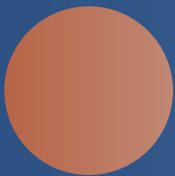




**Qualitative review of the impact of the  
Drugs of Dependence Amendment Act  
on the ACT AOD sector**  
“A step in the right direction”

June 2026



# Qualitative review of the impact of the Drugs of Dependence Amendment Act on the ACT AOD sector: “A step in the right direction”

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## Acknowledgment

ATODA proudly acknowledges the Ngunnawal people as the Traditional Custodians of the land we work on and recognises all other peoples or families with connections to the ACT and region.

ATODA acknowledges, respects and celebrates the continuing culture and the contributions of Aboriginal and Torres Strait Islander peoples to the life of the ACT and region. We respect and value the contributions of Aboriginal and Torres Strait Islander peoples to the alcohol, tobacco and other drug sector.

## Introduction

In October 2023, the ACT legislated an amendment to the *Drugs of Dependence Act 1989* to decriminalise personal possession of small amounts of some illicit drugs in the Australian Capital Territory (ACT). This legislation—the Drugs of Dependence Amendment (DODA) Act—was a significant change to the ACT’s approach to illicit drug use. The Alcohol, Tobacco and Other Drug Association ACT (ATODA) took the lead in ensuring sector perspectives on the impact of the legislation on AOD services were documented both pre- and post-implementation. The resulting *Qualitative review of the impact of the Drugs of Dependence Amendment legislation on the ACT AOD sector* (the review), provides important insights that complement the *Evaluation of the operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022* (the evaluation) undertaken by the Drug Policy Modelling Program (DPMP) at the University of New South Wales (UNSW) in collaboration with the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and the Australian National University (ANU).<sup>1</sup> The unique contribution of ATODA’s review is its elevation of the voices of those who work in the sector and who have close knowledge of the legislation’s impact on frontline service delivery and on AOD service users.

## Background

On 20 October 2022, the ACT Legislative Assembly passed the *Drugs of Dependence (Personal Possession) Amendment Bill 2021*, which came into effect on 28 October 2023. Under the amended legislation, a person found in possession of illicit drugs below the designated threshold is eligible for a simple drug offence notice (SDON). The person can be issued a \$100 fine or be referred to the Illicit Drug Diversion program (a harm reduction education and assessment session at Canberra Health Services), rather than receiving a criminal sentence. This legislation places the ACT at the forefront, nationally and globally, of evidence-based legislative approaches to reducing harm from drug use.

A diverse cross-section of community and government actors laid the groundwork for the DODA legislation.<sup>2-6</sup> Underpinning the legislation is the recognition that criminalisation of drug use has compounded negative impacts in the community and has been detrimental to the health and wellbeing of people who use drugs.<sup>i</sup> The main objective of the legislation is to divert people away from the custodial system and into the health system. Diversion is an

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<sup>i</sup> Further underpinning the legislation is a recognition of the positive outcomes of decriminalisation in other countries, such as Portugal, which has reduced drug-related health harms (Hughes C and Stevens A. What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology* 2010; 50: 999-1022; Levy J. *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma*. 2013: INPUD and Youth RISE). The ACT’s process of drug decriminalisation exists within a different context than other instances of decriminalisation, such as in the United States and Canada, some of which have since been repealed due to community concerns.

important form of harm reduction, given that interaction with the custodial system is a significant harm in its own right, has the potential to generate further harms, is often disproportionate to the offence that has been committed, and has little rehabilitative value.<sup>7-</sup>  
<sup>10</sup> This review contributes to the evidence base around the implementation and impacts of decriminalisation in the ACT and to a growing body of evidence on decriminalisation globally.<sup>11-13</sup>

## Methodology

Between September 2023 and November 2025, executives and workers from ACT AOD services took part in a series of focus group discussions on the impacts to services of the DODA legislation. These discussions canvassed service experience, professional opinions and expertise, and any available secondary data from AOD service users. Focus groups occurred at pre-implementation and at roughly six-months, one-year, and two-years post-implementation. A total of eight focus group discussions were held across the two years: in September/October 2023, July/August 2024, February/March 2025, and October/November 2025.

