Australian Alcohol & Other Drugs Council

Mr Stephen King

Commissioner

Mr Selwyn Button

Commissioner

Productivity Commission

GPO Box 1428

Canberra City ACT 2601

mentalhealthreview@pc.gov.au

12 March 2025

Dear Commissioners King and Button

Thank you for the opportunity to contribute the Productivity Commission's final review of the *National Mental Health and Suicide Prevention Agreement*.

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.

There is a proven and 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.[1] [2] [3] 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 a way of coping with life stressors.

Last year, AADC made a submission to the *Advice on the National Suicide Prevention Strategy draft*, a process being led by the National Mental Health Commission. AADC believes that the issues raised in this previous submission also have relevance to the Productivity Commission's current inquiry and as such, I attach this for your consideration.

Thank you again for the opportunity to contribute to this important review. If you have any queries or require any further information in relation to the attached submission, please do not hesitate to contact.

Yours sincerely

Melanie Walker

Chief Executive Officer

Australian Alcohol and other Drugs Council (AADC)

[1] 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

[2] 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.

[3] Carballo, J. J., Llorente, C., Kehrmann, L., Flamarique, I., Zuddas, A., Purper-Ouakil, D., ... & Arango, C. (2020). Psychosocial risk factors for suicidality in children and adolescents. *European child & adolescent psychiatry*, *29*, 759-776.

Australian Alcohol & Other Drugs Council

Dr Alex Haines

Acting Head, National Suicide Prevention Office

National Mental Health Commission

27 October 2024

Dear Dr Haines

Thank you for the opportunity to comment on the *Advice on the National Suicide Prevention Strategy draft* ('the National Strategy'). The Australian Alcohol and other Drugs Council (AADC) welcomes the renewal of a national response to suicide.

As noted within the National Strategy draft, there is a significant association between alcohol and other drug (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.[4] [5] [6] 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 a way of coping with life stressors.

AADC is supportive of the overall direction and intent of the National Strategy, however, through consultations with our members, we have identified a number of key gaps that we recommend are addressed to ensure that the National Strategy can make real progress on preventing suicide. These are:

- A commitment to implementation of the Strategy that is underpinned by an inclusive sector governance structure that facilitates endorsement, monitoring and accountability across tiers of government and intersecting portfolios and service systems, including the AOD sector

[4] 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

[5] 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.

[6] Carballo, J. J., Llorente, C., Kehrmann, L., Flamarique, I., Zuddas, A., Purper-Ouakil, D., ... & Arango, C. (2020). Psychosocial risk factors for suicidality in children and adolescents. *European child & adolescent psychiatry*, *29*, 759-776.

- More nuanced understanding of who is affected by suicide and its environmental drivers, such as AOD-related stigma and discrimination, to ensure supports are appropriate, have an evidence-base and reach their intended population cohorts
- An enhanced role for the AOD sector as a key partner in suicide prevention across the continuum of responses
- Improvements to the funding and contracting environment that supports sector stability within both the suicide and AOD sectors, promotes cross-sector collaboration and enables all services to implement suicide prevention activities.

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.

The current membership of AADC is:

Alcohol, Tobacco and Other Drug Association ACT (ATODA)	Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC)	Association of Alcohol and Other Drug Agencies NT (AADANT)
Australasian Therapeutic Communities Association (ATCA)	Australian Injecting and Illicit Drug Users League (AIVL)	Drug and Alcohol Nurses of Australasia (DANA)
Family Drug Support (FDS)	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* **AADC associate member*

1. Implementation supported by sector inclusive governance

AADC is supportive of the overall direction and intent of the National Strategy, however we remain concerned that the draft is framed as 'advice' on a national strategy. The decision to deliver the document as advice instead of as a Strategy fails to communicate a sense of commitment or urgency in enacting the meaningful change that is required to address the rate of suicide in Australia. The previous National Suicide Prevention Strategy lapsed in 2023 and it is imperative that a new national strategy is developed and implemented.

The National Strategy cites 'improved governance' as a critical enabler (CE1) and describes the need for a whole-of-government approach to establish accountability to achieve strategy goals. The Strategy highlights the role of the *National Mental Health and Suicide Prevention Agreement*, overseen by the Health Ministers Forum, as a foundation on which to build progress and support a national response to suicide. Yet, suicide prevention has not been identified as a 2024 priority for the Health Ministers Forum and collaborative responses on mental health have been deferred to the

Joint Health and Mental Health Minister's meeting, established in April 2024. A specific focus on suicide prevention was not nominated for future meetings.[7]

We remain concerned that without a dedicated governance structure connected to the Strategy, this puts at risk the ability of the Strategy to move from an aspirational document to one that is implemented and monitored with effective oversight. In addition, a 'suicide prevention in all policies' enabler (CE1.1) necessitates inclusion of associated portfolios and service systems, such as the AOD sector, and it is critical that any proposed governance structures identify how key intersecting portfolios and sectors will be engaged in implementation.

