

November 2025

*Submission: Inquiry into the Health Impacts of Alcohol and other Drugs (AOD) use in Australia*

## About UnitingCare Australia

UnitingCare Australia is the national body for the Uniting Church's community services network and an agency of the Assembly of the Uniting Church in Australia.

We give voice to the Uniting Church's commitment to social justice through advocacy and by strengthening community service provision.

We are the largest network of social service providers in Australia, with over 55,000 staff and 17,000 volunteers, delivering 5.8 million interactions annually across 1,600 service locations in urban, rural and remote communities.

We focus on articulating and meeting the needs of people at all stages of life, and particularly those most vulnerable.

## About Uniting Vic.Tas

Uniting Vic.Tas delivers a broad range of community services to reduce the impact of poverty, trauma and disadvantage. Operating across Victoria and Tasmania, we are working towards our vision of an inclusive, connected and just future.

Our services are compassionate, orientated towards change, connected, and trauma and evidence informed. They support people through their life and include early learning, child, youth and families, homelessness, housing, mental health, and alcohol and other drug supports.

We believe in the inherent dignity, essential worth, and rights of every person. We are focused on a future where everyone can effectively manage their social and emotional wellbeing without the harmful use of alcohol and drugs.

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# Introduction

UnitingCare Australia and Uniting Vic.Tas welcome the opportunity to make this joint submission to the *Inquiry into the Health Impacts of Alcohol and Other Drug (AOD) Use in Australia*, undertaken by the House of Representatives Standing Committee on Health, Aged Care and Disability.

The UnitingCare network supports productivity with purpose, understanding that productivity is not an end in itself, but a means to improve quality of life. To unlock the full potential of Australia's people and economy, we must invest in the conditions that enable everyone to thrive. This requires a human-centred productivity agenda that values:

- **Wellbeing** as a key outcome of productivity
- **Resilience** as a key foundation for sustained growth
- **Inclusion** as a driver of both equity and efficiency

From this perspective, we regard AOD issues as a major driver of preventable illness, social disadvantage and lost productivity—placing sustained pressure on hospitals, housing, justice and welfare systems. We support community-based AOD treatments that contribute to prevention and early intervention by improving physical, mental and emotional wellbeing, along with building motivation and resilience to drive sustained reduction or cessation of AOD use. Ultimately, inclusive and effective AOD treatment programs enable all people, including priority populations, to reconnect with family, friends and community, and make socially and economically meaningful contributions to society.

While a range of AOD treatment programs are offered by services across the UnitingCare Network, this submission specifically highlights the Catalyst AOD program—delivered by Uniting Vic.Tas—as a prime example of a community-based treatment initiative. Catalyst is effectively addressing the need for non-residential AOD services across multiple regions, helping to bridge the gap in demand for these vital programs.

Evidence demonstrates that Catalyst holistically addresses both the health and social dimensions of AOD to reduce harm, including among priority groups. In addition, Catalyst is scalable, providing an opportunity for national expansion of a tested and proven program.

We note that Uniting Vic.Tas previously made a submission to this Inquiry in 2024, highlighting unmet need for AOD services among particular cohorts, including Aboriginal and Torres Strait Islanders, and the role of treatment programs like Catalyst in addressing this need. Building on those earlier insights, this submission reiterates the key themes and issues raised, further emphasising the ongoing importance of effective, inclusive AOD programs as a continuing priority.

## ↘ **Unmet AOD need and inequity in treatment services**

There is significant unmet need for AOD services across Australia. Only 30-48% of Australians who needed, and would benefit from, AOD treatment accessed it in 2023<sup>1</sup>—resulting in a gap of between 207,966 and 469,767 people who missed out on AOD treatment in Australia in 2023.<sup>2</sup> Treatment resources therefore need to be doubled to address this unmet treatment population.<sup>3</sup> However, AOD treatment accounted for just 27.4% of total government spending on illicit drugs across Australia in 2021/22.<sup>4</sup>

Drawing on many years of treatment experience, AOD service providers in the UnitingCare Network have seen that access remains more difficult for some groups, including rural and regional Australians, mothers, and people experiencing homelessness. Gaps also remain in treatment options, particularly community-based and non-residential rehabilitation that allow people to address substance use in flexible and locally accessible ways.

Without investment in community-based, non-residential rehabilitation services, the gap in AOD treatment will continue to grow. As service demand rises, the lack of community rehabilitation programs will exacerbate system bottlenecks, increase reliance on costly residential and hospital-based services, and leave more people without timely support. The *National Drug Strategy 2017-2026* and *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029* adopt a harm minimisation approach and call for treatment services to be responsive to the preferences, needs and values of consumers and the community.

Following withdrawal, community-based rehabilitation programs play a vital role in supporting people to change their substance use, while enabling them to stay at home and remain connected to family and community. State and Territory governments deliver a patchwork of AOD services, but only the Commonwealth Government can scale investment and enable equitable access to community-based rehabilitation.

## ↘ **Community-based AOD treatment**

### Catalyst AOD treatment program

Catalyst is an example of an effective program operating across multiple jurisdictions in Victoria and Tasmania to prevent and reduce the harms of AOD, including among identified priority populations. Catalyst is an evidence-based non-residential rehabilitation program, delivering by Uniting Vic.Tas since 2010 and rigorously proven through both internal and external evaluations.

