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VAADA is pleased to provide this submission to the National Mental Health Commissions draft *National Stigma and Discrimination Reduction Strategy* consultation and welcomes the Commission's recognition of (i) the impact of stigma, (ii) the different forms of stigma – structural, public and self – and (iii) the importance of society wide efforts to address and reduce stigma and its harms.

As reflected in the draft strategy, stigma and discrimination towards individuals using alcohol and drugs, their families, friends and supporters and those working in the AOD sector is experienced every day. [1] [2] The impact of AOD-related stigma is far reaching and has been shown to negatively impact recovery capitol, help-seeking behaviours, intergenerational patterns of substance use, and sense of worth and connection. As noted by a UK campaign, stigma literally kills. [3]

For people who use AOD, there is the added complexity of secondary stigma potentially connected to criminality, unemployment, homelessness, social isolation, mental illness and behaviours associated with intoxication and withdrawal. Addressing stigma is crucially important, and AOD is one of the most highly stigmatised health and social conditions in society.

VAADA is, overall, very supportive of the actions described in the draft strategy. However, we are concerned about the position of AOD within the strategy, a lack of definitional specificity when it comes to the challenges people who use AOD face, and an apparent conflation of the specialist AOD sector with the mental health services sector.

In addition to this submission, we have also included a detailed reply in the feedback on the proposed actions survey.

About the Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is a non-government peak organisation representing Victoria's publicly-funded alcohol and other drug (AOD) services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across

[1] Eaton et al (2014) 'The stigmatization of the provision of services for alcohol and other drug users; A systematic literature review', *Drugs: Education, Prevention, Policy*.
[2] Lancaster et al (2017) '*Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use: A report for the Queensland Mental Health Commission*.
[3] https://www.stigmakills.org.uk/

the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use, and the organisations who support them, are well-represented in policy, program development and public discussion.

VAADA achieves its aims by:

1. Engaging in policy development;
2. Advocating for systemic change;
3. Representing issues identified by our members;
4. Providing leadership on priority issues;
5. Creating a space for collaboration within the AOD sector;
6. Keeping our members and stakeholders informed about issues relevant to the sector; and
7. Supporting evidence-based practice that maintains the dignity of those who use AOD (and related) services.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved, or have a specific interest, in the prevention, treatment, rehabilitation or research aimed at minimising the harms caused by AOD.

Defining alcohol and other drugs

VAADA is pleased to note that the draft strategy recognises that 'people with lived experience of alcohol and other drug issues or gambling harm' experience multiple and compounding forms of stigma and discrimination. However, we are concerned about a lack of nuance and detail in the strategy's description of AOD.

At times, the draft strategy seems to conflate AOD use (and related stigma) with mental health and, to a lesser extent, gambling. For example, it is unclear in the strategy if AOD services are included in the strategy's definition of the 'mental health service system' or if they are considered separately. While it is common for AOD use and poor mental health to co-occur, they are separate experiences with their own unique sets of harms, drivers, presentations, treatment methodologies and experiences of stigma. Further, the AOD and mental health service systems are distinct in regard to workforce, treatment philosophies, methodologies, models of care, and treatments.

The last two decades have seen a significant amount of work, funding and resources aimed at de-stigmatising mental health. While this has been a worthy and positive development, AOD has not enjoyed the same level of attention or resourcing. The association of AOD use with crime – reinforced by Australia's drug laws – mean that people who use AOD experience complex and multi-pronged processes of stigmatisation. Desmond Manderson for example points out that our drug laws have not been about health or addiction at all, but an expression of bigotry, class and deep-rooted social fears.[4] In turn, AOD use is commonly viewed in simplistic and unhelpful ways which can compound stigma and compromise treatment. For example, AOD use is often viewed as a matter of personal choice and seen through a lens of immorality and individual weakness. Such bias manifests in any number of settings, including clinical settings, and can result in drug users being denied much-needed health services until they 'sort their habit out'. This marks a difference between the stigma

[4] Manderson, D. (1993). *From Mr Sin to Mr Big: A History of Australian Drug Laws*, Oxford University Press

AOD use attracts, and the stigma other conditions or issues attract. The failure of non-AOD services to meet AOD clients' needs is common, and a direct product of entrenched AOD stigma.

