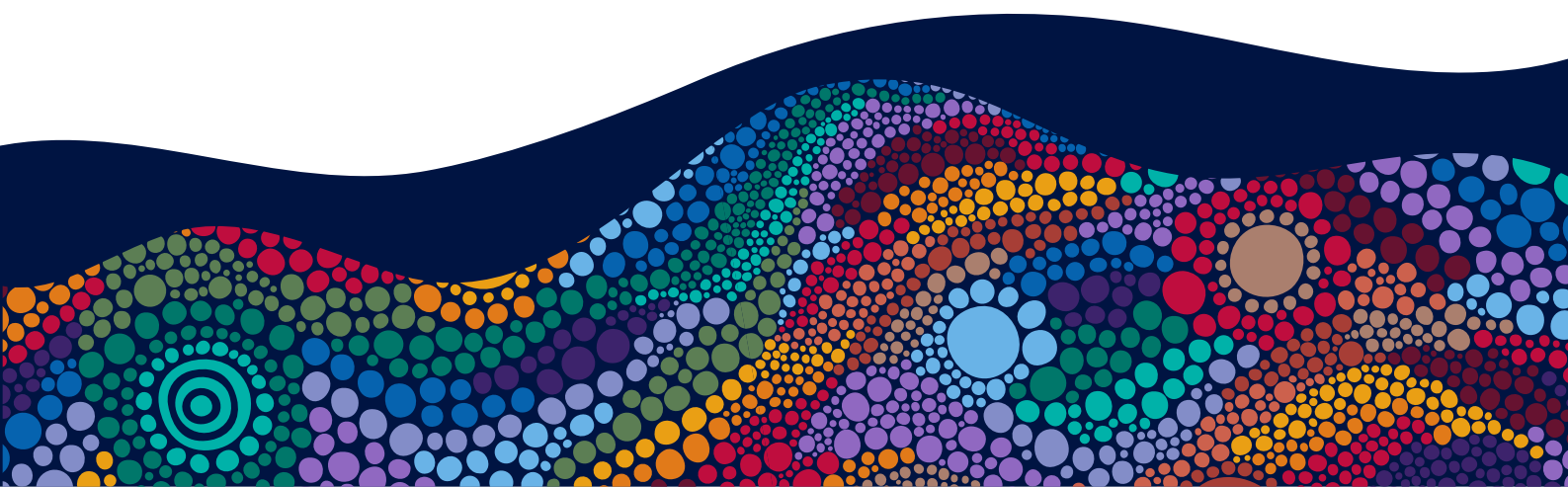


# Drug and Alcohol Program Consultations

Submission to Department of Health,  
Disability and Ageing

March 2026



# About NACCHO

NACCHO is the national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 148 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

## **NACCHO**

Level 5, 2 Constitution Avenue

Canberra City ACT 2601

Telephone: 02 6246 9300

Email: [policy@naccho.org.au](mailto:policy@naccho.org.au)

Website: [naccho.org.au](http://naccho.org.au)



# Recommendations

NACCHO recommends:

- 1 Any programs to address harmful use of alcohol and other drugs align with the National Agreement and its four Priority Reform Areas.
- 2 Greater accountability on mainstream service providers to deliver culturally safe services to Aboriginal and Torres Strait Islander people and communities.
- 3 A separate funding stream for AOD programs run in ACCHOs/ACCOS – through needs based funding or block funding.
- 4 Harm reduction is made a pillar of the program logic, to ensure specific funding streams for health-based approaches to address the impacts of AOD to reduce harms in Aboriginal and Torres Strait Islander communities.
- 5 Funding for provision of AOD treatment and support services to Aboriginal and Torres Strait Islander people is transitioned from PHNs to the ACCHO sector, in line with Priority Reforms 2 and 3, and actions recommended under the Primary Health Care 10 Year Plan.
- 6 ACCHOs are funded to deliver holistic health promotion, prevention and engagement programs that address AOD use.
- 7 Immediate, long-term extension to the Strong Born program.
- 8 Social determinants of health are incorporated within health prevention objective of the program logic.
- 9 Work is recommenced on the revised National Alcohol and other Drug Workforce Development Strategy.
- 10 Funding for ACCHOs and ACCRTOs to work in partnership to develop a collective workforce-delivery program and supporting resources.
- 11 The Australian government funds a NACCHO-led development of a national model and funding for ACCHOs to deliver AOD prevention and treatment services into correctional facilities.
- 12 Training on the determinants of health, and the nuance of harmful alcohol and drug use, for government workers - including police, child protection and medical staff.

## Acknowledgements

NACCHO welcomes the opportunity to provide a submission on the Department of Health, Disability and Ageing's Drug and Alcohol Program. NACCHO would like to acknowledge the valuable input received to this submission.

NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

## National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

While there are no targets in the National Agreement directly relating to harmful use of alcohol and other drugs (AOD), effective AOD programs can influence:

- Target 1: Closing the Gap in life expectancy, by 2031.
- Target 2: By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- Target 7: By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67 per cent.
- Target 8: By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.
- Target 10: By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.
- Target 11: By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 per cent.
- Target 12: By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.
- Target 14: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

### Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

## Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

## Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

## Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations, must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

**‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’<sup>1</sup>**

**NACCHO recommends** any programs to address harmful use of alcohol and other drugs align with the National Agreement and its four Priority Reform Areas.

