ADCA
Alcohol and other Drugs Council of Australia

Submission to the Inquiry into Suicide in Australia

19 November 2009

ABN: 39 008 455 525

Contents

Introduction

As the national independent peak body, ADCA represents the interests of, and provides leadership for the Australian alcohol and other drugs (AOD) sector. ADCA works collaboratively with government at all levels, as well as the non-government, business, and community sectors to promote evidence-based and socially just approaches aimed at preventing or reducing harm caused by alcohol and other drugs to individuals, families, and communities.

The dangers associated with excessive consumption of alcohol and other substances have become a national issue, as growing concern surrounding the misuse and dangers of alcohol continues to dominate community debate. The culture of regular, excessive drinking permeates our society, and bringing about change will need a coordinated, educated and a strategic public awareness approach.

Chronic alcohol and/ or other drug abuse is, in itself a significant factor in successful suicides, and attempts. The Living Is For Everyone (LIFE) Communications organisation's factsheet on suicide statistics quotes Australian Bureau of Statistics (ABS) data showing suicide deaths still account for more fatalities than motor vehicle accidents, and suicide is the leading cause of death for people under 35 years of age. Suicide deaths in Australia are currently estimated at 1700 per annum (LIFE 2009).

Note: LIFE's factsheet also suggests that there may be possible inaccuracies in this ABS dataset due to inconsistent practices and incomplete data at the State/ Territory jurisdictional level (LIFE, 2009).

ADCA welcomes the Senate Community Affairs References Committee's Inquiry into Suicide in Australia, and looks forward to assisting the Committee in its endeavours.

Consultation

ADCA sought the opinion of various experts with knowledge of AOD and suicide comorbidities, including the ADCA Board and members of ADCA Working Groups. Their opinions assisted ADCA to formulate the recommendations contained in this Submission. In addition, ADCA has circulated a copy of the Submission to the Mental Health Council of Australia, Lifeline Australia and BeyondBlue as well as the State/ Territory AOD non-government peak organisations:

- Western Australian Network of Alcohol and other Drug Agencies
- Network of Alcohol and Drug Agencies
- Victorian Alcohol and Drug Association
- QLD Network of Alcohol and Drug Agencies
- South Australian Network of Drug and Alcohol Services, and
- Alcohol, Tobacco and other Drug Council of Tasmania Inc.

ADCA and the AOD Sector: Who We Are and What We Do

ADCA is the national peak body for the AOD sector, providing an independent voice for people working to reduce the harm caused by alcohol and other drugs.

ADCA is a non-government, not-for-profit organisation which receives approximately 80 per cent of its core funding and major ongoing project funding through the Australian Government Department of Health and Ageing under its Community Sector Support Scheme (CSSS), and the National Drug Strategy Program respectively. Approximately 12 per cent is received through other project grants from State Governments and other funding bodies. The remaining 8 per cent is generated through ADCA's membership fees, interest and other sources of income (small one-off projects). ADCA is a company limited by guarantee, a public benevolent institution with income tax and sales tax exemption, and a deductible gift recipient.

As the national peak body, ADCA occupies a key role in advocating for adequate infrastructure support and funding for the delivery of evidence-based AOD initiatives. In this regard, ADCA represents the interests of a broad group of AOD service providers and individuals concerned with prevention, early intervention, treatment, harm minimisation, supply reduction, and research.

Under ADCA's new governance arrangements, the ADCA Board is elected by the ADCA membership and consists of a total of nine Board Directors. The ADCA Federal Council comprising one representative per State/ Territory AOD peak organisation plus the ADCA Board has been established as a key mechanism for coordination and cooperation with State/ Territory AOD peak organisations. The ADCA Policy Forum comprises the ADCA Board, the State/ Territory AOD peaks, and the Chairs of the ADCA Working Groups, and establishes an advisory forum on key policy issues for the AOD sector. Both the ADCA Federal Council and the ADCA Policy Forum come together for face-to-face meetings, and telephone link-ups.

At 1 September 2009, ADCA's membership totaled 361, comprising 164 organisational members, 55 associate organisational members, and 142 individual members. These include AOD services, agencies, and individual professionals and practitioners engaged in AOD services throughout Australia, as well as major university research centres, tertiary institutions offering courses in addiction studies and other programs for AOD workers, officers of law enforcement and criminal justice systems, policy analysts, and administration.

