Marie McInerney reported in September 2022 on the Rethink Addiction convention, held in Canberra, for the Croakey Conference News Service.
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Introduction by Croakey: Amid concerns that Australian health systems are failing people with addictions to alcohol, other drugs and gambling, experts have called for a national roadmap to ensure better and more equitable treatment pathways.

A two-day national conference in Canberra put the spotlight on a lack of national policy leadership in addressing the fragmented, inadequate services available for people living with addictions, which one expert says means it’s a “complete lottery” as to what care people and families might find.

The Rethink Addiction convention, titled ‘It’s time to change the conversation’, brought together people with lived and living experience, clinicians, services providers, law and justice practitioners and policymakers and sought to address the stigma that affects access to treatment and care.

Speakers included high profile singer and entertainer David Campbell, son of rock star Jimmy Barnes, 2022 Australian of the Year Local Hero Shanna Whan and many others with lived experience of addiction and its impact, along with Emma McBride, Assistant Minister for Mental Health, Suicide Prevention and Rural and Regional Health. Discussions were facilitated by former Victorian ABC broadcaster Jon Faine.

Marie McInerney previewed the convention below for the Croakey Conference News Service. On Twitter follow #RethinkAddiction.
Marie McInerney writes:

Kate Seselja had absolutely no idea when she first began to gamble, at the age of 18, that pokies were “designed to addict”.

Rather, it seemed natural to assume that pokies machines must be a safe product, because of their widespread availability and accessibility, the ACT-based gambling reform advocate told Croakey, tracing the beginnings of a 12-year struggle with a gambling addiction that almost led her to suicide.

“You spend a decade and a half asking yourself, ‘what’s wrong with me?’, but when you look at it from a manufacturing standpoint, there was nothing wrong with me, I was the ideal consumer for their product,” she says.

Tackling the role of vested interests and the commercial determinants of health are urgent priorities for Seselja, a mother of six who now heads The Hope Project and is Co-Chair of the Canberra Gambling Reform Alliance. She was a keynote speaker at the two-day Rethink Addiction national convention.

The Rethink Addiction campaign and coalition began in October 2020 after Victorian health services Turning Point and Eastern Health partnered with SBS and Blackfella Films to create the documentary Addicted Australia, which told the stories of ten Australians and their families as they sought treatment for their addiction.

The campaign now has nearly 60 partners, including the Australian Medical Association, Royal Australasian College for Emergency Medicine, SANE, Monash University and the Australian Council of Social Service, and aims to transform Australia’s attitude and response to addiction by “changing hearts and minds”. Seselja, who spoke at the convention’s opening session called Hearing our stories, takes her advocacy into classrooms, universities, workplaces and community groups and has appeared on ABCTV’s You Can’t Ask That.

She talks about her own journey and also about pokie bet rates that allow people to lose $200 a minute and predatory commercial practices, like offering credit and devices to make gambling easier, that enable addicted gamblers to keep playing.
Seselja wants the gambling industry brought to account for the harm it causes, and also to highlight the culpability of governments across Australia that rely heavily on income from pokies in particular.

“The fact that there is growth budgeted into the tax revenue stream from it each year means they’re not committed to addressing harm at the source,” she says, noting that Australians famously spend more money per person gambling than the population of any other country.

Seselja says failures to address the dangers of gambling also extend into the broader community, from community groups that accept donations from clubs and pubs that are reliant on pokies for their profits to the media that mostly focus on personal stories like hers, missing the point “that this is happening on such a large scale, that we’re losing $25 billion a year”.

And she is concerned that the health sector also buys into the “lingering stigma”, accepting the ‘problem gambler’ terminology used by the industry.

This makes “the individual the problem and not the product”, causing the harm that both community and health sectors then “mop up without question”, she adds.

Stop the stigma

Ending that harmful stigmatisation is the work at the heart of the Rethink Addiction campaign, headed by psychiatrist Professor Dan Lubman, who is Executive Clinical Director of the Turning Point and Professor of Addiction Studies and Services at Monash University and Director of the Monash Addiction Research Centre.

He cites the damning statistics: around one in four Australians will develop an alcohol, drug or gambling disorder during their lifetime, and around one in 20 will develop addiction, the most severe form of the disorder. One Australian dies almost every hour from alcohol, other drug or gambling harm.

Yet all the while they also struggle to get the same treatment and care pathways that people with other health conditions demand and receive, Lubman says, adding that more than half a million Australians who need help can’t access it.

There is “overwhelming stigma which leads to huge delays in help-seeking that can be up to two decades”, he told Croakey. “The biggest issue for us in this space is that it’s not viewed by the community as a genuine health disorder.”

Instead, it’s seen as a social issue where those affected are personally blamed for their addictions. This manifests, he says, in the fact that the “treatment system for addiction sits outside mainstream health, primary care isn’t really upskilled, there are not clear treatment pathways, and people present in crisis”.

“With addiction, we choose to just chastise or ignore people and send them on their way and that comes at a cost for all of us”.

It’s a cost that will be quantified at the convention on Monday with the release of a major report describing the cost of addiction to Australia in 2021 by KPMG.

Lubman hopes this strong economic argument will sit persuasively alongside the compelling stories of addiction to be told at the convention, and that are a powerful feature of the campaign.
Each session will feature lived experience and will focus over two days on stigma, vested interests, difficulties navigating the health system, the impact of criminalisation, experiences for Aboriginal and Torres Strait Islander people, effective prevention and public health responses, and harm reduction.

**National objectives**

The aim is to build urgency and evidence for a national strategy.

Lubman says: “One of the failings at the moment is there is no national coordination on this issue as there is on cancer, heart disease, diabetes etc, where there are clear outcomes frameworks, everyone knows what it is we’re trying to achieve, whose responsibility it is to deliver on that… what does primary care do, what does secondary care do, what does specialist care do, where does everyone fit in, how do we escalate care when things aren’t working.

“And this relates to the stigma and the shame and the way in which the community views addiction,” he said, noting that the welcome “wave of compassion” around mental health now too often overlooks the critical contribution of addiction to mental ill-health and the role of trauma in both.

Rethink Addiction wants to achieve the sorts of shifts seen in other health areas, such as cancer and mental health, which were also strongly associated with stigma and shame, and the sense of it being “untreatable” yet now see “the doors of the health system open up and welcome and support you, accompanied by major investment in improving prevention, treatment and care options”.

Nobody chooses to be addicted, Lubman says, yet too often people face accusations that their issue is self-inflicted, a result of lack of willpower or poor self-control, and is unfairly taking up valuable time and resources in the health system. Affected people end up internalising that stigma, to see themselves as flawed or broken or weak, while the system and society punishes them.
It’s a story very familiar to Kate Seselja, who says it breaks her heart that gambling addiction is happening every day “to new people, old people, young people, people who have come here from other countries that have never, ever been exposed to gambling in their home country, and since COVID, there’s a whole new cohort of people that are hurting for a variety of reasons.”

In simple terms, Lubman says, addiction is defined as the inability to stop consuming a drug or cease an activity, even if it’s causing physical or psychological harm.

Far from being an individual’s ‘choice’, it is a complex health disorder with a range of biological, developmental and environmental risk factors, including trauma, social isolation or exclusion, and genetics.

“It’s one of the most complex areas of health to work in because it’s about understanding people’s stories and what leads them there…. and I think that’s what the community and most of our health system doesn’t understand,” he said.

As a result, he says, treatment for addiction remains fragmented, with limited opportunities for ongoing care, and a “complete lottery” as to what care people and families might find. There’s no consistent national planning, even amid evidence that for every dollar invested in treatment, society gains seven dollars, he says.

Lubman notes there is no Federal Ministry portfolio dedicated to alcohol, other drugs and gambling addiction, “nobody really with the national responsibility”. There is no national outcomes framework and no national consensus on clinical care pathways.

That, he says, is exacerbated by a health workforce that has had limited undergraduate and postgraduate training in addiction, with few funded training opportunities available given the separation of addiction treatment from mainstream health care in most states following deinstitutionalisation of mental health care.

The result is “a generation of health professionals” who have never trained in or treated addiction within a specialist setting, and therefore may have limited understanding of what effective treatment looks like, so “may share the same attitudes and beliefs as the general population”, he said.
Lubman is also aghast that many primary care practices can and do refuse to see people with addiction, “so we have evidence-based treatments, such as buprenorphine, that aren’t universally available across healthcare”. It is, he says, “completely unethical” and would cause a national scandal if it applied to any other health condition.

As a result, many people suffering from addiction and their families are left to navigate their own pathways to treatment, and many, tragically, die of preventable deaths in a “fragmented and failing system”, he said.

To address this, Rethink Addiction wants a national roadmap to be developed through collaboration between key decision makers, opinion leaders, researchers, the voices of lived and living experience and treatment, care, and support providers. And they want it to lead to much greater funding, including investment in prevention, treatment, support, and harm reduction, in workforce and infrastructure and in research.