## Background

A history of dispossession, marginalisation, racism and the impact of Government policies since colonisation has resulted in profound inequity for Aboriginal and Torres Strait Islander people. This is reinforced and entrenched by ongoing experiences of structural and interpersonal racism, discrimination, dispossession of culture, land and language, and intergenerational trauma.

We know that the circumstances in which people live both informs and influences behaviour. Aboriginal and Torres Strait Islander people experience poverty, overcrowding, insecure housing, homelessness and food insecurity to a much higher degree than other Australians, as well as a higher burden of disease and mental

---

<sup>1</sup> Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024  
<https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

health issues.<sup>2</sup> Alcohol and other drugs can be used as escapism when a person's reality is overwhelming.<sup>3</sup> Pervasive racism across response systems, including social and community services, police, justice and child protection, continue to marginalise and disempower those who use alcohol and other drugs.<sup>4</sup>

As a result of the above, Aboriginal and Torres Strait Islander people are more likely to participate in risky alcohol consumption and use drugs and other substances than other Australians.<sup>5, 6</sup> While they constitute 3.8% of the population,<sup>7</sup> in 2023–24, Aboriginal and Torres Strait Islander people accounted for 18% of people accessing alcohol and other drug treatment services.<sup>8</sup>

However, there is still a large unmet need for services. Aboriginal and Torres Strait Islander people face significant barriers to accessing support. These include the stigma and shame associated with alcohol and substance misuse. Negative stereotyping and unconscious bias in media and social media further perpetuate stigma and racist narratives.<sup>9</sup>

A 2022 report published by the Department of Health outlined the effects of AOD treatment services in selected cashless debit card regions. It recommended an increase in the provision of AOD services in Aboriginal Community Controlled Organisations, and an expansion of the Aboriginal and Torres Strait Islander AOD workforce.<sup>10</sup>

Services need to be provided in a culturally safe, culturally appropriate manner. Many Aboriginal and Torres Strait Islander people have concerns that seeking help for either may lead to the removal of their children, or interactions with the justice system.

## ACCHO model of care and AOD

Culture and self-determination are powerful protective factors for Aboriginal and Torres Strait Islander people's health and wellbeing. In the context of service delivery to Aboriginal and Torres Strait Islander people, provision of holistic, trauma-aware, healing informed wrap around support is crucial in order to create culturally safe, positive outcomes for people struggling with alcohol and other drugs.<sup>11</sup> ACCHOs provide holistic models of care, which:

- 1 Underscore the importance of connecting the physical, mental, social, emotional and spiritual dimensions of health and wellbeing to promote preventive and comprehensive care, with a strong focus on prevention not solely through focusing on treatment.

---

<sup>2</sup> Australian Institute of Health and Welfare (AIHW) & National Indigenous Australians Agency (NIAA), 2.09 Socioeconomic indexes, 2024, <https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage>.

<sup>3</sup> Jouhki, H., & Oksanen, A. (2022). To Get High or to Get Out? Examining the Link between Addictive Behaviors and Escapism. *Substance use & misuse*, 57(2), 202–211. <https://doi.org/10.1080/10826084.2021.2002897>.

<sup>4</sup> AIHW, Aboriginal and Torres Strait Islander Health Performance Framework - Summary report, June 2025, <https://www.indigenoushpf.gov.au/reports/summary-reports/summary-report>.

<sup>5</sup> AIHW & NIAA, 2.16 Risky alcohol consumption, 2024, <https://www.indigenoushpf.gov.au/measures/2-16-risky-alcohol-consumption>.

<sup>6</sup> AIHW & NIAA, 2.17 Drug and other substance use including inhalants, 2025, <https://www.indigenoushpf.gov.au/measures/2-17-drug-and-other-substance-use>.

<sup>7</sup> Australia Bureau of Statistics (ABS), Estimates of Aboriginal and Torres Strait Islander Australians, August 2023, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>.

<sup>8</sup> AIHW, Alcohol and other drug treatment services in Australia annual report 2023-24, June 2025, <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/clients/indigenous-australians>.

<sup>9</sup> Australian Human Rights Commission, Dismantling systemic racism – perspectives from First Nations people, October 2024, <https://humanrights.gov.au/about-us/media-centre/media-releases/dismantling-systemic-racism-perspectives-first-nations-peoples>.

<sup>10</sup> Department of Health, Consultation to Inform Funding for Alcohol and Other Drug Treatment Services to support CDC Trial Participants, consultation by Fiftyfive5 and CIRCA, 2022, <https://www.health.gov.au/sites/default/files/2023-02/consultation-to-inform-funding-for-alcohol-and-other-drug-treatment-services-to-support-cdc-trial-participants.pdf>.

<sup>11</sup> NACCHO, Core Services and Outcomes Framework, June 2021, <https://csof.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>.

- 2 Integrate the concept of 'joined up services', to ensure that healthcare services are coordinated and work together seamlessly to provide comprehensive support for individuals and communities. For example, ACCHOs often provide referral pathways to legal representation, social supports and other services. Some ACCHOs even help with housing – through having ACCHO-run housing stock, or through facilitating access to other housing programs.
- 3 Are run by a board of local community members, elected by their community or affiliate organisations, with the goal of providing services for community, by community.

