TASMANIAN DRUG STRATEGY 2022-2027

# Consultation draft – May 2022

***Tasmanian Drug Strategy 2022-2027***

© Government of Tasmania, 2022

Excerpts from this publication may be reproduced, with appropriate acknowledgement, as permitted under the Copyright Act.

For further information please contact:

Mental Health, Alcohol and Drug Directorate

Department of Health, Tasmania

GPO Box 125

Hobart Tasmania 7001

Telephone: +61 3 6166 0778

Email: [mhadd@health.tas.gov.au](mailto:mhadd@health.tas.gov.au)

Website: [www.health.tas.gov.au](http://www.health.tas.gov.au)

**Acknowledgements**

The Mental Health, Alcohol and Drug Directorate of the Department of Health, Tasmania acknowledges the … (to be completed on final document)

ISBN :

Date :

Version:

Disclaimer for as many lines as needed Epuditis quatis moloreped quam consequi bea quatem. Itatect urepudis maio. Nem fugiant que velis aboreptatque res excea sam, unt, voluptas erum faci reperias de saperfer Dae. Git eius experiaecte de sae conseris ellenis sin coratur magnimo luptatur sae nosam nihilit que del in niendis imagnienimus maionsequia con et voluptatint que ducipiduciis earia a vel ius expediorem inusapi ciliti alite voluptasitas et ea sinia

Contents

[Consultation draft – May 2022 0](#_Toc104212277)

[Foreword from the Minister 2](#_Toc104212278)

[The Tasmanian Drug Strategy 2022-2027: summary 3](#_Toc104212279)

[Purpose 5](#_Toc104212280)

[Action areas and activities 5](#_Toc104212281)

[Principles and approaches 6](#_Toc104212282)

[Policy framework 6](#_Toc104212283)

[National Drug Strategy 6](#_Toc104212284)

[Harm minimisation 6](#_Toc104212285)

[Tasmanian Strategic Policy 7](#_Toc104212286)

[Principles 7](#_Toc104212287)

[The impacts of alcohol, tobacco and other drugs use 8](#_Toc104212288)

[Alcohol, tobacco and other drugs use in Tasmania 9](#_Toc104212289)

[Strategic objectives 11](#_Toc104212290)

[Approaches 11](#_Toc104212291)

[Priority population groups 13](#_Toc104212292)

[Action Areas 15](#_Toc104212293)

[Action Area 1: Prevention 15](#_Toc104212294)

[Increase protective factors and reduce risk factors that influence the uptake and use of ATODs 15](#_Toc104212295)

[Action Area 2: Alcohol 17](#_Toc104212296)

[Work together to create an environment where people can make healthy choices around alcohol use 17](#_Toc104212297)

[Action Area 3: Tobacco 17](#_Toc104212298)

[Prevent and minimise tobacco use 17](#_Toc104212299)

[Action Area 4: Pharmaceutical drugs 18](#_Toc104212300)

[Control availability and promote safer use of pharmaceutical drugs 18](#_Toc104212301)

[Action Area 5: Illicit drugs 19](#_Toc104212302)

[Reduce the supply of, and the risks and harms associated with, illicit drug use 19](#_Toc104212303)

[Action Area 6: Interventions and treatment 20](#_Toc104212304)

[Expand access to best-practice interventions and treatment services to ensure all Tasmanians have access where and when needed 20](#_Toc104212305)

[Action Area 7: The evidence-base 20](#_Toc104212306)

[Build the evidence base to support strategic planning, policy development and evaluation 20](#_Toc104212307)

[Implementation, monitoring and reporting 21](#_Toc104212308)

[Indicators and data sources 22](#_Toc104212309)

[Appendix 1 24](#_Toc104212310)

[Policy Context 24](#_Toc104212311)

[National Drug Strategy 24](#_Toc104212312)

[Tasmanian Strategic Policy 25](#_Toc104212313)

[References 31](#_Toc104212314)

# Foreword from the Minister

To be completed for final approved document

# The Tasmanian Drug Strategy 2022-2027: summary

**Overarching Strategic Objectives**

|  |  |  |
| --- | --- | --- |
| * Significantly improve the health of Tasmanians by reducing the number who smoke, drink alcohol at risky levels, use prescribed drugs inappropriately or use illicit drugs | | |
| * Improve individual and community safety * Improve integration of strategic policy responses * Restrict and/or regulate availability * Improve data collection, collation and sharing | * Prevent and delay uptake of ATOD use * Reduce stigma and discrimination * Improve integration of treatment responses |

###### Vision

A Tasmania where people make informed and healthier choices when it comes to alcohol, tobacco and other drugs (ATOD) use, and can access support where and when they need it

**Priority Population Groups**

|  |  |
| --- | --- |
| * Aboriginal and Torres Strait Islander Peoples | * Older people |
| * Children and young people including children whose parents used ATODs | * People living in rural or remote areas |
| * People experiencing family violence | * People at risk of or experiencing homelessness |
| * People in or leaving the criminal justice system * People with co-occurring conditions | * People from culturally and linguistically diverse communities * Lesbian, Gay, Bisexual, Transgender, Intersex, Queer + (LGBTIQ+) |

**Aim**

**To prevent and reduce the health, economic and social costs and harmful effects of ATOD use in Tasmania**

**Principles**

A commitment to engage with people with lived experience, their families and carers and other people directly affected by ATOD use and harm; work in partnership; build upon and use data and evidence, and continue to support the *National Drug Strategy 2017-2026* harm minimisation approach and actions under the three pillars of supply, demand and harm reduction.

**Prevention** Increase protective factors and reduce risk factors that influence the use and uptake of ATODs

**Alcohol**

Work together to create a Tasmania where people can make healthy choices around alcohol use

**Tobacco**

Prevent and minimise tobacco use

**Pharmaceutical drugs**

Control availability, and promote safer use of pharmaceutical drugs

**Illicit drugs**

Reduce the supply of, and the risks and harms associated with, illicit drugs use

**Evidence-base**

Build the evidence-base to support strategic planning, policy development and evaluation

**Intervention and treatment**

Expand access to best-practice interventions and treatment services

**Action Areas**

**Prevention**

* 1. Redevelop the ATOD Promotion, Prevention and Early Intervention (PPEI) Strategic Framework and Implementation Plan
  2. Collaborate across Government and the community sector to improve ATOD health literacy
  3. Support and strengthen Healthy Tasmania initiatives that contribute to the prevention and minimisation of harms from ATOD use.
  4. Ensure all Tasmanian schools access and use developmentally appropriate evidence-informed school drug education information, including information about alternatives to the use of medication

**Alcohol**

2.1 Develop a new Tasmanian Alcohol Action Plan with a focus on legislation and regulation; restrictions on advertising and promotion; online liquor sales and delivery; price mechanisms; and raising community awareness

2.2 Develop and implement a Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan in response to the National FASD Strategic Action Plan

**Tobacco**

3.1 Continue to support strategies to reduce smoking prevalence in Tasmania, including the Tasmanian Tobacco Control Plan; Healthy Tasmania; No-One Left Behind 2018-2021; Smoke-Free Young People 2019-2021; and the National Tobacco Strategy

**Pharmaceutical drugs**

4.1 Develop a Pharmaceuticals Drug Misuse Action Plan with a focus on opioid prescribing, overdose prevention, benzodiazepine prescribing, pain management, supporting prescribers and pharmacists, legislation and regulations, and data, research and evaluation

**Illicit drugs**

5.1 Develop an Illicit Drugs Action Plan with a focus on disrupting, dismantling, preventing and reducing supply in Tasmania, overdose prevention (e.g. access to naloxone, and Festival Guidelines), and safer injecting and prevention of blood-borne infections (e.g. Needle and Syringe Programs)

5.2 Review the Illicit Drug Diversion Initiative

5.3 Assess current activities, opportunities and gaps for responding to illicit drug use, as well as non-medical pharmaceutical use and alcohol-related crime

**Interventions and treatment**

6.1 Support the implementation of [the Reform Agenda for the AOD sector in Tasmania](https://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug/reform_agenda_for_ads)

6.2 Review and support increasing access to alcohol and other drug treatment programs

6.3 Identify and support evidence-based alternatives to the use of medication for chronic pain management

**Evidence-base**

7.1 Increase the collection, sharing, collation, and reporting of ATOD data across agencies, service systems and the community

7.2 Enhancement of the Overdose Register within the Coronial Division, Magistrates Court of Tasmania, Department of Justice

**Activities**

# Purpose

The Tasmanian Government has a vision that all Tasmanians are supported to make healthy choices when it comes alcohol and other drugs (ATOD) use and can access support where and when they need it.

The *Tasmanian Drug Strategy 2022-2027* (TDS) is a high level, whole-of-government strategic framework which will help us achieve this vision by guiding collaborative action to prevent and reduce the health, economic and social costs and harmful effects of the use of ATODs.

The TDS outlines specific actions to influence the use of ATODs. It also provides a guide for all Tasmanian Government agencies and non-government organisations in the development of other policies and programs to address the impacts of ATOD use and harm.

In August 2021, the Premier, the Deputy Premier and Minister for Mental Health and Wellbeing, and the Chair of the Premier’s Health and Wellbeing Advisory Council signed an updated [Tasmania Statement](http://www.dpac.tas.gov.au/__data/assets/pdf_file/0008/477773/Tasmania_Statement.pdf). This statement of commitment by the Government is to collaborate across government and with communities to address the social and economic factors that influence health and wellbeing.

Specifically, the Government commits to:

* involving Tasmanians in decisions
* working together across Government and with communities and the business sector on shared priorities
* making decisions that benefit Tasmanians now and in the future, and
* measuring if we are making a difference.

The Interagency Drug Policy Committee (IDPC) will be responsible for monitoring implementation of the TDS in line with the TDS Strategic Objectives.

## Action areas and activities

The TDS identifies seven action areas, including action areas to increase understanding of the drivers of ATOD-related risk and harms (prevention); to expand access to best-practice interventions and treatment services (intervention and treatment); to build the evidence-base to support strategic planning, policy development and evaluation (evidence-base); and four action areas that relate to specific drug types which cause the most harm in the Tasmanian community – alcohol, tobacco, pharmaceuticals and illicit drugs.

The discussion of the action areas commencing on page 14 explains in more detail why they have been chosen and identifies population-level indicators of ATOD-related use and harms to enable measurement of outcomes.

The TDS aligns with the approach taken in the *National Drug Strategy 2017-2026* (NDS).

## Principles and approaches

The principles and approaches set out in the TDS include a commitment to engage with people with lived experience, to work in partnership, to build upon and use data and evidence, and to continue to support the NDS harm minimisation approach. This will also consider system, population and individual approaches when developing activities to support actions that are both strategic and targeted, making change where it is most needed.

Using this framework acknowledges that individual health and wellbeing, and the choices people make, are also influenced by factors outside individuals’ control, and that behaviours do not occur in isolation. It also highlights the inter-relationships between action areas and activities across the TDS. For example, community information relies on systems and population approaches to increase ATOD-health literacy across the whole population, which in turn also increases early interventions for individuals and helps to reduce stigma and discrimination.

This approach is consistent with the Tasmanian Government’s statement, *Working Together for the Health and Wellbeing of Tasmanians* and the NDS, and will assist us to achieve the vision set out in the TDS.

