Australian Alcohol & other Drugs Council
The National Peak Body

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Dear Ms Morgan

I am writing to provide a submission from the Australian Alcohol and other Drugs Council (AADC) to the National Mental Health Commission's (NMHC) draft *National Stigma and Discrimination Reduction Strategy* consultation. AADC welcomes the dedicated focus on reducing structural, public and self-stigma and its harmful outcomes, however is concerned about the positioning of alcohol and other drug use within the strategy, particularly in the context of the role of the specialist alcohol and other drugs sector.

**About the Australian Alcohol and other Drugs Council**

The Australian Alcohol and other Drugs Council (AADC) is the national peak body representing the alcohol and other drugs (AOD) sector. We work to advance health and public welfare through the lowest possible levels of AOD related harm, including tobacco and smoking-related harms, 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.

AADC is a member-based organisation and represents:

- over 550 AOD specialist health services working to prevent and reduce harms which can be associated with the use of AOD, including more than 80% of the non-government organisations that receive federal funding to deliver services and support to people using AOD;
- more than 1600 specialist practitioners working in AOD services in the areas of prevention and early intervention, as well as treatment settings representing all treatment types including counselling, detoxification, residential and non-residential rehabilitation, opiate replacement therapy, and harm reduction and prevention services;

- researchers and policy specialists dedicated to building the evidence-base to support robust, high impact practice and programs; and
- people who use or have used AOD, and their families.

The current membership of AADC is:

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| Alcohol, Tobacco and Other Drug Association ACT (ATODA) | Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC) | Association of Alcohol and Other Drug Agencies NT (AADNT) |
| Australasian Therapeutic Communities Association (ATCA) | Australian Injecting and Illicit Drug Users League (AIVL) | Drug and Alcohol Nurses Australasia (DANA) |
| Family Drug Support | National Indigenous Drug and Alcohol Committee (NIDAC) | Network of Alcohol and Other Drug Agencies (NADA) |
| Queensland Network of Alcohol and Other Drug Agencies (QNADA) | South Australian Network of Drug and Alcohol Services (SANDAS) | The Australasian Professional Society on Alcohol and other Drugs (APSAD) |
| Victorian Alcohol and Drug Association Inc (VAADA) | Western Australian Network of Alcohol and other Drug Agencies (WANADA) | Drug Policy Modelling Program*<br><br>**AADC associate member* |

**Clarifying the definition of AOD use and role of the AOD sector**

The draft strategy identifies "people with lived experience of alcohol and other drug issues or gambling harm" as experiencing multiple and compounding forms of stigma and discrimination. The draft strategy definition of mental ill-health also includes "experiences of trauma, suicidality, and alcohol and other drug issues". AADC is concerned that this definition lacks specificity to adequately respond to the unique and complex issues that emerge as part of the experience of AOD-related stigma and discrimination. We are also concerned that the strategy's discussion of AOD issues is framed as having a linked or innate connection to gambling harm – a separate experience with its own set of unique harms, drivers and behavioural presentations.

AADC is seeking to clarify the scope and context of AOD use within the strategy. At present, it is not clear whether the strategy is seeking to address stigma and discrimination in the context of a co-occurring mental illness and AOD harm, or the stigma and discrimination experienced by people who use AOD more generally.

The World Health Organisation has found that harmful illicit drug use and alcohol use are two of the most stigmatised health conditions and are driven by a range of culturally-influenced assumptions.[1] Research undertaken by the Australian Drug Foundation demonstrates the wide range of sources of perceived and felt experiences of stigma related to illicit drug use, from friends and family through to media, laws and the health system. Alongside this, the Queensland Mental Health Commission has undertaken two separate studies exploring the experiences of AOD-related stigma for across the community in general and among Aboriginal and Torres Strait Islander people. The research highlights the range of environments where stigma related to AOD use is perceived, enacted and felt and the intersection between AOD-related stigma and racism. The research also identifies a number of specific

[1] Room, R., Rehm, J., Trotter, R. T., II, Paglia, A., & Üstün, T. B. (2001). "Cross-cultural views on stigma valuation parity and societal attitudes towards disability". In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R. Room, & J. Rehm, et al. (Eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.

recommendations to address AOD-related stigma.[2] [3] Similar findings emerged from AOD-related stigma research undertaken by the NSW Ministry of Health in the context of both general and mental health service provision.[4]

More than 40% of Australians report lifetime use of an illicit drug and almost 80% of people over 16 years of age report consuming alcohol in the past 12 months.[5] Although there is a wide range of experiences for people who use alcohol and/or other drugs, not all do so in ways that constitute dependence or require treatment and not all have a coexisting mental health condition. Despite this, the stigmas related to AOD use are widespread. As such, the definition and specific context of AOD use are critical as they inform how the strategy understands key issues related to stigma and discrimination and the actions that may help remedy these. Without this clarification, AOD use and harms risk being presented as a subset issue of mental ill-health rather than a distinct, separate set of harms driven by a unique context and environment.

