



**Australian Alcohol
& other Drugs Council**

The National Peak Body



Collaboration, Not Integration

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The Australian Alcohol and other Drugs Council (AADC)

- Formed in 2017
- Operating since April 2020
- 1.2 FTE staff
- 14 founding members

Purpose: to advance health and public welfare through achievement of the lowest possible levels of alcohol and other drugs related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level.



Productivity Commission's *Mental Health Inquiry Report*

- Recommendation 14: Improve outcomes for people with comorbidities
- Action 14.2: Integrating mental health and substance use planning, commissioning and service provision
- “Start now” task: Regional commissioning bodies, in conjunction with the relevant State and Territory Government departments, should integrate commissioning of substance use and mental health services
- “Integration”: not formally defined but strongly implying integration at both the service, and systems, levels
- Risks the Groundhog Day effect

Responding to consumer needs

- Consumers seek an integrated *experience* of services through holistic models of care
- Governments have a role in creating the settings and expectations that facilitate delivery of such a service experience
- Coordinated delivery does not require integration at the source
- System and service integration is the temptingly simple solution to a complex and broader issue
- This is not exclusive to AOD and mental health

What the push for integration overlooks

- Services outside of the treatment-requiring use of AOD, including prevention, early intervention and harm minimisation
- Significant philosophical differences in approach
- Differences in funding models, including the role of competitive tendering in fostering competition over collaboration
- Stigma and discrimination against people who use alcohol and other drugs in other areas of health service
- Proper understanding of the specialist nature of AOD services

Learning from the past to inform the future

- Enough of the ‘magical thinking’
- Start with demonstrations of success and work from there
- E.g. Improved Services Initiative – commenced 2008
- E.g. Victorian Dual Diagnosis Policy – commenced 2007
- E.g. National Comorbidity Collaboration – commenced 2008

Delivering ongoing change

- Funding to address existing service shortfalls in AOD and mental health
- Incentivisation through sustained, special-purpose funding to jointly develop ways of working to deliver coordinated care
- Ongoing investment in workforce development to build capability to work with co-occurring conditions
- Proper engagement at all levels of the system to design and deliver holistic responses to client needs