# Policy framework

## National Drug Strategy

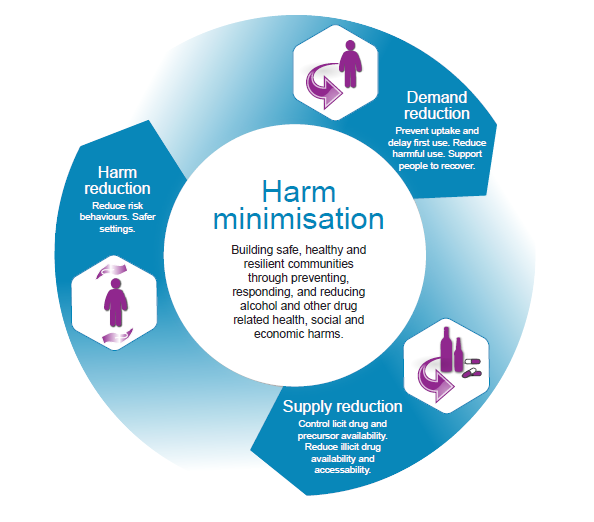
The TDS is consistent with the current NDS. The NDS is the Australian Government’s overarching policy response to drug issues and supports harm minimisation as its underlying concept.

### Harm minimisation

‘*Australia’s long-standing commitment to harm minimisation considers the health, social and economic consequences of drug use on individuals, families and communities and is based on the following considerations:*

* *drug use occurs across a continuum, from occasional use to dependent use;*
* *a range of harms are associated with different types and patterns of drug use; and*
* *the response to these harms requires a multifaceted response’*

(Australian Government Department of Health, 2017)



(Mental Health Commission, 2018)

More information on the NDS strategic policy context is provided in Appendix 1.

## Tasmanian Strategic Policy

At the State level, the TDS builds upon previous activities to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania. A desktop review of actions and activities and available data for the Tasmanian Drug Strategy 2013-2018 was compiled in 2019 and is available on the [Department of Health website](https://www.health.tas.gov.au).

Reflecting whole-of-government and a health-in-all policies approach, the TDS also recognises that reducing the risks and harms associated with ATOD use can only be achieved through multi-agency, community and individual collaboration and coordinated approaches. It therefore recognises many other linked strategic policies, initiatives and programs discussed further in Appendix 1.

# Principles

The TDS is underpinned by a commitment to engage with people with lived experience, their families, carers and significant others, and other people directly affected by ATOD use and harm.

The strategy sees everybody working together in partnership—individuals, government and communities—acknowledging that partnerships and collaboration are vital to driving change.

While everyone is included, there is a focus on the people and communities that may experience greater risks and harms, discussed later under priority population groups.

It is essential to build on and use data and evidence to inform decision making about the best use of available resources to achieve change.

The TDS also supports the NDS harm minimisation approach as its underlying concept. Harm minimisation is supported by actions under the three pillars of supply, demand and harm reduction.

# The impacts of alcohol, tobacco and other drugs use

Alcohol, tobacco and other drugs use are risk factors that contribute to the overall burden of disease in Australia. Tobacco use at 8.6 per cent contributed the most burden in 2018, with alcohol use at 4.5 per cent and illicit drugs at 3.0 per cent. There are variations in ages and gender. Alcohol use was the leading risk factor for disease burden in males in the 15-24 age range at 14 per cent, followed by illicit drug use at 8.9 per cent. For females in that age range, it was 5.6 per cent and 4 per cent respectively. For people aged 45-64, tobacco use was the leading risk factor for both men and women at 12 per cent and 8.8 per cent respectively.[[1]](#endnote-1)

Health harms associated with ATOD use include increased risk of injuries and deaths, cancers, cardiovascular diseases, liver cirrhosis, mental health problems, and shortened life expectancy. Economic harms include the costs to health, hospitals, law enforcement and justice systems, associated criminal activity, decreased productivity, reinforcement of marginalisation and disadvantage, family violence and child protection issues. ATOD use is also associated with social and health determinants such as discrimination, unemployment, homelessness, poverty and family breakdown.

The economic cost of alcohol to the Australian community is estimated to be $6.8 billion annually. Methamphetamine use was estimated to cost $5 billion annually which excluded the costs of Federal policing, Federal courts and border protection.[[2]](#endnote-2) Cannabis use is estimated to cost $4.5 billion annually, with more than half related to the criminal justice system.[[3]](#endnote-3)

The social costs of extra-medical[[4]](#footnote-1) opioid use in Australia over the financial year 2015-16 were estimated at A$15.7 billion.[[5]](#endnote-4) In that single year, extra-medical opioid use caused more than 2,200 deaths, 32,000 hospital admissions and resulted in the loss of over 70,000 years of life in Australia.[[6]](#footnote-2)

# Alcohol, tobacco and other drugs use in Tasmania

The TDS identifies tobacco, alcohol, prescribed drugs and illicit drugs as the four drug types that cause the most harm. Each is identified as an action area in the TDS.

Available data shows some positive trends in Tasmania in ATOD use, as well as some areas of concern. Rates of alcohol and tobacco use during pregnancy are both gradually declining, but are still too high given the preventable harms they cause. Tasmanian ATOD use rates are still generally above national averages.[[7]](#endnote-5)[[8]](#endnote-6)[[9]](#endnote-7)[[10]](#endnote-8)[[11]](#footnote-3)[[12]](#endnote-9)[[13]](#endnote-10)[[14]](#endnote-11)[[15]](#endnote-12)[[16]](#endnote-13)[[17]](#endnote-14)[[18]](#endnote-15)[[19]](#endnote-16)[[20]](#endnote-17)

Alcohol use in Tasmania

|  |  |
| --- | --- |
| **Champagne glasses** | * Alcohol is the most widely used drug in Tasmania with two in five adults aged 18 and over exceeding the single occasion risk guideline.5 40 per cent of closed treatment episodes in 2019-20 were for alcohol use.6 * Tasmanian women who reported drinking alcohol whilst pregnant has declined from 9.1 per cent in 2012 to 2.5 per cent in 2019.7 * Tasmania Police data suggests the number of people caught drink-driving has decreased by 16 per cent over the past three years.8 * Trends from the National Wastewater Monitoring Program Reportsiii indicate Tasmanian alcohol consumption in capital and regional sites is above national averages.9 * The 2019 National Drug Strategy Household Survey showed that neither the estimated percentage of Tasmanians drinking alcohol at levels of lifetime risk of harm nor single occasion risk have changed significantly.10 However, both have declined between 2007 and 2019 from 23 to 16.6 per cent (lifetime risk), and from 34 to 26 per cent (single occasion risk). |