ATODA utilised the ACT AOD Executives' Group and ACT AOD Workers' Group as project focus groups. The Executives' Group met online for each discussion and included between 8 and 10 executives, from 6–7 services, in any one discussion. The Workers' Group met in-person for each discussion, it included 10–13 workers from 7–8 services each time. Each focus group involved between 20 and 40 minutes of discussion prompted by a range of open-ended questions. The review comprised an iterative process, with questions adapted for each subsequent round of discussion to ensure they remained relevant to how the focus groups understood the legislation at different points in time. The questions varied slightly between Executives' Group and Workers' Group, due to differences in the experience of impacts of the legislation. For instance, executives had greater insight into how the legislation had affected their service overall, while workers could provide more information on the specific experiences of service users with the legislation and its messaging.

Focus groups were led by a moderator from ATODA, and video and/or audio recorded. For the purposes of this review, and with the exception of the pre-implementation stage, findings have been organised by theme. Themes include changes to AOD service demand; communications and community understanding of the legislation; equity of access to diversion for AOD service users; and preliminary and potential harm reduction benefits of the legislation. The full range of themes and sample questions can be viewed in *Appendix A*.

## Research findings

### The pre-implementation stage

ATODA identified a number of themes in the pre-implementation focus groups, including uncertainty about the impact on demand for services, anticipation of therapeutic complexity, excitement about the reform, concern around need for additional resourcing and some uneasiness about the role of police discretion. Many of the questions that the sector had about the legislation were subsequently answered at implementation.

During the pre-implementation period, focus group participants highlighted a need for improved communication. In the months before the legislation came into force there was a general lack of information in the community, allowing misinformation to circulate. This was particularly the case around drug thresholds and confiscation of drugs by police.

One participant noted that *“[the messaging]’s really, really complicated, and I think that we’re going to have to keep messaging not just before, but in the months afterwards because at the moment people ... don’t know”* (September 2023).

Findings from the pre-implementation focus groups, in relation to communication of the legislation, were relayed to the ACT Health Directorate (now the ACT Health and Community Services Directorate). The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) was funded by the Directorate to produce a pamphlet in September 2023, *‘Decriminalisation: A guide for people who use drugs’*, to inform service users of the legislation, including the clear communication of drug thresholds.

A further theme of the pre-implementation focus groups was around evaluation measures, with one participant stating, *“evaluation is really important because we want to know what is working and we also want to know what the impacts are”* (October 2023) and another participant calling for *“a proper evaluation that’s a bit more inclusive of all of things that we’ve all been wanting to see”* (September 2023). Participants indicated the importance of a broad scope of evaluation, including measuring engagement with diversionary health services. One participant sought clarity on evaluating longer terms outcomes, *“So if that person then refers into a specialist treatment service, there’s no monitoring and evaluation over that journey ... thinking about that question about success, when people get to this level and they’re going through our programs, there’s no oversight of that at all”* (September 2023). A requirement for evaluation of the legislation formed part of the DODA Act and was tabled in the ACT Legislative Assembly in May 2026. This evaluation of the legislation did not commence until after implementation and, therefore, its scope was unknown at the time of the initial focus groups. The lack of baseline data at pre-implementation was raised as a concern. Discussions at this stage highlighted uncertainty around how success would be

measured, and therefore uncertainty about how the legislation was going to be implemented and experienced across the community.

