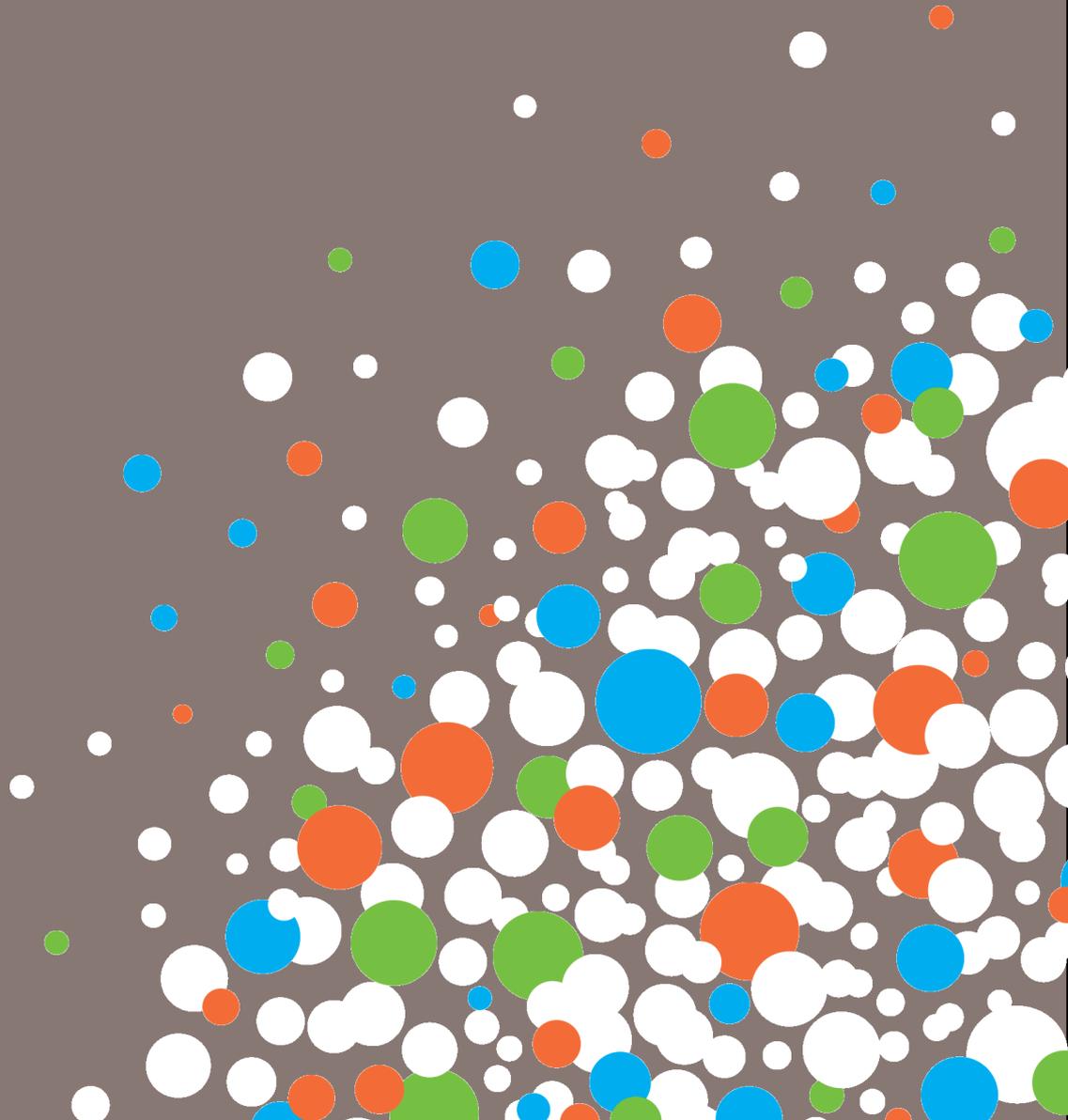




The National Centre of Excellence
in Youth Mental Health

Submission

Draft National Alcohol Strategy 2018-2026



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Strengthening the National Alcohol Strategy 2018-2026

About Orygen

Orygen, The National Centre of Excellence in Youth Mental Health (Orygen) welcomes the opportunity to provide input on the Draft National Alcohol Strategy 2018-2026.

