

Standing Committee on Health, Aged Care and Sport  
**Inquiry into the health impacts of alcohol and other drugs in Australia**  
September 2024

# Advocacy to improve access and equity

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into the health impacts of alcohol and other drugs in Australia

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that is responsible for training, educating, and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8500 members, including around 5800 fully qualified psychiatrists.

### Introduction

The RANZCP welcomes the opportunity to provide a submission to the Australian Parliament Standing Committee on Health, Aged Care and Sport, '[Inquiry into the health impacts of alcohol and other drugs in Australia](#)'.

The submission will respond to the following terms of reference:

- a) Assess whether current services across the alcohol and other drugs sector are delivering:
  - a. equity for all Australians
  - b. best outcomes for individuals, their families, and society.
- b) Examine the effectiveness of current programs and initiatives across all jurisdictions to:
  - a. improve prevention.
  - b. reduce alcohol and other drug-related health, social and economic harms,
    - i. including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services.
- c) Examine how sectors beyond health, including education, employment, justice, social services, and housing can contribute to
  - a. early intervention
  - b. recovery
  - c. reduction of alcohol and other drug-related harms in Australia.

The RANZCP's response is informed by its submission to the [National Centre for Education and Training on Addiction regarding the National Alcohol and Other Drug Workforce Development Strategy \(2015-2018\)](#), [Position Statement 87: Recognising and reducing alcohol-related harm](#) and feedback from RANZCP members involved in a range of expert Committees including the Faculty of Addiction Psychiatry Committee and Section of Rural Psychiatry Committee.

### Recommendations:

The RANZCP recommends that the Standing Committee on Health, Aged Care and Sport:

- Address alcohol and other drug (AOD)-related harm as a mental health condition to combat stigma and promote help-seeking.
- Integrate AOD services within healthcare to effectively address the complexities of co-occurring mental health conditions.
- Expand training programs and funding for postgraduate psychiatry including in regional, rural, and remote areas.
- Create partnerships to enhance current local AOD service providers through education and support.
- Develop a culturally informed workforce by supporting the role of Aboriginal and Torres Strait Islander mental health workers working in AOD services.
- Restrict alcohol advertising, engage communities in recovery support, and implement educational strategies to address AOD-related harm at a societal level.

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into the health impacts of alcohol and other drugs in Australia

### **The health impacts of alcohol and other drugs in Australia**

Alcohol and other drugs (AOD) refer to psychoactive substances which when consumed or administered can alter consciousness, mood or cognitive processes.[1] AOD-related harm is a major cause of preventable disease, illness and death in Australia and represents a considerable socio-economic burden on the Australian community.[2, 3] The AOD workforce, consisting of both specialists and generalists, plays an important role in mitigating these harms.[3]

### **AOD services, AOD-use disorder, and co-morbid mental health challenges.**

The RANZCP highlights that it is critical to recognise AOD-related harm as a mental health condition for AOD services to be truly effective. AOD-use disorders are also often accompanied by co-occurring mental health disorders; studies indicate that one-third of individuals with an AOD-use disorder also experience at least one co-existing mental health disorder, with this rate significantly higher among those enrolled in AOD programs.[4] Complex presentations frequently go untreated due to their misalignment with local care models, necessitating adequate acute resources and specialist dual diagnosis rehabilitation programs.

There is a need for increased understanding on mental health comorbidities among the general AOD workforce. The RANZCP has previously stated that systemic discrimination and the stigma surrounding mental health disorders can hinder individuals from seeking help and accessing necessary services. Many AOD clients suffer from long-term serious mental health disorders that are inadequately assessed and treated. These individuals need access to the same resources as others, highlighting the importance of specialist advocacy. It is evident that community misconceptions and stigma related to mental health disorders persist, resulting in high levels of social exclusion.[5] The RANZCP's [Position Statement on recognising and reducing alcohol-related harm](#) states that investment in stigma reduction is crucial to encourage help-seeking behaviours among those facing AOD-related issues.[6]

### **Effectiveness of current programs and initiatives in Australia**

The RANZCP recognises that AOD initiatives in Australia encompass a wide range of services, from community-based programs to those within the healthcare system. Unfortunately, many AOD services are not integrated within the health care system, often leading to the notion that AOD-use disorder is solely a social issue and not a mental health condition to be addressed.

The private AOD sector often serves specific demographics, which undermines the broader approach needed for addressing AOD-related harm. This fragmentation between public and private services further complicates support for those in need. Non-profit organisations frequently cater to individuals from lower socio-economic backgrounds and barriers such as long waitlists and refusal to admit those with complex mental health conditions hinder access to care. The limited input from psychiatrists in these organisations further compounds the problem.

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into the health impacts of alcohol and other drugs in Australia

### The Role of Psychiatrists in the AOD workforce

Within the AOD workforce, psychiatrists serve as both generalists and addiction subspecialists. To achieve accreditation as an addiction psychiatrist recognised by the RANZCP, members must complete a [certificate of advanced training in addiction psychiatry](#).