### **Changes to AOD service demand**

Implementation of decriminalisation in the ACT did not lead to significant impacts for AOD services. This was a noticeable finding across all focus groups at six months, one year, and two years post-implementation. In the post-six-months period, focus groups were asked about how the legislation might have changed the number or profile of their service users, but many services had little to report. Participants in focus groups noted that there was *“nothing that stands out as being specific to decriminalisation”* in changes to service demand, and there was simply *“no impact in terms of ... volume or significant changes in presentation, or even primary drugs of concern notifications”* (July 2024). This was a position that other participants concurred with. Frontline workers in focus groups noted that they *“wouldn’t bring [decriminalisation] up unless [the service user] brought it up...”*, that this topic of conversation *“just doesn’t surface”*, and that they *“had a 5-minute conversation with our clients and it’s never been brought up since”* (August 2024).

In terms of impacts on the workforce, focus group participants had mixed experiences. One participant said, *“we haven’t changed in terms of [workforce training needs]”* while a participant from another service mentioned that they *“did quite a bit of upskilling with our staff at the beginning to make sure everybody understood what was going on and where they could go to get that information”* (July 2024). Focus groups discussed the possibility of workforce training to better understand the legislation and to feel more comfortable explaining it to clients. Ultimately, however, participants agreed that an in-depth understanding of the legislation was not necessary to interact with people using their services, as there had been little demand from people seeking additional information about the legislation.

It was also noted across all focus groups that the limited impact on services across the non-government sector was likely because *“there hasn’t been that flow through [of clients from Canberra Health Services]”* (July 2024). This was framed as a consequence of the way the implementation of the legislation diverted people to the one government service. Non-government AOD services indicated at focus groups in July 2024, February 2025, and October 2025, that they would ideally like to see the whole sector included as potential providers of the diversionary harm reduction information and assessment sessions. This approach was advocated on the grounds that it would accommodate individual choice, support existing service users who face diversion and increase engagement from diverted persons.

At the two-year focus group, one participant discussed the increased number of service users attending the drug checking service, CanTEST, over the implementation period. Although CanTEST was still a new service during this period, focus group participants suspected that decriminalisation was “*relevant to some extent*” to the increasing numbers of people utilising the drug checking service, however they also noted that “*it’s hard to know for certain*” (November 2025). Outreach efforts promoting the drug checking service, particularly among young people and university students, generated interest and questions regarding decriminalisation and drug quantity thresholds. Although the DODA legislation had limited observable impact on non-government services in the first two years of implementation, it appears that it may have had a positive impact on help-seeking and increased awareness and uptake of drug-checking, as a key harm reduction service in the ACT.<sup>ii</sup>

### **Communications and community understanding of the legislation**

At the time of implementation, the ACT Government produced media releases, public advertisements and website updates to notify the community of the legislation. Additionally, as previously noted, CAHMA was funded to produce a pamphlet specifically for people who use drugs and people who use AOD services in the ACT, outlining the legislative reform and indicating penalties and drug thresholds. As a result, focus groups noted that there was good awareness and some understanding of the legislation within the AOD sector workforce to begin with. It was specifically noted that the CAHMA pamphlet was of particular use to the AOD workforce for their personal knowledge and to assist service users in their understanding.

Focus group participants commented that there was a perceived lack of communication with the general public and some of the community of people who use drugs about the details of the DODA legislation. In the earliest focus groups, prior to CAHMA’s development of the information pamphlet, a participant noted that service users are “*not understanding or not having the right information about what the reforms actually are*” (September 2023). This was reiterated in a later focus group by a participant who suggested that early “*communication...needed to happen in ways that would be understood by the affected community*” (October 2025). While some focus group participants noted that community understanding of the specific mechanisms and details of the DODA legislation could be improved, both for the general public and for the community of people who use drugs, the

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<sup>ii</sup> The *Evaluation of the operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022* also reported an increase in presentations at CanTEST with “stakeholders citing that the laws likely made people more willing/less wary of accessing the service” (Ritter et al., 2026). Data from CanTEST show that the number of samples being analysed through the first two years of the DODA implementation increased from 58 in Jul/Aug 2022 to 184 in Jun/Jul 2024 (Olsen et al., 2023, *CanTEST Health and Drug Checking Service Program Evaluation: Final Report*, ANU, Canberra).

general consensus was that there was reasonable awareness of the implementation of the DODA legislation for the affected community at the time of its implementation.

