Australian Alcohol & Other Drugs Council

22 September 2026

The Hon Anika Wells MP

Minister for Communications

Parliament House

Canberra ACT 2600

digitaldutyofcare@communications.gov.au

Dear Minister Wells

Re: Online Safety Amendment (Digital Duty of Care) Bill 2026 — protecting access to drug-related public health and harm reduction information

Thank you for the opportunity to comment on the *Online Safety Amendment (Digital Duty of Care) Bill 2026* (the Bill). As the national peak organisation representing the alcohol and other drugs sector in Australia, the Australian Alcohol and other Drugs Council (AADC) has concerns about the potential unintended consequences of the Bill for the availability of evidence-based, drug-related public health and harm reduction information online.

AADC supports the objective of improving online safety and preventing serious harm. However, as currently drafted, the Bill risks restricting lawful, evidence-based health information that helps reduce drug-related harms, including fatal overdose. AADC also believes that the Bill in its current form undermines some of the current principles and priorities of Australia's National Drug Strategy, in which harm reduction forms a key pillar in minimising drug-related harms.

About Us

AADC is the national peak body representing Australia's alcohol and other drugs (AOD) sector. We work to advance health and public welfare through the lowest possible levels of AOD related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level. AADC's founding members comprise each state and territory peak body for the AOD sector, other national peak bodies relating to the AOD sector, and professional bodies for those working in the AOD sector.

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Impacts of the Bill on Evidenced-based Public Health Information

The Bill creates a positive digital duty of care requiring persons responsible for online services to ensure, so far as reasonably practicable, a safe online environment. The duty applies to a broad range of services, including social media services, search engines, websites, app distribution services and services that allow users to generate material using artificial intelligence. It also requires risk assessments, user empowerment tools and compliance with regulatory directions, supported by substantial civil penalties.

AADC is concerned that the Bill defines "seriously harmful material and conduct" to include material or conduct that "encourages, promotes, urges or instructs illicit drug use" (s25C(1)(k)). This language may capture drug education, safer-use advice, early warning alerts, peer-to-peer support and clinical training material. These are all evidence-based, established harm reduction practices that contribute to public health, safety and wellbeing.

In practical terms, the Bill especially risks restricting the operation of early warning communication systems, which produce and circulate drug alerts when unexpected, harmful substances have been detected in local drug supplies. Drug alerts are a critical feature of public health and harm reduction infrastructure supported by various Australian governments and frequently contain specific information on drugs, including images of drugs detected to contain risky substances.[1] Critically, these alerts frequently contain information on how to reduce risks, incorporating evidence-based harm reduction messaging such as 'Start Low, Go Slow' which instructs people intent on consuming substances to ingest only a small amount of a substance and wait to monitor any negative side effects before consuming the originally intended amount. Formal drug checking services, such as CanTEST in the ACT, are a key pillar of these early warning systems, engaging people before they consume substances, testing these substances and circulating warnings to the wider community when adverse substances are present. The Bill, however, may see these drug alerts blocked or taken down, meaning that vital public health and harm reduction information becomes unavailable. This risks increasing rates of potentially fatal overdose.

Without clear protections within the Bill, platforms may treat this content as unlawful, risky or "borderline", even where it is designed to prevent harm. The likely result is a chilling effect. Online services facing substantial penalties may take an overly cautious approach by removing, suppressing, de-prioritising or refusing to host drug-related content, rather than making nuanced distinctions between harmful encouragement of drug use and evidence-based harm reduction messaging.

These risks are not hypothetical as AOD and harm reductions services already regularly encounter restrictions on communicating evidence-based information designed to reduce drug-related harms. These include restrictions, reduced reach, removal of posts and limited access to appeal or explanation. Drug-related content is also often moderated through broad categories such as dangerous, illegal or harmful content. Such systems may be poorly equipped to distinguish between content that increases risk and content that helps people make safer decisions or implement safer practices in relation to their substances use. This will result in reliable health information becoming harder to find.

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[1] For an example of a drug alert and the information provided, see CanTEST's recent discovery of fentanyl in local drug supplies and associated harm reduction information.

Misalignment with National Drug Strategy

For more than 30 years, Australian drug policy has been guided by the three pillars of harm reduction, demand reduction and supply reduction. AADC remains concerned that provisions within the Bill risk undermining this policy through its ability to restrict access to evidenced-based public health information.

This occurs in an environment of increasingly sophisticated and responsive harm reduction actions occurring in jurisdictions, such as drug checking services, early warning communications systems and education on the use and availability of the opioid overdose reversal drug, naloxone. The Bill risks undermining these efforts and running counter to the focus on reducing drug-related harms across Australia.

The recent Standing Committee on Health, Disability and Ageing inquiry into the health impacts of alcohol and other drugs in Australia recommended expanding these efforts, particularly in the digital environment. The Inquiry Report recommends that:

- the federal government introduce new digital models of AOD harm prevention (recommendation 16);
- the Australia, State and Territory governments:
  - develop a nationally coordinated early warning system for illicit drugs, to include, among other things, communication of alerts (recommendation 7);
  - improve access to harm reduction services and education (recommendation 26);
  - introduce drug checking and testing to support health-based education and surveillance strategies (recommendation 30).[2]

The Bill, as it is drafted, is in opposition to the expanding role of harm reduction as recommended by the Standing Committee, alongside the fundamental pillars of Australia's response to illicit drugs that has been in place for more than 30 years.

Exacerbating drug-related harms and administrative burdens

The impact of provisions of this Bill would be felt by young people, adults and communities who already face stigma and barriers to care. Harm reduction services often reach people who may not otherwise access face-to-face services, including people who wish to remain anonymous because of legal, health, employment or social risks. If access to online information is narrowed or delayed, the consequences may include increased fatal overdoses, reduced help-seeking, reduced access to early warning information, and a shift toward less visible and less moderated online spaces.

The Bill may also impose disproportionate operational burdens on AOD organisations themselves. Some organisations may be considered "online services" because they host websites, forums, online tools, AI-assisted information services or peer engagement spaces.

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[2] Standing Committee on Health, Disability and Ageing. (2026). *Report on the health impacts of alcohol and other drugs in Australia.* Available at https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Disability/Healthimpactsofalcohol/Report

Smaller and volunteer-based organisations may be required to conduct risk assessments, maintain compliance systems, respond to complaints and manage legal exposure despite limited resources.

Recommendations

In this context, AADC recommends that the Bill be amended so that it clearly protects access to evidence-based, drug-related public health and harm reduction information. In particular, we recommend that the Bill:

- Removes the statement "material or conduct that encourages, promotes, urges or instructs illicit drug use" (s 25C(1)(k)) from the list of "seriously harmful material and content"
- Excludes drug-related public health and harm reduction initiatives and activities from the operation of the bill
- Excludes AOD and harm reduction organisations from being considered online services

Thank you for the opportunity to comment on the draft Bill. If you require any further information in relation to this submission, please do not hesitate to contact me directly on 0438 430 963 or via email at melanie.walker@aadc.org.au.

Yours sincerely

Melanie Walker

Chief Executive Officer

Australian Alcohol and other Drugs Council