
Alcohol, tobacco & other drugs in Australia

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Citation

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Harm reduction

Harm reduction focuses on identifying and targeting specific risks that arise from alcohol and other drug use. This may include risks to the individual, as well as their family and friends (Department of Health 2017).

Minimising risky behaviours

There are many harm reduction measures in Australia and overseas that aim to reduce the harm associated with drug use. Key programs are summarised below.

Smoke-free laws

Smoke-free laws exist in Australia to protect people from harmful second-hand tobacco smoke. This includes banning smoking in all enclosed public spaces and certain outdoor public areas, such as children's play areas, sport grounds and transport hubs.

The Australian Government and state and territory governments are continuing to take action to reduce e-cigarette use through strengthened legislation, enforcement, education and support. These reforms aim to protect young people and the broader community from the harms of vaping, while ensuring appropriate access to therapeutic vapes for smoking cessation and nicotine dependence. As of 2025, the following measures are in place or being implemented:

- The importation, manufacture, supply, commercial possession and advertising of disposable single-use and non-therapeutic e-cigarettes is prohibited.
- Individuals aged 18 and over can buy therapeutic vapes with a nicotine concentration of 20mg/mL or less from a participating pharmacy without a prescription, to support smoking cessation and the management of nicotine dependence, subject to certain conditions and where state and territory laws allow.
 - A prescription is required for people under 18 or for vapes with nicotine concentrations above 20 mg/mL.
 - In some jurisdictions, all therapeutic vapes remain prescription-only.
 - Only mint, menthol and tobacco flavours are permitted in therapeutic vapes.
- Strengthened product standards are being introduced, including lower nicotine concentrations, smaller volumes for vaping substance containers, only permitted ingredients in vaping substances and plain packaging and pharmaceutical labelling.
 - From 1 July 2025, only products that meet the updated standards can be lawfully supplied in Australia. For more information, see Product standards: unapproved therapeutic vapes | Therapeutic Goods Administration (TGA) (<https://www.tga.gov.au/products/unapproved-therapeutic-goods/vaping-hub/product-standards-unapproved-therapeutic-vapes>).

Drink and drug driving laws

Drink and drug driving laws are enforced across Australia to deter people from operating a vehicle under the influence of alcohol and or drugs and prevent deaths and significant injuries on the road. It is a criminal offence for drivers with a learner or probationary licence to have a blood alcohol concentration above zero and for full licence holders to have a blood alcohol concentration above 0.05 grams of alcohol per 100 millilitres of blood. Any presence of an illicit substance is also a criminal offence for drivers, regardless of the type of licence held.

Drug checking (pill testing)

Drug checking, also known as pill testing, is a harm reduction service that allows people who are thinking about using drugs to submit their drugs for testing by a chemist at designated sites. These sites can be either mobile (for example, at a music festival) or at a fixed site (for example, a health service). Drug checking services also provide an opportunity for service users to discuss drug use and harm reduction strategies with a health professional or peer worker (ADF 2025). Some drug checking services also release public drug alerts based on drug checking results.

Drug checking services vary by state and territory:

- Australia's first fixed-site health and drug checking service, CanTEST, has been operating in the Australian Capital Territory since July 2022. Drug notifications and reports about the services provided are available on the [CanTEST \(https://cantest.com.au/about/\)](https://cantest.com.au/about/) website.
- Queensland piloted a drug checking service, CheQpoint, from April 2024–April 2025. The service included two fixed-site locations and mobile services at festivals (QuIHN 2024).
- Drug checking trials have been underway in New South Wales from early 2025 and Victoria from late 2024:
 - The New South Wales trial is a 12-month pilot involving mobile sites at selected music festivals (NSW Health 2025).
 - The Victorian trial involves a combination of mobile services at festivals and events combined with a fixed-site service that is expected to open in mid-2025 (YSAS 2025).