In the context of the focus groups, it was identified that more informed workers were sharing their knowledge of the legislation with their colleagues. However, some workers raised the importance of the sector receiving direct information, to ensure that all workers were equally equipped to clearly and accurately communicate details of the legislation to service users. A particular concern was that service users found drug thresholds hard to understand and workers didn't always have information on hand. Where focus group participants did feel equipped with appropriate knowledge, many referred to the pamphlet created by CAHMA and funded by the ACT Health and Community Services Directorate as the most helpful and widely used resource in understanding the legislation. Focus group participants noted that this pamphlet was designed for service users rather than service providers and that *a "slightly thicker pamphlet would be great for [AOD service provider] organisations so that we can be more knowledgeable [of the legislation's process and drug thresholds]"* (August 2024).

Focus group participants pointed out the benefits of engaging and consulting with the sector around communication needs. It was noted that workers in the sector have considerable expertise and can support the government to ensure that messaging is appropriately on target, with one participant saying that *"continuing engagement and consultation with sector who is at the forefront in supporting the community is always critical for any change...it's about what is the thinking it through, what are the steps, what is the sector, what's the community asking for? What information do they need to know and when?"* (October 2025).

The sector was made aware of misinformation and uncertainty in the community, as reflected in concerns expressed to AOD workers by family members of service users.<sup>iii</sup> In regard to family members as stakeholders in the legislative reform, one participant noted, *"[the implementation of the legislation] created more fear than anything, that they thought that [people who use drugs] could just do whatever they wanted... I think there was a lack of education given out to the wider community"* (August 2024). The knowledge and understanding of family members about illicit drug use and drug law reform has an effect on AOD service users and therefore indirectly impacts the AOD sector workforce.

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<sup>iii</sup> The Evaluation of the ACT DODA Act 2022 found that "continued work to increase knowledge and understanding of the Amendments and its overarching goal is warranted". The Evaluation also referred to survey results that conclude that public understanding of the legal status of illicit drug possession of adults is mixed, suggesting there is an opportunity to strengthen public communication and clarify key aspects of the reforms (Ritter et al., 2026).

Notably, the harm reduction approach of the DODA legislation co-exists in tension with other legislative and legal processes that maintain an abstinence-based approach, creating a new therapeutic profile of concern for the AOD sector. Focus group participants reported difficulty in communicating the nuances of the legislation to people on drug-related court orders (such as from the Drug and Alcohol Sentencing List [DASL])<sup>14</sup> where drug use may be entirely prohibited. One counsellor noted that *“it’s hard enough to get them to buy into the DASL order to begin with...[but] it’s [especially] hard for people on an abstinence-based orders”* in the context of the DODA legislation (August 2024). This creates frustration for DASL clients who, depending on the specific details of their order, may be considered to be re-offending if they use or are found in possession of one or multiple illicit drugs, including those that are covered by the DODA legislation.<sup>15</sup> As such, AOD services are adapting, and may need to continue to adapt, therapeutic techniques to support service users grappling with two different and co-existing judicial approaches to illicit drug use.

### **Equity of access to diversion for AOD service users**

Issues of access to diversion for the population of people using AOD services was discussed across focus groups but was particularly pronounced two years post-implementation. As one participant in the final round of focus groups noted, *“some of them [service users] knew about the legislation change when it happened, but it’s not really discussed now...were there some benefits for some people? Absolutely. But did it affect the people that we’re really trying to work with?”* (November 2025).

