Foundation for Alcohol Research & Education

18 August 2021

Mr Karl Holden
Committee Secretary
Community Support and Services Committee
Parliament House
George Street Brisbane Qld 4000
CSSC@parliament.qld.gov.au

Re. Inquiry into social isolation and loneliness in Queensland

Dear Mr Holden,

Thank you for the opportunity to provide a submission to the above Inquiry. We congratulate the Queensland Government on addressing this issue.

The Foundation for Alcohol Research and Education (FARE) is a not-for-profit organisation working towards an Australia that is free from alcohol harm. We approach this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs. Working with local communities, values-aligned organisations, health professionals and researchers across the country, we strive to improve the health and wellbeing of everyone in Australia.

Social isolation and loneliness are associated with physical and mental health problems, including risky alcohol and other drug (AOD) use.[1] 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.[2] 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.[3]

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.[4] There has also been a reported increase in demand for AOD treatment services during COVID-19[5].

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.[6] When there are inadequate harm minimisation measures in place, the risk of social isolation and loneliness is exacerbated by increased alcohol use.

Queensland also has some unique features that can exacerbate social isolation and loneliness:
- Large decentralised state with widely dispersed regional and remote communities[7].
- Higher unemployment rate than most other states[8].
- Above average alcohol use compared with other states[9].

Each of the following areas are explored further below, outlining how the Queensland Government can 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 recommends:

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).

1. COVID-19 has intensified people's social isolation and loneliness

The COVID-19 pandemic, and the associated restrictions necessary to address it, (social distancing, quarantining and stay-at-home lockdowns), have exacerbated some people's experience of social isolation and loneliness in Australia. [10] People that would normally have the social supports of a face-to-face family, workplace and other community activities, have been living and working remotely from their homes for extended periods of time.[11]

There has been a significant increase in mental and physical health concerns and in the use of alcohol in Australia during COVID-19[12]. Increased alcohol use during COVID-19 has also seen an increase in demand for Alcohol and Other Drug (AOD) treatment services[13]. This has been facilitated by irresponsible behaviour by industry and inadequate regulatory responses:[14]

- Alcohol companies have irresponsibly promoted alcohol as a way to cope with COVID-19 restrictions and isolation.[15] This is despite alcohol use making people more vulnerable to COVID-19, as it weakens immune systems and increases the risk of respiratory failure.[16]
- There has been a significant increase in online sales and rapid delivery, (which more than made up for the decrease in on-licence premise sales during lockdowns).[17]
- With online sales and rapid delivery being already poorly regulated, the Queensland Government has made temporary changes in liquor licensing laws allowing for increased takeaway sales, (including from venues like cafes and restaurants), which they are now moving to make permanent.[18]

In the United Kingdom, the alcohol industry is prohibited from advertising the use of alcoholic products as a means of overcoming loneliness.[19] Australia needs a similar ban on such predatory marketing targeting vulnerability.

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2. Social isolation impacts more on particular groups

Some groups of people experience greater levels and impacts of social isolation, often due to existing levels of structural discrimination:

- **People with disabilities** including people with Fetal Alcohol Spectrum Disorder (FASD), experience ongoing challenges to access adequate support from the gaps in NDIS coverage

and the increasing difficulty of eligibility of both NDIS and DSP.[20] People with FASD also experience increased loneliness and isolation related to their disability.[21]

- **People experiencing homelessness** are highly susceptible to social isolation.[22] Whilst the lack of affordable housing is the primary cause of homelessness; mental illness and problematic drug and alcohol use are also strongly associated with homelessness.[23]
- **Women** have experienced both a lack of adequate childcare while working from home and increasing levels of Domestic and Family Violence (DFV) during COVID-19 with intensified living arrangements and nowhere to escape to.[24] There has been increased alcohol use among domestic violence perpetrators during COVID-19, so limiting the flow of alcohol into the home can help reduce family violence.[25]
- **People in contact with the criminal justice system** are more likely to have experienced mental health and alcohol and other drug (AOD) problems.[26] People with mental illness are over-represented in the criminal justice system. They are already physically isolated by their sentences (even when not carceral), but their ongoing stigmatisation further isolates them, inflicting further punishment beyond sentencing. [27]