It’s seeking to make the comparison with heart disease, diabetes or other health conditions that are ‘accepted’ by the community, so that “we have an expectation of what should be delivered as standard practice across Australia, where everyone knows what their role is, where evidence-based treatment is readily accessible, and where everyone feels appropriately skilled and trained to deliver the same level of care consistent with any other health condition,” Lubman said.
Rethink Addiction
National Convention 2022

Shanna Whan
Sober in the Country

If it feels wrong... I won't do it.

It's time to rethink addiction.

I'm not just dying from drug deaths.

We are one day closer to change.

Gambling harm
I'm not a 'problem gambler.'

We need to understand the entire gambling landscape.

Lip service is one thing.

We need action.

Visual Scribe by Gavin Blake (Com.AU)
Gavin Blake is one of Australia’s leading Visual Scribes.

Scribing involves intense listening and drawing while people talk.

Gavin scribes for leading conferencing brands around the world as well as Asia Pacific’s leading government institutions and private corporations including ASX 100 companies. His work is known to help attract and align people and encourage them to learn more about the topics in question.
From Twitter

Dr Sandro Demaio
@SandroDemaio

When I came back after a decade living abroad, I was shocked at the amount of gambling advertising on Australian TV. It seemed like every third ad. We need better protections, particularly when kids are watching. 70% of Aussies support a ban.

9:53 PM · Aug 29, 2022 · Twitter for iPhone

442 Retweets 38 Quote Tweets 3,383 Likes

Jacyntha Krakouer
@JacynthaKrakouer

Excited to share this new #openaccess scoping review publication that I’m a final author on in #DAR - “Exploring the lived experiences of Indigenous Australians within the context of alcohol and other drugs treatment services: A scoping review”

Caterina Giorgi @catgiorgi · Aug 30
Replying to @catgiorgi

The number of alcohol-related hospitalisations increased by 16% between 2019-2020 and 2020-21.

Alcohol accounted for a majority (57%) of drug related hospitalisations in 2020-21, an increase from 53% the year before.

2/

Caterina Giorgi @catgiorgi · Aug 30

Between 2012–13 and 2020–21, rates of dispensing from the PBS for alcohol cessation medicines rose from 245 scripts and 90 patients to 390 scripts and 145 patients per 100,000 population.

Caterina Giorgi @catgiorgi

A new report by the @aihw has summarised a range of datasets that show the extent of alcohol harm, including hospitalisations, alcohol treatment, ambulance attendances and chronic diseases.
You can track Croakey's coverage of the Convention here.

How the system is rigged against people with addictions

#RethinkAddiction

Caterina Giorgi @catgiorgi · Aug 30
Alcohol use contributes to 40% of the burden of disease due to liver cancer, 25% of the burden due to road traffic injuries involving motor vehicle occupants, 19.2% of the burden due to chronic liver disease and 14.2% of the burden due to suicide and self-inflicted injuries.

4/

Caterina Giorgi @catgiorgi · Aug 30
In 2021 ambulance attendances for alcohol intoxication were more than 5 times than attendances for any other drug.

5/

Caterina Giorgi @catgiorgi · Aug 30
Alcohol was the most common principal drug of concern in 37% of alcohol and other drug treatment episodes for a persons own drug use in 2020-21.

6/

Caterina Giorgi @catgiorgi · Aug 30
Alcohol causes far too much harm to too many Australians and more action is needed from governments to prevent these harms and ensure that people have access to supports.

More information can be found at pp.aihw.gov.au/reports/alcohol...

The Project @theprojecttv

In Australia, millions suffer from problematic drug, alcohol or gambling use. Many are quick to judge others and that's why it takes an average of 20 years for people to seek help. But some brave people are trying to change it.

#TheProjectTV

Rethinking The Way We Treat Addiction
Watch the video

Published on Wednesday, September 7, 2022
Privileging the voices of people with lived experiences of addiction

Introduction by Croakey: People with lived experience of addictions sent powerful messages to politicians, health systems and professionals, the media and the wider community at a groundbreaking conference in Canberra.

The inaugural #RethinkAddiction conference privileged the voices of people with lived experiences in its campaign to address big gaps and barriers in treatment and care, Marie McInerney reports below for the Croakey Conference News Service.

See these Twitter threads of the opening and closing sessions, including keynote speeches from 2022 Australian of the Year Local Hero Shanna Whan and singer and TV personality David Campbell, son of rockstar Jimmy Barnes.

Croakey will also report in following stories on dedicated sessions involving Aboriginal and Torres Strait Islander people and on criminalisation and addiction, as well as discussions on harm reduction and better treatment pathways.
Marie McInerney writes:

Hundreds of people gathered in Canberra this week for a conference that flipped the usual proceedings and power dynamics.

Too often people experiencing or affected by health issues are on the sidelines, in the background or completely missing in major health gatherings. But people with lived experience of addictions took centre-stage at the inaugural #RethinkAddiction convention, titled ‘It’s time to change the conversation’.

They were not just token voices on panels stacked with ‘experts’ as seen at many conferences, but the main voices in session after session of the two-day event, their expertise, knowledge and experiences privileged and valued.

In heart-breaking detail, they told raw and powerful stories about addictions to alcohol, other drugs, and gambling which took many to the brink, facing suicide, prison, financial ruin, the removal of children or – in the case of Australian of the Year Local Hero Shanna Whan – waking up in Emergency after falling down a concrete flight of stairs.

As well as showcasing their courage, strength and commitment to others, they took strong aim at the structural barriers they have faced in their recovery, including government, industry and media, and a fragmented and flawed health system.

Among the audience were health and service professionals, academics, policy makers and researchers – there to listen and put up their hands to ask the questions.

“I don’t usually cry at conferences,” said Selba-Godoza Luka, founder and CEO of Afri-Aus Care, who campaigns to end family violence and implement culturally appropriate and safe NDIS services for African Australian communities. Like many others on stage and those attending over the two days, Luka was holding back tears as she told her story.

Telling the “real stories of addiction” is what the Rethink Addiction campaign and coalition believes is critical to transforming treatment and care of addiction in Australia, where up to 500,000 people each year go without support. These stories are also key to ending stigma, the campaign’s guiding principle.

“I’ve gone to many conferences over many years and invariably I’m on the stage,” said Professor Alison Ritter, a leading drug policy researcher and Director of the Drug Policy Modelling Program (DPMP) at the University of New South Wales, after the first day of the event.

“It’s a real privilege to not be on the stage, to listen for a whole day to people’s stories, [to witness] huge amounts of courage….Real bravery,” she said.

Shame and stigma

Angelene Bruce, whose Twitter handle is FASD Warrior Mum, told #RethinkAddiction with searing honesty about her pathway to addiction with pokies and alcohol.

Born into a middle class, supportive family, her world was shattered at the age of eight by a “significant trauma from a person [she] loved and trusted”, which became an “invisible backpack” through her life.

Her traumatic experience and its ripples echoed the stories of many of the other speakers, whose addictions were sparked or exacerbated by sexual assault or abuse, family violence, other trauma, racism, homophobia, mental health issues, toxic environments and poor health care.
Each had their own stories and calls for action on better treatment and policy: to address long waiting times for detox or rehab beds, the need for culture at the heart of support for Aboriginal and Torres Strait Islander people, and better informed health professionals, through to action on Australia’s “booze-worshipping environment” and “government-sanctioned abuse” that permits predatory industry practices in gambling.

And over and over they spoke to the importance of connection, “a kind word, compassion, lack of judgement” and an end to the shame and stigma that causes huge, often intergenerational distress, compromises healthcare, and stops so many people with addictions, and their families, from seeking help.

Bruce told the conference that her negative inner voices, her “itty bitty shitty committee”, quietened when she drank. “Alcohol was my friend, til it wasn’t,” she said.

After many attempts at detox and rehab, she became pregnant at a time when she was a “24/7 top up drinker, not drinking for fun but to beat withdrawal”.

At her first pre-natal visit, she told her obstetrician/gynaecologist she had been in recovery but had relapsed. His response, ignoring the risk of sudden withdrawal from alcohol to her and her foetus and offering no other support, was to tell her she “must stop” immediately.

“That is terrible advice to anyone drinking 24/7,” she said. Also fearing her child could be taken away, she did not disclose again, not even when her son, who was later diagnosed with Fetal Alcohol Spectrum Disorder (FASD), “was in big trouble as he was being born”.

“I didn’t tell anyone in the room that he was withdrawing because I was withdrawing.”

Bruce, who has detailed her story in this podcast, says few outside of the field of FASD talk about the condition despite its prevalence, “because it involves alcohol consumption in pregnancy and that makes everyone a bit uncomfortable, including health professionals, politicians and everyone in between”.

“That discomfort creates stigma and shame which stops women like me disclosing alcohol abuse during pregnancy and getting the proper help for their children,” she said.

It’s shame also that kept Kate Seselja (see more of her story in our preview) trying to fix her pokies addiction on her own, taking her close to suicide. She thought her experience “had disqualified [her] from being worthy of anything: love, trust, value, compassion, forgiveness, understanding”, until she learnt that she was yet another victim of a machine designed to addict.