Executive Overview

As the national beak body for the AOD sector, ADCA's comments reflect the opinions of experts regarding the correlation between AOD use, mental health issues and suicide. ADCA welcomes the opportunity to discuss the role that alcohol and other drugs plays in suicide with the Senate Community Affairs Standing Committee during any public hearings at a later date.

The National Alcohol Indicators Bulletin No. 12 discussed alcohol-attributable death and hospitalisations from 1996 to 2005. Over those years alcohol-related suicides were the third-leading alcohol-related cause of death for males. This study also reported that alcohol-related suicide attempts was the fifth most common cause of hospitalisation for females in Australia (NDRI, 2009).

> Co-occurring substance use and mental health problems is a major drug and alcohol issue. According to the National Survey of Mental Health and Wellbeing, more than half of Australians seeking help for mental health problems also have substance use problems (Teesson, M., Hall, M., Lynskey, M., & Degenhardt, L. 2000.). Both substance misuse and mental health are known risk factors for suicide and their co-occurrence further increases the risk. Complicating the approaches to address this co-morbidity issue is the lack of integration between AOD and mental health services. (Hamilton, M 2009)

In addition to specific policies to reduce the burden of AOD-related suicide discussed in the body of this submission, ADCA recommends the following population based interventions:

- **restricting both the physical and economic availability of alcohol.**
  Reducing the economic availability through taxation and the physical availability may change consumption patterns in a way that will promote safer drinking.

- **supporting limits on the way alcohol is advertised and marketed to young people.**
  The current system of self-regulation is not working, and more should be done to ensure advertising and marketing to our youth is appropriately directed and controlled. These regulations need to address both what is being shown on broadcast media, as well as the positioning of products and promotional materials at the point-of-sale.

- **supporting the introduction of health information labels on all alcohol products.**
  Consumers need to be informed at the "point-of-drinking" that the product they are consuming can have a serious impact on their health and well-being; that Alcohol is a drug – TOO! These warning labels would be similar to what is currently provided on tobacco products. Also, alcohol is currently regulated as a food product and falls under the authority of Food Standards Australia and New Zealand (FSANZ). On 23 October 2009, the Parliamentary Secretary to the Minister for Health, the Hon Mark Butler, MP announced that Dr Neal Blewett, AC will lead a Review into food labeling law. ADCA believes that branding and labeling alcohol products must be addressed to provide warnings to the public

and has made enquiries to FSANZ to discover whether alcohol labeling will be considered under the upcoming review.

- **supporting the pre-approval of alcohol advertisements by an Australian Communications Media Authority Division**
  It's imperative that advertisements promoting alcohol consumption be rigorously tested by experts from within the AOD sector, health and motor vehicle industries to ensure they have NO strong or evident appeal to children, and do not suggest that alcohol contributes to personal, business, social, sporting, sexual or other success in life.

- **supporting the introduction of a comprehensive education program about the dangers of alcohol.**
  We need to educate our children about the misuse and health risks associated with alcohol to assist them with developing a better understanding of its effects. This needs to take place both in communities and through the media

The economic cost to our community through the misuse of alcohol and other drugs is growing, with research indicating the damaging impact on physical, mental and social wellbeing. The harm to Australian society from alcohol and other drugs, including tobacco, was estimated at $56 billion per annum in 2004/05 (Collins & Lapsley 2008). In 1998 the costs of alcohol and other drugs was estimated at $34.5 billion per annum (Packham 2008).

Governments at all levels need to work in cooperation with local communities to significantly reduce the level of alcohol abuse in Australia, especially in geographic and demographic points of interest, such as with young people or with people experiencing comorbid alcohol and mental health issues.

Responses to the Terms of Reference

The Senate Community Affairs References Committee has provided eight Terms of Reference (ToRs) for the Inquiry into Suicide in Australia. In this submission, ADCA has responded to seven of the eight ToRs.

As ADCA is the national AOD peak body, it was felt that ADCA cannot comment on the adequacy of the National Suicide Prevention Strategy. As such, ADCA makes no comment on term (h).

a) The personal, social and financial costs of suicide in Australia;

ADCA notes the debate discussed in the *Sydney Morning Herald* (SMH) and recent evidence from the Australian Institute of Health and Welfare (AIHW) that suicide reporting in Australia is currently not accurate (Pollard, R, 2009) (AIHW, 2009). We further understand that the ABS is undertaking a review of their dataset and will be publishing new figures in 2010. ADCA feels it would be more appropriate to comment on the costs until the revised estimate has been published by the ABS.

