



Alcohol Policy Coalition

5 July 2019

Penny Armytage
Chairperson
Royal Commission into Victoria's Mental Health System
PO Box 12079
A'Beckett Street
Victoria 8006

By email: contact@rcvmhs.vic.gov.au

Dear Ms Armytage

RE: Alcohol Policy Coalition submission to the Royal Commission into Victoria's Mental Health System

The Alcohol Policy Coalition (APC)¹ is a coalition of health and allied agencies that share a concern about harm and the health and social impacts caused by the alcohol industry and its products in the community.

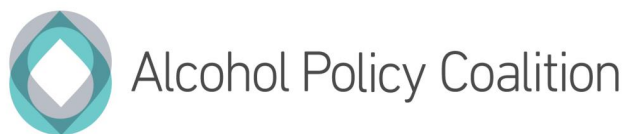
The APC develops and promotes evidence-based policy responses that are known to be effective in preventing and reducing alcohol related problems. All the APC partners have a strong track record in tackling major health issues in the community.

The APC welcomes the opportunity to make a submission to the Royal Commission into Victoria's Mental Health System.² The APC acknowledges that some members of the APC have also made individual submissions to the Royal Commission on behalf of their respective member organisations.

The APC submits that given the proven co- morbidity between alcohol and mental illness, the Victorian Government should support both legal and policy reforms to reduce alcohol consumption in the Victorian community. These reforms include strengthening independent regulation of alcohol advertising across all platforms, strengthening the Victorian liquor licensing scheme (including stemming the proliferation of alcohol outlets in Victoria) and giving the community more opportunity to participate in decisions around alcohol outlets in their local area.

¹ Members of the APC include: Alcohol and Drug Foundation, Australasian College of Emergency Medicine, Cancer Council Victoria, Centre for Alcohol Policy Research, School of Psychology & Public Health, La Trobe University, Foundation for Alcohol Research and Education, Jewish Community Council of Victoria, Public Health Association of Australia (Victoria), Royal Australasian College of Surgeons, The Salvation Army, St Vincent's Health Australia, Turning Point, Uniting Church in Australia, Synod of Victoria and Tasmania, Victorian Alcohol and Drug Association, Violence Prevention Group, School of Psychology, Deakin University.

² Note that this submission excludes discussion of the impacts of alcohol on members of the community with mental illness with intersectional attributes such as: Culturally and linguistically diverse, Aboriginal and Torres Strait Islander communities, older people, children and people with disabilities.



While these reforms will benefit the entire Victorian community they will also lead to significant harm reduction in relation to at risk population groups including people with mental illness.

The following key issues highlight the complex relationship between alcohol and mental illness which strongly support the critical need for alcohol law and policy reform described above:

- **There are higher levels of alcohol use by people with mental illness**

Alcohol is a hazardous substance, which causes widespread and devastating harms to Australian children, families and communities, and kills more than 5,500 Australians per year. The incidence of excessive alcohol consumption³ is higher in those with mental illness as compared to the general population.

In Australia's Mental Health and Physical Health Tracker from August 2018, it was reported that according to National Health Survey data, men with mental illness were 15% more likely to report consuming alcohol at high levels than the general population. Further, women with mental illness were 10% more likely to report consuming high levels of alcohol compared to the general population.⁴ As outlined below, the higher incidence of alcohol use by both men and women with mental illness, predisposes them to an increased risk of a dual diagnosis of mental illness and alcohol disorder, greater risk of cancer and more *severe* disease and a greater risk of suicide.

The literature has reported that excessive alcohol use by people with mental illness is also a major *cause* of depressive illness. It has also been observed that depressive illness contributes to alcohol use disorder as some people with mental illness use alcohol to self medicate.⁵

- **High levels of alcohol use are evident in those with a dual diagnosis of mental illness and alcohol use disorder**

Exceptionally high levels of alcohol use or dependence have also been found in people with diagnosed psychotic illness⁶ and is commonly referred to as a dual diagnosis. In relation to those with a dual diagnosis, the 2010 Australian National Psychosis Survey found that nearly half (49.8%) of survey respondents with a psychotic illness requiring treatment, also had a lifetime history of alcohol abuse or dependence.⁷

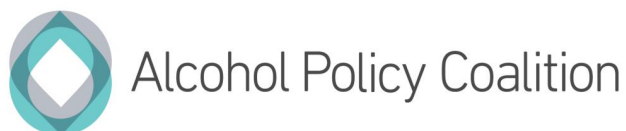
³ Excessive alcohol consumption is defined as greater than the standard two drinks per day, by the NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol 2009.

