



Att: DAP Reform Team
Department of Health, Disability & Ageing
Australian Government
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**Submission to Consultation:
Draft Drug and Alcohol Program (DAP) Program Logic and KPIs**

Harm Reduction Australia (HRA) welcomes the opportunity to provide feedback on the draft Drug and Alcohol Program (DAP) Program Logic and KPIs, which will inform the development of the new Grant Opportunity Guidelines (GOGs).

HRA supports the Department's efforts to develop a clearer program logic and measurable performance framework for the DAP. We also acknowledge the importance of the Department's recent Drug and Alcohol Program Final Evaluation, which provides a strong evidence base for strengthening the program going forward.

However, HRA has a fundamental concern that harm reduction is not recognised as a core pillar within the draft Program Logic, despite its central role in Australian alcohol and other drug (AOD) policy and service delivery.

Alignment with national AOD strategy

The Department's own evaluation recommends that the DAP GOGs be more clearly aligned with national AOD policy and strategy.

Under the *National Drug Strategy*, Australia's AOD policy framework is built on three pillars:

- Demand reduction
- Supply reduction
- **Harm reduction**

The draft DAP Program Logic currently organises activities under four pillars: prevention, early intervention, treatment/recovery/management, and system enablers.

While these service categories are important, the framework does not explicitly recognise harm reduction as a strategic pillar. Instead, the only reference to harm reduction appears as a single activity within the treatment, recovery and management pillar.

This framing risks inadvertently narrowing the role of harm reduction within the program. Harm reduction is not merely an activity, but a foundational public health approach that underpins a wide range of evidence-based interventions, including:

- Opioid treatment programs
- Needle and syringe programs
- Overdose prevention and naloxone distribution
- Supervised Injecting facilities/drug consumption rooms
- Pill testing/drug checking services
- Peer-based outreach and education
- Safer use education and support
- Low-threshold engagement services

These initiatives have distinct objectives, outputs and outcomes that cannot be fully captured when harm reduction is subsumed within treatment.

Recognising harm reduction as a pillar of care

In practice, harm reduction services often represent a critical entry point to care, particularly for people who may not yet seek or require treatment. They also play a key role in preventing avoidable health harms, reducing mortality and supporting engagement with the broader health system.

Given this, HRA strongly recommends that harm reduction be explicitly recognised as a core pillar within the DAP Program Logic, alongside prevention, early intervention and treatment/recovery.

Recognising harm reduction as a pillar would:

- Align the DAP more closely with the *National Drug Strategy*
- Reflect contemporary evidence on effective AOD responses
- Better represent the diversity of services currently funded or needed across the sector
- Ensure harm reduction initiatives can be appropriately supported, measured and evaluated.

Alternative option: harm reduction as a cross-cutting framework

If the Department's intent is to maintain the existing pillar structure, HRA recommends that harm reduction be incorporated as a cross-cutting framework across all pillars of care.

Harm reduction principles, such as reducing stigma, prioritising safety, supporting autonomy and recognising the expertise of people with lived/living experience, are relevant across prevention, early intervention, treatment and system development. Embedding harm reduction in this way would strengthen the overall coherence of the program logic.

Positioning of Fetal Alcohol Spectrum Disorder (FASD)

HRA also notes that FASD has been positioned as a cross-cutting consideration across all pillars of the Program Logic. While we recognise the impacts of FASD and support efforts to address it through prevention, early intervention and service responses, we are unclear as to why FASD has been positioned as the sole cross-cutting issue across the framework.

There are several other issues and perspectives that could equally be considered cross-cutting across the AOD service system, including:

- Lived/living experience of AOD use, which the evaluation itself identifies as critical to governance and service design
- The impacts of AOD use on families and communities
- Stigma and discrimination experienced by people who use drugs
- The broader social determinants of health affecting AOD-related harms.

Clarifying the rationale for elevating FASD in this way or adopting a more consistent framework for cross-cutting priorities, would strengthen the conceptual clarity of the Program Logic.

Inadequate Funding

HRA also notes the funding for the DAP, and its previous iterations, has not increased for many years, despite the clear cost increases associated with CPI and salary awards that have occurred.

The continuation of the annual DAP budget at its current level now and into the future undercuts the evaluation report's recognition of the complexity and growing demand for services in the community. The sector simply cannot be expected to meet these demands without substantial budgetary increases.

Conclusion

HRA strongly supports the Department's efforts to strengthen the design and evaluation of the Drug and Alcohol Program. However, we believe the draft Program Logic would be significantly improved by:

1. Explicitly recognising harm reduction as a core pillar of the DAP, consistent with the *National Drug Strategy*; or
2. At minimum, embedding harm reduction as a cross-cutting framework across all pillars of care.

Ensuring that harm reduction is clearly articulated within the program logic will improve alignment with national policy, better reflect the evidence base, and support a more balanced and effective response to alcohol and other drug harms in Australia.

HRA would welcome the opportunity to continue engaging with the Department on the development of the DAP Grant Opportunity Guidelines and associated performance framework.

Yours sincerely,



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