

To: Australian Government Productivity Commission, New Inquiry Mental Health,
Areas: Mental Health in regards to Alcohol and other Drugs
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About The Progressive Public Health Alliance

The Progressive Public Health Alliance is a collaboration that started in 2018, growing out of the struggle to achieve universal publicly funded access to health services and treatment for all Australians, and in particular, pioneering drug harm reduction programs.

We are driven by the decades long experience of our members in working with people and families affected by problematic drug use, smoking and alcohol abuse. The Progressive Public Health Alliance has been set up to achieve positive change in access to publicly funded healthcare and harm reduction.

We are a not-for-profit incorporated association based in Melbourne, Australia and we are funded by donations from our members and supporters. Progressive Public Health Alliance will not accept any funding or in-kind resourcing from industry or industry bodies in areas that it has involvement, weapons manufacturers, pharmaceutical, gambling, tobacco and alcohol companies.

We work across and Australia and our region, linking in with other progressive health organisations and movements who are committed to the same goals in their communities. Our members work with health professionals, carers, policymakers and the public to achieve our goals in providing universal healthcare, evidence based best practice in harm reduction and the detection, treatment and prevention of non-communicable diseases.

We have a governing board responsible for the direction and governance of the organisation, an executive officer and a small team of staff and volunteers who support our board.

Executive Summary

1. The use of Alcohol, Tobacco and other drugs is a common cause of many preventable deaths and diseases in Australia. With ATOD presenting varying outcomes and diseases, it is easy to forget or dismiss the detrimental mental health challenges that present depending on usage times or the type of drug consumed. The relationship between ATOD use and mental health is complex and challenging with no 'one size fits all' approach offering a magic solution. The difficulty is in accepting and responding to the fact that mental illness may make a person more likely to use drugs to provide short term relief from their [already existing] mental health symptoms, while other people have drug problems that may trigger the first symptoms of mental illness.¹
2. With this in mind it is our contention that in treating comorbidities in mental health, system wide evidence based policy work and resulting action should be taken that ensures reduced risk products and health based harm reduction policies (replacing punitive practices) are brought in so that the people in our community affected are given easily accessible options and supportive health practices that reduce these comorbidities and harms.
3. It is our firm belief that unless our current ATOD rehabilitation and outreach services are adequately funded and that more services and staff members be added to an already buckling sector, there will inevitably continue to be a large percentage of mental health disorders that will be undiagnosed or not appropriately treated. It is of utmost importance that an immediate focus be put on emergency services, rehabilitation, medical professionals, outreach, legal, justice and mental health services working in tandem to combat the issue in a holistic manner. We believe that creating policy based on a harm reduction model will benefit the ATOD and mental health sectors exponentially. Harm reduction centres on the notion of eliminating harm as opposed to eliminating ATOD use and developing policy and practice based on evidence. In our below submission we will detail worrying statistics that clearly demonstrate the rates at which people are suffering mental distress in tandem with risky ATOD usage. A tangible way to combat this would be to move urgently to implement harm reduction measures while simultaneously injecting much needed funding into a range of existing outreach and rehabilitation services for alcohol, tobacco and other drugs.

¹ Australian Institute of Health and Welfare (AIHW) 2017. [National drug strategy household survey 2016: detailed findings](#). Drug statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Viewed 16 January 2019.

Moving from a punitive framework to an evidence based reduced risk, health and harm reduction based framework