⁴ Australian Health Policy Collaboration, Australia's Mental Health and Physical Tracker: Technical paper No. 2018-06 (2018), 23.

⁵ Fare Australia, Submission: Productivity Commission: The Social and Economic Benefits of Improving Mental Health, (2019), 15.

⁶ Australian Government, People Living with Psychotic Illness 2010: Report on the second Australian National survey, (2011), 1, defines psychotic illness as including: Schizophrenia, schizoaffective disorders, mania with psychotic symptoms, persistent delusional disorders, acute and transient psychotic disorders and other unspecified non-organic psychotic disorder.

⁷ Ibid.



Clients presenting with comorbidity had greater service utilisation with more mental health diagnoses requiring additional treatment sessions.⁸ Despite this, existing systemic barriers in the current Victorian mental health system (i.e. high thresholds for diagnosis of mental illness so that only the very ill can access treatment and care in the alcohol and other drugs treatment sector) makes it difficult for those with a dual diagnosis of alcohol dependence and *moderate mental illness* to appropriately access the treatment they require. These 'service access gaps' point to the need to provide better integration of mental health and drug services and more proactive early intervention.

In a study examining the comorbidity of alcohol (and other substance use disorder) and mental health conditions presenting in general practices, comorbidity was associated with having more days out of employment in the past month, being at greater psychological risk and being treated for a psychological condition more often by general practitioners. Researchers have noted the need for both mental health and alcohol professionals to be 'provided with the education to assist with appropriate identification, management and referral of clients presenting with this complex range of disorders.'⁹

- **Alcohol increases the risk of cancer in people with mental illness**

The APC is concerned that high rates of alcohol use among people with mental illness (as compared to the general population) and particularly in those with a diagnosis of psychotic illness, predisposes these population groups to a disproportionately increased risk of cancer.¹⁰

It has also been shown that people with a dual diagnosis of mental and alcohol use disorders typically have more *severe* disease than those with only one disorder and that treatment is frequently more complex and more expensive.¹¹

The APC is also aware that higher levels of smoking in those with mental illness, combined with higher levels of alcohol consumption compared to the general population, has a synergistic effect on upper gastrointestinal and aero-digestive cancer risk, meaning the combined effects greatly exceed the risk from either one alone. It has been estimated that over 75% of cancers of the upper aero-digestive tract in developed countries can be attributed to this effect.¹²

- **Alcohol is a risk factor for suicide**

The role of alcohol is significant when suicide attempts and self-harm are considered. Reducing the availability of alcohol is likely to help reduce future suicide attempts and deaths from suicide. Turning Point recently explored ambulance attendances for males presenting with acute mental

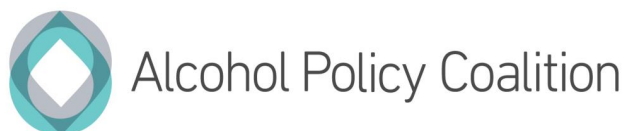
⁸ Stephen Bright, Katherine Walsh & Cylie Williams (2018) Point Prevalence and Patterns of Mental Health Comorbidity Among People Accessing Australia's First Older Adult-Specific Alcohol and other Drug Treatment Service.

⁹ Lucy Burns, Maree Teesson (2002) Alcohol use disorders comorbid with anxiety, depression and drug use disorders: Findings from the Australian National Survey of Mental Health and Well Being Drug and Alcohol Dependence, Volume 68, Issue 3, 2002, Pages 299-307.

¹⁰ In 1988, the World Health Organisation classified alcohol as a Group 1 carcinogen. There is convincing evidence that alcohol use increases risks of cancers of the mouth throat (pharynx and larynx), oesophagus, bowel in men (colon and rectum), liver and female breast. There is probable evidence that alcohol increases the risk of cancers of the stomach and bowel in females.

¹¹ Cancer Council Australia, Position statement-The Role of Mental Health Services in Supporting People Experiencing Mental Health Issues to Stop Smoking, at: https://wiki.cancer.org.au/policy/Position_statement_-_Mental_health_services_and_smoking_cessation#Key_recommendations_and_messages, last accessed on 12 June 2019.

