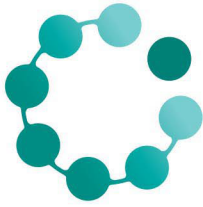


Submission
No 93

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

Organisation: Network of Alcohol and other Drugs Agencies (NADA)

Date Received: 1 November 2024



NADA

network of alcohol and
other drugs agencies



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Submission to the *Inquiry into the Prevalence, causes and impacts of loneliness in New South Wales*

November 2024

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. We represent 85 organisational members that provide services in over 100 locations across NSW. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.



Web

www.nada.org.au

ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drugs services in NSW. We lead, strengthen and advocate for the sector. Our decisions and actions are informed by our members' experiences, knowledge, and concerns.

We represent approximately 85 organisational members that provide services in over 100 locations across NSW. Our members are diverse in their structure, philosophy, and approach to service delivery. They provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, and actively contribute to public health policy.

Together, we improve the health and well-being of people with living and lived experience of alcohol or other drug use across the NSW community.

NADA has award-level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

To learn more, visit www.nada.org.au.

PREPARATION OF THIS SUBMISSION

The comments provided in this submission have been prepared by NADA as part of the NSW non-government AOD peak body role in representing the view of its members. In addition, views expressed in this submission have been provided by Dr Isabella Ingram from the School of Psychology, University of Wollongong, and are made on behalf of a research team who are working on a National Health and Medical Research Centre funded project examining a randomised controlled trial of a loneliness intervention across Australian alcohol and other drug treatment services (the Building Belonging Project) – NADA is a member of research team.

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SUBMISSION

NADA and the Building Belonging Project team from the University of Wollongong (UOW) would like to thank the NSW Legislative Council, Standing Committee on Social Issues for the opportunity to respond to the Inquiry into the prevalence, causes and impacts of loneliness in NSW.

We note the scope of the terms of reference and have prepared a submission that is informed by our expertise and perspective as the peak body for non-government alcohol and other drugs services in NSW (NADA), and as academic researchers in the field of loneliness (UOW). In particular, that people who experience harms from alcohol and other drugs (AOD) use are identified to be at increased risk of loneliness and social isolation (b), highlight existing initiatives that effectively address the needs of this population (g) and steps the NSW Government can take to reduce prevalence and impacts of loneliness (i) for these members of our community.

Key messages in response to this submission

- Reduce barriers to addressing social isolation and loneliness for people who use, or have used, alcohol and other drugs.
- Commit to building community-based supports to reduce social isolation and experiences of loneliness.
- Allocate funds for alcohol and other drug services, prisons, juvenile detention and mental health units to prevent people being exited into unstable accommodation and homelessness, increasing the risk of social isolation and stigma.
- Invest in further research on the social determinants of loneliness and social isolation is needed

POPULATIONS MOST AT RISK OF LONELINESS AND SOCIAL ISOLATION INCLUDE THOSE WHO USE ALCOHOL AND OTHER DRUGS

"Loneliness is an innate human signal for us to connect, for us to reach out to our community ... so that we can thrive and flourish," Dr Michelle Lim says, Chair and Scientific Chair of Ending Loneliness Together. "When we try to ignore the feeling of loneliness and stay disconnected, there's robust scientific evidence that it's extremely detrimental to our health and wellbeing." This statement has been supported by a landmark meta-analysis which has compared the impact of loneliness with the detrimental health effects of smoking, obesity and physical inactivity (1). For this reason, it is important to identify those most at risk of loneliness and social isolation.

People who use AOD are particularly vulnerable to loneliness and social isolation. This is likely to be due to the high rates of trauma experienced by this population, which in turn can enhance one's propensity to problems with interpersonal relationships and affect management (2). These experiences, in addition to the high rates of stigma experienced by people who use AOD, place them at risk of social isolation (3-5).

For people who are accessing AOD treatment, they are often encouraged to distance themselves from substance using groups, and towards non-using groups in order to support their AOD treatment goals (6). However, often this leaves them feeling isolated since they have very few, if any, non-using groups to turn to (7).

Among 316 participants accessing residential treatment for alcohol and other drug use in Australia, 79.6% reported feeling lonely at least once per month or more often, and 69% agreed with the statement "loneliness has been a serious problem for me at times"(8).

This research compared these rates of loneliness with that reported across the general Australian population, using the items from the HILDA self-completion survey. At the time of this study (2018), **people accessing AOD treatment were almost seven times more likely to experience loneliness** monthly or more frequently, compared to the general population. Similarly, **people accessing AOD treatment were over five times more likely to identify loneliness as a serious concern** (8).

There is increasing evidence that addressing loneliness may assist with recovery from AOD harms as social connection plays an important role in providing a safe and supportive environment for people to return to post-treatment (9).

Loneliness is an experience that most members of the community are affected by at some stage. Young people, carers, people who have poorly met financial needs, those who live in rural areas, live alone, have chronic disease and poor mental health, are all particularly vulnerable to loneliness (10). This includes people who use alcohol and other drugs, who are often stigmatised and feel shame, which creates a barrier to reaching out to others for support and to access services to assist them to address their needs.

Housing insecurity for individuals with intersecting needs including mental health and AOD use can present increased risk of lapse or relapse. The AOD sector works with many people at risk of homelessness and is often unable to assist them to find secure housing prior to or after treatment. Harmful AOD use can be exacerbated by unstable and unsafe housing environments, which in turn increases social isolation and loneliness.

THE IDENTIFICATION OF EXISTING INITIATIVES BY GOVERNMENT AND NON-GOVERNMENT ORGANISATIONS TO MITIGATE AND REDUCE LONELINESS AND SOCIAL ISOLATION

Key findings from the Collaborative Connections Symposium held by the Mental Health Coordinating Council (MHCC) and NADA in 2024 identified where cross sector collaboration between mental health and AOD services would lead to better outcomes. Stronger partnerships between AOD and mental health services, other community services such as housing; domestic and family violence, and family support services are all identified as needing reform to ensure better outcomes for people with co-occurring mental health and substance use needs.

Effective and efficient referral pathways and relationships between services across all sectors, as well as an overall need for greater integration and a multidisciplinary approach to practice, would contribute to all levels of intervention and harm reduction. Everyone has a role to play and cross sector collaboration is vital.

The NSW Special Commission of Inquiry into the Drug 'Ice' in 2020 heard from people with lived experiences, families, service providers, academics, and other experts (11). NADA supports the findings from the final report that are relevant to loneliness.

Ice inquiry recommendation 5:

- ensures that policy and service responses for people who use drugs and their families address their broader social and health needs holistically
- acknowledges the social determinants of drug use and of drug dependence
- recognises and seeks to address the risk factors associated with the use of drugs, including social vulnerability and exclusion, family vulnerability or family history of drug use, history of trauma

(including intergenerational trauma), lack of engagement with education and employment, unstable accommodation and poor physical or mental health

- recognises and promotes protective factors against drug use, including strong and resilient families and communities, education, social interaction and support, good coping and decision-making skills, and good general health
- recognises and seeks to address the nature, extent and impact of stigma experienced by people who use drugs

This recommendation recognises that people who use substances have a range of factors that impact them and by addressing these, including reducing loneliness and increasing connection, with a coordinated response, they will achieve better outcomes.

Ice inquiry recommendation 102:

This recommendation highlights the need to support people leaving custody with a transitional support service for up to 12 months post-release, which ensures dedicated case management; safe and stable housing; primary and mental health services; drug treatment services on a health needs basis; support into education; employment and other social support or services.

People leaving custody are particularly vulnerable to social isolation due to stigma and discrimination and dedicated supports via post custodial programs are a valuable part of addressing this.

Targeted initiatives to reduce stigma and discrimination surrounding AOD use and mental health within the community, service systems, and among service providers would help the experiences of people accessing services across sectors. Initiatives should be developed and implemented by people with lived experience (LE) to ensure person-centred, person-led, and trauma-informed approaches to service delivery can support the reduction of stigma and discrimination.

Along with addressing systemic issues that serve to maintain loneliness (e.g., stigma, housing insecurity), tailored programs that target the factors that contribute to, and maintain, loneliness for specific populations are needed. While there are a number of evidence-based interventions that address loneliness and social isolation (see 12), a “one size fits all” approach will likely not be effective in mitigating and reducing loneliness, since the contributors to loneliness will be unique to sub groups of the population.

For example, research led by the University of Wollongong has found that there are unique social challenges that are faced by people use AOD. These are due to the stigma they face, as well as the high prevalence of interpersonal trauma. These experiences tend to result in common interpersonal challenges, such as difficulty trusting others, anxiety in social situations, and fear of negative evaluation (13). Other subgroups are likely to experience varying social challenges that are unique to them (e.g., physical limitations, limited resources in terms of finances/ housing/ time) that prevents them from connecting with others, and leaves them vulnerable to loneliness and social isolation.

An existing initiative to reduce loneliness and social isolation includes a collaboration between Australian Universities and peak bodies for the non-government alcohol and other drug treatment providers, namely, the Network of Alcohol and other Drug Agencies in NSW (NADA), and well as the peak bodies in Victoria (VAADA), the Australian Capital Territory (ATODA) and Queensland (QNADA), and the NSW Ministry of Health Centre for Alcohol and Other Drugs. This involves a large-scale project named the Building Belonging Project that is being funded by the National Health and Medical Research Centre as part of a Targeted Call for Research 2022: Loneliness, social isolation and chronic disease.

This initiative involves trialing the *Groups for Belonging* loneliness intervention across the Australian AOD treatment sector. *Groups for Belonging* is a six session (12-hour) group intervention that addresses loneliness and social group support in the context of substance use (14). *Groups for Belonging* was adapted

from the social identity informed intervention *Groups for Health* (15) to focus on the specific social needs of people who use AOD. These included the need to address the stigma associated with substance use, and to target social anxiety and mistrust (13).

The project is being conducted as part of routine care, and if effective, can easily be incorporated across Australian AOD treatment settings. The Project also involves examining the cost effectiveness of Groups for Belonging.

The initiative involves working alongside a number of Consumer Advisory Groups and with a lived experience advisor in order to ensure the sustainability of the Groups for Belonging intervention.

STEPS THE NSW GOVERNMENT CAN TAKE TO REDUCE THE PREVALENCE AND IMPACTS OF LONELINESS IN THE COMMUNITY

NADA and members of the Building Belonging Project recommends:

Recommendation 1

Resources are invested to increase the capacity of frontline services involved in preventing and responding to social isolation and loneliness through initiatives such as professional and community development to recognise and respond to loneliness appropriately, including the development of the LE and peer workforce.

Recommendation 2

Support NGOs to nurture university partnerships, build capability of staff and provide training opportunities to increase capacity of services to respond to social isolation and loneliness

Recommendation 3

Increase opportunities for cross sector collaboration in the housing, mental health and AOD sectors to ensure continuing care and social connectedness for people accessing AOD treatment

Recommendation 4

Further development of treatments that promote positive social changes, and this highlights the need for additional research on the determinants of social connection. Build on the current understanding of loneliness and its impact on AOD treatment outcomes by further research.

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