and their profit motive, that leads them to seek to prevent effective regulation of alcohol marketing and availability. Research has shown that political donations enable alcohol lobbyists to build long-term relationships with politicians and influence short-term decision making in their favour. This was further demonstrated by an industry-commissioned submission to this inquiry being published earlier this year, that included groundless criticism of two FARE reports. FARE refutes the criticisms put forward in this alcohol industry-commissioned submission designed to discredit public health advocates and researchers. Attached to this submission is a FARE Letter to the Committee responding to Submission #204.

Analysis of alcohol industry submissions to the Inquiry

Also attached with this submission is a La Trobe University analysis of alcohol industry submissions to this Inquiry. It found that the industry submissions:

- commonly made claims about the value of the alcohol industry to society and the economy but did not reference the over \$66 billion in avoidable costs from alcohol that Australia experiences annually.
- relied strongly on the argument that Australia had been experiencing declines in alcohol use but did not acknowledge that alcohol remains the sixth leading risk factor for burden of disease, and that despite declines in use, levels of harm remain high.
- used the opportunity to highlight actions the industry takes to purportedly protect the public as part of its self-regulatory efforts. Yet, evidence shows the ineffectiveness of industry led self-regulatory approaches, and that industry-led campaigns are less likely to be effective than population-level public health initiatives.

Recommendation 20. Exclude alcohol companies and their lobby groups from the development of laws, policies or programs related to alcohol harm reduction, due to their conflict of interest.

Conclusion

FARE's supplementary submission to the Inquiry into the health impacts of alcohol in Australia, has outlined further measures in how the significant and complex intersecting harms that people experience from alcohol can be addressed.

Our recommendations outline further steps that Australian Governments can take to help reduce and prevent alcohol harms by taking a human rights approach that is centred on lived experience. These include evidence-informed recommendations about lived experience policymaking, AOD supports, FASD, gendered violence, harmful product marketing and commercial determinants.

This will allow Governments to take alcohol harm seriously and prioritise the wellbeing of communities above the profits of alcohol companies.

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