The program involves 5-6 weeks of structured, intensive post-withdrawal support, equipping participants with coping skills and reinforcing their motivation to sustain change. It takes a

<sup>1</sup> Ritter, A. & O'Reilly, K (2025) '[Unmet Treatment Need: The Size of the Gap for Alcohol and Other Drugs in Australia](#)' *Drug and Alcohol Review*, vol. 44, pp.772-782.

<sup>2</sup> Ibid

<sup>3</sup> Ibid

<sup>4</sup> Ritter, A. Grealy, M., Kelaita, P., Kowalski, M. (2024) [Monograph no 36: The Australian 'Drug Budget': Government Drug Policy Expenditure 2021/22](#).

holistic approach, addressing mental, emotional and physical dimensions of substance use in rehabilitation.

Catalyst helps participants build motivation and resilience to reduce or cease AOD use, improve health and wellbeing and reconnect with family, friends and community. As a community-based program, it enables participants to stay connected to their homes, loved ones and everyday lives.

Catalyst blends individual (1:1) and group therapeutic interventions, incorporating psychoeducation, family support, career and vocational development, service linkages and health lifestyle activities (art therapy, mindfulness, yoga, nutrition). The Catalyst model is grounded in cognitive behavioural therapy (CBT), with clinical staff and peer workers supporting participants to understand the connections between their thoughts, feelings and behaviours. Catalyst equips participants with practice strategies for long-term change, including relapse prevention techniques, to manage high-risk situations, unhelpful thinking patterns and challenging mood states.

Participants in Catalyst are supported with tailored treatment plans that help them identify and work towards their individual goals. The program acknowledges the strong link between mental health and substance use (dual diagnosis) and incorporates content that supports mood regulation and strategies for managing distress.

Peer workers are central to Catalyst's success as a model, providing support before and after the program participation. Drawing on their own recovery journeys, they inspire and guide participants, offering insights that build trust and connection within the group.

## The impact of Catalyst

In Victoria, Catalyst has supported over 1,000 participants since it was launched, at a rate of over approximately 100 participants annually. In Hobart, 62 adults have participated in Catalyst since the program was piloted in Tasmania in late 2023.

Catalyst collects participant data at the commencement and end of treatment to effectively measure outcomes and impact.

Outcomes achieved in the first 19 months of Catalyst Hobart include:

- 78% of participants recorded decreased Kessler Psychological Distress Scale (K10) scores, indicating a reduction of psychological distress.
- 56% of participants showed improvement in their psychological health status.
- 61% of participants recorded an improved quality of life (Australian Treatment Outcomes Profile).
- 89% of participants reported maintaining or improving their physical health status.

Catalyst has successfully engaged diverse populations in Hobart, including Aboriginal and Torres Strait Islander clients (13%) and parents supporting children under 16 years of age (30%).

The outcomes of Catalyst’s delivery in Victoria are similarly positive:

- 86% of participants recorded a reduction of psychological distress.
- 61% of participants showed improvement in their psychological health status.
- 64% of participants recoded an improved quality of life.
- 82% of participants reported maintaining or improving their physical health status.

Catalyst has also been successfully adapted to other settings and cohorts. Examples of this include:

- In Hobart, Uniting Vic.Tas delivered a Youth Catalyst program for young people aged 16-24, providing targeted episodes and psychoeducational interventions. A specialist episode was also delivered at the Ashley Youth Detention Centre in collaboration with Youth Justice.
- Through a Melbourne-based Catalyst program—Torque—targeted support was delivered to participants involved in the justice system, including those engaged with Melbourne Drug Court, or those subject to other forensic orders.

### Recommendation to expand Catalyst

The UnitingCare network recommends the Commonwealth Government expands the Catalyst program nationally—at a cost of approximately \$2.16 million over FY2026-27—to establish two new sites and continue delivery of Catalyst at its current Hobart location. This would extend proven outcomes to areas of high need, reduce hospital demand and deliver long-term health and social benefits. Expansion of the program would also align with the upcoming renewal of the *National Drug Strategy 2017-2026* and priorities identified by Primary Health Networks.

Within a decade, we estimate the proposed expansion of the national program could generate nearly \$10 million in financial benefits. The median return on investment for AOD treatment programs is 1:4.6—meaning that for every \$1 spent on treatment, \$4.60 in financial benefits is realised over the following 10 years.<sup>5</sup> These benefits arise as individuals who receive treatment begin to earn more and contribute more in taxes, require less healthcare, and have fewer interactions with the justice system—resulting in both increased government revenue and reduced public expenditure.<sup>6</sup>

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<sup>5</sup> Voce, A. and Sullivan, T. (2022) [‘What are the monetary returns of investing in programs that reduce demand for illicit drugs?’](#) *Trends and Issues in Crime and Criminal Justice (Australian Institute of Criminology)*, no. 657, pp.2-23.

<sup>6</sup> Ibid

# Conclusion

Addressing the health impacts of AOD in Australia requires a comprehensive, community-based approach that prioritises prevention, early intervention and equitable access to treatment. The Catalyst program demonstrates the effectiveness of non-residential rehabilitation in improving health and social outcomes for diverse populations. Expanding this evidence-based program nationally will not only reduce harm and hospital demand but also deliver significant long-term financial and societal benefits. The UnitingCare network urges the Commonwealth Government to invest in this scalable, inclusive, peer-supported AOD treatment solution to ensure all Australians have the opportunity to thrive.

We would welcome the opportunity to provide further information about the successful implementation of the Catalyst program to date and opportunities for scalability of the program to achieve greater impact.