Shame and stigma are also debilitating for the families of people with addictions, the conference heard, and long kept Anne Iversen from seeking help.

“I was suffering from guilt and shame as well,” she said.

In her early days, she had a self-help library “that was bigger than any regional library”, because she didn’t want to tell anyone else in her family or friends what she was experiencing. “Even to talk to a doctor about it was difficult,” she said.

Iversen, who became involved with Self Help Addiction Resource Centre in Melbourne, spoke simply about the need for connection and informed support.

After managing family addiction over three generations, she didn’t like what she had become, but finally learned “about being able to remain connected, loving, compassionate and caring but also to set boundaries so that things could change that were affecting me in our home”.

Privileging the voices of people with lived experiences of addiction

#RethinkAddiction

Croakey

“Conference News Service”
Since then she has worked in family drug support, sitting in “hundreds and hundreds of meetings with thousands of families, talking about their situation”.

“And the one thing they all say when they come to their first meeting is ‘We’re not alone, (we’ve) just felt so isolated and alone and stigmatised all this time. But now we’re not alone,”’ she said.

“I think that’s exactly what this convention is about: taking the stigma and shame out of it,” Iversen said. “Because when you’re trying to do it all by yourself, it literally sends you crazy.”

### Informed, integrated and safe care

Other speakers also talked about the pivotal role – negative or positive – of a particular health professional or service at a particular time, proving the need, as one participant put it, “for quality, well-trained, informed people who understand addiction so we can change life trajectories earlier”.

Asked how GPs could improve their practice, gambling reform advocate Anna Bardsley talked about one doctor, told by a patient that she worried she had a gambling issue, who responded he could empathise as he was “addicted to chocolate”.

“And so the conversation closed,” Bardsley said, urging GPs to have gambling on their radar, to seek to have a number of conversations because people won’t necessarily disclose in the first one, and to know where to refer people.

“If we don’t even know that gambling addiction exists, then where do you start?” she asked.

For Andrew Addie, it was a “queer-friendly GP” and “LGBTQ+ affirming care” that finally made the difference after years struggling with a dual diagnosis of alcohol addiction and mental health issues.

Introducing himself at the conference as “a surf life-saver, a pole dancer, competitive ocean swimmer and an openly gay man”, Addie talked about starting drinking at 13 as “very normal” where he grew up in Cairns, in far north Queensland, and how “things escalated pretty quickly”.

Coming out as gay and experiencing “some pretty gross homophobia” was tough, and his mental health issues “did not combine well” with heavy drinking.

Addie had many interactions with the health system. Some were very unhelpful, including one crisis visit to an Emergency Department, where he waited eight hours to see a psychiatrist who was “noticeably distracted”. “I got really embarrassed and I left,” he said.

At another appointment, a mental health professional was unaware of the HIV prevention medication Addie takes and informed him wrongly that he was HIV positive.

His life changed when he found a safe and informed space, a specialist alcohol withdrawal management clinic in Sydney, to open up about his issues. “It was just such a relief and within a week I was planning how I was going to kick booze”.

Addie finally got lucky but he said too many still miss out: “we know the statistics about difficulties in accessing support for people from regional areas and LGBTIQ communities”.

He acknowledged there were significantly more barriers to recovery for other members of the LGBTIQ+ community, particularly those who are trans, non-binary, or intersex.
Asked by the conference moderator, ABC broadcaster Jon Faine, what gave him the courage to address his addiction and to speak up and take on leadership roles, Addie talked about his involvement with Untoxicated, a volunteer network of about 9,000 “sober and sober-curious people” who want fun, booze-free things to do on a Friday and Saturday night.

It was part of being prepared to “snatch the microphone” to change the story on addiction: “You can’t be what you can’t see.”

**Toxic cultures and sectors**

Anna Bardsley said her courage came through connection – “being with other people, hearing their stories, recognising they were the same as mine”, and “from being pissed off”.

Her anger only grew as she learnt more about the vested interests in gambling, a “protected industry” that amounted to “government sanctioned abuse” that lost her ten years of her life and much of her self-esteem.

“Don’t talk to me about ‘problem gambling’,” she said. “I’m not the problem, gambling is the problem.”

It was a message echoed by former financial planner Gavin Fineff, who faces prison after being found guilty last week of fraud to support his gambling addiction.

Fineff, who has worked with Independent Tasmanian MP Andrew Wilkie on a Private Member’s Bill aimed at stopping gambling companies from exploiting vulnerable customers for their gain, told the conference about predatory practices in the gambling and financial industries, of being offered “free betting money” from lenders keen to recruit new customers.

“I have an addiction to gambling, they have an addiction to profits,” he said. “We both need intervention.”

For keynote speaker Shanna Whan, Australia’s “booze worshipping culture” is the single biggest socio-economic threat facing the country.

Whan grew up in and lives in rural Australia, where she says the prevailing sentiment has been “you can’t trust a bloke who says no to a beer”. Fuelling that is a regulation environment influenced by state and federal politicians and policy makers “who are wilfully choosing to remain stuck in the dark ages [on the risks of alcohol]”.

Whan told the conference that she had had a “good home, good family, good life” until as a young woman she was sexually assaulted “and traumatised severely”.

Carrying that burden, she went off to university, where alcohol gave her “courage and confidence and the capacity to hide behind all the things that scare me”.

“I hate to say it but I was a garden variety, boring old case of unresolved trauma in a young person who was flung into this hedonistic booze worshipping culture which was rampant at universities everywhere.” She jumped in with gusto: a “cowgirl” drinking beer out of her Cuban heel boots.

She never imagined she would end up “a raging, suicidal, alcohol-addicted individual nearly dead by 40” – a story that she says is acted out again and again in country Australia, where dangerous drinking for some “makes you a legend, not an alcoholic”.
Backlash and burnout

Whan’s *Sober in the Country* initiative faced early fierce criticism, particularly in the country. But her story is resonating.

She was featured on *Australian Story*, named Australian of the Year Local Hero for 2022, and this week announced among the ten “everyday Australians” invited to travel with Prime Minister Anthony Albanese to attend Queen Elizabeth’s funeral in London.

That’s a huge privilege, she has said, though the quick trip to London highlights another issue for lived experience advocates. The announcement came hours after she told the conference she had just returned from “a month-long visit to a health retreat, a gorgeous down to earth place I go when I’m buggered and broken and I was so burned out”.

Whan warned other people with lived experience of the “two-edged sword” of social media and the “pretty hectic personal cost” of taking on a public role on addiction, encouraging “every single one of you to take such good care of your precious, amazing selves”.

Her call is for “action to fund proven preventative initiatives, measures and lived experience to ensure we can make sustainable, measurable, ongoing change, instead of doing what we have always done, which is pulling people out of the river when they’ve already drowned,” she said, imploring Australia’s political and health leadership to “step up, get progressive on this topic and come with us upstream”.

Because, she said, until that happens, “the tragedy is that people like you and I are left to carry a completely disproportionate burden of being part of an underpaid, undervalued and overworked lived experience workforce, doing the essential things that should be done by those we have elected in good faith.”

“In our own names, on our own terms”

A member of the conference ‘brains trust’, Professor Alison Ritter reflected on the first day’s discussions at the closing session, honouring the “powerful stories of shame” shared, but, parallel to that, the enormous amount of respect on show, the importance of speaking truth, “in our own names, on our own terms” but also of giving permission.

She was struck by Anna Bardsley talking about how she finally decided to put her name to a public account of her addiction, where she “unearthed this massive, massive universe of shame” in a high profile book about gambling nearly a decade ago.
“I thought, how can I write so profoundly and personally about shame, and not to put my name on it,” Bardsley had told the conference, saying the book was a turning point for her. “I wasn’t just telling my story. I was telling my story for the whole group. And I’ve never lost that sense, there are tens of thousands of people behind me.”

Just as powerful for Ritter to hear was Marion McConnell, founding member of the Families and Friends for Drug Law Reform, who said she and her husband had not revealed her son’s name in nearly 30 years of campaigning after his drug overdose because he had not been able to grant consent.

Kate Seselja offered a different view, saying she was mindful to make sharing the stories of those with gambling addictions “not an act of bravery”, which would scare off others who might want to share, but a restoration of dignity to people whose vulnerabilities were knowingly exploited for profit.

Another of Ritter’s takeaways from the conference was how sudden moments or interventions amounted to breakthroughs for many of the speakers: an infected foot that prompted Aboriginal alcohol and other drugs clinician Daniel Wilson to seek emergency hospital treatment, the “hot producer” that got Rocket Bretherten involved in a podcast and launched her into the #JailingisFailing work of the Justice Reform Initiative.

Those moments gave her hope, Ritter said, because “that’s how we’ll get policy change, that’s how we’ll get more treatment, that’s how we’ll get harm reduction, that’s how we’ll get law reform,” Ritter said.