4. It has been reported that daily smokers are twice as likely to have high or very high levels of psychological distress as non-smokers and are twice as likely to be diagnosed with or treated for a mental health condition.² According to the Australian Institute of Health and Wellness there has been a significant increase in the proportion of smokers reporting high levels of psychological distress (from 11.1% to 14.0%), very high levels of psychological distress (from 6.2% to 7.9%) and mental illness (from 20.7% to 27.7%).
5. Psychological distress is higher amongst people who drink more than four standard drinks a day.³ People who exceed the recommended drinking guidelines at least weekly are more likely to have high or very high psychological distress and are 1.3 times higher to have a diagnosis and treatment for psychological distress.
6. Currently across the legal drug sector there are many different policy levers that can deliver better outcomes for mental health comorbidities - levers that can effect change with little intervention and that attempt to influence harmful behaviours rather than seeking to stamp it out. Some of this work has already been done in our current legal drug sector (the use of taxation influencing price in alcohol and tobacco, regulation and restriction around advertising and promotion).
7. The first of these policy levers are reduced risk products - in alcohol this is lower alcohol products, and in tobacco this is a variety of non-smoked tobacco or tobacco free nicotine products (such as vaping, snus and heat-not-burn products). In both alcohol and tobacco there is a wide mix of regulation across the different jurisdictions in Australia and very few evidence based approaches. In alcohol, there are several loopholes allowing low-cost, high alcohol products by product class based regulation and in tobacco, we have the perverse situation where cigarettes are allowed when many less harmful alternatives are banned. Given that many people suffering mental health

² Australian Institute of Health and Welfare, *Alcohol Tobacco and other Drugs in Australia*, People with Mental Health Conditions viewed 16 January 2020, <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions>>

³ Australian Institute of Health and Welfare, *Alcohol Tobacco and other Drugs in Australia*, People with Mental Health Conditions viewed 16 January 2020, <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions>>

issues use both alcohol and/or nicotine strongly these approaches can do substantial work in reducing harm and co-morbidity with simple ATOD policy and practice changes before getting to a health treatment model.

8. Figures from the National Drug Strategy Household Survey show that there has been a significant increase for those using illicit substances, most notably with 27% of ecstasy users and 42% of methamphetamine users identifying as being diagnosed with, or treated for, a mental illness. Furthermore, methamphetamine users are the most affected by mental illness and psychological distress and their rate was 3 times as high as tobacco and alcohol users. One of the most prominent surveys, *The Ecstasy and Related Drugs Reporting System* reported that between 2008 and 2019 the rate at which users had self-reported mental health conditions had jumped from 24% to 57%⁴. Of that 57%, 37% of those surveyed were using methamphetamine and are therefore 3.3 times more likely to have a mental health disorder.
9. Across almost all jurisdictions in Australia police and justice sectors treat illicit drug use as a crime and further entrench and exacerbate harm and comorbidity amongst illicit drug users. A non-punitive health based harm reduction model whereby people are treated by PHNs or LHNs in the first instance rather than receiving criminal sanction (and suffering all the trauma, stigma and negative social consequences that go along with this), would immediately go toward reducing harm and comorbidity in mental health and drug use. However this would also require a broad shift in resourcing away from punishment to a non-punitive health based harm reduction model in the illicit drug sector.
10. The economics of implementing harm reduction models while simultaneously boosting the funding of the ATOD sector also makes positive and practical financial sense and is evidence based. For example during the 2000-2009 gross funding for needle and syringe programs (NSP) in Australia was \$243 million dollars.⁵ This investment was responsible to halting 32,050 new HIV infections about 96,667 new Hepatitis C

⁴ Peacock A, Karlsson A, Uporova J, Gibbs D, Swanton R, Kelly G, Price O, Bruno R, Dietze P, Lenton S, Salom C, Degenhardt L & Farrell M 2019. [Australian Drug Trends 2019: Key findings from the National Ecstasy and Related Drugs Reporting System \(EDRS\) Interviews](#). Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

⁵ Wilson D, Kwon A, Anderson J, Thein R. Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. National Centre in HIV Epidemiology and Clinical Research, UNSW Australia.

infections.⁶ It is estimated that this investment directly contributed to a \$1.28 billion healthcare saving with every dollar that was invested into a NSP returning \$4 to the economy. The projected gross savings of continued investment into NSPs for the 2010-2079 period is \$28.71 billion.⁷ It is imperative that the same logic be applied across the entire ATOD sector byway of implementing harm reduction measures. The pressure that is taken off of the healthcare system with regard to HIV and HPC presentations makes sound economic sense and increases wellbeing markedly, and we believe that such logic should be applied to the mental health sector.

Recommendation 1: Legalise and regulate reduced harm products in ATOD such as vaping and snus and invest in harm reduction measures, outreach services and rehabilitation centres.

Recommendation 2: Implement ATOD policy structures on the basis of health and evidence as opposed to a punitive ‘war on drugs’ style framework aimed almost solely at eliminating supply and punishing users.