Across focus groups, there was concern that the legislation was not necessarily benefitting those who have been most harmed by criminalisation, and that this population have historically been less likely to receive smaller penalties, such as cautions, for drug possession. AOD service representatives suggested that people who use AOD services are less likely to receive an SDON or a referral to the pre-existing Illicit Drug Diversion program in place of criminal charges. The legislation was seen as primarily *“aimed at”* people who used drugs recreationally, whether unintentional or not.<sup>iv</sup> One participant queried whether recreational drug users caught in the legal system should be the intended beneficiary of the legislation *“more than people whose lives have become unmanageable due to battling the disease of addiction who had entered a treatment facility”* (November 2025).

Focus groups at the one- and two-year marks touched on a few specific reasons why they didn’t feel the legislation necessarily suited the needs of people who frequently use or are

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<sup>iv</sup> This is reflected in the Independent Evaluation of the DODA legislation’s data on diversionary rates according to drug type, which highlights that the diversion rate for cocaine possession is highest (91.6% of all detections and 96.2% of detections where there is no co-offending) while diversions for methamphetamine is lowest (27.1% of all detections and 84.6% where there is no co-offending) (Ritter et al., 2026). Cocaine is the principal drug of concern in only 3% of treatment episodes at AOD services, while methamphetamine makes up almost 22% (the second highest principal drug of concern for service users after alcohol) (AIHW, 2026).

dependent on drugs. It was identified that recreational drug users might be more concerned about the drug quantity thresholds under the DODA legislation, but for people with a dependence on drugs, the quantity is often irrelevant. It was noted that AOD service users are often not “*forward planning*” how they will carry and use drugs (November 2025). Similarly, participants noted that lack of trust in legal systems remains high amongst people who use drugs, and therefore any reduction in criminalisation would not immediately result in increased trust in policing, legal, and custodial systems.

At the conclusion of this review, the general perception across focus groups was that while the DODA legislation is “*a step in the right direction*” (November 2025) for its potential to reduce stigma and enable help-seeking, there is potential to improve breadth and equity of access to the benefits of diversion for people who use AOD services.

### **Preliminary and potential harm reduction benefits of the legislation**

Focus group participants had a variety of different perspectives on the harm reduction impacts the legislation has had on AOD services and on service users. Besides the direct objective of decriminalisation and therefore reduced contact with the legal and custodial systems, there is a sense across the AOD sector that the legislation is having, and will continue to have, an indirect effect of elevating harm reduction messaging and promoting support for people who use drugs. It was generally agreed that, by the two-year mark, the legislation was making conversations about illicit drug use slightly easier within the community, and that within families it may have “*taken one cover of stigma and discrimination away and made it easier*” (November 2025). Those working in the sector expressed the hope that this will eventually decrease the stigma and discrimination experienced by people who use drugs and thereby increase help-seeking behaviour.<sup>11, 16, 17</sup>

Reflecting on the overall changes that the legislation may have brought about, participants noted a new openness in regard to illicit drug use, both within the service delivery context and in the community more broadly.<sup>v</sup> Focus group participants noted various community behaviours following the legislation’s implementation, including a greater willingness to talk to and engage with services, “*It’s fair to say that some people definitely...have been talking to our staff [about decriminalisation]...*” (July 2024) and an openness to receiving additional support “*I think it’s good now that people have a choice, whereas they didn’t have the choice before between the fine and coming to diversion... we’ve got that opportunity to engage with people, to give them some information and education and talk about whether they have any further needs that they need help with*” (August 2024). Furthermore, there was a perception of greater media openness, “*...I think the media has been quite open to*

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<sup>v</sup> The *Evaluation of the operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022* found that the DODA legislation is yet to realise a significant reduction in stigma and an increased uptake in treatment-seeking (Ritter et al., 2026).

*discussing what's been going on with drug and alcohol and it feels a bit different..."*  
(February 2025).<sup>vi</sup>

The legislation appears to have had impacts in community-based programs beyond the AOD sector, particularly in those allied services where drug use frequently co-occurs with other health or social issues, with one participating saying *"I feel as though I've heard from my colleague [supporting people with] homelessness that there has been more robust conversations [about drug use] and.. that that's been easier"* (February 2025).