Tobacco use in Tasmania

|  |  |
| --- | --- |
| **Smoking** | * + The proportion of daily and occasional smokers (collectively referred to as current smokers) fell from 15.7 per cent in 2016 to 12.1 per cent in 2019.11   + Over the decade 2009 to 2019, the proportion of current smokers declined significantly from 19.8 per cent to 12.1 per cent.12   + The number of women who self-report smoking during pregnancy has significantly decreased between 2010 to 2019 from 23 per cent to 16.7 per cent. In recent years, this number has been consistent and in 2019 the rate was similar to the 2018 figure of 17.2 per cent.13   + Trends from the National Wastewater Monitoring Program Reports indicate Tasmanian nicotine consumption in capital sites is significantly above national averages.14 |

Prescribed drug use in Tasmania

|  |  |
| --- | --- |
| **Medicine** | * + The Tasmanian rate of opioid dispensing in 2016-17 was 76 353 per 100 000 people, which was the highest of all Australian states and territories. The age standardised rate of defined daily doses of opioid medicines in Tasmania was 25.48 per 1 000 people per day, also the highest of all states and territories.15   + Between the periods of 2005-09 and 2015-19, Tasmania’s rate per 100 000 people of pharmaceutical-opioids-related unintentional deaths had a percentage increase of 10.5 per cent, whilst the national percentage increase was 109.1 per cent. The rate of deaths per 100 000 people in Tasmania for benzodiazepines-related unintentional deaths had a percentage decrease of 3.8 per cent, whilst the national percentage increase was 145.5 per cent.16   + Data from the National Wastewater Drug Monitoring Program Reports indicate the Tasmanian capital city average consumption of oxycodone as the highest in the country.17 |

[[21]](#endnote-18)[[22]](#endnote-19)[[23]](#endnote-20)

Illicit drug use in Tasmania

|  |  |
| --- | --- |
| **Beaker** | * In 2019, 16.5 per cent of Tasmanians reported using an illicit drug in the previous 12 months, similar to 2016 (17.4 per cent). This includes use of pharmaceuticals for non-medical purposes. Cannabis was the most commonly used illicit drug in Tasmania, and this has not changed over time – 11.9 per cent in 2001 and 12.6 per cent in 2019.18   + In 2019-20, amphetamines as a principal drug of concern for closed episodes of treatment accounted for 30 per cent of episodes followed by cannabis at 19 per cent.19   + Tasmania Police drug offender data indicates in 2020-21 the most common substances for drug offenders, including serious drug offenders and drug trafficking offences, were cannabis and methylamphetamine.   + High rates of cannabis and methylamphetamine are also reflected in Tasmania Police seizure data for 2020-21 with cannabis, methylamphetamine, and MDMA (ecstasy) having the highest volume seized.   + Data from the National Wastewater Drug Monitoring Program Reports indicate Tasmanian capital city cannabis consumption averages as higher than regional areas and higher than the national capital city averages, and MDMA consumption as higher than the national averages, but methylamphetamine consumption rates as historically lower.20 |

# Strategic objectives

To help achieve the vision of a Tasmania where people make informed and healthier choices when it comes to ATOD use and can access support where and when they need it, the TDS has the following overarching strategic objectives. These are also the high-level measures for implementation:

1. **Improve health**: Significantly improve the health of Tasmanians by reducing the number of Tasmanians who smoke, drink alcohol at risky levels, use prescribed drugs inappropriately or use illicit drugs.
2. **Prevention**: Prevent and delay uptake of ATOD use.
3. **Safety**: Improve individual and community safety.
4. **Regulation**: Restrict and/or regulate availability.
5. **Whole-of-government and whole-of-community approach**: Improve integration of strategic policy responses.
6. **Treatment**: Improve integration of treatment responses.
7. **Data and research**: Improve data collection, collation and sharing processes.
8. **Reduce stigma and discrimination**.

# Approaches

The development of activities under all action areas will also consider the outcomes that can be achieved in systems, population and individual contexts, which is consistent with a health-in-all policies approach.[[24]](#footnote-4)

A **systems approach** assumes that no aspect of behaviour occurs in isolation, rather it occurs within a wider context, and so needs integrated responses across all service systems.

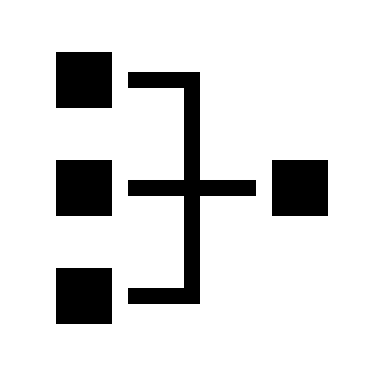
This approach recognises and addresses the complex interaction of risk and protective factors that influence ATOD use, and which may make people more vulnerable and thus more at risk of being affected directly or indirectly by the harms associated with ATOD use. This includes local community environment, social and political issues (housing security, income security, etc.), family (and friends), individual characteristics, and employment and education.

Effective whole-of-government interventions require cross-agency and cross-portfolio responses. Health, education, social services, law enforcement and the criminal justice system, communities and families all play a role in a systems approach to minimising harms from the use of ATODs.

A **population approach** is based on cross-sectoral collaboration to promote the health of communities, lower the risks to the whole population, and thus help individuals make healthy choices. It contributes to health system sustainability by reducing the demand for healthcare – a health-in-all policies approach.

Core elements of the population health approach include focusing on health and wellness, focusing on the population rather than individuals, understanding needs and solutions through community outreach, and addressing the social determinants of health and the disparities in vulnerable groups.[[25]](#endnote-21)

An **individual approach** means increasing the protective factors and removing or reducing the risk factors that directly or indirectly affect ATOD use at an individual level. It involves ensuring that people who need access to interventions and supports have access to a range of integrated services, within and beyond the ATOD and health systems. It not only refers to individual ATOD use, risks and harms, but to overall physical and mental health and social, economic and emotional wellbeing.