Recommendation 3: Invest in more safe, stigma-free centres for people to safely consume illicit drugs with a range of services such as mental health and ATOD outreach workers.

Funding and supporting the workforce

11. Funding in the ATOD sector is inconsistent, inadequate and in some cases cyclical depending on state and federal guidelines. This presents wide ranging challenges, mostly in regards to adequate planning and delivering of services and recruitment and retention of staff.⁸ According to the submission put forward by the Health and Community Services Union (HACSU) to the Royal Commission into the Victorian Health System, ‘the lack of sufficient funding, staff or resources, services operate in crisis

⁶ Wilson D, Kwon A, Anderson J, Thein R. Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. National Centre in HIV Epidemiology and Clinical Research, UNSW Australia.

⁷ Wilson D, Kwon A, Anderson J, Thein R. Return on Investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. National Centre in HIV Epidemiology and Clinical Research, UNSW Australia.

⁸ Legislative Assembly of the Northern Territory ‘Ice’ Select Committee, *Breaking the ice: Inquiry into ‘ice’ use in the Northern Territory*, Pg 76 (2015)

mode, risking the safety and security of both staff and consumers, and exacerbating a toxic culture of bullying and intimidation'.⁹

12. *“Without sufficient funding, staff, or resources, services operate in crisis mode, risking the safety and security of both staff and consumers, and exacerbating a toxic culture of bullying and intimidation. Day to day, mental health professionals on the front line of service delivery feel overwhelmed, unsafe, and unable to provide adequate care.”*¹⁰

13. Too often the ATOD workforce and the mental health workforce are working in tandem without adequate funding. Without appropriate remuneration or security of funding, it is inevitable that toxic cultures of bullying and/or workplace anxiety and depression will occur. These two sectors are rightly inextricably linked thus it is imperative that both sectors be funded accordingly to alleviate pressure on the workforce and to ensure that consumers are not falling through the cracks.

14. It is our firm belief that without funding security, the pressure on the mental health workforce will continue to exacerbate an already buckling workforce. Furthermore, the undeniable link between mental health services and the ATOD sector demands a prompt response from our state and federal governments in urgently funding our frontline drug and alcohol support staff.

Recommendation 4: Work in partnership with the relevant trade unions to consult and remedy the inadequate current funding of the ATOD sector.

Recommendation 5: Make funding consistent across the state and territories to ensure that funding is secure and immediately halt short cyclical funding

⁹ Health and Community Services Union, Submission 580, Australian Government Productivity Commission, Mental Health, 5 July 2019

¹⁰ Health and Community Services Union, Submission 580, Australian Government Productivity Commission, Mental Health, 5 July 2019

Rethinking our funding and integrated services

15. *'She keeps going in and out of emergency (with methamphetamine abuse). The cops will be waiting for her once she's done there. Then it's off to do some time with them. And let me tell you, that's not rehab. Got nothing to do with what she actually needs. She's back on the streets next. I do wonder if she'd been sent to me or someone like me first, way back at the start (nearly a decade), if we'd still be here now.'* Alcohol and Other Drug officer'¹¹

16. We welcome the draft report's acknowledgement that without addressing societal issues, it will be nigh on impossible to appropriately handle the burgeoning mental health crisis. However we believe that a key component missing from the highlighted risk factors is the increasing pressure on the ATOD sector to provide world-class care with inadequate funding. We also believe that the mental health sector would benefit greatly from a larger and more comprehensive investment in holistic treatment centres. It is with this in mind that we urge state and federal governments to heed the warnings of the mental health and ATOD workforces and commit recurrent funding for both sectors to ensure that these services can be seamlessly co-ordinated. According to the HSU's submission to the commission 'services are so thinly stretched [that HSU members] cannot examine the root cause of any given issue'.¹²

17. The complex nature of ATOD treatment and mental health is widely understood however it is clear that not enough funding is being put into outreach and rehabilitation and this inevitably puts an impossible strain on the mental health workforce. Furthermore until these services are adequately funded and are encouraged to work in tandem, the problem will continue to persist and many ATOD users will simply fall through the cracks of a failing mental health system.

Recommendation 6: Inject funding into current ATOD services and highlight areas where more holistic treatment centres can be opened in such a way that they can respond to a range of drug classes.

¹¹ Health Services Unions, Submission, Submission 237, Australian Government Productivity Commission, Mental Health, 5 April 2019

¹² Health Services Unions, Submission, Submission 237, Australian Government Productivity Commission, Mental Health, 5 April 2019

Moving from a punitive framework to a health-based framework

18. We welcome the recommendations from the draft overview in regard to mental healthcare being integrated into all stages of the justice system and it is not surprising that those who engage in the justice system are overrepresented in every part of the justice system.
19. We note however that the draft recommendations does not take into consideration the risk factors associated with ATOD usage within the justice system and the undeniable link between consistent drug and alcohol consumption and mental health.
20. According to the Australian Institute of Health and Welfare 67% of prisoners smoke tobacco on a daily basis.¹³ It has also been found that those who consume a risky amount of alcohol are far more likely to engage with the justice system due to criminal offending.¹⁴
21. One in three arrests indicated that illicit drug use contributed to their offending and 65% of prison entrants reported using illicit drugs 12 months prior to incarceration.¹⁵ Furthermore 75% of police detainees who provided a urine sample in 2015-16 tested positive for at least one drug type.¹⁶
22. According to Kopak and Hoffman, illicit drug use has been identified as a primary motivating factor in non-violent property offences such as burglary and theft.¹⁷ There are so signs of these trends slowing down. In 2019 it was reported that 30% of police detainees admitted that the usage of illicit substances directly contributed to their crimi-

¹³ Australian Institute of Health and Welfare, *Alcohol Tobacco and other Drugs in Australia, People with Mental Health Conditions* viewed 16 January 2020, <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions>>

¹⁴ Fergusson DM, Boden JM & Horwood LJ 2013. Alcohol misuse and psychosocial outcomes in young adulthood. Result from a longitudinal birth cohort studied to age 30. *Drug and alcohol dependence* 133:513-9.

¹⁵ Australian Institute of Health and Welfare, *Alcohol Tobacco and other Drugs in Australia, People with Mental Health Conditions* viewed 16 January 2020, <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions>>

¹⁶ Australian Institute of Health and Welfare, *Alcohol Tobacco and other Drugs in Australia, People with Mental Health Conditions* viewed 16 January 2020, <<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-with-mental-health-conditions>>

¹⁷ Kopak AM & Hoffman NG 2014. Pathways between substance use, dependence, offense type, and offense severity. *Criminal Justice Policy Review*. 25(6): 743:760.

nal offending¹⁸ demonstrating that there has been so significant change in this area from the 2017 findings.

23. With these statistics in mind it is no surprise that according to the National Prisoner Data Collection 40% of Australia's prisoners admit to experiencing mental distress or to having a diagnosed mental disorder. We also know that 2 in 3 prison entrants used illicit drugs in the previous year. It is undeniable that the complex nature of drug use within the justice system requires urgent attention.
24. It is our contention that a range of harm reduction measures should be urgently implemented, most notably that we move from our current punitive system of dealing with ATOD into a health based, harm reduction model. We believe that the economic, social and community benefits would benefit consumers and the wider community exponentially. This investment would pale in comparison to the money that is currently being spent on our prisons, law enforcement, the legal system and would relieve the bottleneck pressure on our emergency departments and the current mental health workforce.
25. It is probable that there are people in our justice system who are struggling with ATOD addiction and are therefore struggling with their mental health. Inevitably people are falling through the cracks and it is our firm belief that proper, integrated ATOD care before, during and after one is in the justice system will be of exponential benefit.

Recommendation 7: Cease the 'war on drugs' model and invest more comprehensively in diversionary programs in partnership with the police force and the justice system.

Recommendation 8: Invest in more mental health and ATOD services for our incarcerated community with continued support upon release.

¹⁸ Patterson, E Sullivan, T, & Bricknell, S 2019. Drug use monitoring in Australia: Drug use among police detainees, 2017, Statistical Reports Number 14. Canberra: Australian Institute of Criminology. Viewed 18 April 2019.