As such **AADC recommends the National Strategy:**

- **Develop a governance structure which will facilitate endorsement, monitoring and accountability across tiers of government and be inclusive of intersecting portfolios and service systems, including the AOD sector.**

2. More nuanced understanding of who is affected by suicide and the environmental contributors, such as AOD-related stigma and discrimination, to this increased risk

The National Strategy identifies a range of populations groups who are disproportionately impacted by suicide, as well as a range of personal and environmental factors that lead to these population groups being at higher risk.

However, although the concept of intersectionality is mentioned, absent within the discussion is a nuanced exploration of the way multiple identity characteristics, personal and environmental factors interact – and frequently exacerbate – suicide risk. This includes the experience of AOD-related stigma and discrimination, which exists as a unique phenomenon independent from other forms and often intersects with identity characteristics and other forms of stigma and discrimination. The need for a nuanced understanding of those at higher risk of being affected by suicide is highlighted by research from the Queensland Mental Health Commission which explores the lived experience of the intersection between AOD-related stigma and discrimination and racial discrimination felt by Aboriginal and Torres Strait Islander people.[8] One participant describes the impact of colonisation and the trauma of institutional racist policies experienced by his parents and grandparents, and its contribution to his poor mental health and use of alcohol to manage the impact of these experiences:

> "I was able to hide my depression real good. I self-medicated with alcohol and hid within the stereotype of 'black fella, he's just drunk' […] The drink gave me a sense of euphoria and took away the pain. I drank for 15 years from the age of 17." – 'Gavin', early 40s

He goes on to describe the ongoing impact of institutional racism and the lack of trust many within Aboriginal and Torres Strait Islander communities have in mainstream services:

> "History plays a big role in the lack of faith in mainstream services. The conspiracy theorists would say that government programs are not to be trusted […] [For example], the stigma associated with the Alcohol Management Plan had led people to fear that if

---

[7] Joint Health and Mental Health Ministers' Meeting. (2024). *Joint Health and Mental Health Ministers' Meeting Communique 16 August 2024 – Sydney*. Accessed on 21 October 2024 at https://www.health.gov.au/sites/default/files/2024-08/joint-health-and-mental-health-ministers-meeting-communique-16-august-2024_0.pdf

[8] Queensland Mental Health Commission. (2020). *Don't Judge, and Listen: Experiences of stigma and discrimination related to problematic alcohol and other drug use.* Brisbane: Queensland Mental Health Commission

> you end up in hospital intoxicated then you could get locked up, so people are not going there until late."

Gavin's story highlights that actions to increase access to support services need to understand, for example, the impact of colonisation, historic and ongoing experiences of inter-personal and institutional racism and the impact of AOD-related stigma and discrimination. For people who use illicit substances, the impact of the criminalisation of certain types of drugs cannot be understated and contributes to additional stigma and barriers to accessing appropriate and supportive care.[9]

In response, it is critical that the Strategy adopt a stronger intersectional lens to ensure that proposed Strategy directions and actions are appropriate, have an evidence-base and reach their intended population cohorts. Critical within this is an inclusion of AOD-related stigma and discrimination, given the association between AOD use and suicide, and as noted above, the significant role that drug criminalisation has in creating barriers to support. This should also occur alongside the development and implementation of any national strategies aimed at reducing stigma and discrimination.

As such, **AADC recommends:**

- **A more prominent application of an intersectional lens in each Key Objective of the Strategy, and inclusion of intersectionality as a specific Critical Enabler within Critical Enabler 2 – Embedded lived experience.**
- **Inclusion of AOD-related stigma and discrimination as an additional risk factor within Table 3 – Risks to Personal Safety.**[10]

3. Enhancing the role of the AOD and harm reduction sectors as key partners in suicide prevention

As noted above, there is a significant relationship between AOD use and harms and suicide, and the draft National Strategy identifies AOD use as a key risk factor for suicide. Despite this, the National Strategy is largely silent on the role AOD as a risk factor in suicide.

The AOD sector, through its expertise in trauma-informed approaches, is well placed to alleviate psychological distress and prevent suicide across the continuum of prevention, treatment and support. The role of substance use, particularly alcohol use, in the suicide of Defence Force Veterans was similarly highlighted in the recent final report from the Royal Commission into Defence and Veteran Suicide.[11] In its submission to the Western Australian *Suicide Prevention Framework,* the Western Australian Network of Alcohol and other Drug Agencies (WANADA) highlighted the benefits that can be realised through cross-sector collaboration that includes AOD services as a core partner:

> In one location, stakeholders involved in AOD, Suicide Prevention and Social and Emotional Wellbeing Program delivery come together every year to conduct a planning session. This helps to avoid duplication of effort and facilitates collective effort and impact, which they coordinate through regular meetings during the year. Another example from a different region comprises a 'Community Wellbeing Group' that brings

---

[9] Farrugia, A., Fraser, S., Edwards, M., Madden, A. & Hocking, S. (2019). Lived experiences of stigma and discrimination among people accessing South Western Sydney Local Health District Drug Health Services. Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University

[10] See AADC's *Position Statement on AOD-related stigma and discrimination, and the role of the AOD sector* for further discussion on the topic

[11] Royal Commission into Defence and Veteran Suicide. (2024). *Final Report Volume 1:* Executive summary, recommendations and the fundamentals. Canberra: Commonwealth of Australia.

together up to 29 local services to plan local mental health and AOD health promotion needs.[12]

In Critical Enabler 4 the draft National Strategy conceptualises a 'suicide prevention workforce' in what it describes as the broadest possible terms. However, the AOD sector and its workforce is absent from the list of service systems and professions identified. We believe this is a key omission that risks the AOD sector being excluded or forgotten in funding opportunities, participation in governance and broader Strategy implementation.