As such, service provision through ACCHOs, or other ACCOs is the best way to ensure culturally safe, culturally appropriate services. Localised AOD services were also recommended in the abovementioned report on the effects of AOD treatment services in selected cashless debit card regions.<sup>12</sup>

Health care, particularly primary health care, plays an important role in addressing harmful alcohol and other drug use, by providing:

- Culturally appropriate health promotion activities.
- First responder and follow-up health care, such as treating wounds and injuries.
- A safe space for testing and treatment of blood borne viruses.
- Referral to appropriate treatment and support services.
- Culturally safe identification, treatment and support for Aboriginal and Torres Strait Islander people who have sustained a traumatic brain injury under the influence of alcohol or drugs.

The need for more specialist care through Aboriginal community-controlled rehabilitation centres across Australia is a pressing issue that significantly impacts the health and well-being of Aboriginal and Torres Strait Islander people. For instance, Tasmania lacks any Aboriginal community-controlled AOD rehabilitation centres. This scarcity means that many Aboriginal and Torres Strait Islander people cannot access care that acknowledges and respects their unique cultural needs and contexts. Consequently, Aboriginal and Torres Strait Islander clients often have to leave their family and Country to receive treatment, depriving them of essential family and community support. For Tasmanians, this usually means travel to Melbourne.

Mainstream rehabilitation services often fail to provide the cultural safety that Aboriginal and Torres Strait Islander people require. Cultural safety involves creating an environment where Aboriginal and Torres Strait Islander people feel respected and understood, which is crucial for effective treatment and recovery. We know that Aboriginal and Torres Strait Islander clients are more likely to engage with services that respect and incorporate their cultural values and practices.

While Aboriginal and Torres Strait Islander people have a clear preference for using Aboriginal and Torres Strait Islander services, the reality is that the limited availability and access to ACCO/ACCHO AOD treatment services will mean that many will need to access a mainstream service. Mainstream services must therefore be appropriately culturally competent to provide services to Aboriginal and Torres Strait Islander people.

**NACCHO recommends** greater accountability on mainstream service providers to deliver culturally safe services to Aboriginal and Torres Strait Islander people and communities.

**NACCHO recommends** a separate funding stream for AOD programs run in ACCHOs/ACCOs – through needs based funding or block funding.

## Draft program logic

The Commonwealth offers AOD treatment services, along with prevention, research, and communication initiatives through the Drug and Alcohol Program. It also funds Primary Health Networks (PHNs), with nearly

---

<sup>12</sup>Department of Health, Consultation to Inform Funding for Alcohol and Other Drug Treatment Services to support CDC Trial Participants, consultation by Fiftyfive5 and CIRCA, 2022, <https://www.health.gov.au/sites/default/files/2023-02/consultation-to-inform-funding-for-alcohol-and-other-drug-treatment-services-to-support-cdc-trial-participants.pdf>.

30% of this funding dedicated to treatment services specifically for Aboriginal and Torres Strait Islander communities.<sup>13</sup>

It is disappointing that specific AOD programs for Aboriginal and Torres Strait Islander people continue to be administered through PHNs. This does not align with commitments under the National Agreement on Closing the Gap, or with recommendations of Australia's Primary Health Care 10 Year Plan 2022–2032. The funding structure, made up of 'open competitive grants', processed through PHNs, risks entirely sidelining the ACCHO sector – through a process which is elaborated upon under the 'Primary Health Networks' and 'Open competitive grants' headings below. The potential role of ACCHOs/ACCOs is also not mentioned.

Harmful use of alcohol and other drugs is strongly associated with the social determinants of health.<sup>14, 15, 16,</sup>

<sup>17</sup> As such, the prevention objective of the program logic must include more than just education and awareness campaigns. Programs to assist those who are experiencing poverty, housing insecurity, violence, unemployment, and the ongoing effects of incarceration, to minimise the risk that they end up using alcohol and other drugs are critical.

## Social determinants of health

In its preamble, the National Framework for Alcohol, Tobacco and Other Drug Treatment notes that:

*"Improving the health, social and emotional wellbeing of people who are seeking or receiving alcohol, tobacco and other drug treatment not only relies on activities undertaken within the alcohol, tobacco and other drug treatment service system, but on actions across a wide range of social, economic, political, cultural and environmental determinants of health."*<sup>18</sup>

The draft program logic does not explore the importance of the social determinants of health on alcohol and other drug use and treatment. AOD prevention and treatment needs to include funding for and referral to:

- Specialist homelessness services
- Affordable, suitable, sustainable housing
- Programs for domestic, family and sexual violence survivors and perpetrators
- Increased economic opportunities for Aboriginal and Torres Strait Islander people
- Mental health programs for Aboriginal and Torres Strait Islander people
- Educational and mental health programs for incarcerated Aboriginal and Torres Strait Islander people
- Programs for preserving cultural practice and language.

---

<sup>13</sup> Australian Institute of Health and Welfare, Alcohol and other drug treatment services in Australia annual report 2023-24, June 2025, <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/clients/indigenous-australians>.

<sup>14</sup> Galea, S., & Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public health reports (Washington, D.C. : 1974)*, 117 Suppl 1(Suppl 1), S135–S145. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1913691/>.

<sup>15</sup> Spooner, C., and Hetherington, K., Social Determinants of Drug Use, National Drug and Alcohol Research Centre, University of New South Wales, Technical Report Number 228, <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.228.pdf>.

<sup>16</sup> Lin, C., Cousins, S. J., Zhu, Y., Clingan, S. E., Mooney, L. J., Kan, E., Wu, F., & Hser, Y. I. (2024). A scoping review of social determinants of health's impact on substance use disorders over the life course. *Journal of substance use and addiction treatment*, 166, 209484, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11418584/>.