Other groups who also experience higher levels of discrimination and associated risks of social isolation include young people, older people, people on low incomes, Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) people, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) people and veterans. It is important to note that many people are in more than one of these groups, and this can exacerbate their challenges and risks, combining the impacts of different discriminations and disadvantages.[28]

Vicious cycles impact more severely with some of these groups. For example, women impacted by domestic and family violence already experience mental stress from being trapped in abusive relationships, but perpetrators also often perpetuate further abuse by using isolation as a tactic to separate them from their supports.[29] Likewise, people in contact with the criminal justice system are already more likely to be experiencing mental health and AOD problems related to their contact with the criminal justice system which further isolates them from supports. [30]

It should also be noted that many people in these groups can also experience positive benefits of social connection through self-advocacy. This is often by connecting with other people with similar lived experiences, to advocate for better structural responses to their needs. However, this benefit can be offset by the risks of self-advocacy. These risks can include carrying other people's expectations, distrust of advocacy organisations, triggering of past traumas and the disappointment and anger as people become more aware of social injustices.[31]

A human rights approach to social isolation can address some of these underlying causes that contribute to increased negative impacts of social isolation on these groups.

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.

3. Stigmatisation and criminalisation of people with mental health and AOD problems

There is a continued stigmatisation and criminalisation of people with mental health and alcohol and other drug (AOD) problems. These experiences of stigmatisation and criminalisation can cause profound, lifelong loneliness and impede recovery. The Queensland Mental Health and Alcohol and Other Drugs Plan (2018-2023)[32] and the National Alcohol Strategy (2019-2028)[33] both call for human rights approach to reducing alcohol harm, that decreases the stigmatisation and criminalisation of people with Mental Health and AOD problems.

Both the Queensland Mental Health, and Alcohol and Other Drugs Plan and the Queensland Productivity Commission's Report on Imprisonment and Recidivism[34] advocate consideration of the decriminalisation of addictive substances.

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 the National Alcohol Strategy (2019-2028) that treat alcohol harm as a health issue, focussing on harm minimisation.

4. Ongoing inadequate funding of disability, mental health and AOD services

The consultation paper on options for reform of the Queensland Mental Health and Alcohol and Other Drugs Plan (2018-2023)[35] states that governments continue to invest substantially more in law enforcement compared with treatment and education. It suggests increased investment in education, treatment and harm reduction.

Social connectedness, (including supportive relationships, involvement in community activities and civic engagement), has been found to be inversely related to rates of problematic AOD use. So, interventions and programs based on fostering social participation can help reduce or protect against AOD problems and co-occurring menta l health issues. [36] These interventions can include community mental health services and peer-based AOD recovery support groups.[37] Each of which has the potential to establish alternative positive reinforcing cycles of support, improving outcomes for both an individual's AOD and mental health issues and their social isolation and loneliness.

Recommendation 7. Increase investment in mental health and alcohol and other drug (AOD) treatment and harm reduction in line with 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).

Thank you for the opportunity to provide a submission to this Inquiry.

