Australian Alcohol & Other Drugs Council

Mr Selwyn Button

Commissioner

Ms Angela Jackson

Commissioner

Productivity Commission

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Dear Commissioners Button and Jackson

Thank you for the opportunity provide comment on the Productivity Commission's *Mental Health and Suicide Prevention Agreement Review: Interim Report.*

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 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.

In this context, our response focuses primarily on the intersection of the AOD and mental health service systems and the Productivity Commission's request for information on whether the next agreement should include an additional schedule to address the co-occurrence of problematic AOD use and mental ill health and suicide (Information Request 4.1).

Intersections of AOD use and harms, mental health and suicide

AADC welcomes the Productivity Commission's focus on the intersection of AOD use and mental health and recognition of the need for better integration across policy portfolios at Recommendation 4.3.

Latest data estimates that across Australia 18% of the population have used an illicit substance and 77% of people have consumed alcohol in the past 12 months.[1] [2] While the vast majority of people who use alcohol or other drugs will neither require an intervention related to their substance use nor need to access mental health treatment, there are a proportion who will experience concurrent AOD and mental health-related harms. The relationship between substance use and mental health is complex and multi-directional, and prevalence is difficult to define. However, available data estimates that 50-76% of people entering AOD treatment meet diagnostic criteria for at least one mental illness. AOD clinicians frequently undertake mental health interventions and referral to mental health treatment is regularly requested by those engaged with AOD services.[3] [4] [5]

In relation to suicide, there is a significant association between AOD use and harms and suicide, and AOD use frequently interacts with other socio-economic and environmental determinants of suicide. Substance use lowers inhibitions. Disinhibition and impulsivity are recognised risk factors for suicidal behaviour and may enable suicidal thoughts to progress into suicidal behaviours. An estimated 24% of drug-induced deaths are thought to be intentional with another 7% undetermined, and up to 44% of people who present to a hospital emergency department following a suicide attempt are intoxicated.[6] [7] People use AOD to feel different and for people experiencing social and economic disadvantage and trauma - including family violence, housing insecurity and unemployment - AOD may be used as ways to cope with life stressors.

Alongside this, recently released data from the Australian Institute of Health and Welfare finds that suicide was the second most common cause of death for people who accessed an AOD treatment in the last 12 months of their life, with overdose being the most common.[8]

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[1] Australian Institute of Health and Welfare. (2024). *National Drug Strategy Household Survey 2022-23.* Canberra: AIHW

[2] Australian Institute of Health and Welfare. (2024). *Alcohol overview.* Canberra: AIHW

[3] Australian Institute of Health and Welfare. (2024). *Mental health and substance use*. Canberra: AIHW

[4] Victorian Alcohol and Drug Association. (2025). *Mental Health Presentations in the AOD Sector: Highlighting the challenge and working towards solutions.* Melbourne: VAADA

[5] Alcohol, Tobacco and Other Drug Association ACT (2025). Service Users' Survey of Outcomes, Satisfaction and Experience 2023: A survey of people accessing alcohol, tobacco and other drug services in the ACT.

[6] Chrzanowska, A., Man, N., Sutherland, R., Degenhardt, L. & Peacock, A. (2022). *Trends in overdose and other drug-induced deaths in Australia, 1997-2020*. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

[7] Borges, G., Bagge, C. L., & Orozco, R. (2016). "A literature review and meta-analyses of cannabis use and suicidality", *Journal of Affective Disorders,* 195 pp63-74.

[8] Australian Institute of Health and Welfare. (2025). *People who received specialist Alcohol and Other Drug Treatment Services in their last year of life*. Canberra: AIHW.

Supporting better integration of AOD and mental health responses

AADC supports the principle of better cross-portfolio planning and coordination to address concurrent AOD and mental health issues, however does not believe that the creation of an additional schedule within the next Mental Health and Suicide Prevention Agreement is the most effective means to achieve this at this point in time.