<sup>17</sup> Amaro, H., Sanchez, M., Bautista, T., & Cox, R., Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism, *Neuropharmacology*, Volume 188, 2021, 108518, <https://www.sciencedirect.com/science/article/pii/S0028390821000721>.

<sup>18</sup> Department of Health and Aged Care, National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029, December 2019, <https://www.health.gov.au/sites/default/files/documents/2020/08/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf>.

**NACCHO recommends** social determinants of health are incorporated within health prevention objective of the program logic.

## AOD and interactions with government systems

There is a complex relationship between AOD use and the justice system among Aboriginal and Torres Strait Islander people. We know that Aboriginal and Torres Strait Islander people face systemic racism from the justice system throughout their lives. Aboriginal and Torres Strait Islander people who use alcohol or other drugs are more likely to be penalised. A report compiled by Jumbunna Institute for Indigenous Education and Research, based on community reports of racism found that:

*“Zoning laws that prohibited public drinking were identified as more likely to negatively impact Aboriginal people (and as being intended to do so). Police discretion in implementing these and other laws (for example, move-on laws) were also reported – with police-based racial profiling of First Nations young people singled out in some instances.”<sup>19</sup>*

Aboriginal and Torres Strait Islander people are vastly overrepresented in prisons<sup>20</sup> and youth detention.<sup>21</sup> Being behind bars does not stop drug use – it does, however, result in increased risky behaviours such as needle sharing.<sup>22</sup> Incarceration also creates a barrier to accessing drug and alcohol treatment.

Among Aboriginal and Torres Strait Islander people, imprisonment exacerbates existing social and economic inequalities and affects family, children and the broader community – and can have intergenerational effects.<sup>23</sup> This continued inequality means that people are more likely to use alcohol and other drugs upon their release.

Since 2019, Winnunga Nimmityjah Health and Wellbeing Service (an ACCHO located in the Australian Capital Territory) has been providing holistic health care to Aboriginal and Torres Strait Islander people in prisons – with an evaluation noting the detainees needed particular volume of support for substance use and mental health.<sup>24</sup> NACCHO is already working with the sector to develop a model for primary health care delivery into other correctional facilities in other jurisdictions.

**NACCHO recommends** the Australian government funds a NACCHO-led development of a national model and funding for ACCHOs to deliver AOD prevention and treatment services into correctional facilities.

**NACCHO recommends** training on the determinants of health, and the nuance of harmful alcohol and drug use, for government workers - including police, child protection and medical staff.

## Harm reduction

The program logic has a notable lack of focus on harm reduction. Harm reduction – that is, treatment or interventions that aim to reduce immediate or short-term harms relating to drug and alcohol use – is one of

<sup>19</sup> Allison, F., Cunneen, C., Lewis, B., Selcuk, A., & Whyman, A., ‘Everywhere I go no matter where, if it’s around non-Indigenous people I feel a hate vibe. It feels like I’m being watched’ – The Call It Out Racism Register 2024-2025, Jumbunna Institute for Indigenous Education and Research, <https://callitout.com.au/wp-content/uploads/2025/11/Jumbunna-Call-It-Out-Annual-Report-2024-2025.pdf>.

<sup>20</sup> ABS, Corrective Services, Australia, December Quarter 2025, 2026, <https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release>.

<sup>21</sup> AIHW, Youth detention population in Australia 2025, 2025, <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2024/contents/summary/first-nations-young-people-in-detention>.

<sup>22</sup> Pennington Institute, Doing Time: Drug Use in Australian Prisons, Anex Bulletin Volume 4 Edition 1, 2006, <https://www.pennington.org.au/wp-content/uploads/2022/07/The-Bulletin-January-2006.pdf>.

<sup>23</sup> AIHW, Closing the Gap Targets: key findings and implications, Chapter 10: Criminal Justice, March 2025, <https://www.aihw.gov.au/reports/indigenous-australians/closing-the-gap-targets-key-findings-implications/contents/criminal-justice>.

<sup>24</sup> Arumugam, S., Tongs, J., & Herceg, A., Preliminary evaluation of a novel Aboriginal community-controlled prison health service for First Nations people, Australian and New Zealand Journal of Public Health, 2024: vol 48 no 6, <https://www.sciencedirect.com/science/article/pii/S1326020024000803>.

the key interventions outlined in the National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029.<sup>25</sup> Harm reduction is based in evidence and respect. It saves lives, prevents transmission of blood borne viruses, reverses overdose and improves quality of life. Harm reduction strategies are facilitative rather than coercive – creating small positive changes in a person's life.<sup>26</sup>

Examples of harm reduction include:

- Sobering up shelters – safe places a person can stay while they sober up. This reduces the risk of people who use alcohol and other drugs being in unsafe situations, or becoming involved with police.
- Peer based support services, which reduce perceptions of stigma in seeking treatment.<sup>27</sup>
- Overdose prevention such as naloxone – which works to temporarily reverse the effects of opioid overdose.<sup>28</sup>
- Needle and syringe programs, which reduce the transmission of blood borne viruses.<sup>29</sup>
- Pill testing to check the chemical content of drugs.<sup>30</sup>

To consider impacts of trauma for Aboriginal and Torres Strait Islander people, a health-based approach to AOD is critical.<sup>31</sup> A health-based approach focuses on treating AOD use as a health concern rather than a criminal issue. This approach aims to prevent and reduce harms by:

- regulating the supply, accessibility, and advertising of substances (such as alcohol and tobacco)
- delivering alcohol and drug education programs
- providing support for substance users such as medically supervised injecting rooms
- improving access to treatment and support
- addressing stigma and discrimination towards substance users.<sup>32</sup>

Advocating for changes in laws and policies that criminalise substance use, shifting towards supportive and rehabilitative measures is key to this approach. By adopting a health-based approach, community can better address the root causes of AOD use, support individuals in their recovery, and ultimately reduce the overall harm associated with AOD use. This approach fosters a more compassionate and effective response to AOD use, promoting healthier communities.<sup>33</sup>

A health-based approach is holistic, addressing the physical, mental, and social aspects of AOD use and its impacts, which aligns with the ACCHO model of care. A holistic approach involving entire communities and informed by community and cultural knowledge is essential to reduce alcohol-related harms among Aboriginal and Torres Strait Islander people. Current treatment guidelines, informed by western evidence, do not include ways to help Aboriginal and Torres Strait Islander communities.

---

<sup>25</sup> Department of Health and Aged Care, National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029, December 2019, <https://www.health.gov.au/sites/default/files/documents/2020/08/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf>.

<sup>26</sup> Harm Reduction International, What is Harm Reduction, <https://hri.global/what-is-harm-reduction/>.

<sup>27</sup> Meumann, N., & Allan, J., Peer Workforce Model in Alcohol and Other Drug Treatment, Lives Lived Well, 2018, [https://www.coordinare.org.au/assets/298704c8ac/Literature-Review\\_AOD-peer-support-models.pdf](https://www.coordinare.org.au/assets/298704c8ac/Literature-Review_AOD-peer-support-models.pdf).

<sup>28</sup> Alcohol and Drug Foundation, What is naloxone?, November 2025, <https://adf.org.au/drug-facts/naloxone/>.

<sup>29</sup> ACT Government, Needle and syringe program, August 2025, <https://www.act.gov.au/health/drugs-alcohol-smoking-and-vaping/needle-and-syringe-program>.

<sup>30</sup> ACT Government, Drug checking, August 2025, <https://www.act.gov.au/health/drugs-alcohol-smoking-and-vaping/drug-checking>.

<sup>31</sup> Alcohol and Drug Foundation, A health-based approach to alcohol and other drugs, October 2023, <https://adf.org.au/insights/health-based-approach-aod>.

<sup>32</sup> Crépault J-F., Russell C., Watson T.M., Strike C., Bonato S., & Rehm J, What is a public health approach to substance use? A qualitative systematic review and thematic synthesis. International Journal of Drug Policy [Internet]. 2023 [06.09.2023]; 112.

<sup>33</sup> Sudhinaraset M., Wigglesworth C., Takeuchi D.T., Social and Cultural Contexts of Alcohol Use. Alcohol Research: Current Reviews [Internet]. 2016 [4.09.2023]; 38(1):[35-45 pp.].

A health-based approach also focuses on integrated services by coordinating between healthcare providers, social services, and community organisations to offer wrap around support. All of these are integral to the model of care for Aboriginal and Torres Strait Islander community-controlled health services.

**NACCHO recommends** harm reduction is made a pillar of the program logic, to ensure specific funding streams for health-based approaches to address the impacts of AOD to reduce harms in Aboriginal and Torres Strait Islander communities.

## Primary Health Networks

The Department is continuing to administer AOD programs through PHNs. Under Priority Reform 3 of the National Agreement, Primary Health Networks (PHNs) as commissioning bodies for government services are committed to systematic and structural transformation, to improve accountability and respond to the specific needs of Aboriginal and Torres Strait Islander people.

In his 2018 study, David Coombs noted that:

*“Primary Health Networks control a significant amount of Indigenous-specific health funding, which Aboriginal Community Controlled Health Services have historically relied upon. ... The Primary Health Networks promote contestable funding and competitive service markets, destabilising the Indigenous health funding environment.*

*This new funding model does not account for the distinguishing feature of Aboriginal Community Controlled Health Services: self-determination. Additionally, Primary Health Networks possess limited knowledge of Indigenous health contexts and have been resistant to engagement with Aboriginal organisations. All of this limits Indigenous self-determination and threatens Indigenous health.”<sup>34</sup>*

Fundamentally, current PHN funding models do not align with the Priority Reforms of the National Agreement. Funding delivered through PHNs tends to favour large organisations and peak bodies and is predominantly awarded to non-Indigenous organisations. These organisations often deliver services that are not culturally safe or have tokenistic attempts at cultural safety, and which are not carried out in partnership with Aboriginal and Torres Strait Islander communities. This draws funding away from ACCHOs and ACCOs, which are best placed to deliver appropriate services to their communities. Importantly, as one Affiliate noted, PHNs have no cultural mandate to commission Aboriginal health programs, including cultural programs.

In practice, when funding is provided to ACCHOs through PHN commissioning arrangements, its value is often diminished. Complex reporting arrangements with often short submission timelines, a lack of flexibility in how the funding can be utilised, and instances of funding being tied to programs that are culturally inappropriate for the intended community, burden already over-stretched ACCHOs. It leaves ACCHOs to fill the funding gap, address the unfunded reporting overheads and undertake resource intensive adaptation of programs to suit local cultural requirements.