The high level of stigma towards people who use AOD - whether in the normal course of their life or in a dependence-related context - and unique presentations of this phenomena calls for specialist expertise in informing responses. However, where AOD stigma is referenced within the draft, key issues relevant to AOD stigma are not acknowledged. For example, the draft strategy highlights the need for stronger legal frameworks to both protect against and provide remedy for experiences of stigma and discrimination. Yet the ongoing criminalisation of drug use is not acknowledged within this discussion. Illicit drug criminalisation is recognised by both the Australian Government and World Health Organisation as a driver of stigma and discrimination towards people who use drugs and an ongoing contributor to harm.[6] Similarly, in relation to the draft strategy's discussion on a lived experience workforce, the role of people with current, living experience of AOD use is absent as is how organisations provide supportive environments for members of their workforce to identify as current users (including, for example, existing peer based service models). This is particularly important as up to 65% of the AOD workforce identify as having lived experience of an AOD issue and close to a third of those with lived experience did not want to disclose this to their employer for fear of stigma and discrimination.[7]

In the context of co-occurring mental illness and AOD, it is critical that the draft strategy recognise the specialist nature of the mental health **and** AOD sectors, and the unique strengths and challenges for each system to deliver effective treatment outcomes for this population group. A key consideration is building capabilities across both mental health and AOD systems, including supporting service capability to appropriately identify and respond to co-occurring mental health and AOD issues. There are a range of elements required to enhance system capability and we suggest the NMHC considers the findings and recommendations provided by 360Edge's report into the role of AOD services within the mental health system.[8] At the practice level, treatment for co-occurring mental health and AOD conditions often requires a holistic approach, rather than sequential or separate interventions. This

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[2] Lancaster, K, Seear, K. & Ritter, A. (2017). Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use. Brisbane: Queensland Mental Health Commission.

[3] Queensland Mental Health Commission. (2020). *Don't Judge, and Listen.* Brisbane: Queensland Mental Health Commission.

[4] Zest. (2021). *Stigma and discrimination among the NSW Health and NGO workforce towards people experiencing harm from use of alcohol or other drugs: Report of mixed-methods research conducted on behalf of the NSW Ministry of Health.* Sydney: NSW Ministry of Health

[5] Australian Institute of Health and Welfare. (2020). *National Drug Strategy Household Survey 2019*. *Drug Statistics series no. 32. PHE 270.* Canberra: AIHW

[6] For a more detailed discussion of the relationship between stigma, discrimination and illicit drug criminalisation, please see AADC's recent submission to the Joint Committee on Law Enforcement's inquiry into illicit drugs. This is available at https://aadc.org.au/resources/

[7] Skinner, N., McEntee, A. & Roche, A. (2020). *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University

[8] Lee, N. & Allsop, S. (2020). Exploring the place of alcohol and other drug services in the mental health system. Melbourne: 360Edge.

requires skilled mental health and AOD workers and others to be able to collaborate and co-develop interventions for complex clients. As such, discussions of co-occurring mental illness and AOD harms should be considerate of the range of sectors which provide support to this client group and have intimate knowledge of the unique stigma and discrimination that is experienced by people experiencing co-occurring and intersecting health and social issues. Alongside the AOD sector, this includes those within youth, housing and homelessness, family and domestic violence, social security, justice and youth justice, child protection, LGBTIQA+ support organisations and Aboriginal community controlled systems and sectors.

**Recommendation for action**

In the context of the issues outlined above, AADC recommends that:

> *The intent of the draft strategy with respect to AOD be clarified, including the context of AOD use and role for the AOD sector and those with lived experience of AOD in informing the strategy*

As noted, it is critical that the context of AOD use in the strategy be clarified and clearly defined as this contributes to the framing, understanding and responses to subsequent issues defined within the strategy.

> If the strategy is seeking to address stigma and discrimination in the context of co-occurring mental health and AOD use and related harms, AADC recommends that these aspects be strengthened by the inclusion of additional stakeholders with recognised AOD expertise in the strategy's governance group and technical expert panel.
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> If the strategy is seeking to address the stigma and discrimination that is associated with AOD use more broadly, AADC recommends that a separate AOD-specific strategy be developed under the auspices of the *National Drug Strategy 2017-2026.* We also recommend that this be driven by an AOD sector-inclusive national coordinating structure which has a wider remit in relation to AOD issues in Australia. This would help ensure a strategy is developed in partnership with key government and non-government stakeholders in the AOD sector and closely aligns with both national and state and territory AOD strategies.

Thank you for the opportunity to contribute to this consultation. AADC would welcome the opportunity to elaborate further on the issues raised in this submission and to collaborate with the NMHC on strengthening the AOD aspects of the strategy. If you require any further information or if there are future opportunities to engage with the development of the strategy, please do not hesitate to contact me at melanie.walker@aadc.org.au .

Yours sincerely

Melanie Walker

**CEO, Australian Alcohol and other Drugs Council**