



**House Of Representatives Standing Committee on Health,  
Aged Care and Disability**

**Health impacts of alcohol and other drugs in Australia**

**Second submission from Hepatitis Australia**

**31 October 2025**

**Submitted by:**

**Hepatitis Australia**, incorporated in 1997, is the peak community organisation progressing national action on issues of importance to people affected by hepatitis B and hepatitis C. Our members consist of the eight state and territory community hepatitis organisations. Our vision is to eliminate viral hepatitis for all and our purpose is to enable everyone to live free from the impact of viral hepatitis. For more information, please visit our website <https://www.hepatitisaustralia.com/> .

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## **Our role**

In leading the community response towards elimination of hepatitis B and hepatitis C, enabling everyone to live free from the impact of viral hepatitis, Hepatitis Australia plays two vital roles:

1. We work in partnership with our member organisations, affected communities, researchers, clinicians, and governments to support peer-led education, frontline services, and community engagement. Our members bring deep community knowledge shaped by lived experience and reflects the diversity of communities they serve. We help amplify their insights and strengthen their contribution to national goals, applying an outcomes equity lens to ensure no one is left behind.
2. We provide a platform for feedback from communities and service providers to inform policy, investment, and program development. This includes supporting person-centred, holistic, and community-led approaches, expanding access to testing and care, and promoting effective prevention strategies. Our work contributes to a coordinated, inclusive response that reflects the needs and voices of the affected communities.

## **Health impacts for people in prisons**

This is our second submission to this Inquiry. On 30 September 2024, our submission to the Standing Committee on Health, Aged Care and Sport under the previous Parliament ([Attachment A](#)) focused on the health impacts of alcohol and other drug (AOD) use for people in prison and other places of held detention; particularly hepatitis C and other injecting-related injury and disease. The case for strengthened access to harm reduction services for people detained has continued to grow in the meantime:

The [latest data](#) suggest more than half of all detainees nationally have ever injected drugs. Of those:

- Seven percent inject drugs while incarcerated but not in the community.
- A third report recent (within the last month) injecting drug use in prison.
- 93% of recent injectors report injecting with shared injecting equipment.

We take this opportunity to reiterate the recommendations we made in our first submission, including that Committee considers a recommendation in support of the introduction of needle and syringe programs in prisons. We remain available to support the Inquiry further – if called, or in any other way – given our expertise in viral hepatitis and the intersections with Aboriginal and Torres Strait Islander health, prison health and the impacts of alcohol and other drugs more broadly.

## **Policy and governance opportunities**

Hepatitis Australia is grateful the House of Representatives Standing Committee on Health, Aged Care and Disability has accepted Minister Butler's request to continue the

Inquiry into the health impacts of alcohol and other drugs in Australia. In addition to reiterating our previous advice, this second submission identifies opportunities to enable greater coordination and progress in cross-cutting issues for the bloodborne viruses (BBV) and AOD sectors (including those addressed in our previous submission).

Stronger linkages are required between the National Drug Strategy and the National Hepatitis B and Hepatitis C Strategies. With the expiration of the current National Drug Strategy in 2026, its replacement provides a timely and important opportunity for those stronger linkages. These could include:

- Amending the policy context (and relevant national frameworks section) to include the National Hepatitis B, Hepatitis C, HIV, STI, and Aboriginal and Torres Strait Islander BBV/STI Strategies (together, the 'National BBV/STI Strategies').
- Acknowledge those National Strategies' targets that are relevant to the work and ambitions of the AOD sector.
- Acknowledge the intersections between the National Drug Strategy and the National BBV/STI Strategies – notably priority populations, priority settings, harms, and coordinated responses.

Whilst coordinated approaches at a service delivery level could be strengthened, they are occurring and there are excellent examples. Hepatitis C testing is offered at various programs and services where people are accessing support and treatment for AOD issues. Similarly, some community hepatitis, HIV and sexual health services offer access to sterile injecting equipment and safe disposal. Where available, this reflects person-centred care and coordinated approaches

Opportunities for coordinated approaches at a macro level include stronger linkages between Strategies (as described above) and in national governance arrangements. Whilst the BBV and sexually transmissible infections (STI) sector is well-served by the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) and its relationship with the Communicable Diseases Network Australia (CDNA) reporting to the Australian Health Protection Committee (AHPC), we note there is no national governance equivalent for the AOD sector. Establishing a national AOD governance framework would better enable macro level coordination and strategy between these neighbouring sectors.

## **Recommendations**

In addition to reiterating the recommendations made in our first submission, Hepatitis Australia recommends the Standing Committee on Health, Aged Care and Disability consider, as part of the Inquiry report:

- Acknowledging the need for, and recommending the creation of, stronger linkages between the National Drug Strategy and the National BBV/STI Strategies.

- Acknowledging the benefits (including macro level coordination and strategy) from, and recommending the establishment of, a national AOD governance framework.

Hepatitis Australia would welcome any opportunity to meet with the Committee to assist further regarding issues raised and recommendations made in our submissions. Representatives are available and willing to share their expertise with the Committee at a public hearing or assist in any other way.

**Attachments:**

- A. Hepatitis Australia's first submission dated 30 September 2024.