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen released the *Two at a time: Alcohol and other drug use by young people with a mental illness* policy paper in 2016. The paper focused on the importance of building a policy framework, system design and workforce capability to deliver integrated treatment and identified options for filling existing data gaps. There remains a need for integrated services and greater data. Opportunities identified in the paper are highlighted in this submission in support of the objectives of the Draft National Alcohol Strategy 2018-2026.

Risk and prevalence

A peak in the onset of mental illness between the ages of 12 and 25 years coincides with first time exposure to alcohol and other drugs for many young people. Young people experiencing mental ill-health are more likely to use alcohol and other drugs. The relationship between mental ill-health and alcohol and other drug use can run both ways. Either illness or issue can lead to or exacerbate the other, and once established, it is difficult to disentangle the two health issues.

The Draft National Alcohol Strategy 2018-2026 identifies young people as an at risk-population group.

Among the top ten leading causes of non-fatal burden of disease in young people (aged 15–24 years) mental disorders and alcohol and other drug use disorders together account for 38.9 percent of the disease burden for women and 35.0 percent for men.¹

Among 18–25 year olds diagnosed or treated for a mental illness 13.8 percent drink more than two standard alcoholic drinks daily (defined as risky) and a similar proportion (13.1 percent) use risky amounts of alcohol at least weekly (four or more standard drinks).²

The prevalence of comorbid alcohol use and mental ill-health should be considered as an additional 'indicator of change' within Priority 3: Supporting individuals to obtain help and systems to respond.

Integrated treatment

The Draft National Alcohol Strategy 2018-2026 recognises that opportunities to provide early interventions at multiple points of the health system are being missed. Continued divisions in the health sector between mental health and alcohol and other drug use services are a barrier to

achieving this objective. Integrated models of care would help reduce the encumbrance of 'old habits'. Systemic and practice divides need to be bridged through greater integration.

Opportunities for action in the Draft National Alcohol Strategy 2018-2026 would be strengthened by identifying directions for the development and implementation of integrated care.

Opportunities include:

Pilot trials of an evidenced-informed integrated treatment model and service pathways in selected Primary Health Networks.

Strengthening the provision of alcohol and other drug services (an existing system 'pillar') through the headspace platform.

The move to integrated mental health and alcohol and other drug services requires leadership, system adaptation and developments in workforce capacity. Models for integrated treatment in an Australian setting have been developed and audit tools exist for assessing system readiness for (and barriers to) transition. There is a developing evidence-base for programs designed for young people.³

The Draft National Alcohol Strategy 2018-2026 highlights the importance of building capacity and capability of the treatment service system.

The integration of mental health and alcohol and other drug services provides an opportunity to achieve improved services for young people as well as service efficiencies, increasing the value of health funding. Service integration also supports the objectives of the Draft National Alcohol Strategy 2018-2026.

The Council of Australian Governments has led the development of dual diagnosis guidelines for screening and assessment. Integrating treatment of mental ill-health and alcohol and other drug use is the next step.

The final National Alcohol Strategy 2018-2026 and the objective to deliver a quality, responsive, safe and effective treatment system within Priority 3 would be strengthened by advancing the implementation of dual diagnosis guidelines through an integrated approach to treatment.

Evidence-base

The Draft National Alcohol Strategy 2018-2026 states that responses to alcohol-related harm will be evidence-based, or guided by the best available information and practice where evidence does not yet exist. A new Reference Group is expected to be responsible for the research and evidence agenda and identification of data system gaps.

There are significant opportunities for expanding the evidence-base on alcohol and other drug use programs and services in relation to young people. These include:

- economic data on the cost of treatment delays for young people with a mental illness and co-occurring alcohol and other drug use;
- the outcomes, efficacy and cost efficiency of existing and piloted early intervention programs, including those delivered through online and mobile platforms;
- increasing the evidence-base for joint treatment of alcohol and other drug use and mental ill-health in young people; and
- collecting longitudinal data on the incidence of comorbidity in young people, including the age of onset, duration of illnesses and relationship between incidence of alcohol and other drug use and mental ill-health.

Further information

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References

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