¹² Ibid.



health concerns, finding that more than 60% involved alcohol or other drugs. Further these findings included that 65.8% of suicide attempts co-occurred with other alcohol or drug harms.¹³

In its previous submission to the Productivity Commission's inquiry into Mental Health, the Foundation for Alcohol Research and Education acknowledged the comorbidity between alcohol, mental illness and suicide and the compelling need to reform alcohol law and policy.

It comments, "If governments are serious in their commitment to suicide prevention and in the prevention of mental ill-health, they must be equally serious in their commitment to control alcohol consumption through evidence-based policy reform".¹⁴

- **Alcohol has an adverse impact on the mental health of third parties**

High levels of alcohol consumption also have an adverse impact on the mental health of third parties. Data from the Australian Alcohol's Harm to Other's Project shows that having a heavy drinker within one's social circle of family, friends and co-workers is associated with a greater likelihood of anxiety, depression or mental illness.¹⁵ These impacts are particularly significant for women in that the data also shows that 44% of women with a spouse who consumed high levels of alcohol reported moderate anxiety or depression, which was 22% higher than those women with spouses who did not drink heavily.¹⁶

Conclusions

The APC is concerned that the alcohol industry's relentless marketing of alcohol products and the rapid increase in new alcohol outlets in Victoria, drive high levels of alcohol consumption, which contributes to mental illness in Victoria.¹⁷

The APC strongly urges the Victorian Government to support the reform of alcohol regulation and policy to achieve its objective of reducing the adverse impacts of alcohol in relation to mental illness. These reforms, as stated above, include strengthening independent regulation of alcohol advertising across all platforms, strengthening the Victorian liquor licensing scheme (including stemming the proliferation of alcohol outlets in Victoria) and giving the community more opportunity to participate in licensing decisions in respect of alcohol outlets in their local area.

Given that there is a proven comorbidity between alcohol and mental illness, the APC recommends that increased awareness is needed about the adverse impacts of alcohol consumption in relation to at risk groups including people with mental illness.

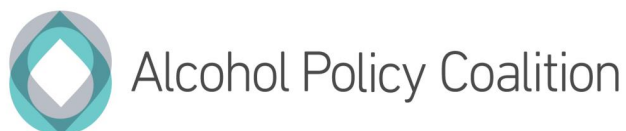
¹³ Turning Point (2019), Beyond Emergency: A National Study of Ambulance Responses to Men's Mental Health.

¹⁴ Foundation for Alcohol Research & Education, Submission: Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health (2019).

¹⁵ Ferris, Laslett, et al. (2011) 195 The Impacts of Others' Drinking on Mental Health, *Medical Journal of Australia*.

¹⁶ Ibid.

¹⁷ Victoria has a high level of bottle shop density – roughly the same per capita rate as New South Wales, but higher than other Australian states and territories. Despite the density of bottle shops already being high, the rate of new outlets is outstripping population growth in Victoria (Livingston, M. (2017). *Packaged Liquor in Victoria: 2001 to 2016*. Canberra: Foundation for Alcohol Research and Education. Retrieved 02/07/2019 from: <http://fare.org.au/wp-content/uploads/Packaged-liquor-in-Victoria-2001-to-2016.pdf>



Alcohol Policy Coalition

APC would also welcome improvements in Victoria's mental health service provision including: improved training and education among clinicians and allied health workforce in relation to alcohol and mental illness, improved early intervention and drug and mental health service accessibility.

Recommendation:

That the Victorian Department of Justice & Regulation, the Victorian Commission for Gambling and Liquor Reform, the Victorian Department of Health & Human Services and the Alcohol Policy Coalition (APC) work collaboratively to support the reform of alcohol regulation and policy in Victoria to address the proven co- morbidity between alcohol and mental illness. These reforms include strengthening independent regulation of alcohol advertising across all platforms, strengthening the Victorian liquor licensing scheme (including stemming the proliferation of alcohol outlets in Victoria) and giving the community more opportunity to participate in decisions around alcohol outlets in their local area.

Yours sincerely,

Liesl Oliver Burger

Liesl Oliver-Burger
Legal Policy Adviser
On behalf of the Alcohol Policy Coalition