Yours sincerely,

CATERINA GIORGI
CHIEF EXECUTIVE OFFICER

[1] Ingram I, Kelly PJ, Deane FP, et al (2020) *Loneliness among people with substance use problems: A narrative systematic review.* Drug Alcohol Rev., 39: 447-483. https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.13064
[2] Tulane University (2020) *Understanding the Effects of Social Isolation on Mental Health*. https://publichealth.tulane.edu/blog/effects-of-social-isolation-on-mental-health/
[3] AIHW (2019) *Australia's welfare 2019 - Social isolation and loneliness* https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness
[4] FARE (2020) *Alcohol Sales & Use During COVID-19 Polling Snapshot* https://fare.org.au/wp-content/uploads/COVID-19-POLL.pdf
[5] van de Ven K, Ritter A, & Stirling R (2021). *The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector.* DPMP Monograph No. 34. Sydney: UNSW Social Policy Research Centre https://www.arts.unsw.edu.au/sites/default/files/documents/Impact%20of%20COVID%20on%20NGO%20AOD%20Treatment_DPMP%20Mono%2034.pdf
[6] FARE (2016) *Risky business: The alcohol industry's dependence on Australia's heaviest drinkers* https://fare.org.au/wp-content/uploads/Risky-business-The-alcohol-industrys-dependence-on-Australias-heaviest-drinkers.pdf
[7] QAMH & NTMHC (2018) *Joint Submission to Senate Standing Committee on Community Affairs Accessibility and Quality of Mental Health Services in Rural and Remote Australia* https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Submissions
[8] Australian Government (2021) *Unemployment Rate by State and Territory*. Labour Market Information Portal https://lmip.gov.au/default.aspx?LMIP/LFR_SAFOUR/LFR_UnemploymentRate
[9] "*Since 2007, there has generally been a decline in the proportion of people who drank in excess of the alcohol risk guidelines, with the exception of the proportion exceeding the lifetime risk guideline in Queensland and South Australia.*" AIHW (2020) *National Drug Strategy Household Survey 2019* https://www.aihw.gov.au/getmedia/77dbea6e-f071-495c-b71e-3a632237269d/aihw-phe-270.pdf
[10] Carlyle M, Leung J, Juckel J, et al (2021) Consultation paper - *Impact of the COVID-19 pandemic on alcohol and drug use.* https://f.hubspotusercontent40.net/hubfs/6232990/PAPER%201_%20Impact%20of%20the%20COVID-19%20pandemic%20on%20alcohol%20and%20drug%20use.pdf
[11] Hwang TJ, Rabheru K, Peisah C, et al (2020) *Loneliness and social isolation during the COVID-19 pandemic*. Int Psychogeriatr. 32(10):1217-1220. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306546/

[12] Turning Point (2021) *Study shows COVID-19 restrictions leads to increased alcohol-related harms* https://www.turningpoint.org.au/about-us/news/COVID-19-restrictions-leads-to-increased-alcohol-related-harms

[13] van de Ven K, Ritter A, & Stirling R (2021). *The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector.* DPMP Monograph No. 34. Sydney: UNSW Social Policy Research Centre https://www.arts.unsw.edu.au/sites/default/files/documents/Impact%20of%20COVID%20on%20NGO%20AOD%20Treatment_DPMP%20Mono%2034.pdf

[14] Colbert S, Wilkinson C, Thornton L, et al (2020) *COVID-19 and alcohol in Australia: Industry changes and public health impacts.* Drug Alcohol Rev. 39(5):435-440 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7300689/

[15] Cancer Council W.A. (2021) *Giving the ok to 'Stay In. Drink Up.' What happens when the alcohol industry is in charge of alcohol marketing regulation during the COVID-19 pandemic.* https://www.cancerwa.asn.au/resources/2021-03-22-Giving-the-ok-to-Stay-In-Drink-Up.pdf

[16] Alcohol Change Victoria (2020) *Harmful advertising and promotions of alcoholic products* https://www.alcoholchangevic.org.au/downloads/position-statements/harmful-advertising-promotions-alcoholic-products-position-statement.pdf

[17] FARE (2021) *Alcohol Retail During COVID-19* https://fare.org.au/wp-content/uploads/Alcohol-retail-industry-during-COVID-19.pdf

[18] Queensland Government (2021) *Permanent (ongoing) and temporary (one-off) extended trading hours* https://www.business.qld.gov.au/industries/hospitality-tourism-sport/liquor-gaming/liquor/compliance/trading-hours/permanent-temporary

