

Position Paper – Harm minimisation

What this paper is about

This paper sets out the policy position of Emerge Women and Children's Support Network on harm minimisation.

It describes out our approach to drug and alcohol use by victim-survivors who live in our refuges and housing and receive our services in the community, and why we are transforming our practice with clients that use alcohol and other drugs.

The paper is about our adoption of harm minimisation as our policy approach to substance use, and our departure from policy positions that focus on zero tolerance.

What harm minimisation is

Harm minimisation is a public health approach aimed at strategies to reduce the harms caused by the use of drugs and alcohol. Harm minimisation is the preferred public health approach replacing zero tolerance, which focusses on deterring behaviour through strict punishment with a goal of elimination.

Traditionally, refuges have operated with a policy position based on zero tolerance. This has been the case for many reasons, including concerns about safety of shared refuge environments, the cost and availability of AOD-specific expertise, the specialisation of the sector, and the philosophy and history of practice in the sector.

The practical reality of these policy positions is that many refuges will either not accept clients who present with AOD issues and exit victim survivors who use substances into homelessness. After being exited, these clients are forced to make the impossible choice between homelessness or returning to the person using violence. This policy position penalises vulnerable clients and significantly increases their likelihood of serious harm and death from family violence.

Our position pillars

Emerge has taken a strong and evidence-based position on harm minimisation. This paper sets out 6 key pillars that outline our policy position:

1. Harm minimisation is the preferred policy approach in Australia
2. Many people in Australia use drugs and alcohol, and risk increases when you are a victim survivor
3. Substance use coercion is a form of family violence
4. Harm minimisation aligns with the fundamental human rights of our clients
5. Harm minimisation increases safety
6. Zero tolerance causes further harm
7. Strengths-based, trauma-informed approaches support recovery.

Harm minimisation is the preferred policy approach in Australia

The National Drug Strategy categorises the Australian public health approach to harm minimisation under three key focus areas:

- demand reduction,
- supply reduction,
- and harm reduction

These pillars provide guidance for government, service providers and the community on best-practice approaches to working with drug and alcohol related harm. ¹

In the social services environment working directly with clients, evidence-based harm minimisation focuses on reducing harm- the third pillar of the National Drug Strategy.

Harm reduction is a client-centred, trauma-informed, culturally responsive approach that:

- recognises that risk elimination using abstinence is both not possible and harmful,
- does not punish substance use, and
- reduces stigma and shame.

Harm reduction recognises that substance abuse is a symptom with intersectional drivers including intergenerational trauma, racism, discrimination, poverty, and experiences of violence. Harm reduction also recognises that women are less likely to seek support for AOD use,² and are also more likely to seek refuge from family violence.³ It also recognises that intersectional experiences of drug and alcohol users impact their experience of service responses, treatment and recovery.

Many people in Australia have drug and alcohol problems, and risk increases when you are a victim survivor

While not all substance use causes problems and is abusive⁴, many Australians use drugs and alcohol and people who use substances are more likely to also experience family violence.⁵

- Drug and alcohol use is common across the entire Australian population – Australian Institute of Health and Welfare research has found that 1 in 3 Australians drink in a way that puts their health at risk, 1 in 2 people have

¹ See Dep. Health and Aged Care, <https://www.health.gov.au/resources/collections/national-drug-strategy>

² NADA, [Working with Women Engaged in Alcohol and Other Drug Treatment](#) (2021)

³ Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2022-2023* (2024).

⁴ Ibid

⁵ Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P. J., Kaewken, O. (2015). An applied research paper on the relationship between intimate partner violence and substance use. Chicago, IL: National Center on Domestic Violence, Trauma, and Mental Health

used an illicit drug in their lifetime⁶, and Australian Bureau of Statistics research found that approximately 3.3% of Australians have symptoms of a substance use disorder.⁷

- Experiences of family violence, trauma, poor mental health and homelessness have a causative and consequential intersection with drug and alcohol abuse⁸ For example, women who have experience sexual violence are more likely to drink to excess and use illicit drugs⁹. Substance use may also lead to further experiences of revictimisation.¹⁰
- Women in violent and abusive relationships are 5 x more likely to depend on substances¹¹, and an estimated 75% of women in refuges and other family violence shelters use substances¹²
- The Royal Commission found that between 50-90% of women who access AOD services in Victoria were also experiencing family violence.¹³

Substance use coercion is a form of family violence

Substance use coercion (also called substance abuse exploitation) is a form of coercive control used by people who use violence against victim survivors.

Substance use coercion can include using force, threats and manipulating victim survivors into using drugs and alcohol

Harm minimisation aligns with the fundamental human rights of our clients

In Victoria, agencies that perform functions of a public nature are required to consider how human rights are protected when delivering services.

Fundamental human rights require that we treat all people with dignity and respect.¹⁴ Principles of human rights prohibit stigmatising or discriminating against people for, among other things, their health status.