As discussed in the draft *NSW Suicide Prevention Strategy* and in other research, the reporting of suicide is complicated by potential under-reporting of single-vehicle single-occupant traffic accidents, accidental hangings, and other forms of accidental deaths that may have actually been intentional.

Though not explicitly covered in the ToRs, ADCA believes the Committee should note the significant personal, social and financial costs of non-completed suicide attempts as well.

b) The accuracy of suicide reporting in Australia;

As cited in ADCA's response to (a), the AIHW has presented a paper which indicates that the suicide figures have been understated in the last few years (AIHW 2009). ADCA also notes that the ABS is currently reviewing their suicide reporting and has stated that a revised paper will be published in 2010. As such, ADCA feels it would be more appropriate to discuss the accuracy of suicide reporting after the revised ABS report is published.

It is ADCA's opinion that there is considerable difficulty in "drawing the line" when attempting to classify suicide deaths. ADCA also notes that intoxication via both licit and illicit substances can act as a confounding influence on appropriate recording of deaths, i.e. substance-related "accidental" deaths may actually have been substance-related "suicide" deaths.

c) The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide

ADCA recommends that specific training in the complicating factors of AOD use be given to all agencies/ services in the health/ emergency services/ law enforcement sectors. Research shows that over half of all completed suicides are committed while the person is intoxicated from alcohol or other drugs.

Impulsivity and aggression are strongly implicated in suicidal behaviour. Aggression has been associated with serotonin deficiency, and high levels of alcohol consumption have been associated with both increased aggression and serotonin deficiency. Alcohol consumption is thus causally linked to increased suicide risk (Sher, L 2006) (Darke, S et al 2006).

Talmet et al (2009) analysed recent Australian literature discussing Australian's suffering from comorbid AOD/ Mental Health Illness who seek health care from public hospitals and other places. This literature review has concluded that people who appear in the medical or judicial/ legal system with this comorbidity (i.e. before police, at hospitals or before other emergency service personnel) have been denied effective treatment/ referral on the basis that their presumed condition is solely drug or alcohol related. This report also concludes that Aboriginal and Torres Strait Islander Communities are at greater risk than non-Indigenous people. The mistreatment highlighted in this report has resulted in suicide and other preventable deaths.

Evidence from a 2004 paper shows significant differences between Aboriginal and Torres Straight Islander Peoples (ATSI) and non-Indigenous suicides. The Elliott-Farrelly paper cites a number of sources showing that ATSI suicides are often impulsive and frequently occur whilst currently in or in the aftermath of intoxication. Suicide has been estimated as being up to 40 per cent more prevalent in ATSI communities, when compared to non-ATSI populations. Data from Queensland shows the ATSI rate of attempted suicide was 14.5 per cent during 1980-1988, compared to a non-Indigenous rate of 5.3 per cent (Elliott-Farrelly, 2004).

In light of the serious complicating and confounding influences of alcohol and other drugs on suicide and self-harm, ADCA believes that the Committee should recommend increasing funding for comorbidity awareness training for emergency services personnel and increased funding for comorbidity treatment and research.

ADCA Recommendation

That specific training be developed for all law/ health/ emergency services personnel in dealing with AOD/ Mental Health comorbidities.

The Committee recommends development of separate Aboriginal and Torres Straight Islander Peoples suicide strategies, noting the higher incidence of impulsive suicide attempts and intoxication.

d) The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk

As discussed in ADCA's response to (c), ADCA believes that alcohol and other drug use are significant complicating and confounding influences on mental health, people's intent to suicide and suicide completions.

The Turning Point Alcohol and Drug Centre's *Orientation to the AOD Sector* paper notes that the inter-relationship between a client's AOD use and their mental health issues can be quite complex. The mental health issue may be caused by a client's AOD use, e.g. "speed psychosis" from amphetamine use, or a person may develop an AOD issue by using alcohol or other substances to self-medicate in an attempt to moderate mental health issues (Turning Point 2002).

In a recent survey into the Australian Capital Territory (ACT) AOD sector workforce, 86 per cent of respondents agreed that AOD and mental health comorbidity was an important area in their work, yet only 22 per cent of AOD workers had any level of formal qualifications in this area, though a further 50 per cent had received on-the-job training.