The draft strategy's current lack of engagement with the complexities of AOD use, harms and stigma are concerning. Without a more nuanced engagement with AOD, the strategy will be severely limited in developing and guiding effective actions to address AOD-related stigma and its interactions with other forms of marginalisation, discrimination and disadvantage.

In this context, it is crucial that the strategy recognise the specialist nature of **both** the AOD and mental health service systems. A key consideration for the Strategy is to build capability across both AOD and mental health to better respond to including co-occurring and intersecting health and social issues including mental health, AOD and others.

Recommendations:

i. Clarify whether it is seeking to address stigma in the context of co-occurring mental health and AOD use OR seeking to address AOD stigma more broadly. If the latter, VAADA endorses the Australia Alcohol and other Drugs Council's recommendation that the Commission establish a separate strategy focused on addressing AOD-related stigma.

ii. Clarify whether the Strategy regards the AOD services sector as distinct or part of the mental health service sector.

Complications arising from the legal status of drugs

Another area of concern for VAADA relates to complexities arising from the legal status of many substances.

While the legal status of drugs in Australia is beyond the scope of this consultation, it is important to note that for people who use AOD, the main source of stigma are the laws that criminalise drug use. This is despite (i) more than 40% of Australians reporting lifetime use of an illicit drug, and (ii) a lack of evidence to support a focus on criminalization and enforcement. [5] Criminalisation of drugs is not only highly stigmatising but also isolates those who use AOD, reduces help-seeking behaviours and increases the risk of contact with the criminal justice system (and the additional associated stigma associated with this).[6]

While VAADA does not endorse a specific model of drug law reform (i.e. depenalisation, decriminalisation or legalisation), we do strongly support evidence-based reform of state and federal drug laws.

Recommendations:

iii. Implementation of the Strategy should include a review of drug policy and laws that stigmatise specific populations.

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

[6] Xamon et al (2019) *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use, Legislative Council of Western Australia.*

Consequences of AOD-based discrimination

Given the legal complexities of AOD – many drugs are illegal and there are multiple legal restrictions on alcohol consumption [7] – it is unclear whether AOD use would be protected under the strengthened human rights standards and discrimination protections the Strategy describes. This is important to clarify. As research undertaken on behalf of the Queensland Mental Health Commission highlights, health services are a common environment in which AOD-related stigma is encountered.[8]

Achieving an appropriate balance between health and safety for all and reducing stigma with regard to AOD use is a highly complex issue. Like with mental illness, there are circumstances where AOD use is a relevant factor in decision making by state and federal authorities. For example, the draft strategy notes that, while mental illness does not preclude good parenting, it is an assessable risk factor in child safety assessments. Similarly, AOD does not preclude good parenting, however, parental and/or family AOD use can pose a risk to the welfare of children. Therefore, resourcing institutions to ensure such decisions are informed by a collaborative team of specialist clinicians in AOD, child safety and parental capacity is considered a necessary step in reducing the incidence of decision-making driven by stigma rather than evidence.

The commission needs to be mindful how AOD use is framed in the Strategy in relation to human rights and discrimination protections. The Strategy needs to recognise that in some circumstances AOD use is a relevant factor in assessing a person's wellbeing or capacity to make informed decisions however current or historical AOD use may also be used unfairly and unnecessarily to exclude a person from accessing a service or product.

It is important that the Commission engages thoroughly with relevant bodies from the AOD, harm reduction and service users sector (including family and carers). The state and territory AOD peaks have excellent reach across Australia as well as significant depth and breadth of knowledge to contribute to the development of the strategy and its implementation. VAADA would welcome further opportunity to work with the Commission on the Strategy.