It is also imperative that the harm reduction workforce (which provides for example, needle and syringe programs, peer support networks, lived and living experience programs, outreach services, and drug checking services) is identified as a unique and critical partner in suicide prevention. AADC welcomes the inclusion of harm reduction actions at Key Objective 2.2F and, as such, suggest the specific identification of the harm reduction workforce in Critical Enabler 4. Given that harm reduction services frequently engage with those who use substances and who may not be engaged with other health services, as well as providing a low threshold service model founded on non-judgemental and non-stigmatising support, they provide an essential point of engagement with people at risk of suicide related harm.

In this context, **AADC recommends that:**

- **The AOD and harm reduction sectors and workforce be identified as specific and distinct partners at Critical Enabler 4.**

4. Creating a funding and contracting environment that supports services to make progress on Strategy goals

AADC welcomes the focus at Critical Enabler 1.2a on 'allocating sufficient funding and developing appropriate funding models to improve quality and outcomes, facilitate effective cross-portfolio collaboration and reducing funding duplication and gaps' as a key component of an improved governance model for a national suicide prevention strategy. However, AADC believes there is a need for a stronger focus on these issues to ensure services operate in a policy and funding environment conducive to making progress on Strategy goals.

WANADA's submission to the Western Australian Suicide Prevention Framework highlights the need for reform to the funding environment to enable services to implement suicide prevention activities. The submission cites fragmentation of funding across multiple providers in a single region, a small number of staff with responsibility for very large geographic regions and Key Performance Indicators and other performance monitoring mechanisms that are focused on outputs and do not capture or reflect the impact and outcomes that activities are generating.[13]

Recent Department of Social Services consultations regarding the sustainability of the not-for-profit and charity sector in Australia illuminate the need for significant improvements to Australian Government funding and procurement processes, particularly in relation to the adequacy of funding to meet demand and need, and need for greater funding certainty and

[12] Western Australian Network of Alcohol and other Drug Agencies. (2024). Submission to the WA Mental Health Commission Suicide Prevention Framework. Perth: WANADA

[13] *ibid*

security.[14] For the AOD sector specifically, services operate in a complex, insecure funding environment characterised by multiple funding streams across multiple tiers of government and across agencies within the Australian Government. At the Commonwealth level, indexation on funding contracts has been inconsistently applied over the past decade, leading to real funding cuts to the AOD sector and an estimated 500,000 people unable to access AOD treatment each year due to lack of system capacity. [15] Many of these people may also be engaged with suicide prevention services. The ability of any commissioned organisations to support the Strategy's activities may be hampered without broader reforms to the funding and contracting environment which prioritise stability and security, and funding at a level commensurate with need and demand in relation to both alcohol and other drugs and suicide.

As such, AADC recommends that the Strategy:

- Include within Critical Enabler 1 references to the sector funding, contracting and commissioning issues as raised in consultation and reform processes already underway, including the Department of Social Services' *Blueprint Expert Advisory Reference Group – Developing a Not-for-Profit Sector Development Blueprint consultation*, as well as those raised specifically for the AOD sector in AADC's 2024-25 Pre-Budget Submission
- Amend Action CE1.2a (dot point 1) to include references to the issues in the funding, commissioning and contracting environment and the need for action. A recommended amendment is as follows (amendments in bold italics):

  "allocating sufficient funding and developing appropriate funding, ***commissioning and contracting*** models ***and practices*** to improve quality and outcomes, facilitate effective cross-portfolio collaboration, ***promote sector sustainability*** and reduce funding duplication and gaps."

Thank you for the opportunity to contribute to the current consultation process. If you have any queries or require any further information in relation to this submission, please do not hesitate to contact me directly.

Yours sincerely

Melanie Walker

Chief Executive Officer

Australian Alcohol and other Drugs Council

[14] Department of Social Services. (2024). *Developing a National Not-for Profit Sector Development Blueprint: Synthesis of responses to the Blueprint Issues Paper.* Accessed 21 October 2024 at https://engage.dss.gov.au/wp-content/uploads/2024/08/synthesis-responses-blueprint-issues-paper.pdf

[15] Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K. & Gomez, M. (2014). *New Horizons: The review of alcohol and other drug treatment services in Australia.* Sydney, NSW: Drug Modelling Program, National Drug and Alcohol Research Centre, UNSW