



18 August 2021

Committee Secretary  
Community Support and Services Committee  
Parliament House, George Street  
Brisbane Qld 4000

Dear Committee Secretary

Thank you for the opportunity to provide a submission on the *Inquiry into social isolation and loneliness in Queensland*. The Queensland Network of Alcohol and other Drugs (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have 53 member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA is pleased to provide further information, or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED] or by calling [REDACTED]

Yours sincerely

Sue Pope  
**Acting CEO**



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## Inquiry into social isolation and loneliness in Queensland

*Submission – August 2021*

The Queensland Network of Alcohol and other Drug Agencies (QNADA) welcomes the opportunity to submit to the *Inquiry into social isolation and loneliness in Queensland*. This submission has been prepared by QNADA and its content is informed by consultation with our member organisations who provide alcohol and other drugs (AOD) treatment and harm reduction services in Queensland.

### **Social isolation and AOD concerns**

Amongst people who experience AOD concerns, social and community isolation has been intensified by the COVID-19 pandemic. For example, the State and Territory Alcohol and other Drugs Peaks Network - a partnership comprised of all AOD peak bodies in Australia - undertook a survey of AOD treatment services across jurisdictions in May/June 2020 and found that participants observed an increase in co-occurring issues experienced by their clients, with increased social isolation being amongst the issues identified.

Service providers have also reported that increased social isolation during COVID-19 has contributed to increases in people experiencing AOD concerns (particularly alcohol). This has been reflected in call and referral volume. Further to this, people in regional, rural, and remote areas experience additional pressures contributing to higher rates of AOD concerns.<sup>1</sup> Access to services and supports in these regions is limited and our members who provide services in these areas often cover large geographical distances with a single worker to provide AOD treatment and support.

While there have been welcome increases to AOD treatment funding in recent years, the system continues to experience chronic underfunding<sup>2</sup> and has struggled to keep up with demand. We note, it is estimated that for every dollar invested in AOD treatment there is a seven dollar return through reductions in AOD use, improved physical and psychological health and wellbeing, and improved community participation.<sup>3</sup>

### **Social isolation due to stigma, discrimination, and prejudice**

People who use and/or have concerns with AOD commonly experience significant stigma, discrimination, and prejudice. This occurs across a range of settings including health care, community services, police, criminal law, employment and in the media. These experiences hinder community connection<sup>4</sup>, contribute to the social isolation of people who use AOD (particularly those who use illicit drugs), and make it more difficult and less likely for people to seek AOD advice and treatment if they need it.

Only 11-12 percent of people who use drugs experience problems requiring an intervention<sup>5</sup> yet in Queensland, people who use illicit drugs are almost nine times more likely than dealers or traffickers to find themselves facing action in the criminal justice system (39,099 and 4,385 respectively in 2016-

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<sup>1</sup> Queensland Mental Health Commission, "Queensland Rural and Remote Mental Health and Wellbeing Action Plan 2016-18," (Brisbane: Author, 2016).

<sup>2</sup> Alison Ritter et al., "New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia," in Final Report (Sydney: University of New South Wales, 2014).

<sup>3</sup> Ibid.

<sup>4</sup> Drug Policy Modelling Program, "Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use" (2018), <https://dmp.unsw.edu.au/sites/default/files/dmp/resources/Monograph%2026%20Drug%20Policy%20Modelling%20Program.pdf>

<sup>5</sup> United Nations Office on Drugs and Crime, "World Drug Report Booklet 2: Global Overview of Drug Demand and Supply: Latest Trends, Cross-Cutting Issues," World drug report 2018 (Vienna: United Nations, 2018).

17).<sup>6</sup> A significant degree of social isolation and community harm is caused by involvement with the justice system itself for what is referred to by the Queensland Productivity Commission as a victimless crime.<sup>7</sup> In fact, the Queensland Productivity Commission recommends decriminalisation of personal use and possession of all currently illicit drugs to both increase access to health services and reduce unnecessary imprisonment rates.<sup>8</sup>

Current drug law in Queensland contributes to isolation from health and social services and the general community. These impacts are disproportionately felt by specific population groups who already experience a range of social and health inequities. For example, ongoing effects of colonisation, racism, disconnection from language, land and sea country, and culture can create systemic social disadvantage, trauma and AOD concerns. These experiences compound social and community isolation, discrimination, and prejudice for Aboriginal and Torres Strait Islander peoples.<sup>9</sup>

People who identify as LGBTIQ+, from culturally and linguistically diverse (CALD) and refugee and asylum seeker backgrounds, older adults, young people, and those with a disability are also more likely to experience multiple forms of stigma, discrimination, and prejudice thereby exacerbating social isolation and loneliness experienced by these groups.

### **Improving connectedness through increased access to treatment and support**

Appropriately planned and available services, programs, and resources to support people who need it are essential. In order to respond to social isolation and loneliness, chronic underfunding of the AOD service system<sup>10</sup> must also be addressed. This is particularly relevant in regional, rural, and remote areas and for services that support specific populations such as Aboriginal and Torres Strait Islander community controlled services. To achieve this, communities must be meaningfully engaged, involved, and represented in planning and co-design at local, state, and national levels to determine the needs and approaches that will work for them.

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<sup>6</sup> Australian Criminal Intelligence Commission. Illicit Drug Data Report 2016-17. (2018). [https://www.acic.gov.au/sites/default/files/iddr\\_2016-17\\_050718.pdf?v=1536906944](https://www.acic.gov.au/sites/default/files/iddr_2016-17_050718.pdf?v=1536906944)

<sup>7</sup> Queensland Productivity Commission, "Inquiry into Imprisonment and Recidivism," (Brisbane: Queensland Productivity Commission, 2019).

<sup>8</sup> Ibid.

<sup>9</sup> Queensland Mental Health Commission, "Don't Judge and Listen: Aboriginal and Torres Strait Islander Communities, Families and Individuals Experiences of Stigma and Discrimination Related to Problematic Alcohol and Other Drug Use," (Brisbane: Author, 2020).

<sup>10</sup> Ritter et al., "New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia."