



Submission cover sheet

Inquiry into men's suicide rates

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Standing Committee on Social Policy
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To the Standing Committee,

Thank you for the opportunity to comment on the **Inquiry into men's suicide rates**.

Who we are

The Alcohol and Drug Foundation (ADF) delivers evidence-based approaches to minimise alcohol and other drug (AOD) harm. We recognise the power of strong 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.

AOD-related suicide risk among young men in the ACT

In 2022, there were 15 drug-induced suicide deaths in the ACT(1).

While there is little detailed data in relation to suicide deaths in the ACT, AOD use, particularly acute substance involvement, frequently appears as a recorded factor in suicide deaths. Nationally in 2023, alcohol and psychoactive substances *directly contributed* to, respectively, 1.9% and 12.3% of suicides. Notably, the data shows us that, unlike unintentional drug-induced deaths, trends in drug-induced suicides are very similar for men and women(2).¹

Acute alcohol use was recorded as a *factor* in 17.8% of suicides, and acute psychoactive substance use a factor in 16.7% of suicides. And, as one recent AIHW analysis of alcohol-related injuries showed, suicide was the leading cause of alcohol-related injury deaths (47% of all alcohol-related deaths)(3).

Since 2018, illicit drug use has been the second leading risk factor contributing to the years of healthy life lost due to suicide and self-inflicted injuries among men, followed by alcohol use, and is responsible for 23% (about 18,600 DALYs) of years of healthy life lost to 'suicide and self-inflicted injuries' among men. Alcohol use was responsible for 22% of the years of healthy life lost for men (about 18,100 DALYs)(4).

As the data show, AOD use is an important risk factor for suicide; overdoses often involve both drugs and alcohol, revealing the complex and interconnected nature of deaths of this kind(5). This link is examined in literature on 'deaths of despair' – which looks at AOD and suicide deaths as a collective to determine factors predicting suicidality and substance dependence(5), and the impact of cumulative economic disadvantage and other social patterning of AOD and suicide deaths. The disproportionate impact on some cohorts has

¹ 'Drug-induced suicide' deaths (which include intentional self-inflicted poisoning by exposure to a range of drug types including drugs approved for pharmaceutical use, illicit drugs and/or alcohol) make up a small proportion of drug-induced deaths in Australia and the ACT, however this is understood to be due, in part, to under-reporting(2).

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been described in comparable international jurisdictions as both major public health challenge, and an avoidable human cost of inequitable resource distribution(6).

The case for AOD prevention as suicide prevention

There is a strong and growing body of evidence around the effectiveness of prevention in addressing the cumulative harms associated with mental ill health and suicide(7).

Suicide prevention strategies frequently recognise the importance of the role of AOD treatment in reducing suicide risk. In addition, if we are going to have a meaningful impact on suicide rates through addressing AOD, we must also work much further upstream: it is by now well-established that investment in prevention and early intervention can reduce the impacts of mental ill health and substance use later in life, which may in turn reduce the demand placed on acute mental health settings where costs are high(8).

For prevention, investment in initiatives that build individual and community resilience and that target multiple risk factors are an important and effective approach for addressing suicide and suicidality(9). This aligns with the evidence and the ADF's experience in reducing AOD-related harms through place-based approaches to reducing contributing factors and building protective factors in the community. Contributing and protective factors that are associated with suicide and suicidality including social isolation, low self-esteem, and depressive symptoms can be targeted by community led, place based approaches.

Local Drug Action Teams and community-led prevention

The ADF's Local Drug Action Teams (LDAT) program is an example of a place based prevention measure that targets contributing and protective factors with the aim of reducing AOD-related harms.

The LDAT program fosters partnerships in communities across Australia by facilitating the coordination of local community-based organisations including schools, health organisations, police, local government, and other community organisations. These partnerships are then able to deliver multiple locally tailored interventions simultaneously in their communities. Evidence from evaluations shows that this approach has been successful in targeting protective factors including increased social connection and inclusion, shifts in reported confidence, and greater knowledge in communities.

Given the demonstrated significant and complex interrelation between AOD use, suicide and suicidality, and their respective contributing and protective factors, the ACT would benefit from targeted LDAT programs for young men that address co-occurring risk of AOD harms and suicide.

In addition to prevention measures, early intervention for AOD use – that is, targeted measures for people who are showing early signs of higher risk AOD use but who may not meet criteria for a substance use disorder – is an important countermeasure for suicide risk.

There are a number of evidence-based models for AOD intervention that could support reduced risks of suicide in the ACT community. At low and moderate-risk levels, Screening, Brief Intervention and Referral to Treatment (SBIRT) has been shown to be effective for reducing AOD harms, especially in primary health settings, for example:

- A Cochrane Review confirms that alcohol use SBIRT delivered in primary care can reduce drinking over 6–12 months(10). Digital SBIRT tools also show promise as a cost-effective intervention: a 2018 meta-analysis concluded that internet-based interventions can be effective for mild to moderate alcohol use problems(11).
- There are consistent, though modest, effect sizes across behavioural outcomes relating to substance use as a result of motivational interviewing conducted in medical settings(12).

A note on the terms of reference

Finally, the ADF notes the framing of the terms of reference at 1(b), i.e. 'Factors contributing to suicide rates, including: ... Risk-taking behaviours, including alcohol and substance use disorders', and notes that describing substance use disorder (SUD) as a risk-taking behaviour may skew the results of the Committee's inquiry.

Substance use is a chronic, relapsing brain disorder recognised by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. It involves changes to brain chemistry and function, particularly in reward, motivation, memory, and self-control. The framing of these terms of reference may inadvertently stigmatise people who use drugs: conceptualising SUD as "risk-taking" implies that the person is reckless, irresponsible, or morally flawed, reinforcing stigma and blame. Stigma is a major barrier to treatment and recovery. Finally, it may also overlook underlying and shared drivers of problematic AOD use and suicide risks, missing opportunities for aligning our prevention efforts.

For this reason, going forward it may assist the Committee to consider, rather than 'risk-taking behaviours', 'factors that may increase the risk of suicide, including acute alcohol and substance use'.

Thank you once again for the opportunity to comment on this Inquiry.

Sincerely,



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