In contrast to PHN commissioning practices, ACCHOs report that programs commissioned by community controlled peak bodies such as NACCHO understand the needs and challenges of the sector, and support flexible local level decision making to optimise service delivery and outcomes for Aboriginal and Torres Strait Islander people and communities.

**NACCHO recommends** funding for provision of AOD treatment and support services to Aboriginal and Torres Strait Islander people is transitioned from PHNs to the ACCHO sector, in line with Priority Reforms 2 and 3, and actions recommended under the Primary Health Care 10 Year Plan.

---

<sup>34</sup> Coombs, D. (2018). Primary Health Networks' impact on Aboriginal Community Controlled Health Services. Australian Journal of Public Administration, 77(S1), S37–S46. <https://doi.org/10.1111/1467-8500.12357>.

## Open competitive grants

The 'open and competitive grants process' outlined in the 'Key Information and Questions & Answers' paper will prioritise mainstream AOD services. Competitive grants processes (with parameters based on cost alone) tend to undercut the community-controlled sector. Services provided in ACCHOs usually require more time, and often involve a multidisciplinary team. As such, they are more costly than mainstream services. However, delivering services through ACCHOs provides a higher level of care and holistic, culturally appropriate services delivered through ACCHOs are most effective for Aboriginal and Torres Strait Islander people.<sup>35,36</sup>

The Commonwealth Grants Rules and Principles 2024 (cited in the 'Key Information and Questions & Answers' paper) is not the only document relevant to government grants decision-making. The National Agreement on Closing the Gap Priority Reform 2 outlines the need to 'Build the community controlled sector'. The need for transition of funding from PHNs to the ACCHO sector is echoed in the Primary Health Care 10 year Plan. Under *Action area C: Close the Gap through a stronger community controlled sector*, its short term (1-3 year) actions include:

- Moving over time from PHN commissioning of Aboriginal and Torres Strait Islander services to direct funding of ACCHS, starting with areas of strongest capacity
- Scoping and trialling of Aboriginal and Torres Strait Islander community-led commissioning models for urban, rural and remote areas.<sup>37</sup>

It appears as though these actions have been ignored.

## Culturally appropriate health promotion

The draft program logic includes a prevention objective – with key actions being health promotional activities. Alcohol and other drug use is complex, with distinct drivers and enablers. It is important that health promotion campaigns are delivered in a culturally appropriate, culturally safe manner. One anecdotal example is of a local government campaign that used the slogan "Drugs are Deadly". In Aboriginal communities "deadly" means cool, awesome or excellent.<sup>38</sup> This gaffe is of uncertain origin, but provides an example of what happens when health promotion materials are created without involvement of the community they are aimed.

Within the ACCHO sector, resourcing for health promotion programs is inadequate and often short-term, and narrowly focused on risk behaviours.<sup>39</sup> However, health promotion campaigns for Aboriginal and Torres Strait Islander people are most effective when they are strengths based, and culturally appropriate. A key example of such a program is NACCHO's Strong Born campaign. Fetal Alcohol Spectrum Disorder (FASD) has long been an Aboriginal and Torres Strait Islander community controlled health priority. Due to the sensitivity of the topic, and potential for stigma and shame, it is particularly important that discussions regarding FASD are culturally safe, culturally appropriate and trauma informed.

The Strong Born campaign, the first of its kind, employs a strengths-based approach to FASD awareness and assistance that enables place-based campaigns. It has reached 40 per cent of ACCHOs to date. The campaign includes culturally appropriate health information for women and families, educational materials for

---

<sup>35</sup>Pearson, O., Schwartzkopff, K., Dawson, A., Hagger, C., Karagi, A., Davy, C., Brown, A., Braunack-Mayer, A., & CREATE Leadership Group (2020). Aboriginal community controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. *BMC public health*, 20(1), 1859. <https://pubmed.ncbi.nlm.nih.gov/33276747/>

<sup>36</sup> NACCHO, Core Services and Outcomes Framework, June 2021, <https://www.naccho.org.au/wp-content/uploads/2024/10/Core-Services-Outcomes-Framework-full-document.pdf>

<sup>37</sup> Department of Health and Aged Care, Primary Health Care 10 Year Plan 2022-2032, Action area C: Close the Gap through a stronger community controlled sector, <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032?language=en>.

<sup>38</sup> Austin, K., Deadly Funny: The Aboriginal stand-up comedians cracking up Australia, ABC News, March 2017, <https://www.abc.net.au/news/2017-03-29/deadly-funny-the-aboriginal-comedians-cracking-up-australia/8396586>.

<sup>39</sup> South Australian Health & Medical Research Institute & Wardliparingga Aboriginal Research, Policy Brief: Comprehensive Health Promotion in ACCHOs, February 2020, [https://sahmri.blob.core.windows.net/communications/health\\_promo.pdf](https://sahmri.blob.core.windows.net/communications/health_promo.pdf).

Aboriginal health care workers, and guidance for health care providers that work with communities. ACCHOs are able to tailor the campaign to their local needs and cultural requirements.

### Case study: Strong Born campaign at Central Australian Aboriginal Congress

Central Australian Aboriginal Congress (Congress) is one ACCHO delivering the Strong Born campaign. As part of this they have a tailored web page with information on FASD, personalised animations and details on how to seek help.<sup>40</sup>

Congress' Child & Youth Assessment & Therapeutic Service reported that 15 per cent of children received a primary diagnosis of FASD between November 2018 and June 2024, with 24 per cent being diagnosed with multiple forms of neurodiversity and/or neurodevelopmental delay. Early interventions are expected to significantly reduce the rates of children in out-of-home care and interactions with the justice system.