[19] Leyshon M (2020) *"You can't change lonely with a bottle of wine".* Alcohol Change UK. https://alcoholchange.org.uk/blog/2020/you-cant-change-lonely-with-a-bottle-of-wine

[20] Senate Community Affairs References Committee (2021) *Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder Report,* March 2021 https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024357/toc_pdf/EffectiveapproachestopreventionFetalAlcoholSpectrumDisorder.pdf;fileType=application%2Fpdf

[21] NOFASD (2020) *Fetal Alcohol Spectrum Disorder: an Australian toolkit for parents, caregivers and families* https://www.nofasd.org.au/wp-content/uploads/2021/02/NOFASD-Parent-Carer-Toolkit-2021.pdf

[22] Bower M, Conroy E, Perz J (2018) *Australian homeless persons' experiences of social connectedness, isolation and loneliness* https://pubmed.ncbi.nlm.nih.gov/28980359/

[23] Pawson H, Parsell C (2020) *It's simple: lack of low-cost housing is root cause of homelessness* https://indaily.com.au/opinion/2020/10/19/its-simple-lack-of-low-cost-housing-is-root-cause-of-homelessness/

[24] Hermant N (2021) *Domestic violence surging amid COVID-19 lockdowns, research shows.* ABC News https://www.abc.net.au/news/2021-06-25/coronavirus-covid-lockdowns-and-domestic-violence-data/100237406

[25] Australian Institute of Criminology (2020) *The prevalence of domestic violence among women during the COVID-19 pandemic* https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf

[26] AIHW (2021) *Alcohol, tobacco & other drugs in Australia - People in contact with the criminal justice system* https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-in-contact-with-the-criminal-justice-system

[27] Commonwealth of Australia (2006) *A national approach to mental health – from crisis to community First Report. Chapter 13 - Mental health and the criminal justice system*.

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/c13

[28] Commonwealth of Australia (2014) *Bridging our growing divide: The extent of income inequality in Australia - Chapter 4 The impact of income inequality on disadvantaged groups* https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Income_Inequality/Report/c04

[29] Hermant N (2021) *Domestic violence surging amid COVID-19 lockdowns, research shows.* ABC News https://www.abc.net.au/news/2021-06-25/coronavirus-covid-lockdowns-and-domestic-violence-data/100237406

[30] AIHW (2021) *Alcohol, tobacco & other drugs in Australia - People in contact with the criminal justice system* https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-in-contact-with-the-criminal-justice-system

[31] Tilley E, Strnadová I, Danker J, et al (2020) *The impact of self-advocacy organizations on the subjective well-being of people with intellectual disabilities: A systematic review of the literature* https://onlinelibrary.wiley.com/doi/full/10.1111/jar.12752

[32] QMHC (2018) *Shifting minds - Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf

[33] Commonwealth of Australia Department of Health (2019) *National Alcohol Strategy 2019–2028* https://www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf

[34] Queensland Productivity Commission (2019) *Inquiry into Imprisonment and Recidivism – Final Report* https://qpc.blob.core.windows.net/wordpress/2020/01/FINAL-REPORT-Imprisonment-Volume-I-.pdf

[35] Ritter A (2021) *Consultation paper - Options for reform.* UNSW Drug Policy Modelling Program https://f.hubspotusercontent40.net/hubfs/6232990/PAPER%2010_Options%20for%20reform.pdf

[36] Roche, Kostadinov, Fischer & Nicholas (2015) *Evidence review: The social determinants of inequities in alcohol consumption and alcohol-related health outcomes*, VicHealth https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Full-reviews/HealthEquity-Alcohol-review.pdf

[37] Johnson BR, Pagano ME, Lee MT, Post SG. (2018) *Alone on the Inside: The Impact of Social Isolation and Helping Others on AOD Use and Criminal Activity.* Youth Soc;50(4):529-550. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5889144/