Anecdotal reports about police engagement with AOD service users were mixed.<sup>vii</sup> While some participants noted that there were likely to have been harm reduction benefits from the training police received as part of the initial reframing of drug use as a health concern, others continued to express concerns about uneven use of police discretion and targeting of service users. At the two-year mark, one focus group member reported that *"a whole range of things have been heard [about engagement with police by people who use drugs], including 'police have been great', 'they haven't pulled me over as much'... and we've heard that they're just the same..."* (October 2025).

Executives and frontline workers in the focus groups offered concrete suggestions to improve or expand the harm reduction benefits of the DODA legislation. Key suggestions included optional diversion to a peer-based organisation; the opportunity for all persons who receive an SDON to have access to harm reduction information; and availability of harm reduction training to the general, non-AOD health workforce in the ACT, on the grounds that *"it doesn't necessarily feel that a lot has changed within health systems [in their approach to people who use drugs]"* (February 2025). Education and better communication about the drug quantity thresholds was framed as a harm reduction measure: *"information here is key... allowing the right people [people who use drugs] to know the right information and reduce that harm"* (March 2025).

Across all focus groups, participants articulated the benefits of a harm reduction approach in the ACT and framed the DODA as a flagship piece of harm reduction legislation, alongside other current and potential future approaches to addressing drug harms in the community.

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<sup>vi</sup> Between February 2021 and November 2025, over half of the media messages around the DODA legislation were mixed or neutral, while only 19% were positive and 25% were negative (Ritter et al., 2026).

<sup>vii</sup> This finding was mirrored in the *Evaluation of the operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022*. However, the evaluation also noted "calmer and more respectful police–community interactions" as a result of growing community awareness of the DODA legislation (Ritter et al., 2026).

## Discussion and conclusions

The DODA legislation represents a significant, evidence-based harm reduction reform. It has been welcomed by the AOD sector as an important element of the ACT's health-based approach to illicit drug use. However, there is scope to value-add to the legislation by broadening the services available for diversion, improving communication and public education in consultation with the sector, and ensuring that the people most affected by drug-related harms benefit from the reform. Services that provide treatment and harm reduction are stakeholders in any form of health-based drug diversion. This qualitative review provided a valuable opportunity for ATODA to gauge the experiences of the ACT AOD sector in the two years following implementation of the drug law reform, and to gain insight into the impact of the legislation on frontline services.

This review found that the ACT's decriminalisation of small amounts of some illicit drugs for personal use under the DODA Act had little direct effect on non-government AOD services during its first two years following implementation. Beyond the impact on the one government-based service operating the Illicit Drug Diversion program, service providers reported no significant changes in client numbers, service demand, workforce requirements, or patterns of drug use. However, the reform was viewed positively as an important harm reduction measure that shifted responses to drug use away from criminal and custodial systems and towards health-based approaches.

Participants in the focus groups indicated a willingness to see additional services included in the health diversion pathway, noting that the legislation has sufficient in-built flexibility to allow for this. This approach would support healthcare rights and promote continuity of care where a diverted person is already engaged with a service. Furthermore, focus group participants highlighted the need for clear communication about the legislation at the outset, to ensure all stakeholders had adequate information. There were ongoing concerns that the full benefits of the legislation were not being realised by those most affected by criminal approaches to drug possession, including the population cohorts most likely to be engaged with AOD services. Despite these concerns, participants indicated there were emerging benefits, including a reduced sense of stigma, some greater openness to discussing drug use, potential increased willingness to engage with support services, and possible elevated uptake of harm reduction services, such as drug checking.