From Twitter

10:11 AM · Sep 12, 2022 from Hyatt Hotel Canberra - A Park Hyatt Hotel · Twitter

Attending the @rethinkadd conference in Canberra with @SITC_CEO_Shana and the incredible #sitcBushTribe so many stories so many wise words #RethinkAddiction
At #rethinkaddiction conference today there were 4 sessions. Nearly everyone had a lived experience of addiction. Extraordinary ratio of lived experience to academics or doctors. 1 academic, 1 CEO, 1 police officer, 1 MC and 13 people with lived experience & amazing insights.

You cannot hear these stories & think that we have the right controls in place for alcohol, other drugs & gambling in Australia.

Significant profits are being made from addiction at the expense of people, families & communities.

Addiction is a health issue.

#rethinkaddiction
You can track Croakey’s coverage of the Convention here.

Privileging the voices of people with lived experiences of addiction #RethinkAddiction

Privileging the voices of people with lived experiences of addiction #RethinkAddiction

Robyn Gerhard
@robyngerhard

Really enjoying the #rethinkaddiction conference! Even from home I can feel how relaxed and supportive the discussions are and I can’t wait for this afternoons sessions!

Suzanne Nielsen PhD MPS
@DrSuziNielsen

Replying to @FirstStepTweets

So fantastic to have this focus on lived experience, its been fantastic to attend as both an academic and healthcare professional.

Association of Alcohol and other Drug Agencies NT
@AADANT1

Amazing gathering looking at lived experience of drug and alcohol journeys under way in Canberra. Time to #rethinkaddiction
Due to stigma and shame, many people wait years, even decades, before seeking help for their struggles with alcohol, other drugs, or gambling.

#RethinkAddiction

@rehinkadd · Sep 12
Starting the panel discussion "Overcoming barriers to getting help" with @FainelJon, @SITC_CEO_Shanna, @ahbard, Anne Inversen and Andrew Addie.

#RethinkAddiction

So excited to be here at the #RethinkAddiction Convention for day one... So many amazing people courageously sharing their lived experience with addiction 🙌🏼🙌🏼🙌🏼. It takes a lot to tell your story warts and all and I’m looking forward to sharing mine tomorrow @NOFASDAustralia 🍩.
You can track Croakey’s coverage of the Convention here.

Associate Professor Shalini Arunogiri
@SAruno

Good care for #addiction should not be serendipitous. If we treated addiction like any health problem, recovery would not be a product of luck.

@fainejon at #RethinkAddiction touches on the travesty of the way we see addiction, and why we need to #changetheconversation

Associate Professor Shalini Arunogiri
@SAruno

@drhesterwilson at #RethinkAddiction and Chair of @RACGP #addiction special interest group, asks @ahbard on how #GPs can be better at asking about #gambling

“Needs to be on the radar for GPs. Ask about it. Ask what people do in their spare time. And know where to refer.”

Samantha Thomas
@Doc_Samantha

Anna Bardsley @ahbard has become one of the most powerful voices in gambling reform. Her advocacy is extraordinary.

Croakey News @CroakeyNews · Sep 12

“Mine came from being pissed off”, says @ahbard of finding her courage after hearing the stories of others and learning about the vested interests in gambling addiction, with machines designed to addict by a ‘protected industry’, “govt sanctioned abuse” #RethinkAddiction

Show this thread

Associate Professor Shalini Arunogiri
@SAruno

A lot of discussion at #RethinkAddiction on media needing to do better in reporting on alcohol, other drugs, gambling and addiction.

Media need to be accountable for accurate reporting in this space, using safe and appropriate language, and not causing harm.

@AODMediaWatch

Heidi Lupriyan
@Hlupriyan

Thank you #rethinkaddiction for the past two days. Not a dry eye this morning or afternoon. I’m happy to have met some people I haven’t met in person before. I’m not great with big social gatherings. However, I can say it was a gathering of strength. May it now continue 🧡
You can track Croakey’s coverage of the Convention here.

Privileging the voices of people with lived experiences of addiction

#RethinkAddiction

Published on Thursday, September 15, 2022
Jasmin’s story shows how legal and health systems fail people with addictions

Introduction by Croakey: At the Rethink Addiction conference in Canberra, many people with lived experience of addictions were generous in sharing their stories in order to advocate for changes to policy and community attitudes.

Among them was Jasmin Wilson, 36, a proud Aboriginal woman living in South Australia with cultural ties to the Northern Territory, who has worked in the alcohol and other drugs sector.

She described her personal experiences of the addiction treatment system, including long delays in gaining access to care, the risk that seeking help might spark the removal of her children, a lack of culturally safe wrap-around care, and the harms arising from policing rather than health approaches to addiction.

Based on that presentation, Wilson writes below about her experiences with addiction, highlighting an urgent need for law reform and change across many systems.

This article contains discussions around the topic of suicide.
Jasmin Wilson writes:

My husband and I had two children, we had bought a house, an investment property, had a couple of cars: it was like the dream, what you’re meant to do.

Up until then, I had functionally used alcohol and drugs: I drank on weekends, would smoke a few cones, smoked cigarettes.

Then I started to drink a lot at home on my own when my husband was on night shift and things started to spiral out of control. He lost his job, we had a few marital struggles and I found out that when life problems cropped up, I reverted back to using drugs and alcohol in order to cope with overwhelming feelings.

I actually hated meth before I started using it. I was a loved one of someone who had been struggling with a meth addiction for about 10 years. But I got to a point in my life where I wanted to escape my reality. And so I smoked a bit of meth one day. And from that day, I used for two- and a-bit years.

It was hell. I felt the entire time like all I was trying to do was get high, my priorities changed and it felt like all anyone else was trying to do was steal my drugs, steal my money, accuse me of everything.

It was a really confronting experience in other ways because my dad, Scott Wilson, is CEO of the Aboriginal Drug and Alcohol Council South Australia (ADAC) and I was employed in the drug and alcohol sector (AOD), working on starting up a rehab facility in Adelaide.

Yet there I was struggling with drug addiction while I was trying to help other people with their drug addiction. That was compounded by the shame and stigma attached not just to addiction but to meth itself. To admit I had a problem with it was extremely hard due to working in AOD and all of the negative connotations that came along with a meth addiction, as well all the media hype at the time.

I got to a point where I didn’t want to be alive, living the life that I was living.

One night I had been out all night in a borrowed car trying to score and got searched by police under South Australia’s Substance Misuse Act, where they can randomly search you or your belongings if they suspect that you’re using drugs. I was really lucky that this night I had a chat with one of the officers. I can’t for the life of me remember what he said, but I left there and drove to the River Torrens. I contemplated driving into the river, but apart from it not being very deep, if it wasn’t for my kids, I would have been gone. But I couldn’t do it. So I rang detox.

I had to wait a month to get in, I had to ring them 50 or 100 times, but I finally stopped using meth.

But I was really lonely. I had to end my marriage and I didn’t have any of my old friends, I thought everyone was a risk to me and my sobriety. I couldn’t meet new people because of the perceived judgements. I just kept to myself, looked after the kids but after that, I just substituted one addiction for another, then I became addicted to alcohol for a couple of years.

**Barriers to getting help**

The shame and stigma are still there surrounding any addiction – it makes you hide, yet alcohol is so celebrated. When I stopped drinking, I had to convince people that I had a drinking problem. They were all like ‘you’re fine’. I wasn’t, I had no way of stopping by myself, but even so I had to wait six weeks to get into detox.
That wasn’t the only barrier to seeking help. It wasn’t until I went to detox the first time for meth that I really learnt about child protection and the threats of losing my kids. In Adelaide, once you get investigated by child protection and are on their radar because of addiction, if you are caught with drugs in your system, you could lose your kids for 12 months. If you then get caught again in that 12-month period, you lose them ‘til they’re 18. This shocked and scared me.

It was a looming threat the whole time I used, yet I had foolishly thought that if they got involved, they would help to get me out of the environment I was in and help me with my kids.

Once I learnt about the minimal support and very strict parameters child protection worked within, I was extremely reluctant to ask for help and went to extensive efforts to hide my drinking from my family and anyone who could help me, as I was so worried I would lose my girls.

I believe parents should be able to seek support for their addictions without the threat of losing their children, they should be commended and celebrated for trying to improve their children’s lives and break cycles of addiction, usually generational.

Addiction is the inability to stop without help. But because of the possibility of losing my kids if I had have reached out for help, I didn’t reach out. I struggled alone.

I do believe my education about drug and alcohol harm is possibly the reason I was able to stop, yet a lot of my friends or family are still caught in the cycle of addiction.

Education alone isn’t enough to stop addiction. I was probably as educated as you could be about the problems that could arise from drug use, from lived experience and written text, yet I still suffered with multiple addictions.

Without other measures or access to proper evidence-based treatments, being educated made my experience with meth kind of like torture, as I knew enough to know what I was doing was harmful and could see and feel myself slipping with my addictions. Yet without access to treatment options, it took me two years before I went to detox.

During my meth addiction, I went from having zero dealings with the police to 50 or 60 different interactions. Being light-skinned, ‘seemingly white’, I had been lucky with the justice system up until then, so I had a very different view of police to my brothers, sisters, cousins. Being a meth user was the first time I experienced what my family members go through daily, and that’s being judged, and it was a very confronting experience.

