

## INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NEW SOUTH WALES

**Organisation:** Alcohol and Drug Foundation

**Date Received:** 31 October 2024

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Committee Secretary  
Standing Committee on Social Issues

To the Committee Secretary,

Re: Inquiry into the prevalence, causes and impacts of loneliness in New South Wales

The Alcohol and Drug Foundation (ADF) welcomes the opportunity to contribute to this important inquiry. The ADF delivers evidence-based approaches to minimise alcohol and other drug (AOD) harm. We recognise the power of strong and connected communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.

Loneliness is a key determinant of health and an important indicator of quality of life. Adults who experience persistent loneliness are at greater risk of stress, decreased functioning of the immune system and decreased sleep, which adds to the risk of depression and cardiovascular disease.<sup>1,2</sup> Reducing loneliness offers the prospect of preventing serious health problems and disabilities and improving the quality of life, wellbeing, and longevity. Socially connected communities enable members to have high levels of resilience, experience fewer physical and mental health problems and require less social and public services.<sup>3</sup> Healthier populations are also less likely to experience harm from AOD use.

Research suggests that the link between loneliness and substance use (or social isolation) is correlational: individuals may use substances to cope with negative emotions resulting from social isolation, including depression, and depression is a known risk for problematic drinking.<sup>4</sup> Moreover, the criminalisation of personal drug use contributes to the social isolation of people who use AOD by exacerbating stigma. The World Health Organisation (WHO) has ranked illicit drug dependence as the most stigmatised health condition globally, with alcohol dependence listed at number four.<sup>5</sup> Research suggests that criminalisation contributes to the creation and perpetuation of stigma surrounding drug use, by generating negative beliefs, moral associations and structural inequalities for people who use drugs.<sup>6</sup> Stigma has significant negative impacts on physical and mental health outcomes of people who use drugs, as well as contributing to social isolation.<sup>7-11</sup>

New South Wales

Additionally, the criminalisation of drugs has led to the marginalisation and stigmatisation of communities targeted by enforcement efforts, exacerbating social inequalities.<sup>7</sup> While police diversion programs are expanding, research from NSW shows that the application of diversion schemes is inequitable. The eligibility criteria for the NSW Cannabis Cautioning Scheme (e.g. have no prior convictions for drug, violence or sexual offences, must admit to the offence and consent to a caution) are a significant barrier for First Nations people, who are overrepresented in contacts with police and the criminal justice system.<sup>12</sup> Research has found that non-Indigenous people in NSW are four times as likely to be offered diversion for cannabis than First Nations people in NSW, demonstrating that while criminalisation continues to exist that it can cause harm to those already experiencing systemic discrimination.<sup>13</sup> The ADF recommends that the NSW government consider strengthening health-based responses to personal drug use and harms in NSW, given the significant positive impacts that approaches like decriminalisation have on reducing stigma and improving health outcomes.

The ADF is a leading actor in the primary prevention space, with experience delivering community-led programs and advocating for evidence-based reform to minimise the harms of alcohol and other drugs in the community. The ADF's approach to prevention works to modify risk and protective factors for AOD related harm, using a place-based approach. Systemic responses that capture the multiple drivers of harm that are common across AOD harm and social isolation/loneliness work to prevent and minimise harm before it becomes entrenched. AOD harm and social isolation share a number of risk factors, including mental or physical health conditions, low income as well as lack of engagement in social groups.<sup>14-16</sup>

The ADF recommends that the NSW government explore prevention initiatives which address the shared risk factors for AOD harm and social isolation/loneliness. For example, the Act-Belong-Commit program is an approach to the universal prevention of mental ill health that originated in Western Australia (WA) and has been implemented in various countries including Denmark, Norway, Faroe Islands and the United States.<sup>17,18,19</sup> Act-Belong-Commit encourages people to improve and maintain their mental wellbeing by adopting habits and behaviours that are known to protect mental health.<sup>20</sup> Evaluations have found that the program was associated with improvements in wellbeing and reductions in risky alcohol use.<sup>21,22</sup> By working to address physical and mental health and social engagement, prevention initiatives can have additional positive effects on reducing the risk of AOD harm and social isolation.

Moreover, the NSW Drug Summit is set to take place in December 2024. The scope of the Summit will cover many of the shared factors between social isolation and AOD harms, including health and wellbeing, equity and inclusion, justice and support services. The ADF recommends that the inquiry considers the outcomes of the Drug Summit, to ensure that recommendations from this process are reflected in the Drug Summit actions.

The ADF thanks the Committee for the opportunity to respond to this inquiry. Please do not hesitate to contact us about any aspect of this submission.

Sincerely,

CEO

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