At present, there are three key policy processes underway which will shape the national AOD policy environment into the medium term. These are:

- An inquiry commenced in the previous parliament by the Standing Committee on Health, Aged Care and Sport into the health impacts of alcohol and other drugs in Australia, which examines the effectiveness of current AOD programs and initiatives. This inquiry lapsed due to this year's Federal election, however the Standing Committee released an interim report prior to the dissolution of the previous parliament recommending that the inquiry be re-established in the current parliament.
- An evaluation initiated by the Australian Government Department of Health, Disability and Ageing of Commonwealth funding to the AOD sector currently provided through its Drug and Alcohol Program (DAP), which will inform the next round of AOD service commissioning, and
- Scoping work currently being undertaken by the Department for the next iteration of the National Drug Strategy, with the current National Drug Strategy set to expire in 2026.

Given the scope of these processes and their likely impact on AOD sector policy and funding at the national level, it is critical that mental health policy processes do not pre-empt the outcomes of these AOD policy and program development processes or cut across subsequent potential reforms within the AOD sector.

Additionally, the AOD sector is currently without a sector-inclusive national governance structure with ability to support integrated planning between tiers of government. The need has been recognised by parliamentary inquiries such as the Joint Committee on Law Enforcement's inquiry into Australia's illicit drug problem, which recommended the re-establishment of a governance structure under the National Cabinet architecture for the AOD sector.[9] AADC supports this recommendation and believes that better outcomes for people with concurrent AOD and mental health issues can be more sustainably achieved if national AOD and mental health governance structures engage to plan and direct funding towards this population group in an integrated and coordinated way.

As such, AADC believes that decisions around additional schedules focusing on concurrent AOD and mental health issues should be held off pending the outcomes of the aforementioned processes currently underway at the national level in the AOD

[9] See Recommendation 1 of the Joint Committee on Law Enforcement's *Australia's illicit drug problem: Challenges and opportunities for law enforcement* report.

space and the related potential re-establishment of a sector-inclusive national governance structure for the AOD sector.

In the interim, AADC believes that responses for people experiencing concurrent AOD and mental health issues can be improved through existing workforce development approaches. People experiencing concurrent AOD and mental health issues are a priority population in the Agreement and, as noted previously, while the vast majority of people who use substances will not require an AOD or mental health system response, the AOD sector frequently provides mental health interventions. The AOD sector is well placed to respond to high prevalence-low severity mental health issues, such as anxiety, however people accessing AOD services are increasingly presenting with more complex mental health issues requiring a specialist response.[10]

The *National Mental Health Workforce Strategy 2022-2032* identifies the need to 'strengthen the capability and core competencies of the workforce to recognise and respond to community need' and that AOD skills are part of a core competency for the mental health workforce.[11] AADC notes the Productivity Commission's recommendation (4.13) that this Strategy be fully implemented with clear commitments for action and explicit delineation of responsibility and funding for workforce development initiatives. AADC supports this recommendation and believes that adequate funding for AOD capability building in the mental health workforce is a positive step in supporting better outcomes for people with concurrent AOD and mental health issues, particularly in relation to higher severity mental health issues which are beyond the scope of the AOD sector to address. It should be noted however, that the AOD workforce is not referenced within this Strategy and, given the presentations of people with concurrent AOD and mental health issues in both the AOD and mental health systems, it is critical that both sectors are provided with simultaneous investment to improve outcomes for this population group.

Recommendations

In relation to Information Request 4.1, AADC recommends that a separate schedule to address concurrent AOD and mental health issues should not be implemented. In its place, we recommend that:

- the existing *National Mental Health Workforce Strategy 2022-2032* be fully implemented with clear commitments for action and explicit delineation of responsibility and funding, and AOD capability building be prioritised as part of mental health workforce development, alongside simultaneous mental health capability investment within the AOD sector; and
- the Productivity Commission support calls to establish a sector-inclusive national governance structure for the AOD sector to engage with existing national mental

[10] Victorian Alcohol and Drug Association. (2025). *Mental Health Presentations in the AOD Sector: Highlighting the challenge and working towards solutions.* Melbourne: VAADA

[11] Department of Health and Aged Care. (2022). *National Mental Health Workforce Strategy 2022-2032.* Canberra: Commonwealth of Australia.

health governance structures and drive better outcomes for people experiencing concurrent AOD and mental health issues across sectors.

Conclusion

Thank you for the opportunity to comment on this Interim Report and inform the development of the next Mental Health and Suicide Prevention Agreement.

If you have any queries or require any further information in relation to this submission, please do not hesitate to contact me

Yours sincerely

Melanie Walker

Chief Executive Officer

Australian Alcohol and other Drugs Council (AADC)