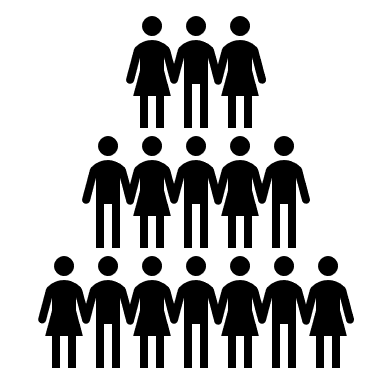


**Systems approach:**

* Integrated whole of government planning, funding and responses
* Collaboration across sectors to achieve population and individual outcomes, e.g. with providers addressing family violence, criminal and youth justice, affordable housing, mental health and suicide prevention, education and training sectors
* Embedded data-driven and evidence and needs-based planning and strategic responses

**Population approach:**

* Individuals and communities have the social and economic support for the best possible start in life
* Intervening early, and for specific population groups
* Individuals and communities have the knowledge to identify and respond to ATOD use and seek appropriate supports and interventions
* Communities are aware of and equipped to respond to ATOD-related harms and stigma



**Individual approach:**

* People who need access to interventions and support:
* have access to a range of integrated services, within and beyond the ATOD and health systems
* have access to safe, secure and affordable housing, education, employment and training opportunities, and social emotional support
* have their physical and mental health needs met
* are able to participate fully in life



# Priority population groups

The harms arising from the use of ATODs are felt across the community and all levels of government.

Some population groups are not inherently more at risk of ATOD use but may experience greater rates of trauma, discrimination, isolation and other forms of social exclusion that can impact on ATOD use. This strategy acknowledges the increased levels of risks and harms of ATOD use on some specific populations.

The TDS also acknowledges there are increased chances of a person being included in more than one of the identified groups and at increased risk of harm from ATOD use. The TDS recognises and commits to the importance of identifying and implementing strategies that are culturally safe and inclusive, and to address the increased risk and complexity associated with being included in multiple identified groups.

An additional area of concern in the Sports and Recreation sector relates to performance and image enhancing drugs, noted below.[[26]](#endnote-22)[[27]](#endnote-23)[[28]](#endnote-24)[[29]](#endnote-25)[[30]](#endnote-26)[[31]](#endnote-27)[[32]](#endnote-28)[[33]](#endnote-29)[[34]](#endnote-30)[[35]](#endnote-31)[[36]](#endnote-32)[[37]](#endnote-33)[[38]](#endnote-34)[[39]](#endnote-35)

**Children and young people including children whose parents use ATODs**

Parental history of ATOD use is a key risk factor for children's subsequent use, and includes increased risk of developing anxiety, depression, suicide, eating disorders and school absenteeism and failure. They are eight times more likely to also develop an ATOD-use disorder.26

There is an established link between alcohol and illicit drug use with violence, anxiety and depression and suicide among young people.27

There is also an overlap between young people who experience child protection, youth justice supervision, mental health disorders and problematic ATOD use.28

**Aboriginal and Torres Strait Islander Peoples**

Cultural dislocation, personal trauma and ongoing stresses of disadvantage, racism, alienation and exclusion can all contribute to heightened risk of ATOD use, as well as mental health problems and suicide. Aboriginal and Torres Strait Islander Peoples experience disproportionate harms from ATOD use, which can play a significant role in the disparities in health and life outcomes between Aboriginal and Torres Strait Islander Peoples and non-Indigenous people.22

Aboriginal and Torres Strait Islander Peoples are also statistically more likely to be involved with the criminal justice system,23 to be affected by family violence24 and have other co‑occurring conditions.25

**People experiencing family violence**

Alcohol is involved in approximately half of family violence incidents reported to police.29 A study in 2018 found more than a third of intimate partner violence incidents attended to by Tasmania Police over 1 July 2009 to 20 June 2014 were alcohol related.30

The Victorian Royal Commission into Family Violence heard that between 50 per cent and 90 per cent of women accessing mental health services and AOD services had been victims of child abuse or domestic violence.31

**People in or leaving the criminal justice system**

Prison entrants are four times more likely than people in the general population to report illicit drug use (including use of illegal drugs and non-medical prescription medication and volatile substances), with almost two-thirds (65 per cent) having used an illicit drug in the previous year.32 In Tasmania, that was 86 per cent.

Research shows the strong but complex association between ATOD use and crime and re‑offending.33

**Older people**

Between 1995 and 2010, recent drug use rose among older Australians (60 years and over). Illicit drug use increased among men from 1.8 to 5.5 per cent, mainly due to non-medical use of pharmaceutical drugs. Schedule 8 opioid and benzodiazepine medications are also prevalent among older Australians. Ambulance attendances for alcohol intoxication rose from 3.3 to 8.2 per 10 000 individuals aged 65 years and over between 2004 and 2008. Those in non-metropolitan areas are also more likely to die from alcohol-attributable conditions.34

Estimates from the National Drug Strategy Household Survey show that in 2019 people in their 50s (21 per cent) and 60s (17.4 per cent) were more likely to drink at levels that exceeded the lifetime risk guidelines than the general population aged 14 and over (16.8 per cent).35

Both females (12.2 per cent) and males (30 per cent) in their 50s were more likely to drink at levels that exceeded the lifetime risk guidelines than the general population (9.4 per cent of females and 24 per cent of males aged 14 and over).

Between 2001 and 2019, recent use of any illicit drug has nearly doubled among people in their 50s (from 6.7 per cent to 13.1 per cent), with similar increases among both males (from 8.1 per cent to 16.0 per cent) and females (from 5.2 per cent to10.3 per cent).