In Victoria, Harm Reduction Victoria and the Self Help Addiction Resource Centre (SHARC) are key voices in lived experience of AOD. Equivalent peaks in other states and territories, as well as national peaks should also be consulted with.

<u>Recommendations:</u>

iv. Clarify definition of AOD within the strategy, including implications of human rights and discrimination protections.

v. Consult with state and territory AOD peaks as well as organisations representing harm reduction, service users, lived-and-living experience and friends, families and carers in development and implementation.

Government leadership in addressing stigma

[7] For example, at the time of writing, being drunk in public in Victoria is still a criminal offence, however, the Victorian government are in the process of removing this. Most other states and territories criminalise public drunkenness either directly (i.e. Queensland) or indirectly.
[8] Lancaster et al (2017).

As noted by the World Health Organisation, 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.[9]

There is a surfeit of research – both Australian and international – demonstrating how widespread AOD-related stigma is and how it is reproduced and reinforced in media, politicians, and institutions.[10] For example and as stated earlier, one of the primary sources of AOD stigma is the enforcement of drug laws.

Accountability needs to be led by government. Governments, their ministers and departments do not have a good history when it comes to stigma. It is common for already stigmatised groups to be opportunistically stigmatised by governments in pursuit of their agenda. Government should lead by example and commit to rejecting stigma. Further government action should include a thorough review of laws, policies, regulations and institutions – police, military, Services Australia, etc. – to identify stigmatising practices, cultures and structures. The scope of this review should cover different forms and contexts of stigma including AOD-related.

VAADA strongly supports the draft strategy's focus on accountability and enforceable legal protections against discrimination and human rights violations. It is VAADA's view that without enforceable standards of accountability couched within a human rights framework, any activity attempting to address stigma is simply tinkering at the edges.

Recommendation:

vi. Include a national campaign to address AOD-related stigma.

vii. The Strategy should include a whole-of-government review of laws, regulations, practices, and institutions with a view to identifying stigmatising practices.

Recommendations

Again, VAADA welcomes the Commission's work in this area and is grateful for the opportunity to contribute to this important work. VAADA is ready and willing to contribute further to the development of these guidelines.

A summary of our key recommendations are below:

i. Clarify whether it is seeking to address stigma in the context of co-occurring mental health and AOD use and related or OR seeking to address AOD stigma more broadly. If the latter, VAADA endorses the Australia Alcohol and other Drugs Council's recommendation that the Commission establish a separate strategy focused on addressing AOD-related stigma.
ii. Clarify whether the Strategy regards the AOD services sector as distinct or part of the mental health service sector. Clarify definition of AOD within the strategy, including implications of human rights and discrimination protections.
iii. Implementation of the Strategy should include a review of drug policy and laws that stigmatise specific populations.

[9] Room et al. (2001). 'Cross-cultural views on stigma valuation parity and societal attitudes towards disability' in Üstün et al. (eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.
[10] Wogen et al (2020) 'Human rights, stigma, and substance use', *Health and Human Rights Journal*, vol. 22(1).

iv. iv. Clarify definition of AOD within the strategy, including implications of human rights and discrimination protections.
v. Consult with state and territory AOD peaks as well as organisations representing harm reduction, service users, lived-and-living experience and friends, families and carers in development and implementation.
vi. Include a national campaign to address AOD-related stigma.
vii. The Strategy should include a whole-of-government review of laws, regulations, practices, and institutions with a view to identifying and minimizing stigmatising practices.

Thank you for the opportunity to contribute to this consultation. VAADA would welcome the opportunity to elaborate further on the issues raised in this submission and is available to contribute further on the issue of stigma associated with the use of Alcohol and Other Drugs. If you require further information, please do not hesitate to contact me at sbiondo@vaada.org.au .

Yours sincerely

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