ADCA notes that over 10 per cent of the workforce had received no training in AOD/ mental health comorbidity and a further 14 per cent saw no relevance for AOD/ mental health in their work. The ACT survey showed that 30 per cent of respondents believed that they held little to no competency in dealing with comorbid AOD/ Mental Health clients. (McDonald, D 2006).

The National Centre for Education and Training on Addiction (NCETA) conducted research into the profile of South Australia's AOD workforce development in 2007. This study highlighted that only 20 per cent of the South Australian workforce believed that they were competent to deal with AOD/ Mental Health comorbidity. The report also discussed future training needs. Additional education/ training in mental health issues was the second most desired need, with 77 per cent of respondents feeling they wanted additional information (NCETA 2007).

The Network of Alcohol and Drug Agencies (NADA) was commissioned to investigate the New South Wales AOD workforce sector in 2008. The final report also highlighted a lack of understanding about mental health illnesses and comorbidities in their workforce, and a desire for further workforce development comorbidity needs (NADA, 2008).

The reports above have been developed from three of Australia's eight State/ Territory jurisdictions. While not able to find similar empirical evidence from other State/ Territory jurisdictions, there is anecdotal evidence showing that concern for the adequacy of training and workforce knowledge of AOD/ Mental Health comorbidity is shared nation-wide.

Likewise, the Senate Select Committee on Mental Health's First Report in 2006 quoted evidence from the Police Federation of Australia that their members were inadequately prepared to deal with the high level of need exhibited by dual diagnosis sufferers (Commonwealth of Australia, 2006).

ADCA Recommendation

People who present to health/ emergency services with comorbid ADO/ Mental Health issues be recognised as a separate "at-risk" or "high-risk" group under the National Suicide Prevention Strategy.

The Committee recognises the lack of resourcing given to the AOD and other sectors to:

1. *Develop treatment methodologies for AOD/ Mental Health comorbidity*
2. *Train and develop staff to apply AOD/ Mental Health comorbidity treatments*

e) The role of targeted programs and services that address the circumstances of high-risk groups

ADCA believes that targeted programs and services need to consider the impact of alcohol and other drug use by people with intent to self-harm as being a separate, high-risk group. As discussed in the response to (d), AOD/ Mental Health comorbidity is a significant issue for the AOD sector, and AOD use can act to bring about suicide intentions and suicide completions.

A study conducted in 2006 looking at suicide deaths in Queensland found that 60 per cent of successful self-harm victims had at least one drug present at time of death. Of the drugs recorded at death, alcohol was present in over 80 per cent of drug completed suicide incidents (Oei et al, 2006).

Similarly another research paper in 2006 found alcohol was present in 69-33 per cent of suicide reports from a sample of nations. The report also found a strong association between high levels of alcohol consumption per capita and high numbers of suicide per capita (Sher, L 2006).

Data from the National Drug and Alcohol Research Centre (NDARC) found that two-thirds of violent suicides (those by gun, cutting or hanging) had a psychoactive substance in their blood. Again, the most common factor is alcohol, followed by poly-substance abuse (Darke, S et al 2009).

ADCA Recommendation

Targeted suicide programs and services develop specific AOD/ Mental Health comorbid awareness packages aimed at increasing awareness and understanding of the heightened suicide risk in this "at risk" population.

f) The adequacy of the current program of research into suicide and suicide prevention and the manner in which findings are disseminated to practitioners and incorporated into government policy, and

ADCA does not feel qualified to comment on the totality national suicide research program. However, ADCA does have concern with the *Research Priorities in Mental Health* report published in 2002 by the Department of Health and Ageing. This is the most up-to-date document. It should be noted that this report makes no mention of the significant comorbidity factors that alcohol and other drug use impose on mental health patients (Commonwealth of Australia, 2002).

In light of the issues highlighted above, ADCA feels that additional research into AOD/ Mental Health comorbidities would assist policy-makers and health practitioners to:

- Understand the scope of comorbid AOD and mental health illness in Australia
- Develop appropriate treatment methodologies, and
- Assist to reduce the personal, social and financial costs of suicide to the Australian community.

ADCA Recommendation

That any new or amended research program devotes specific funding and resources towards AOD/ Mental Health comorbidities and suicide risks.

Previous submissions

Below is a list of the previous Submissions ADCA has provided in relation to alcohol.

- Response to Community Affairs Committee Inquiry into Excise Tariff Amendment (2009 Measures No.1) Bill 2009 and Customs Tariff Amendment (2009) Measures No.1) Bill 2009
- Submission to the National Health and Medical Research Council (NHMRC) – review by the NHMRC of the Australian alcohol guidelines: health risks and benefits. Submitted/Issued: 10 December 2007
- Submission to Food Standards Australia New Zealand (FSANZ) – initial assessment report. Labeling of alcoholic beverages with pregnancy health advisory label. Submitted/Issued: 2 February 2008
- Submission to the Senate Community Affairs Inquiry into the *Alcohol Toll Reduction Bill* 2007.
- Submission to the Senate Community Affairs Inquiry into Ready-To-Drink (RTD) alcohol beverages.
- Submission to the National Preventative Health Taskforce, and
- Submission to Australia's Future Tax System (Henry) Review.

Conclusion and Recommendations

ADCA firmly believes that the suicide risks from AOD/ Mental Health comorbidities are under-represented, under-treated and misunderstood both within the AOD sector itself and the wider Health/ Emergency/ Law Enforcement sectors. Accordingly ADCA has developed the following recommendations:

1. *That specific training be developed for all law/ health/ emergency services personnel in dealing with AOD/ Mental Health comorbidities.*
2. *The Committee recommend development of a separate Aboriginal and Torres Straight Islander Peoples suicide strategy, noting the higher incidence of impulsive suicide attempts and intoxication.*
3. *People who present to health/ emergency services with comorbid ADO/ Mental Health issues are recognised as a separate "at-risk" or "high-risk" group under the National Suicide Prevention Strategy.*
4. *The Committee recognises the lack of resourcing given to the AOD sector to:*
    a) *Develop treatment methodologies for AOD/ Mental Health comorbidity*
    b) *Train and develop staff to apply AOD/ Mental Health comorbidity treatments*
5. *Targeted suicide programs and services develop specific AOD/ Mental Health comorbid awareness packages aimed at increasing awareness and understanding of the heightened suicide risk in this "at risk" population.*
6. *That any new or amended research program devotes specific funding and resources towards AOD/ Mental Health comorbidities and suicide risks.*

In addition to the recommendations above, there are a number of legislative/ regulatory approaches that can be taken at a population level which will reduce excessive consumption of alcohol, and thereby reduce the alcohol-related component of suicide.

ADCA's broad alcohol policy recommendations, which have been submitted to the Preventative Health Taskforce and other Inquiries can be summarised as:

- *introducing a non-linear, accelerating taxation regime of alcohol products.*
- *removing alcohol from the provisions of the National Competition Policy (NCP)*
- *reviewing and amending State/ Territory liquor licensing regimes along harm-minimisation principles, similar to the recent Victorian and Queensland amendments*
- *introducing of health warning labels on all alcohol products, supported by additional warning posters/signs in establishments selling alcohol*
- *establishing restrictions on the way alcohol is advertised and marketed to young people*
- *pre-approving and rigorous testing of alcohol advertisements and promotions by experts to curb their influence on the community*
- *establishing a nation-wide education program to raise awareness of the dangers of alcohol, alcohol and other drugs and mental health comorbidities. and*

- *Increased emphasis on social infrastructure and community development projects, especially in regional / remote areas.*

In addition to ADCA's broad alcohol policy goals, the organisation has provided submissions to Government on both the development of a national compact for the not-for-profit sector, and to the Productivity Commission on the contribution of the not-for-profit sector.

Both submissions contained recommendations ADCA believes could aid the AOD NGO sector / Government relationship and also improve the capacity of AOD NGO service-delivery organisations to prevent and reduce all harms, including suicide arising from alcohol and other drugs issues.

These recommendations include:

- *Government funding arrangements for not-for-profit organisations to be designed on a longer-term basis to provide security and opportunities for longer-term financial and operational planning*
- *investment in the provision of career incentives and skills development opportunities for employees of not-for-profit organisations*
- *a move away from the competitive tendering process, and*
- *that policy and program development at all levels as well as best practice is informed by comprehensive evidence, and that not-for-profit organisations are enabled to have a bigger impact on policies that have a direct impact on their operations.*

Full copies of ADCA's submissions are available on request or on our website at www.adca.org.au. ADCA would welcome the opportunity to provide further input to the Committee's deliberations at any scheduled hearings.

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