# Inquiry into social isolation and loneliness in Queensland

Social isolation and loneliness are associated with physical and mental health problems, including risky alcohol and other drug (AOD) use. This association is as both a cause and a consequence, that can set up a feedback loop increasing the severity of both isolation and of AOD problems. Loneliness and social isolation have been associated with an increased risk of such mental health problems as anxiety and depression, which often co-occur with AOD problems.

During COVID-19, one in five Australian households reported buying more alcohol early in the pandemic, and of these (of the one in five), 28 per cent said they were drinking on their own more often. There has also been a reported increase in demand for AOD treatment services during COVID-19. Alcohol companies rely heavily on risky drinkers, with 20 per cent of Australians aged 14 and above accounting for 74.2 per cent all the alcohol used each year. When there are inadequate harm minimisation measures in place, the risk of social isolation and loneliness is exacerbated by increased alcohol use.

Each of the following areas are opportunities to help reduce social isolation and loneliness by taking a human rights approach, addressing alcohol harm, and addressing the significant gaps in disability and AOD services:

1. COVID-19 has intensified people’s social isolation and loneliness.
2. Social isolation impacts more on particular groups.
3. Stigmatisation and criminalisation of people with mental health and AOD problems.
4. Ongoing inadequate funding of disability, mental health and AOD services.

## FARE recommended:

**Recommendation 1.** Abandon plans to make permanent the temporary COVID-19 changes to liquor licensing, which increase the density of alcohol outlets and allow for increased takeaway sales and delivery of alcohol.

**Recommendation 2.** Urgently update the Queensland Liquor Act (1992) and associated regulation to place common sense restrictions on online sales and rapid delivery. These should include restricting alcohol deliveries between 10pm and 10am, a delay of two hours between order and delivery, online age verification through digital ID checks and banning unattended deliveries.

**Recommendation 3.** Ban alcohol companies from advertising and promoting alcoholic products that associates the use of alcohol with coping with COVID-19, social isolation or loneliness.

**Recommendation 4.** Adopt a human rights approach to reducing social isolation and loneliness by addressing structural discrimination experienced by some groups contributing to higher levels of social isolation and AOD problems.

**Recommendation 5.** Complete and publish the 2021 Review of the state’s Mental Health and Alcohol and Other Drugs Plan (2018-2023) which the Queensland Mental Health Commission has been facilitating.

**Recommendation 6.** Adopt a human rights approach to reducing alcohol harm, by implementing policy options outlined in National Alcohol Strategy (2019-2028) that treat alcohol harm as a health issue, focussing on harm minimisation.

**Recommendation 7.** Increase investment in mental health and alcohol and other drug (AOD) treatment and harm reduction in line with the National Alcohol Strategy (2019-2028) and the Queensland Mental Health and Alcohol and Other Drugs Plan (2018-2023).

**Recommendation 8.** Advocate for the federal government to address the gaps in NDIS coverage and the increasing difficulty of eligibility of both NDIS and DSP (including for disabilities such as Fetal Alcohol Spectrum Disorder).

[view the submission](https://fare.org.au/wp-content/uploads/FARE-submission-to-Qld-Inquiry-into-social-isolation-loneliness.pdf)

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