However, funding for Strong Born is due to expire in June 2026, with no news on further funding.

**NACCHO recommends** ACCHOs are funded to deliver holistic health promotion, prevention and engagement programs that address AOD use.

**NACCHO recommends** immediate, long-term extension to the Strong Born program.

## Workforce

The Aboriginal and Torres Strait Islander AOD workforce is significantly under-developed. In 2023–24, 18% of AOD-treatment clients are Aboriginal and Torres Strait Islander people,<sup>41</sup> and yet latest workforce survey results found that only 6% of the AOD workforce are Aboriginal and Torres Strait Islander workers.<sup>42</sup>

By the same token, the Aboriginal and Torres Strait Islander AOD workforce is diverse, comprising alcohol and drug clinicians, but also a host of workers who provide AOD services as part of their broader responsibilities. These include Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, mental health workers and liaison officers, as well as Aboriginal and Torres Strait Islander doctors, nurses, social workers, community health workers, and mobile patrol staff.<sup>43</sup>

In 2022, the Department of Health consulted on an update to the 2015-18 National Alcohol and other Drug Workforce Development Strategy. NACCHO provided a submission and was invited to be part of the strategy's advisory committee. It is unclear what has come of this work.

From a workforce development perspective, there are a number of measures that could enhance the capacity of Aboriginal and Torres Strait Islander AOD workers. These include:

- Establishing a national professional body for Aboriginal and Torres Strait Islander AOD workers
- Establishing a national peak body for Aboriginal and Torres Strait Islander-controlled AOD services
- Establishing in consultation with communities and community-controlled organisations, Identified Aboriginal AOD worker positions

<sup>40</sup> Central Australian Aboriginal Congress, No Safe Drinking for Bub, <https://www.caac.org.au/nosafedrinkingforbub/>.

<sup>41</sup> AIHW, Alcohol and other drug treatment services in Australia annual report 2023-24, June 2025, <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/clients/indigenous-australians>.

<sup>42</sup> Skinner, N., McEntee, A., & Roche, A., Australia's alcohol and other drug workforce: National survey results 2019-2020, National Centre of Education and Training on Addiction, Flinders University, 2020, <https://nceta.flinders.edu.au/application/files/1216/0748/4166/NCETA-NAODWS-19-20-Draft14.pdf>.

<sup>43</sup> Roche, A., Tovell, A., Weetra, D., Freeman, T., Bates, N., Trifonoff, A., & Steenson, T., Stories of resilience: Indigenous alcohol and other drug workers' wellbeing, stress, and burnout, National Centre of Education and Training on Addiction, Flinders University, 2010, [https://nceta.flinders.edu.au/application/files/9915/0646/7732/EN439\\_Roche\\_2010.pdf](https://nceta.flinders.edu.au/application/files/9915/0646/7732/EN439_Roche_2010.pdf).

- Implementing measures to promote AOD work as a career of choice for Aboriginal and Torres Strait Islander people
- Utilising vocational education scholarships to recruit Aboriginal and Torres Strait Islander people to the ACCHO/ACCO sector.

Aboriginal and Torres Strait Islander Community Controlled Registered Training Organisations (ACCRTOs) provide culturally safe training for students, building a skilled workforce to support their communities. NACCHO has 13 ACCHRTOs (which are also ACCHOs) in its membership. By funding ACCHOs and ACCRTOs to partner on a national AOD program with customised resources, this accredited training can be expanded across the sector. This approach ensures ACCHOs can recruit locally trained staff offering culturally embedded training and work experience and paving the way for long-term careers in health and AOD.

Furthermore, NACCHO has identified the need for specific training for ACCHO staff to support the delivery of Opioid Dependence Therapies (ODT). This should include enhanced support for training the ACCHO medical workforce to prescribe ODT, and specific programs or support for services wishing to dose clients directly within their facilities. Additionally, there should be support for non-ACCHO providers, such as prisons, state ODT providers, and GPs, to deliver culturally safe ODT care.

Adequate medical infrastructure and support for Aboriginal and Torres Strait Islander health staff are essential to support ODT and clients with opioid-related support needs. This includes training for Aboriginal Health Practitioners (AHPs) regarding opioids and programs that fund the integration of pharmacists into ACCHOs to support ODT management. Furthermore, there should be enhanced SEWB workforce capacity for AOD areas, including specific training and programs such as methamphetamine training and support programs.

**NACCHO recommends** work is recommenced on the revised National Alcohol and other Drug Workforce Development Strategy.

**NACCHO recommends** funding for ACCHOs and ACCRTOs to work in partnership to develop a collective workforce-delivery program and supporting resources.

## Proposed KPIs

Overall, the proposed KPIs require further thought. There is a difference between regular reporting on numbers of clients/services and KPIs, which can help incentivise outcome-driven activities. Suggested KPIs tend to be focussed on numbers – i.e. number of health promotion materials distributed, rather than quality or appropriateness of materials. The number of materials distributed does not reflect comprehensive, effective health promotional activities.

There were several mentions of KPI disaggregation by priority groups – but no explanation of what these priority groups are.

The draft KPIs include one relating to clients in places of detention. However, the targeting of services at people in places of detention is not evident in the program logic.