The DODA legislation has moved the ACT towards a more comprehensive health-based approach to illicit drug use and away from criminalisation. In doing so, it has embraced best practice approaches, anchored by a growing body of evidence about the benefits of decriminalisation to people who use drugs, to their families, social circles, and to the broader community, as well as advantages to systems and institutions including police, courts, and health services.<sup>18-21</sup> This review found that AOD service providers are cognisant

of the benefits of decriminalisation and have embraced the DODA as a significant legislative intervention. However, there was general agreement that the implementation of the legislation could be improved to ensure that it continues to meet its harm reduction objectives.

While the DODA legislation has a primary objective of reducing interactions with the custodial system, some of the most significant potential downstream health impacts of this legislation will be less tangible and will require a paradigmatic shift in the way the community views and treats drug use—as a health and wellbeing concern, rather than a criminal issue or a moral failing. This will require ongoing work across government and non-government sectors to implement harm reduction policy measures and programs to sustainably improve the health and wellbeing of people who use drugs. Ensuring that drug decriminalisation is firmly embedded within a cohesive and comprehensive harm reduction approach is key to building a safer, healthier community with reduced harms related to illicit drug use.

## References

1. Ritter A, O'Reilly K, Barrett L, et al. *Final report on the Evaluation of the Operation of the ACT Drugs of Dependence (Personal Use) Amendment Act 2022*. 28/05/2026 2026. Canberra, ACT: UNSW, Canberra Alliance for Harm Minimisation & Advocacy (CAHMA), Australian National University (ANU).
2. Pettersson MLA M. Media Release - Commencement of drug decriminalisation in the ACT. Canberra, ACT2023, p. <https://www.michaelpettersson.com.au/media-centre/latest-news/media-release-commencement-of-drug-decriminalisation-in-the-act/>.
3. Gregoire P. Drug Decriminalisation for the ACT: An Interview With Labor MLA Michael Pettersson, <https://www.sydneycriminallawyers.com.au/blog/drug-decriminalisation-for-the-act-an-interview-with-labor-mla-michael-pettersson/> (2023, 2026).
4. NSW.ACT. Uniting welcomes the ACT's new drug decriminalisation laws. Uniting NSW.ACT.
5. Media Release: ATODA and AADC Welcome Passing of Drug Decriminalisation Legislation. ATODA Canberra
6. ATODA. Media Release: ATODA welcomes implementation of drug law reform in the ACT. ATODA Canberra.
7. Bratberg J, Simmons A, Arya V, et al. Support, don't punish: Drug decriminalization is harm reduction. *Journal of the American Pharmacists Association (2003)* 2023; 63 224-229. 2022 Dec 20. DOI: doi: 10.1016/j.japh.2022.12.017.
8. Levy J. *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma* 2013. INPUD and Youth RISE.
9. Peatfield E. Who Benefits from the Criminalisation of Drug Users? . *Drugs Disorder by Design*. Palgrave Macmillan, Cham, 2025.
10. Johnstad P. Does drug criminalization increase harmful drug use? A scoping review of underlying mechanisms. *Drug Science, Policy and Law* 2025; 11. DOI: <https://doi.org/10.1177/20503245251348260>.
11. Unlu A, Tammi, T., Hakkarainen, P. *Drug Decriminalisation Policy: Literature Review: Models, Implementation and Outcomes*. 2020. Finnish Institute for Health and Welfare.

12. Scheim A, Maghsoudi, N, Marshall, Z, Churchill, S, Ziegler, C & Werb, D Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review. *British Medical Journal Open* 2020; 10: e035148.
13. Hughes C and Stevens A. A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs. *Drug and alcohol review* 2012; 31: 101-113. DOI: <https://doi.org/10.1111/j.1465-3362.2011.00383.x>.
14. Court. Drug and Alcohol Sentencing List <https://www.courts.act.gov.au/supreme/law-and-practice/criminal/drug-and-alcohol-sentencing-list> (2026)
15. Yates S, Bartels L and Rossner M. 'A second chance at life': broadening views of success in drug courts. *Current Issues in Criminal Justice* 2025: 1-19. DOI: <https://doi.org/10.1080/10345329.2025.2545632>.
16. Ashton H. Drug Decriminalisation in Portugal: A Public Health Response, a Humanistic Approach. *Health for the Millions* 2019; 45: 41-43.
17. Hughes C and Stevens A. *The effects of decriminalisation of drug use in Portugal*. 2007. The Beckley Foundation.
18. Hughes C and Stevens A. What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology* 2010; 50: 999-1022.
19. Blais E, Brisson J, Gagnon F, et al. Diverting people who use drugs from the criminal justice system: A systematic review of polic-ebased diversion measures. *International Journal of Drug Policy* 2022; 105. DOI: <https://doi.org/10.1016/j.drugpo.2022.103697>.
20. Lenton S, Humeniuk R, Heale P, et al. Infringement versus conviction: the social impact of a minor cannabis offence in South Australia and Western Australia. *Drug and alcohol review* 2000; 19: 257-264. DOI: <https://doi.org/10.1080/713659365>.
21. Gonçalves R, Lourenço A and Silva S. A social cost perspective in the wake of the Portuguese strategy for the fight against drugs. *International Journal of Drug Policy* 2015; 26: 199-209. DOI: <https://doi.org/10.1016/j.drugpo.2014.08.017>.

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## Appendix A. Themes and example questions

	Focus group 1	Focus group 2
Theme 1 and example questions	<p><u>Impact on service delivery and operations</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- How has this affected the number of service users seen in your service?</li> <li>- How has this affected the number of incoming calls or referrals you receive?</li> <li>- How has this affected your program waiting lists?</li> </ul>	<p><u>Impact on service delivery and operations</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- How has this affected the number of service users seen in your service?</li> <li>- How has this affected the number of incoming calls or referrals you receive?</li> <li>- How has this affected your program waiting lists?</li> </ul>
Theme 2 and example questions	<p><u>Experience of service impact</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- How have treatment needs changed?</li> <li>- Have your workforce's training or support needs changed following the legislation/s implementation?</li> <li>- How has your service assisted clients to understand the legislation?</li> </ul>	<p><u>Experience of service impact</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- How have you experienced the impact of decriminalisation on your service?</li> <li>- How have treatment needs changed?</li> <li>- Do you feel that you or your colleagues have needed any additional training or support since the legislation was implemented?</li> <li>- How have you and your colleagues found communicating this legislation change to clients?</li> </ul>
Theme 3 and example questions	<p><u>Suggestions to improve process of decriminalisation and diversion</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- If you were to advocate for one or two improvements to the legislation, or to ensure a particular aspect was retained, what would it be?</li> <li>- Are there possible improvements or current beneficial processes?</li> </ul>	<p><u>Service user/client perception of feelings towards legislation</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- How have service users been able to understand the legislation?</li> <li>- How has your service assisted service users to understand it?</li> <li>- How do service users broadly feel about decriminalisation?</li> </ul>
Theme 4 and example questions	<p><u>Harm reduction benefits</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- Has your service observed any harm reduction benefits?</li> <li>- What do you view future or potential harm reduction benefits to be? Is there anything that can facilitate their occurrence?</li> <li>- How do we ensure that these harm reduction benefits are kept?</li> </ul>	<p><u>Consequences and impact of decriminalisation on service users/clients</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- Has decriminalisation impacted or changed the support you provide to service users?</li> <li>- Have there been any, positive or negative, unintended consequences?</li> </ul>
Theme 5 and example questions	<p><u>Suggestions for government policy on decriminalisation moving forward, how the legislation could be changed according to their service, final comments</u></p>	<p><u>Suggestions to improve process of decriminalisation and diversion</u></p> <p>For example:</p> <ul style="list-style-type: none"> <li>- If you were to advocate for one or two improvements to the legislation, or to ensure a particular aspect was retained, what would it be?</li> <li>- As someone working with people who use drugs, what change(s) to the current process or rollout of decriminalisation would you advocate for?</li> </ul>