[[40]](#endnote-36)[[41]](#endnote-37)

**People living in rural or remote areas**

Data from the AIHW (2020) indicates that people living in remote areas were more likely than those living in metropolitan areas to have used illicit drugs in the previous 12 months, and to have consumed alcohol in a manner that puts them at long-term risk of harm.36 Whilst noting data limitations, the National Wastewater Drug Monitoring Program Reports also support these findings, with Tasmania having the second highest levels of alcohol consumption in rural areas nationally.37

[[42]](#endnote-38)[[43]](#endnote-39)[[44]](#endnote-40)[[45]](#endnote-41)

**People with co-occurring conditions, including mental ill health and disability**

Estimates indicate that 35 per cent of individuals with a substance use disorder (31 per cent of men and 44 per cent of women) have at least one co-occurring affective or anxiety disorder.38 People who enter ATOD treatment are at high-risk of suicide, which is further increased by the presence of comorbid mental health disorders.39

Research conducted in the United States suggests that people with physical disabilities experience substance use disorders at two to four times the rate of the general population.40 Conversely, people with addictions are more likely to become disabled, either through accidental injury or through long-term side effects of substance use.

It is estimated that people with FASD are 19 times more likely to be jailed than those without, and that up to one-third of people in the criminal justice system have undiagnosed FASD.41

[[46]](#endnote-42)

**People at risk of or experiencing homelessness**

In 2018-19 one in ten people presenting to homelessness services reported having problematic ATOD-use issues.42 In Tasmania in 2018-19, 13.2 per cent of clients of homelessness services reported ATOD use.

Clients with ATOD-use issues presenting to homelessness services received more frequent support (2.9 support periods per client) and for longer duration (89 days) than other clients.

[[47]](#endnote-43)

**People from Culturally and Linguistically Diverse communities**

Available data indicates ATOD use is generally lower in CALD communities. However, some CALD communities are at increased risk, and the under-representation could be due to other risk factors such as low English and health literacy, migration stressors, and language and cultural barriers that prevent access to treatment.43

[[48]](#endnote-44)

**Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and other gender variants (LGBTIQ+)**

People identifying as gay, lesbian or bisexual, compared to heterosexual people, were 1.5 times as likely to exceed the lifetime risk guideline to reduce the harm from drinking alcohol, 1.5 times as likely to smoke daily, 2.6 times as likely to have used ecstasy in the previous 12 months, 3.9 times as likely to have used meth/amphetamines in the previous 12 months, and 9 times as likely to have used inhalants in the previous 12 months.44 There is a lack of data on associated harms for LGBTQI+ people. (N.B. The AIHW report states that their data only covers people who identify as lesbian, gay, and bisexual and does not cover people who identify as transgender or intersex).



##### Sport and Recreation

Performance and Image Enhancing Drugs (PIEDs) is an area of particular concern in the sport and recreation sector. This concern extends to the use of supplements, particularly by young people. High performance athletes receive PIED education and awareness training either through the relevant sporting bodies or the State Institute/Academy of Sport. Lower level and younger athletes are more likely to use/consume supplements. Further information on this issue is available on [Sport Integrity Australia’s](https://www.sportintegrity.gov.au/what-we-do/anti-doping) website.



# Action Areas

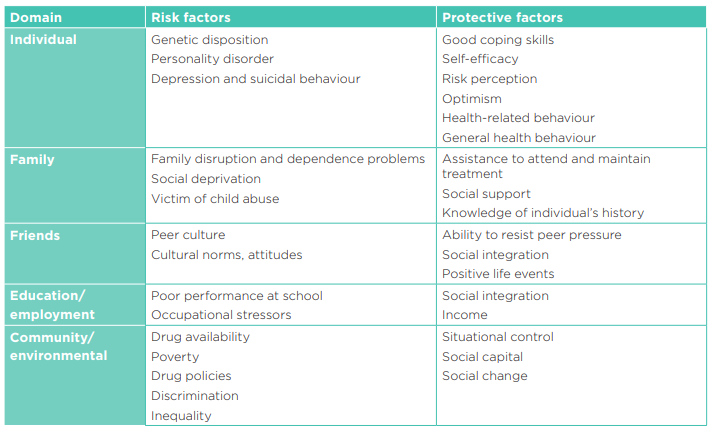
## Action Area 1: Prevention

### Increase protective factors and reduce risk factors that influence the uptake and use of ATODs

#### Rationale

A health-in-all policies approach to reduce demand on the health system takes an approach that looks at preventing the uptake of ATOD use at a whole-of-population level and responding from a whole-of-government perspective.

There are many social, socio-economic, cultural and environmental conditions, risk factors and protective factors that influence ATOD use. Those risk and protective factors (shown below) are shared across multiple issues, such as mental health and wellbeing, child maltreatment, domestic and family violence, bullying, discrimination, poor quality diet, physical inactivity, loneliness, and the social determinants of health, for example education, employment, and housing.



For every $1 spent on effective health promotion and prevention initiatives there are long-term financial savings up of to $14 through reduced need for treatment, and other indirect costs, e.g. unemployment.[[49]](#endnote-45)

#### Key Activities

* 1. Redevelop *Everybody’s Business: A Plan for Implementing Promotion, Prevention and Early Intervention (PPEI), Approaches in Averting Alcohol, Tobacco and Other Drugs Use 2013* (ATOD PPEI) and Implementation Plan.
  2. Collaborate across Government and the community sector to build on existing initiatives to improve ATOD health literacy.
  3. Support and strengthen Healthy Tasmania initiatives that contribute to the prevention and minimisation of harms from ATOD use.
  4. Ensure all Tasmanian schools access and use developmentally appropriate evidence-informed school drug education information and resources such as the Australian Government’s Positive Choices website [Positive Choices: Drug and Alcohol Education](https://positivechoices.org.au/) as part of the Australian Health and Physical Education Curriculum – including information about alternatives to the use of medication. Note: this activity will require a coordinated approach involving the Tasmanian Department of Education, Catholic Schools Tasmania, and Independent Schools Tasmania

## Action Area 2: Alcohol

### Work together to create an environment where people can make healthy choices around alcohol use

#### Rationale

As noted in the National Alcohol Strategy, alcohol has a complex role in Australian society,[[50]](#endnote-46) but the risks and harms of alcohol consumption are often unknown or underestimated. Long-term alcohol use is causally linked to eight types of cancers (including oesophageal, liver, larynx, breast, colon, lip and oral cavity), ischaemic heart disease and stroke, hypertensive heart disease, cirrhosis and other chronic liver diseases, pancreatitis and diabetes.[[51]](#endnote-47) Short-term or single occasion risky drinking is associated with injuries, including motor vehicle accidents.