The main thing I learnt from my struggles with addiction are that people need support and understanding, non-judgemental access to information, and a soft place to land. They need understanding that, although someone’s addictions may be causing them harm, they are helping the person function and cope with life struggles. It’s about finding other options and outlets in order to achieve the same intended results.

It’s about understanding that there are usually very valid reasons driving an addiction and the need to address them, instead of just solely focusing on the addiction as someone’s problem.

I was told for over a year that meth was my problem and if I stopped using the problems would all go away. Yet this was untrue and when I finally stopped, I still had a mountain of issues I needed to work through, without the coping mechanisms I had used in the past. This realisation alone was a shock and almost lead me to relapse.

There was no culturally safe treatment option available to me at the time in Adelaide.
I had Aboriginal workers meet me to drop me off to detox but that was the only support and there was little to no aftercare, there was no wrap around service when people reach out for help.

There was just a minefield of different services that have specific criteria to access services due to their own funding constraints, so you never know what service helps who. It is extremely deflating ringing multiple services to be told you don’t fit their funding criteria for help. I don’t think without the support of my family and workplace I would have been able to overcome my addictions.

**Law reform needed**

Making addiction a health issue by legalising drugs is an unpopular view, yet I believe it is the only way to address the negative treatments people struggling with addiction deal with.

Criminalising drugs not only stops people seeking help, in my case it prevented the police from really helping me in the 50-plus times they had an interaction with me during my active addiction. The only tools they were given to help was discretion and their own advice and patience, which obviously differs with an officer’s life experience and view of addiction.

I genuinely believe the police could see me struggling with my addiction, wanted to get me help instead of locking me up, yet they weren’t given any tools to help me. I’m just lucky they didn’t catch me with my own personal supply of drugs, as that would have been considered a trafficking amount under the current laws around drugs and I would be talking to you from a jail cell.

Legalisation would also lead to proper access to treatments. In Adelaide there are very limited rehab options – just 20 residential beds, and even services like psychology to help heal from past experiences are under the pump.

Most of the skilled workforce is working privately, yet I still had to wait over two months to get both of my children into psychology appointments that came through a private provider, as most places have their books closed or months long waiting lists.

The funding of this help is another issue. There is a myth that with mental health care plans you get 10 free mental health session, but this is only subsidised at $130 per session: where my kids go it is $250 for a 50-minute session.

So for all three of us to attend one counselling session a month, under Medicare’s so-called free option, it costs me $350, for two sessions it would be $700. That’s on top of the $250 a month I pay for private health insurance, that I don’t use to claim for mental health sessions as they only give me $80 back from the $250.

Access to actual treatment is still a very real issue that needs to be addressed if we want better outcomes. Mental health, counselling, drug and alcohol issues should just be funded under the same umbrella that accessing a doctor is.

I am a single parent trying to rebuild my life and my children’s lives after losing most of my material wealth to addiction, and it is still almost outside of my budget to get the evidence-based treatment we need at any sort of meaningful intervals to make true progress on our journey.

There is no way during active addiction I would have been able to navigate the cost and hurdles I’ve needed to go through to access privately funded help now, let alone rely on government funded options that don’t exist or are so over-stretched that they can’t keep up with demand.

Allowing counsellors to be able to also deliver the subsidised mental health sessions would instantly mobilise a skilled workforce to help fill the gaps between no service and waiting months to speak to a psychologist.
We need to address the underlying issues of social determinants of health for the Indigenous community and people from low socio-economic backgrounds and dealing with the housing crisis, equitable access to education and health care.

But apart from those issues, if Australians really want to help the many people struggling with addiction, then like other western nations we need to have real conversations about drug law reform – which would include legalisation and/or regulation of drugs of addiction.

"It kind of got pretty lonely." - Jasmin Wilson on her experience of the early days of recovery. Jasmin's kids were the driving force for her to prioritise her own wellbeing. #RethinkAddiction

Published on Thursday, September 22, 2022
Australian politicians urged to find the political courage to reform alcohol and drug laws

Introduction by Croakey: In September 2022, the New South Wales Government released a long-awaited response to the 2020 Inquiry into crystal methamphetamine (‘ice’).

While health leaders including the Royal Australasian College of Physicians were pleased that some of the recommended changes are to be adopted, they emphasise that more needs to be done to ensure the response is health-focused, appropriately resourced and evidence-based, Croakey editor Marie McInerney reports below.

The Ice Inquiry was one of many topics discussed at the recent Rethink Addiction conference.

In her latest article for Croakey News Conference Service from the conference, McInerney discusses ten takeaways, highlighting the critical need to address drug, alcohol and gambling addictions as health issues, rather than criminal.

Marie McInerney writes:

Australia needs to reclaim its former position as a global leader in harm reduction for drugs, through initiatives such as supervised injecting rooms, pill testing and drug checking, and to find the political courage to reform drug laws that send too many people to prison instead of into healthcare.
It also needs to reinstate critical inter-government arrangements for health and justice ministers that lapsed during the COVID-19 pandemic, restore already inadequate funding to the alcohol and other drugs (AOD) sector which, without indexation, has slipped further backwards over the past decade, and address gambling addiction also as a health issue.

These were among many calls for action to emerge from the recent Rethink Addiction conference, held earlier this month in Canberra.

The conference heard that only about a third of Australians who need support for addictions can currently access them.

“When would that happen in cancer treatment, (to be told) well we might treat one-third of you, (if you) prove that you really want it?” Australian Alcohol and other Drugs Council (AADC) CEO Melanie Walker asked in one panel session.

The conference focused on the impact of stigma, which can mean people with addictions put off seeking treatment for years or even decades. But it heard that stigma is also experienced by addiction health professionals who see themselves placed at “the bottom of the barrel” in the medical hierarchy.

Ten takeaways

Below are ten takeaways from Rethink Addiction sessions and ongoing events.

1. “Addictions are health and social issues, not criminal issues”

The conference heard many calls for the long-delayed response from the New South Wales Government to its landmark 2020 inquiry into crystal methamphetamine (‘ice’) addiction, with hopes it would invest more in treatment and care and also take up recommendations to decriminalise personal use and introduce harm reduction initiatives.

The inquiry, set up after the tragic deaths of six young people who attended music festivals in New South Wales in just over a year, reported that Australia has the highest rate of amphetamine dependence in the world and, of all the world’s regions, Australasia has, by a substantial margin, the highest rate of all cause deaths associated with amphetamine dependence.

Finally, the Government’s response was announced soon after the Rethink Addiction convention, underscoring the ongoing political resistance to drug reform and the scale of the challenge facing the sector.

Rethink Addiction coalition partners like the Royal Australasian College of Physicians (RACP) were pleased the Government adopted 86 of the Inquiry’s 109 recommendations, including the development of a much-needed New South Wales drug policy and $500 million in funding “to support the severely under-resourced and overstretched” AOD sector and workforce.

But there was big disappointment, if not surprise, that the Government rejected the inquiry’s calls for more supervised injecting centres, piloting of syringe programs in jails, and pill testing, and only committed to delayed action on a pre-court diversion measure for drug users.

“The response doesn’t go far enough to ensure personal addiction issues are treated as health and social issues, not criminal ones,” said Dr Adrian Dunlop, President of the RACP’s Australasian Chapter of Addiction Medicine.

Dunlop, a speaker at the Rethink Addiction conference, told delegates there that the most frustrating part of working in the drug and alcohol field for decades was the “ongoing de-prioritisation” of approaches that are proven to work due to stigma and shame around addiction.
“It’s not a priority for federal governments. It’s not a priority for state governments. It’s de-prioritised all the time,” he said. “They have to see our patients, this community, as an important part of their community, and they don’t.”

2. No national governance frameworks: key Ministerial forum abandoned

The conference highlighted, as the Australian Alcohol and other Drugs Council (AADC) put in its 2022 Federal Budget submission, that there is no formal national structure for inter-governmental engagement, oversight and decision-making on alcohol and other drugs.

The AADC’s Melanie Walker told delegates that National Cabinet arrangements set up in the early days of COVID-19 led to the lapsing of formal advice arrangements on alcohol and other drug (AOD) issues to federal, state and territory governments – something the new Labor Federal Government had been “a little bit shocked” to learn about.

They “had wondered why they weren’t getting a really strong voice of advice,” she said. The replacement of the Council of Australian Governments (COAG) with the National Cabinet had led to the disestablishment of the Ministerial Drug and Alcohol Forum that brought together health and justice Ministers, and an Inter-governmental Committee on Drugs.

(Croakey has asked Assistant Minister for Mental Health, Suicide Prevention, and Rural and Regional Health Emma McBride if the Forum will be reinstated and what other plans the new Federal Government has for addiction treatment and support. We will report her response when we receive it.)

Funding for the AOD sector has also foundered over the past decade, Walker said, with no indexation of federal government contracts to services, not just through the Health Department but also the National Indigenous Australians Agency, since the landmark 2014 New Horizons report on alcohol and other drug treatment services in Australia.

“So while there was not a conscious government decision to reduce funding to those services, without indexation that’s what’s occurred,” Walker said.

She revealed that staff at one of AADC’s member organisations had voted to downgrade their positions to keep doing the jobs they were doing rather than see many colleagues have to leave and services be halved.

She added there has also been no funded national peak, since then Coalition Assistant Health Minister Fiona Nash defunded the Alcohol and other Drugs Council of Australia (ADCA) in 2013, until the current financial year, when the AADC received a small amount of funding.

3. Ministers are FOR gambling not for gambling reform

Carol Bennett, CEO of the Alliance for Gambling Reform, also pressed the urgent need for gambling harm to be addressed as a public health issue, saying she hoped the focus on integrity at the 2022 federal election will galvanise public concern about conflicts of interest between governments and the gambling industry.

Bennett said there is “not a single person in any health department, anywhere in Australia, that deals with gambling related harm”, while the Ministers she has to approach for action are all Ministers for Gaming and Racing versus any formal portfolio to address gambling harm.

“They’re for gambling,” she said, adding that they clearly represent the interests of industry, forming alliances with industry, having industry logos on their website, and even adopting industry language, such as with the Victorian Responsible Gambling Foundation.
Bennett said Australia also lacks any inter-governmental committee to address gambling harm.

Independent MPs Andrew Wilkie and Rebekha Sharkie are currently moving to establish a Parliamentary Friends on Gambling Harm Reduction committee, though Bennett warned: “At the moment, our biggest strength is our independence to be honest, because both major parties are very conflicted by funding they received from the gambling industry.”

### 4. A third of those in need cannot access AOD treatment

AADC’s budget submission states that alcohol and other drug (AOD) services are acutely underfunded versus real levels of community need. It quotes the 2014 New Horizons Report that calculated that the $1.26 billion being provided in total funding to deliver AOD services at that time met between only 30-50 percent of total service demand.

AADC’s Melanie Walker said the sector doesn’t need a magic bullet to transform treatment and care, “we just need to increase the capacity in the sector”.

According to the AADC, over the past five years the National Ice Action Strategy (NIAS) delivered an additional $450 million to AOD services nationally but, despite a positive March 2021 evaluation, no decision was made on the future of the funding beyond July 2022.

Speakers at the conference raised concern about multiple gaps and needs in services, from the lack of qualified youth detox beds and youth addiction specialists (Dunlop said he believed there were just two in all of Australia) to the refusal of many GPs to treat people with drug addictions, and many other restrictions on people receiving pharmacotherapy. Beyond those are the role of many social and cultural determinants of health, including housing.

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**Link to the article in the MJA:** When will opioid agonist therapy become a normal part of comprehensive health care?
Australian politicians urged to find the political courage to reform alcohol and drug laws

#RethinkAddiction

5. “I needed mental health support and I was treated like a criminal”

Former Greens leader Richard di Natale, a former GP and drug and alcohol clinician and now public health advisor for cohealth, spearheaded the push for decriminalisation of drugs during his years in the Senate. He urged Rethink Addiction delegates to galvanise as a single voice on the issue, to convince politicians and the broader community that drug use is not a crime but a health issue.

His call followed a panel discussion on criminalisation, with Rethink Australia warning that the failed ‘war on drugs’ has resulted in “a larger drug market, more dangerous drug supply, and growing prison populations and waitlists for treatment services”.

The panel featured Baden Hicks, a peer support worker at the Turning Point addiction research, treatment and education centre in Melbourne, who worked this year in Victoria to generate support for a bill put forward by Reason party MP Fiona Patten to decriminalise drugs.

Hicks talked at the conference about losing his supports during a COVID-19 lockdown when he relapsed on methamphetamines and developed psychosis. His mother called a mental health triage team, but “they said, because there are drugs involved, this isn’t a mental health issue, this is a criminal issue”.

As a result, he said, dozens of police in full critical incident response gear turned up to his house. “It didn’t go well…I was going through some tough things at the time and I was treated as a criminal”, he said, urging a rethink on understandings of and responses to drug-taking.
The session also heard from Rocket Bretherton, who said she started using drugs when she was five or six and has spent most of her adult life going in and out of prison, always in relation to drugs. Her recovery breakthrough was being part of the ground-breaking Bird's Eye View podcast made with women in the Darwin Correctional Centre and now with the high-profile Justice Reform Initiative and its #JailingIsFailing campaign.

“My voice was being heard for the first time in my life. I was speaking and being freaking heard and what I was saying was freaking important,” she said, urging more support for people leaving prison, more harm reduction initiatives, and change to threshold quantity laws that deemed high personal and social use as “trafficking”.

Marion McConnell, a founding member of Families and Friends for Drug Law Reform, told the conference she had been shocked 30 years ago when she was called to a local oval where her son had overdosed on heroin.

But the bigger shock, she said, was the way the police treated him and her, “the way they questioned me and treated me like a criminal while my son (could have been) dying”.

Tragically, her son died of another overdose just two weeks later, fearful both of the police and the dealers he was being pressured to name. This launched McConnell and her late husband into decades of ongoing advocacy for drug law reform, to treat drugs as a health issue, rather than a law and order issue.

“I was determined that these laws were wrong. They were hitting the wrong people. They were made for the wrong reasons. And I just felt something had to be done about it,” she told the conference.
Australian politicians urged to find the political courage to reform alcohol and drug laws

#RethinkAddiction

The conference heard that Australia had once been a global leader in harm reduction, an early adopter of needle and syringe programs and medically supervised injecting services.

The head of NSW’s ice inquiry, Professor Dan Howard, said many of those programs were criticised at the time as being too radical and required “leadership and no small amount of courage” from government, but their impact was “now widely regarded as a triumph of public health policy”.

However Howard said that momentum had stagnated, and criminalisation gives “tacit permission to turn a blind eye to the factors driving most problematic drug use: trauma, childhood abuse, domestic violence, unemployment, homelessness, dispossession, entrenched social disadvantage, mental illness, loneliness, despair and many other marginalising circumstances that attend the human condition. This is a profound flaw in our approach to illicit drug policy.”

The conference was told that New South Wales was not alone in its reluctance to take action, with the Victorian Government also failing yet to respond to an inquiry into cannabis use, which has recommended legalising the drug for adult personal use, similar to the model recently introduced in the Australian Capital Territory.
The sector’s eyes are also on the ACT for the results of Australia’s first fixed-site pill testing service, launched in July as a six-month pilot.

The conference heard about other welcome initiatives at home and internationally, that included:

- A vending machine for opioids that has opened in Toronto to help fight the Canadian city’s overdose crisis
- Text the Effects anonymous SMS service run by Australia’s Alcohol and Drug Foundation
- The New South Wales collaboration between NUAA and the Ministry of Health and others to produce evidence-based drug alerts when there is a significant and proven risk of harm in drug supply.

7. “This doesn’t seem to be evidence-based policing”

The conference heard how individual police officers often played a crucial role in people’s survival and recovery, but that systemic and cultural issues saw police often having to be “dragged kicking and screaming” towards evidence-based reform, particularly on drug laws but also, for example, on public intoxication laws in Victoria.

Veteran ABC broadcaster Jon Faine, who was moderating the panels, said every ex police commissioner he had interviewed over 30 years in Victoria, “absolutely believes that the war on drugs is futile” but they only spoke out after leaving office and with little impact.

Keith Banks, a former Queensland Police undercover officer and author, said that was in part because of the power of conservative police unions, often protecting their own patch, but also that police commissioners are appointed by governments not independent boards, and that to reach elevated ranks “you must start at the bottom”. He urged Australia to follow the UK lead and allow lateral entry to the police force, so more people from outside policing enter the command structure.

“That’s how you change the culture,” he said, telling the conference he had become a full advocate for decriminalisation after his undercover work and that all police trainees would benefit from hearing from people with lived experience of addiction.

Stephanie Tzanetis, from the Penington Institute, told the conference there was “no evidence really” to support many efforts to reduce supply of drugs, but there was evidence that “some approaches to trying to stop supply cause unintended harm”.

Australian politicians urged to find the political courage to reform alcohol and drug laws

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That included in festival settings, where authorities refused to provide drug checking services, yet permitted sniffer dog operations that, she said, regularly leads to strip searching in NSW and Victoria. Invariably only small amounts of cannabis are involved, but these heavy-handed approaches caused trauma and did not lead to the pathways to education and support that a public health approach like testing would. “This doesn’t seem to be evidence-based policing”, she said.

Penington Institute’s 2022 instalment of Australia’s Annual Overdose Report, marks the seventh consecutive year that overdose deaths have exceeded the road toll.

8. Workforce issues: “right down the bottom of the list”

The conference heard that the stigma that affects people with addictions also impacts on those who work in the field, who are “right down the bottom of the list” in the medical hierarchy, according to Associate Professor Shalini Arunogiri, an addiction psychiatrist, researcher, and chair of the RANZCP’s Faculty of Addiction.

Dr Adrian Dunlop warned that addiction medicine “will be extinct” in about 15 years. “We’re all getting too old, there’s not enough young people coming in and so we need to double, triple, quadruple the numbers if we’re going to remain viable as a specialty,” he said, calling for scholarships, awards, education support, and better unionisation in the sector.

Arunogiri said reasons for the sector’s low status included a lack of visible leadership and that the sector did not often share “what we see in terms of the capacity to see people’s lives transformed, (that we) see people get better…We don’t share the stories that treatment actually works,” she said, highlighting the strong evidence base around opioid therapy.

She said stigma, the way society sees addiction, “actually infects the whole of the sector”, including recruitment to its professions. “If we don’t see it as a health disorder, why would you need health professionals to treat it?”, she said, urging the sector to challenge that paradigm.
9. “Reaching somebody when no one else can”: peer workforce

Mary Harrod, CEO of NSW Users and AIDS Association (NUAA), echoed many comments at the conference on the importance of lived and living experience in addiction, saying that so often the peer workforce are “the ones who can reach somebody when no one else can”.

Heather Pickard, former Chief Executive Officer of the Self-Help Addiction Resource Centre (SHARC), talked about how her move into long term recovery 29 years ago enabled a career in senior leadership in the alcohol and drug sector.

Pickard said the growth of the lived and living experience workforce under Victoria’s mental health reforms was “extraordinary and fills my heart with joy” but she warned the sector should not “swing way wide and think lived/living experience is everything”. The divide between clinician and lived experience is not helpful as both can play an important part in support for people at different times in their lives, she said.

Sione Crawford, CEO at Harm Reduction Victoria, warned of ongoing risks to the whole lived living experience workforce without decriminalisation, saying it was “completely incompatible to have a lived/living experience AOD workforce and to expect them to be safe in the face of the drug laws we have, which criminalise us.” AOD use is a continuum and even those who don’t intend to, may return to using and be criminalised and at risk, he said.

10. No one-size-fits-all

Associate Professor Shalini Arunogiri said much more clarity is needed in the treatment sector that some approaches are not evidence-based, while others, such as opioid pharmacotherapy and peer support are, and therefore need to be promoted, invested in, scaled up and made accessible for people who need them.

Arunogiri said there is no expectation in the health sector that someone with diabetes or asthma or other long-term issue would immediately “be able to be fixed”.

Rather, she said, they would benefit from a range of different treatments and often multidisciplinary approaches over a period of time with, importantly, the onus not on the individual and whether they have “done the right thing”.

Australian politicians urged to find the political courage to reform alcohol and drug laws

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Health care works with stepped care models, for instance in cancer treatment, she said, where if the first treatment does not work, clinicians agree to “step it up a notch”. But that approach is not applied in drug and alcohol treatment, which is “a one size fits all space”, where if a treatment doesn’t work, it’s often simply tried again. Australia lacks an outcomes framework “that actually looks at what good treatment looks like”, she said.

Heather Pickard: "it’s not what the clinicians have to learn from us with lived experience, it’s what we can learn together: what are the elements that work when we meet people with compassion, open-hearted ways." Divide between clinicians/lived exp futile #RethinkAddiction
Culture and community: supporting Aboriginal and Torres Strait Islander people in recovery from addiction

Introduction by Croakey: The power of family, connection, and community – and the need for culture to be at the heart of care – were clear messages from a panel discussion on issues for Aboriginal and Torres Strait Islander people at the Rethink Addiction conference.

Marie McInerney reports below in her final article from the conference for Croakey Conference News Service.

See also this Twitter thread of the session.

Marie McInerney writes:

For Daniel Wilson, support from his family, a sense of connection and community, and the strength of his ancestors were key to leading him out of heroin addiction two decades ago and into his work now at Melbourne’s Odyssey House treatment centre.

A senior alcohol and other drugs (AOD) clinician and Aboriginal and Torres Strait Islander cultural advisor, he told the Rethink Addiction national convention about his experience of addiction, of using heroin “nearly up to the point that it killed me”.

Panel from L-R: Steve Bastian, Jasmin Wilson, Peter Jack, Daniel Wilson, with moderator Jon Faine.
He had got to the stage, he said, where he “had no care for myself whatsoever”. He was “hobbling around on a blackened foot” due to infection, but didn’t want to ask for help because of the stigma and shame surrounding a heroin addiction.

Finally, barely able to walk, he limped into a hospital and began his recovery.

In a moving exchange during a Q&A session at the conference, Wilson was asked if he felt his body had somehow manifested the infection in his foot to lead him to seek care.

“It may have been my ancestors,” he acknowledged.

Prompted to expand, he said: “I guess I’m just always open to that [idea], that sometimes we’re guided by things that we don’t truly understand. So, I like to think that it’s my whole life struggle really to reconnect, reclaim my sense of identity, but inside there are intrinsic wisdoms and connections and pools and energies that I think have always guided me.”

**Family, safe spaces, culture and community**

Wilson was speaking in a lived experience session of the conference that highlighted the need for better treatment and support for Aboriginal and Torres Strait Islander people with alcohol, other drugs and gambling addictions.

Each of the speakers talked about the importance of family, of safe spaces, and the need to connect to culture and community. They also described the role of trauma in addiction, particularly for the Stolen Generations and their descendants, and new generations now being impacted by escalating rates and risks of child removal.

Jasmin Wilson, a member of the panel, wrote in this article for Croakey about the need for law reform and change across health, child protection and justice systems.

Daniel Wilson told the conference he realised that his heroin use and addiction was a substitute for the love and care his mother could not provide, “because she was taken from her family as a child”.

Now dad to a six-year-old daughter, he wants “to heal enough, so that I’m not passing that (trauma) on to her,” he said.

Acknowledging that many people at the conference had talked about “finding their tribes and how important it is to be connected to other people in some sort of a journey”, Wilson noted that, when he was admitted, Odyssey House was a mainstream service that didn’t have an Aboriginal program.

“But they are a community and work through a community sort of lens so that sense of belonging was enough to get me through,” he said.

Family support was also critical in being able to find enough physical and emotional safety to confront and wrestle with the underlying issues that contributed to his addiction.

“I was able to give up on myself on some level, but seeing the care in other people’s eyes and not wanting to let them down or not wanting to give up on them is probably something that helped as well,” he said.
Now Wilson works on the Buladu Ngarrgu (‘building growth and knowledge’ in the Woiwurrung language of the Wurundjeri peoples), “a really important space” for Aboriginal people with addictions in Victoria.

“They’re coming in, they’ve got that sense of connection to culture, community, art, song, dance, and [we] just do whatever we can really to make people’s recovery journey as successful as possible.”

Commenting on the role of peer support, Wilson said it was very important on the ground level but he was also concerned that peers be elevated “into decision making spaces”.

Fellow panellist Peter Jack, a Ngarrindjeri man, is, like Wilson’s mother, also a member of the Stolen Generations. His pathway from drug addiction into tertiary education – as a student and academic – has led now to his outreach work as an Aboriginal Project Officer for the Sydney Local Health District (LHD).

Jack has previously discussed that his mother was a teenager when she gave birth to him in South Australia, where she “signed adoption papers and was sent back to the mission”.

He was sent home with a white family, “the only black kid for a hundred miles”, so while he grew up in a loving home, he faced racism in the local community. He was in his 40s when he met his birth mother and father and discovered he was one of 11 siblings.

Jack told the conference that his experience with addiction began with heroin when he was 18, but shifted to morphine when he later injured his back, escalating his use via a doctor who later was sacked for over-prescribing.

With easy access to high doses of morphine cut off, Jack went back to heroin: “I jumped in with both feet,” he told the conference. He lost his job, and spent his severance pay on drugs, leaving him with no money and facing three months without access to unemployment benefits.
Making contact and connections

He thought prison would be the way out, so he held up a convenience store. However, with the support of family, police and the Vinnies Men’s Crisis Centre in Adelaide’s Whitmore Square, he was granted bail, given emergency accommodation, introduced to an Aboriginal worker, and then admitted to a farm on Country run by the Aboriginal Sobriety Group who also gave him a job there.

That led to him gaining a Graduate Diploma in Indigenous Health (Substance Abuse) at Sydney University, where he studied with Professor Kate Conigrave, joint head of the university’s Centre of Research Excellence in Indigenous Health and Alcohol. Later he got a call from Conigrave, offering him a lecturing role.

“I said, ‘I’ll have a crack’, and the next thing you know I was an Associate Professor at Sydney University”, he said.

From there, he moved to the LHD, where his role is to “literally wander the alleyways and parks” of Redfern, Waterloo and Newtown in inner Sydney, making contact and connections with people, “to see if they’re okay or point them in the right direction to get some help or whatever (they need).”

Most of his conversations are about “everything except their drug and alcohol use”, he said, but “that’s what seems to work”.

The role of family, mentoring and culture are also central to experiences shared by Wollongong youth worker and Indigenous mentor Steve Bastian, who was recently recognized at TAFE’s Gilli Awards in New South Wales for excellence in Aboriginal education.

Described as a “proud Yorta Yorta man, father, husband, brother and son”, Bastian told the conference about growing up amid a background of traumatic violence, where substance use and family violence were part of life. So too were the impacts of disconnection from Country, community and culture.