Psychiatrists are specialist medical professionals who assess and treat patients with mental health conditions.[7] Psychiatrists frequently collaborate with general practitioners and other health professionals to meet the mental health and emotional needs of patients.[7] Addiction psychiatrists are trained subspecialists that will work with individuals in the evaluation, diagnosis and treatment of addiction disorders including AOD-use disorder.[8]

The RANZCP has previously highlighted the chronic and severe psychiatry workforce in Australia.[9] This explains the undersupply of addiction psychiatrists within the AOD sector, resulting in high demand for those practicing in the field. Ongoing staffing and retention, challenges, particularly in regional areas exacerbate the issue and may compromise workforce safety and wellbeing, ultimately impacting treatment outcomes.[10]

Upskilling the existing workforce is an effective way to address the AOD workforce shortages noted across jurisdictions. This aligns with the RANZCP's most recent Australian [Federal Pre-Budget Submission 2024-2025](#) which included the need to 'Maximise, Distribute and Connect' the workforce through increasing the skills and knowledge across the existing workforce to improve immediate access to services. To achieve this, the RANZCP emphasises the need for funding commitments to enable psychiatrists to upskill or subspecialise in addiction psychiatry through secondments or placements in tertiary addiction services.

The RANZCP also highlights the need for greater investment in the psychiatry workforce in Australia, with particular incentives for addiction rotations to address workforce gaps.[9]

### Working in regional, rural and remote Australia

Individuals residing in regional, rural and remote areas face significant challenges accessing AOD services, primarily due to geographical distance to AOD treatment centres (often greater than 100 kms) and associated costs.[11]

To improve the AOD workforce for Australians in these areas, a locally integrated health workforce is essential. The RANZCP proposes several initiatives to incentivise psychiatrists to work in rural, regional and remote settings:

- Expanding the [Specialist Training Program](#) which supports training positions in regional, rural and remote areas, and in private facilities.
- Increasing service funding for additional rural training posts or specialised teams in high-need rural locations as outlined in the RANZCP's '[Rural psychiatry roadmap](#)'.
- Building a rural pipeline that provides end-to-end training (basic medical training, pre-vocational and vocational generalist, and specialist psychiatry experience) in rural locations to support an increase in rural psychiatrists.
- Creating opportunities and incentives in regional, rural and remote areas for local educational institutions to offer courses in AOD services.
- Developing networked arrangements to expand rural training opportunities and partnerships with the rural private sector.
- Allocating funds for additional rural supervisors and support, including dedicated supervision time.
- Increasing service funding for additional training posts or specialist teams in high-need locations.

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into the health impacts of alcohol and other drugs in Australia

### **Working with Aboriginal and Torres Strait Islander people**

The RANZCP strongly endorses the role of [Aboriginal and Torres Strait Islander mental health workers in its Position Statement](#), highlighting that this workforce provides valuable insights to foster engagement with Elders and community members to enhance service quality and deliver holistic care.[12]

AOD service delivery is often hindered by difficulties in adapting mainstream work practices to meet the specific needs of Aboriginal or Torres Strait Islander clients, necessitating greater cultural understanding and support from non-Indigenous health workers. System-wide recognition of the significance of culture and community in the healing process is essential. Community-controlled organisations play a vital role in integrating culturally safe services within communities, thereby supporting continuous quality improvement in an integrated health system that is Aboriginal and Torres Strait Islander-led.

To develop and maintain a skilled Aboriginal and Torres Strait Islander AOD workforce, there is a pressing need for secure funding, job security, pay equity and ongoing opportunities for training and support. Providing culturally informed care to the AOD workforce, alongside culturally relevant tertiary and vocational qualifications, placements, traineeships and scholarships for Aboriginal students, is vital to developing a workforce adept in delivering culturally appropriate AOD services that respect Indigenous methodologies. The RANZCP recommends developing a culturally informed workforce by supporting the role of Aboriginal and Torres Strait Islander mental health workers working in AOD services in Australia.

### **The role of sectors beyond health in the prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia**

To bolster prevention and recovery efforts, it is crucial to implement societal changes, such as restricting advertising and prohibiting promotions at specific events. Engaging family, friends, carers and the wider community is also vital in supporting the recovery and ongoing wellbeing of individuals experiencing AOD-related harm as highlighted by the [RANZCP in the Professional Practice Guideline on information sharing with families and carers](#). [13] The RANZCP recommends collaborative efforts with family, friends, carers and the wider community through education and support strategies for individuals facing AOD-related challenges to foster a more comprehensive approach to recovery.

The RANZCP welcomes programs such as the Magistrates Early Referral into Treatment (MERIT) which address individuals experiencing AOD-related issues who are in the justice system. It achieves this through diverting adult defendants with primary AOD problems, on bail, to a three-month intensive rehabilitation program in certain jurisdictions. The justice system often lacks the urgency and follow-through necessary to address AOD-related challenges effectively, resulting in a perception among affected individuals that there are minimal consequences for non-compliance. It is important that we continue to advocate for enhanced support and accountability measures within the justice system for individuals experiencing issues with AOD given the large proportion of people in the justice system who have a history of AOD dependence.[14]

### **Conclusion**

As leaders in mental health, the RANZCP welcomes further consultation in the field of AOD service provision in Australia. If you have any queries regarding this submission, please contact Nicola Wright, Executive Manager, Policy, Practice and Research Department via [nicola.wright@ranzcp.org](mailto:nicola.wright@ranzcp.org) or on (03) 9236 9103.

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquiry into the health impacts of alcohol and other drugs in Australia

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