In 2018, 4.5 per cent of the disease burden in Australia was due to alcohol use, making it the fifth leading risk factor contributing to disease burden. Alcohol use contributed to seven disease groups, including 14 per cent of injuries, 7.2 per cent of gastrointestinal diseases, 11.1 per cent of mental diseases, 4.9 per cent of cancer, 4 per cent of cardiovascular diseases, 3.2 per cent of infectious diseases, and 1.6 per cent of neurological diseases.[[52]](#endnote-48)

Alcohol-related harm impacts across a wide range of areas including personal and public safety, including family violence, public nuisance, property damage, road crashes including deaths, law enforcement, workforce productivity, and healthcare services including ambulances, hospitals, primary health, correctional health, mental health and other treatment services.

#### Key Activities

* 1. Develop a new Tasmanian Alcohol Action Plan with a focus on legislation and regulation, restrictions on advertising and promotion, online liquor sales and delivery, price mechanisms, and raising community awareness.
  2. Develop and implement a Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan in response to the National FASD Strategic Action Plan.

## Action Area 3: Tobacco

### Prevent and minimise tobacco use

#### Rationale

Whilst the proportion of daily and occasional smokers (collectively referred to as current smokers) in Tasmania fell from 15.7 per cent in 2016 to 12.1 per cent in 2019, Tasmania continues to have the second highest rate of current smokers in Australia.

In 2018, tobacco use was the highest risk factor contributing to disease burden at 8.6 per cent. Tobacco was the leading risk factor for both males and females and contributed most to fatal burden, at 13 per cent of all deaths. Tobacco use contributed to the burden for nine disease groups including 39.3 per cent of respiratory diseases, 21.5 per cent of cancer, 10.7 per cent of cardiovascular diseases, 6.2 per cent of infectious diseases, 2 per cent of musculoskeletal diseases, and 1.3 per cent of neurological diseases.[[53]](#endnote-49)

Addressing smoking rates is an important priority for the Tasmanian Government. Through its *Healthy Tasmania Five-Year Strategic Plan 2022-2026* (Healthy Tasmania), the Tasmanian Government has set an ambitious target to reduce the Tasmanian smoking rate to 5 per cent by 2025.

#### Key Activities

3.1 Continue to support strategies to reduce smoking prevalence in Tasmania such as Healthy Tasmania, the *Tasmanian Tobacco Control Plan*, *No One Left Behind 2018-2021*, *Smoke Free Young People 2019-2021*, and the *National Tobacco Strategy 2020-2030*.

## Action Area 4: Pharmaceutical drugs

### Control availability and promote safer use of pharmaceutical drugs

#### Rationale

There are thousands of pharmaceutical drugs, including those prescribed by doctors or those available over the counter. While most are used appropriately, the non-medical use or over-use of some is having detrimental effects. This includes the over-prescribing of analgesics (pain killers), especially the opioids class of drugs and tranquilisers such as benzodiazepines.

It is estimated that 90 per cent of overdose deaths in Tasmania were attributable to prescription medicines from 2007-2016. The largest contributor to medication-related deaths in Tasmania is prescription opioid analgesics.

The rate of unintentional drug-induced deaths[[54]](#footnote-5) in Tasmania decreased from 6.4 per cent for the period 2005-2009 to 5.9 per cent in 2010-2014 and rose to 6.6 per cent for the period 2015-2019. Total drug-induced deaths also decreased from 9.6 per cent to 8.6 per cent and rose to 9.8 per cent.[[55]](#endnote-50)

The highest rates of drug-induced suicides in 2019 were seen in Tasmania at 2.6 per cent.[[56]](#endnote-51)

In Tasmania, the crude rate of defined daily doses of opioid medicines per 1,000 people in 2016-17 was the highest of all states and territories at 30.10 (compared to the national rate of 16.73) and the age-sex standardised rate at 25.48 was also the highest (compared to the national rate of 15.39).[[57]](#endnote-52)

#### Key Activities

4.1 Develop a Pharmaceutical Drugs Misuse Action Plan with a focus on opioid prescribing, overdose prevention, benzodiazepine prescribing, pain management, supporting prescribers and pharmacists, legislation and regulations, and data, research and evaluation.

## Action Area 5: Illicit drugs

### Reduce the supply of, and the risks and harms associated with, illicit drug use

#### Rationale

Illicit drugs are substances that are prohibited from manufacture, sale, supply or possession. This includes the stimulant type drugs such as methylamphetamines, ecstasy and cocaine and the depressant or tranquiliser type drugs such as cannabis, cannabinoids and gamma‑hydroxybutyrate. These also include PIEDs and new psychoactive substances. There is some overlap with pharmaceutical drugs that are used for purposes other than as prescribed by a medical practitioner or used by persons for whom the drugs are not prescribed.

Despite perceptions that most ATOD-related harms are caused by illicit drug use, the drugs responsible for the most harm in the community are alcohol and tobacco. However, illicit drug use causes its own set of harms, including overdoses and deaths, criminal activity, drug-induced or drug-exacerbated mental health disorders, and the transmission of blood-borne viruses through sharing of injecting equipment.

Amphetamines, including methylamphetamine and cannabis are the second and third principal drugs of concern after alcohol for those seeking treatment.[[58]](#endnote-53) They also account for the majority of illicit drug related law enforcement activity.[[59]](#endnote-54)

#### Key Activities

5.1 Develop an Illicit Drugs Action Plan with a focus on disrupting, dismantling, preventing and reducing supply in Tasmania; overdose prevention, e.g. access to naloxone and Festival Guidelines; safer injecting and prevention of blood-borne infections, e.g. Needle and Syringe Programs.

5.2 Conduct a desktop review of the Illicit Drug Diversion Initiative to evaluate whether changes made as part of the 2020/21 review have achieved desired outcomes.

