

2022 Match Summary

Name of Match: Addictions leadership collaborative

Location of Match: Virtual. 19th Dec 90mins and 20th Dec 90mins

1. Describe the **purpose** of the match: (Maximum 500 words)

-Exploration and sharing of both the problems and the solutions of stigma in addictions/AOD, at each of the 3 levels – social/societal, organizational/service/structural, and personal.

-Exploration of addiction/AOD being a collaborative within IIMHL (eg. ?IIAL) in its own right – and the value/merits of such an approach. To be continued in Christchurch.

2. Describe the **leaders** who participated in the match (for example, were some of them peers, youth, family/caregivers, practitioners, policy makers, clinicians? Were they from community settings, government, NGOs, clinical settings?): (Maximum 500 words)

People were from a range of settings and countries including leaders in NGOs, government-funded and public health, mental health commissions, and members of IIMHL working in service design and delivery, consumer leadership, administration and leadership, health promotion, recovery, managerial, and workforce development roles

3. What do you see as the **game changer** for this match topic? (Game changer is defined as: a newly introduced element or factor that changes an existing situation or activity in a significant way.) (Max 500 words)

Agreement/consensus to launch an addiction/AOD leadership collaborative – and for a proposal to the group in Christchurch next week. Ensuring a 'both and' approach to MH and addiction (rather than an 'either or') in the formation of such a collaborative.

An openness to developing a framework to help guide thinking and practice re stigma

4. How will the match **support inclusion, resilience and growth** for this match topic and for the leaders who attended: (Maximum 500 words)

Sharing how different contexts and countries are tackling stigma in addictions/AOD is key to ensuring social inclusion for socially-excluded, stigmatized populations, such as people who use drugs (esp illegal drugs), and people who are intoxicated etc.

By going to the heart of the problem, we perhaps stand to make the biggest difference, learn the most, and identify similarities and differences with the mental health and disability collaboratives (IIMHL, IIDL).

If leaders such as the ones participating in the last couple of days can learn from each other and evolve our thinking around stigma, then we stand to make a big difference for consumers of services and the community (and their families) through action – at the societal, organizational and personal levels. The

resources and stories shared were particularly helpful, and having direct consumer leadership involvement was central to the success of the match.

Lots of discussion around language, identity, connection, meaning, empowerment and hope (CHIME concepts/recovery language) and the need to have a useful term to encompass addictions/ SUD/ AOD/ behavioural health etc – which makes communication at the 3 levels easier, but more importantly is understandable to, and lead by consumer input.