## Perverse incentives

In designing KPIs, the Department must consider how they will affect services, service delivery and whether the KPI actually measures the desired outcome. A detailed list of comments on the proposed KPIs is available in the table below, however, some examples of where KPIs do not align with desired outcomes include:

- Having the number of at-risk individuals identified and engaged in early intervention as a KPI, which may incentivise identification and escalation when not clinically necessary or appropriate.
- While it is important to monitor the number and proportion of clients in places of detention, it is unclear how to interpret this number when it is a KPI. A rise in the number/proportion of clients in place of

detention could mean more people in detention receiving the help they need – surely a positive outcome. Conversely, a rise in the number/proportion of clients should not be made into a KPI as it would incentivise services to treat people who do not require treatment, or to report more clients than are receiving support.

- Having number of program evaluations as a KPI encourages multiple rushed evaluations. Focus of KPIs should instead be on the quality and breadth of evaluations.
- The client experience KPIs are planned to be collected through the services – a definite conflict of interest for services who want to protect their reputation.

### Specific comments on proposed KPIs

| Objectives                                | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Prevention</b>                         | <ul style="list-style-type: none"> <li>• Health promotion KPIs (output/outcome1) need to be focussed on quality and cultural appropriateness of material, not just numbers distributed/seen. This could include a feedback survey or similar of people who have read the materials.</li> <li>• Educational programs also need to target people who regularly interact with people who use alcohol/drugs – i.e. police, health workers, child protection – in order to reduce stigma, improve their interactions with people who use alcohol and other drugs and prevent harm.</li> <li>• A KPI on reduced stigma (output/outcome 5) would be great, but there needs to be a mechanism for gathering this data that isn't through service providers. It is unclear whether a provider would admit to having a high level of stigma in service delivery.</li> </ul>                                                                                                           |
| <b>Early intervention</b>                 | <ul style="list-style-type: none"> <li>• There are no KPIs relating to harm reduction.</li> <li>• Suggest having the proportion of Aboriginal and Torres Strait Islander people who are able to go to a community controlled service for assistance as a KPI.</li> <li>• Suggest having the number of referrals completed (output/outcome 2) disaggregated by Indigenous status.</li> <li>• Having the number of at-risk individuals identified and engaged (output/outcome 3) as a KPI incentivises identification and escalation when not medically necessary or appropriate.</li> <li>• Output/outcome 4 is unclearly worded and potentially needs to be broken into several KPIs.</li> <li>• Output/outcome 6 needs to define what is meant by “escalation to harmful AOD use”.</li> </ul>                                                                                                                                                                              |
| <b>Treatment, recovery and management</b> | <ul style="list-style-type: none"> <li>• KPIs relating to number and proportion of Aboriginal and Torres Strait Islander people receiving services ACCHOs/other ACCOs are missing.</li> <li>• KPIs should consider including number of services provided to family/community of people who use drugs/alcohol.</li> <li>• Output/outcome – consider saying “number and proportion of clients who are employed <b>or studying</b>” – noting that people may require further qualifications before they are able to be employed.</li> <li>• Output/outcome 7 – while it is important to monitor the number and proportion of clients in places of detention for reporting, it is unclear how to interpret this number when it is a KPI. A rise in the number/proportion of clients in place of detention could mean more people in detention receiving the help they need – surely a positive outcome. This KPI could be reframed as the proportion of need for AOD</li> </ul> |

| Objectives                | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | treatment services in prisons that is met, and the proportion of services in prison that are culturally appropriate (i.e. ACCHO or ACCO-led).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>System enablers</b>    | <ul style="list-style-type: none"> <li>• There is no mention of the need for services for Aboriginal and Torres Strait Islander people to be provided by ACCHOs/ACCOs.</li> <li>• While mainstream service staff should have cultural competency training (output/outcome 1), it needs to be comprehensive, and carried out by a reputable Aboriginal and/or Torres Strait Islander organisation. Cultural safety training is also not as effective in ensuring cultural competency as having ACCHOs/ACCOs delivering services.</li> <li>• Research and data are mentioned (output/outcome 4), however it is unclear who is researching, and what is being researched. It is further unclear whether the number of research and materials that are translated and disseminated is the best measure of research success. Priority Reform 4 of the National Agreement on Closing the Gap outlines the need for shared access to local data for Aboriginal and Torres Strait Islander people – including feeding data and research back to communities.</li> <li>• Output/outcome 6 notes the importance of having lived and living experience representation – this measure must be disaggregated by Indigenous status. Intersectionality means that lived experience for Aboriginal and Torres Strait Islander people can be unique, and this can further differ across geographic location, gender, sexuality and other identities.</li> <li>• Output/outcome 8 – this KPI relating to the number and proportion of funded services that carry out evaluation activities is planned to be provider submitted. The provider itself is not best placed to be the sole conductor of evaluations – for objectivity they must be carried out by a third party. There also must be a mechanism through which dissatisfied clients can provide feedback directly to a third party evaluator – not filtered through providers who are incentivised to protect their own reputation.</li> <li>• Output/outcome 14 – use caution when having number of evaluations as a KPI. This encourages multiple rushed evaluations. Focus should instead be on quality of evaluations, or number of people/services genuinely involved in evaluations.</li> </ul> |
| <b>Across all pillars</b> | <ul style="list-style-type: none"> <li>• KPIs relating to prevalence of harmful or high risk AOD use and AOD related deaths should be disaggregated by Indigenous status. Otherwise changes among non-Indigenous Australians may mask what is happening among Aboriginal and Torres Strait Islander people.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |