

Mental Health and Wellbeing Commission  
DX Box SP22502  
Wellington, NZ

19 April 2022

## Submission on the He Ara Āwhina framework consultation.

Thank you for the opportunity to make a submission to the He Ara Āwhina framework consultation.

360Edge is a leading alcohol and other drugs consultancy operating in Australia and New Zealand. We provide a full suite of advisory services to help health service organisations accelerate change.

We support the broad goals of the He Ara Āwhina framework, in particular its strong focus on reducing harms experienced by Maori and Pasifka communities.

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However, we raise important three issues for consideration:

1. The framework is presupposing an “integrated” view of alcohol and other drug and mental health systems. These two systems of healthcare differ greatly in philosophy and practice, and should be conceived of as distinct specialist sectors with overlapping clients. We support coordinated care, but caution against integrated systems.
2. The framework has insufficient focus on harm reduction, which should be framed as a goal equal to treatment.
3. There is an insufficient focus on LGBTQ+ communities, a key demographic impacted by alcohol and other drug related harms.

## Does He Ara Āwhina reflect your hopes for a mental health and addiction system?

We agree with the broad goals of the framework to provide a comprehensive and accessible treatment system for people experiences problems with alcohol and other drugs and gambling.

However, the framework appears to view the alcohol and other drug sector as a mere extension of the mental health sector, rather than a unique set of specialist services with its own philosophy and model of care.

In our comprehensive report, “*Exploring the place of alcohol and other drug services in the mental health system*”<sup>1</sup>; which looked at how the Australian health system could best respond to comorbidity, we noted concerns about “integrating” mental health and alcohol and other drug sectors.

The experience in Australia and elsewhere is that the size and funding disparity between the mental health and alcohol and other drug systems, invariably leads to a weaker alcohol and other drug service system. Funding tends to naturally shift from alcohol and other drugs to mental health services and does not result in improvements in care.

Our consultation with leading stakeholders in Australia identified that:

*Integration is resisted by both alcohol and other drug services and mental health services. It shows mixed results and is not always what service users want.*

We concluded that:

*If we are to approach responses to co-occurring alcohol and other drug and mental health problems in a holistic rather than ‘integrated’ way, the final question is how to achieve this efficiently.*

*Holistic treatment means identifying and understanding the service user’s needs and wants and offering responses that address all of those needs and wants. It means working collaboratively in partnership with other agencies. It means building capacity and capability within all of our health and social services to respond in this way and, where indicated, being able to provide coordinated care.*

Our experience with clinicians in New Zealand indicates that there will be similar concerns about the framework if it conceptualises alcohol and other drug treatment services as a mere extension of the mental health sector.

We suggest, instead, that the framework emphasises that alcohol and other drug services and mental health services are unique, with a particular call for holistic collaboration and not integration of the sectors.

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<sup>1</sup>Lee, N. and Allsop, S. (2020) Exploring the place of alcohol and other drug services in a successful mental health system. Melbourne: 360Edge. <https://360edge.com.au/assets/uploads/2020/12/360Edge-NMHC-AOD-in-the-mental-health-sector-FINAL-REPORT-November-2020.pdf>

## Is He Ara Āwhina missing anything that is important to you?

There is room in the framework for much greater emphasis on harm reduction as a key goal of alcohol and other drug services.

A focus on harm, rather than on quantity, frequency, or prevalence of use, is a well-established goal in public health, including with alcohol and other drugs.

Not all people who are seeking treatment for alcohol and other drug related problems wish to become abstinent. Even when they do, relapse is a common occurrence. Harm reduction is, therefore, a crucial pillar of effective alcohol and other drug services. The underlying principles of harm reduction are:<sup>2,3,4</sup>

- Pragmatism - programs to address substance use should be evidence-based, practical, realistic, tangible and immediate;
- Humane values – policies and programs should be free of moral and value judgments, but should acknowledge the dignity of the individual;
- Focus on harms – reduction of potential harmful consequences to substance users and others is paramount without requiring any reduction in use;
- Balancing costs and benefits – evaluation of effectiveness of programs should be undertaken in order to direct resources where they are most needed;
- Priority of goals – acknowledgement of a hierarchy of goals focused on the individual; and
- Flexibility and autonomy – a range of program and policy approaches (not one-size-fits-all) allowing for an individual to make informed choices and to take responsibility for those choices.

Many of the harms of illicit drugs stem, specifically from the fact that they are illegal. It's therefore important for any goal of harm reduction emphasis the impact of laws on exacerbating harms caused by drug use.

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<sup>2</sup> Special Ad-Hoc Committee on Harm Reduction, 'CAMH and Harm Reduction: a background paper on its meaning and application for substance use issues' (2002), Centre for Addiction and Mental Health, [www.camh.ca/en/hospital/about\\_camh/influencing\\_public\\_policy/public\\_policy\\_submissions/harm\\_reduction/Pages/harmreductionbackground.aspx](http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/public_policy_submissions/harm_reduction/Pages/harmreductionbackground.aspx)

<sup>3</sup> Ritter, A. & Cameron, J. (2005). *Monograph No. 06: A systematic review of harm reduction*. DPMP Monograph Series. Fitzroy: Turning Point Alcohol and Drug Centre.

<sup>4</sup> Beirness, D., Jesseman, R., Notarandrea, R., Perron, M., 'Harm Reduction: what's in a name?' (2008) *Canadian Centre on Substance Abuse*, Ottawa, pp. 3,4.

There is no reference to LGBTIQ+ (Rainbow) communities within the framework, a key demographic impacted by alcohol and other drug related harms.<sup>5</sup> The inclusion of key groups and communities that are particularly vulnerable and underserved is critical if the framework is to make an impact on reducing harms.

Thank you for the opportunity to provide feedback on this important consultation.

360Edge are specialists in evaluating alcohol and other drug service outcomes and can be called upon to provide further advice if required.

Yours sincerely,



Professor Nicole Lee  
*Founder and CEO*



Kathryn Leaf  
*Head of Partnerships New Zealand*

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<sup>5</sup> Adams, J., Asiasiga, L., & Neville, S. (2019). Drinking Cultures of Rainbow New Zealanders. Wellington: Health Promotion Agency.



## Professor Nicole Lee

Founder and CEO, 360Edge

Nicole is an international leader in alcohol and other drug responses, with 30 years' experience in policy and practice implementation. She is Adjunct Professor at the National Drug Research Institute Curtin University, board member of Hello Sunday Morning and of The Loop Australia, and a member of the Australian National Council on Alcohol and other Drugs (ANACAD) - Australia's key expert advisory council to the Australian Government on drugs. She has provided advice to Australian, State and Territory governments as well as International governments across South East Asia, New Zealand and the Pacific Islands. She has worked on alcohol and other drug policy with major international organisations such as the World Health Organization and the United Nations Office on Drugs and Crime.

## Kathryn Leaf

Head of Partnerships New Zealand

Kathryn is a leading expert in the New Zealand alcohol and other drug sector. Beginning her career in the early development prison drug treatment, and community criminal justice-based interventions in the UK before moving to New Zealand, Kathryn has established herself as a leader in transforming the alcohol and other drug sector for the better. She was previously CEO of the New Zealand Needle Exchange Program.

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