Needle and syringe programs

Needle and syringe programs (NSPs) are designed to reduce the sharing of injecting equipment through the provision of sterile needles and syringes to people who inject drugs. NSPs are a cost-effective measure that have successfully prevented the spread of HIV and Hepatitis C infection. NSPs also provide counselling services and actively encourage clients into drug treatment programs (Wodak and Cooney 2004).

There were 4,442 NSPs operating across Australia in June 2023, including 3,067 NSPs in pharmacies (Heard et al. 2023). These NSPs distributed 50.8 million needles and syringes to 72,886 people in 2022–23, or 698 needles per person (Heard et al. 2023).

Supervised drug consumption rooms

Supervised drug consumption facilities/rooms and medically supervised injecting centres (MSIC) are places where people can use and inject drugs under the supervision of registered nurses, counsellors, and health education professionals. MSIC services aim to prevent injury and death by being present when someone injects in order to provide immediate medical assistance as required. Kings Cross in Sydney has been home to a MSIC since 2001 (Uniting 2017) and a second opened in Richmond, Victoria, in July 2018.

Take-home naloxone

Opioid overdose represents a significant and ongoing problem for Australia's public health. Naloxone is a medication that reverses the effects of opioids and is an important means of responding to the harms associated with opioid overdose (including death) (Penington Institute 2018). Take-home naloxone programs enable those people at risk of opioid overdose or adverse reaction, and their friends and family members to access naloxone at community and hospital-based pharmacies, alcohol and drug treatment centres and NSPs. Given in a timely manner, naloxone can reverse the effects of opioid overdose (Department of Health 2021).

The Illicit Drug Reporting System (IDRS) reported that, in 2024:

- 80% of participants had heard of naloxone, and almost three-quarters (73%) of participants had heard of take-home naloxone programs.
- Half the sample (51%) had been trained in naloxone administration in their lifetime.
- Almost half (46%) had accessed naloxone in the past year, and over 1 in 4 (27%) respondents who had heard of naloxone reported that they had used naloxone to resuscitate someone in their lifetime.
- Among participants who responded, over half (55%) of those who had overdosed on an opioid in the past year were administered naloxone (Sutherland et al. 2024).

Community support for harm reduction measures

The 2022–2023 NDSHS included questions about support for allowing people to test their drugs/ pills at designated sites (that is, drug checking) and supervised drug consumption facilities/ rooms. These measures were generally well supported, with more people supporting drug checking than drug consumption rooms. Support for both measures was highest among younger people and people who had used drugs in the past 12 months (AIHW 2024, Table 11.12).

Drug checking

In 2022–2023, almost 2 in 3 (64%) people in Australia aged 14 and over supported drug checking, an increase from 57% in 2019 (AIHW 2024, Table 11.13). Over 4 in 5 (83%) people who had recently used drugs supported drug checking, compared with 55% of those who had never used drugs. Additionally, support was highest:

- among people aged 18–24 (74%), and decreased to 55% in those aged 70+
- in *Major cities* (66%) and decreased with increased remoteness (54% in *Remote and very remote* areas)
- in the most advantaged socioeconomic area (73%) and lowest in the most disadvantaged areas (59%) (AIHW 2024, Table 11.12).

Supervised drug consumption rooms

Just over half (53%) of people in Australia supported supervised drug consumption rooms, up from 47% in 2019 (AIHW 2024, Table 11.13). Nearly three-quarters (72%) of people who had recently used drugs supported this measure, compared with 45% of people who had never used drugs. Additionally, support was highest:

- among people aged 18–24 (64%) compared with those aged 70 and over (44%)
- in *Major cities* (56%) and decreased with increased remoteness (38% in *Remote and very remote* areas)
- among people in the most advantaged socioeconomic area (63%) and lowest among people in the 2nd most disadvantaged area (47%)
- among people with a bachelor degree or higher (72%) and lowest among people who had completed year 11 or less (55%) (AIHW 2024, Table 11.12).

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