⁶ Australian Institute of Health and Welfare *National Drug Strategy Household Survey 2022–2023*. Australian Institute of Health and Welfare (2025)

⁷ Australian Bureau of Statistics. (2020–2022). National Study of Mental Health and Wellbeing. ABS

⁸ Magwood, O et al. *The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder*. PLoS One (2020)

⁹ Townsend, N et al *A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health ANROWS* (2020).

¹⁰ Stathopoulos, M. (2014a). *Sexual revictimisation: Individual, interpersonal and contextual factors*. Melbourne: Australian Institute of Family Studies.

¹¹ Hovey, A; Roberts, C, Scott, S, Chambers, L. 'Understanding the Landscape of Substance Use Management Practices in Domestic Violence Shelters across Ontario'

¹² Chung, S., Domino, M. E., & Morrissey, J. P. (2009). 'Changes in treatment content of services during trauma-informed integrated services for women with co-occurring disorders'. *Community Mental Health Journal*, 45(5), 375–384; Morton, S., Hohman, M., & Middleton, A. (2015). 'Implementing a harm reduction approach to substance use in an intimate partner violence agency: Practice issues in an Irish setting' *Partner Abuse*, 6, 337– 350.

¹³ Royal Commission into Family Violence: Report and recommendations., State of Victoria; 2014-16.

¹⁴ United Nations. (1948). *Universal declaration of human rights*

Modern human rights frameworks, like feminist frameworks, require that we consider the intersecting factors that impact people disproportionately such as poverty, racism, trauma and discrimination when we consider someone's human rights.¹⁵

It is also recognised by human rights bodies and advocates for harm reduction that punitive rules based in zero tolerance exist in the same structures that also support racist and discriminatory practice.¹⁶

Harm minimisation increases safety

Harm minimisation focusses on risk management, not risk elimination. Approaches to harm minimisation address that risk cannot always be fully eliminated. Policy approaches focus on multi-agency collaboration that supports risk assessment, safety planning, and layered supports.

AOD is a barrier to accessing family violence support across the specialist system, and these practices increase the risk to victim survivors seeking help who present with both family violence and substance use.¹⁷ Harm reduction prioritises both reducing the risk and consequences of negative behaviour linked to AOD use and supports safer use and consumption of alcohol and drugs.¹⁸

Zero tolerance causes further harm

People escaping violence in their engagement with crisis services are often in trauma response, resulting in significant escalation, distress and poor mental health. Alcohol and other drug use may be an adaptive coping strategy during this time; however, coercive approaches to AOD treatment often result in resistance and poor treatment outcomes.¹⁹

Withdrawing from alcohol and other drugs without medical support can result in significant physical harm or death and is not recommended for some substances (i.e. alcohol, benzodiazepines, GHB). Unfortunately, the application of zero tolerance policies to alcohol and other drug use can either force refuge clients to withdraw at a time of crisis without sufficient medical and expert support, or force them to hide their substance use in 'breach' of refuge rules.

¹⁵ Johanna Bond, Foreword: Centering Intersectionality in Human Rights Discourse, 79 Wash. & Lee L. Rev. 953 (2022).

¹⁶ Harm Reduction International (2024) The Global State of Harm Reduction

¹⁷ Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430–439; Schumacher, J. A., & Holt, D. J. (2012). Domestic violence shelter residents' substance abuse treatment needs and options. *Aggression and Violent Behavior*, 17, 188–197

¹⁸ Lee, H., & Zerai, A. (2010). "Everyone deserves services no matter what": Defining success in harm-reduction-based substance user treatment. *Substance Use & Misuse*, 45

¹⁹ See for example practice guidance from the *Australian Journal of General*

Practice, <https://www1.racgp.org.au/ajgp/2023/march/engaging-patients-who-use-alcohol-and-other-drugs>

Stigma and shame related to alcohol and other drug use create significant barriers to recovery.²⁰ Penalising AOD use, which has high rates of prevalence in victim survivors of family violence, can directly impact the holistic recovery of clients at refuge.

Harm minimisation recognises that people need capacity, expert support, and have the right to create change at their own pace. Using a non-judgemental approach that de-stigmatises alcohol and other drug use can empower clients to address their emotional wellbeing, which may include behaviour change related to substance use.

Strengths-based, trauma-informed approaches as part of an integrated response support recovery

Trauma-informed practice is crucial to recovery. Trauma-informed practice centres a person's needs and strengths in a responsive, empowering, collaborative and safe service delivery relationship. The evidence demonstrates that trauma-informed approaches support recovery from family violence and AOD²¹.

²⁰ Monash Addiction Research Centre, *Submission to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia* (2024)

²¹ See for example Network of Alcohol and other Drugs Agencies, *Trauma-informed practices for responding to difficult situations* (2022)