His Nan – Dianne O’Brien (known as Aunty Di) – was also among the Stolen Generations and has written about her life in Daughter of the River Country. Only when she was an adult raising six children on her own did she discover that she was Aboriginal and that her great-grandfather was renowned Aboriginal activist William Cooper.

Love and safe exits

While many conference sessions highlighted the importance of law reform and systemic change within policing and justice, Bastian and others also highlighted the roles of individuals who gave them a break. But just as critical was having the support and love of his wife and children, and a safe place to come home to. “I’m still alive today because of them,” he said.
Bastian said he appeared a number of times in front of the same judge, one who could see the complexity and promise in him. The judge gave him an ultimatum: to either do three years in prison – acknowledging “you’re not going to come back any better” – or go into rehab.

Bastian was able to enter treatment at Oolong House, an Aboriginal residential treatment centre in regional New South Wales: “a beautiful place because it’s all about your culture”.

He stressed the importance of support networks and of cultural safety in rehabilitation services: “… because if they’re not, it’s not going to work for you, I’ll tell you that straight out”.

Bastian, who has worked with many young Aboriginal children and teenagers in out of home care, sounded a warning about their growing number, now exceeding rates for the Stolen Generations, and the repercussions to come as the trauma plays through their lives, including in addictions.

“They always say, with the Stolen Generations, ‘get over it’.

“Tell me how you get over it,” he asked the audience. “If someone took your kids away and you never saw those kids again….would you ever get over it?”

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“This conference is different – so many tears.”
Reflections on Rethink Addiction

Introduction by Croakey: People with lived experience of alcohol, other drugs and gambling addictions met alongside clinicians, policy-makers, researchers and advocates at the Rethink Addiction national convention in Canberra to find ways to put better treatment and care on the national agenda and address stigma and shame that cause so much harm.

They invited MPs to attend and scheduled multiple meetings at Parliament House to further their advocacy, but those plans had to be postponed with the sudden suspension of Parliament in the wake of the death of Queen Elizabeth.

Those MPs missed some powerful voices for change at an event that, as one participant observed below, was like few others, particularly in its privileging of lived experience and expertise.

This article from the conference features reflections on the proceedings from a number of speakers.
Reflections on day two

Dr Stefan Gruenert, CEO at Odyssey House Victoria, offered the closing session of the conference a quick reflection on the event.

At dawn my colleague shared the news his friend had died
A drug overdose in a land far away — how many others will die today?
The flags are at half mast, the buildings purple
While 24/7 news remembers the Queen
I learn Uncle Jack has passed
Another great storyteller, who battled his own demons
Always happy to yarn with an admiring stranger, like me

We came to Canberra to lift our voices
To let the politicians and bureaucrats know — but where did they go?
Panels, keynotes, drawings, and a visual scribe
Sensitive questioning from a wise old hand
Powerless in addiction
But powerful in our vulnerability, we stand
Show up and share

People of colour, of genders, of sexualities — of trauma
People in pain, who self-loath, who self-medicate, who fuck up
And the systems that support it
People from families, and tribes, in communities, in the country
People with children and parents
Ubutu — we are I because of all of you
We are all just people, humble and vulnerable and awesome

I have been to conferences for many years
Mostly academic, data and evidence, tables and graphs
Brochures, tables, stalls
But this one is different — so many tears
I’m in my heart, my throat — a runny nose and dripping eyes
Truth telling, being heard, understood — healed
I’m challenged and nourished — this is what I need

The lived and living experience is all around us
I’m not sure about those terms — it’s not new and mental health didn’t invent this
But we must collaborate
Surrounded by our colonial history
Gambling and AOD harms
First peoples, intersectionality and voices from diverse communities
Grounding us in what matters
Now acknowledged, valued and welcomed
Unless it is too uncomfortable to hear

No one solution — it’s complex — tread carefully
A health and social issue
More options, choices and less barriers — evidence, more research, coordinated care
Legal frameworks, the justice system, promotion of helplines, flipping the investment
Harm reduction, treatment, prevention, education, through care — it all works
Build the next generation workforce
Spend here — save there
Is Treasury even listening?
What works isn’t popular, and what’s popular doesn’t usually work
We need a strategy, and tactics, and leaders
Who understand the levers to pull
We need to be ready when the opportunity comes
We are on the right track, make it accessible, available, relevant
Get organised to make an impact
Find areas of agreement, find the champions, challenge the stigma
Celebrate our wins

But the journey we are on is long and the struggles are plenty
Each story a reminder of the difference just one person can make
Something to connect
To show someone cares
Filling the intimacy hole
Burnout and compassion fatigue, fighting for the scraps
Imagine how many things a small tax on alcohol could fund

A shout out to all those who are here
Look after yourselves my friends — and each other
We are all flawed and we are all fantastic
Doing our best with all we bring
Succession plan and mentor
Respect each other
Respect trauma — be compassionate

It’s time to rethink addiction
Don’t stay in your lane, change the rules, rock the boat
I see hope, young people, kindness
Create safety — so all can share their voice
Have authentic conversations
Speak with a common voice — collective action
Together we are stronger and we will break through
Because people need us to
And there is no other choice.
Taking our next steps

Heather Pickard, former Chief Executive Officer of the Self-Help Addiction Resource Centre (SHARC), offered the conference this reflection of hers.

Aspiring to:

shifting sounds, moving images, internal rivers, opening, expanding, the conscious space, less me less you, the new terrain we travel, created when we walk together, richer, the dance yet to be danced, the song not yet written, like the tender new leaves in spring, looking for light and a community in which to flourish, we take our next steps.

Fire refueled

Gambling reform advocate Anna Bardsley also reflected on the conference, via Twitter.

Reflection
A room full of unfiltered
No bullshitters
I am lifted up by those
Who stand beside me
Heroes of their own
Lives

Not as tired as when I arrived
The fire is refueled to
Keep going to
not stop fighting

For the change
That needs to come
For those who
Wait for
Change
Other reflections:


Watch
Students from Monash University’s School of Media, Film and Journalism produced a short documentary for the Rethink Addiction campaign. Watch it below.

From @WePublicHealth
The Rethink Addiction team live-tweeted the conference for Croakey’s rotated curated Twitter account @WePublicHealth. Following is a selection of their tweets.

"It's the only way to raise awareness." Marion McConnell on the reason we need to keep talking to the media. #rethinkaddiction

"I'm a retired businesswoman ... and I lost ten years of my life to gambling." - @ahlbard on her lived experience of gambling addiction.

"Just like every cigarette does you damage, so does every pokie." @seselja_k #RethinkAddiction
"This conference is different – so many tears." Reflections on Rethink Addiction

#RethinkAddiction

"A real lesson for us." – @dan_lubman, @rethinkadd campaign spokesperson, on the importance of the Convention centreing the voices of lived and living experience. #RethinkAddiction

"Addiction doesn't discriminate, it goes across all walks of life." @JodieMatar

"In Africa, when you have a prem baby, everyone comes to help you ... they gave me medication." - Seliba-Gondoza Luka on the challenges she faced accessing care in Australia. #RethinkAddiction

"If it's not said, it never happened and no one can get support." - Seliba-Gondoza Luka from @AfriAusCare on the importance of discussing the reality of addiction as a community. #rethinkaddiction

"Harm reduction is about meeting people where they are at!" Mary Harrod from @nuaansw #RethinkAddiction

"It's de-prioritised all the time." Adrian Dunlop on the failure of governments to respond to the need for addiction treatment. #RethinkAddiction

You can track Croakey's coverage of the Convention here.
Finding help

Help with alcohol and other drugs: For 24/7 free, confidential alcohol or other drug support, contact www.counsellingonline.org.au or call the National Alcohol and Other Drug Hotline 1800 250 015 to speak to someone in your state. Click here to find out more.

Lifeline 13 11 14 www.lifeline.org.au
Suicide Call Back Service 1300 659 467 www.suicidecallbackservice.org.au
Kids Helpline 1800 55 1800 www.kidshelpline.com.au
MensLine Australia 1300 78 99 78 www.mensline.org.au
Coronavirus Mental Wellbeing Support Service 1800 512 348
Head to Health National Phone Service (1800 595 212, www.headtohealth.gov.au)
Head to Health Adult Mental Health Centres (www.headtohealth.gov.au/supporting-yourself/adult-mental-health-centres)
QLife – phone peer support service by LGBTIQ+ peers for all ages. 3pm-midnight. 1800 184 527 or webchat www.qlife.org.au
If you are concerned about suicide, living with someone who is considering suicide or bereaved by suicide – the Suicide Call Back Service is available at 1300 659 467 or www.suicidecallbackservice.org.au.

**Gambling help:** For free 24/7 gambling support, call 1800 858 858 or contact www.gamblinghelponline.org.au

Follow @croakeynews, @marieMcinerney and #RethinkAddiction for Tweets from the conference, with additional coverage via @wepublichealth and @alisonsbarrett.

Bookmark this link to see all our conference coverage and follow the #RethinkAddiction Twitter list.

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**Croakey Conference News Service**

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