5.3 Assess current activities, opportunities and gaps for responding to illicit drug use, as well as non-medical use of pharmaceutical drugs and alcohol-related crime.

## Action Area 6: Interventions and treatment

### Expand access to best-practice interventions and treatment services to ensure all Tasmanians have access where and when needed

#### Rationale

Any and every Tasmanian affected by alcohol, tobacco and other drugs use, and their significant others and family, have the right to be able to access appropriate, timely, effective and quality alcohol, tobacco and other drug services, supports and treatments based on contemporary, evidence-informed best practice, and delivered by a highly skilled workforce.

The *Reform Agenda for the Alcohol and Other Drug Sector in Tasmania* (AOD Reform Agenda) recognises that the ATOD sector in Tasmania is small and is only one small part of a larger health system including such services as hospital and acute services, mental health services, disability services, emergency services, and children and youth services, as well as housing, justice, education and employment providers, but there is currently little to no coordination between services.

It also recognises a significant shortfall in the need for a range of treatment interventions ranging from assessment and brief interventions to specialist acute services.

#### Key Activities

6.1 Support the implementation of the [*Reform Agenda for the AOD sector in Tasmania*](https://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug/reform_agenda_for_ads).

6.2 Review and support increasing access to alcohol and other drug treatment programs.

6.3 Identify and support evidence-based alternatives to the use of medication for chronic pain management.

## Action Area 7: The evidence-base

### Build the evidence base to support strategic planning, policy development and evaluation

#### Rationale

Both the [*Tasmanian Alcohol Action Framework 2010-2016 Activities Report*](http://drugstrategy.dhhs.tas.gov.au/__data/assets/pdf_file/0006/263913/Tasmanian_Alcohol_Action_Framework_-_Activities_Report_2010-2016.pdf) and the [*Tasmanian Drug Strategy 2013-2018 Report on Activities*](http://drugstrategy.dhhs.tas.gov.au/__data/assets/pdf_file/0020/403742/Tasmanian_Drug_Strategy_2013-2018_Report_on_Activities.pdf) noted the difficulty in evaluating whether any activities had a direct effect on the goals and aims. They also noted the limitations of access to specific and timely data that can reliably monitor or demonstrate that certain activities have made a difference in Tasmania. The TDS will utilise work that has already been done, address gaps and determine how to best use data and the evidence base to achieve objectives.

#### Key Activities

7.1 Increase the collection, sharing, collation and reporting of ATOD data across agencies, service systems and the community.

7.2 Enhancement of the Overdose Register within the Coronial Division, Magistrates Court of Tasmania, Department of Justice.

# Implementation, monitoring and reporting

A TDS Advisory Group was established to develop the new TDS 2022-2027 and to oversee its implementation, ongoing monitoring and reporting (including coordinating annual reports) on behalf of the IDPC. The TDS Advisory Group is directly accountable to the IDPC and is governed by a Terms of Reference. It will report annually to the IDPC on the Implementation Plan.

The TDS Advisory Group has membership from the Departments of Health; Police, Fire and Emergency Management; Education; Justice, Treasury and Finance; and the Alcohol and Drug Service. The Alcohol, Tobacco and Other Drugs Council (ATDC) is also represented on this group.

The TDS Advisory Group has a collaborative focus with members bringing both technical and operational expertise and advice respective to their specific agencies. This is particularly important to not only demonstrate whole-of-government commitment to responding to the use of and harms associated with ATODs in Tasmania, but also to share and utilise existing resources within respective agencies and organisations where possible.

# Indicators and data sources

The TDS and Implementation Plan will use the high-level indicators and data sources below to measure progress, unless otherwise indicated. As they are developed, the individual targeted action plans will identify additional specific outcome measures and indicators.

Developing a work plan to increase the collection, collation, sharing and reporting of data across agencies, services systems and the community is a key activity under Action Area 7. This table may be updated as that work progresses.

Table 1. TDS indicators and data source(s)

| **Indicators** | **Data Source(s)** |
| --- | --- |
| **Indicators of alcohol, tobacco and drug use - prevalence and patterns of use by each drug type (also a proxy measure of progress in demand reduction)** | |
| * Prevalence (and trends) in short- and long-term risky alcohol consumption, tobacco and other drugs use * Age of uptake * Prevalence of young people’s ATOD use * Rates of alcohol, tobacco and other drug use during pregnancy * Patterns (and trends) by non-representative studies of sentinel groups, by drug types * Household expenditure on alcohol and tobacco products, and as a proportion of household income * Illicit drug data – arrests, detection, seizures, purity, profiling, price | * National Drug Strategy Household Survey (NDSHS) * Australian Secondary Students’ Alcohol and Drug Survey * AIHW Drugs Trends, Burden of Disease * ABS National Health Surveys, Causes of Death, Apparent consumption of alcohol * Australian Criminal Intelligence Commission (ACIC) National Wastewater Analysis * ACIC Illicit drug Data Reports * Tasmanian Drug Trends – Findings from the Illicit Drug Reporting System and Ecstasy and Related Drugs Reporting System * Council of Obstetric and Paediatric Mortality and Morbidity Annual Reports |
| **Indicators of alcohol, tobacco and drug-related harm** | |
| * Number of people in treatment services by principal drug of concern - on per capita or per 100,000 population basis * Hospital separations by principal drug of concern – on per capital or per 100,000 basis * Presentations to emergency departments (EDs) for acute drug and alcohol intoxication * Alcohol, tobacco and other drugs-related deaths * Overdoses * Police-recorded alcohol and drug-related family violence offences[[60]](#footnote-6) * Alcohol and drug-related motor vehicle accidents * Alcohol and drug-related prison data * Prevalence and incidence rates of HIV and HCV among injecting drug users | * AIHW Alcohol and Other Drugs Treatment Services National Minimum Data Set * AIHW National Opioid Pharmacotherapy Statistics Annual Data * ABS Causes of Death * Needle and Syringe Program Survey and HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report * National Coronial Information System and Coronial data * ED and hospital separations * AIHW Health of Australia’s Prisoners * Australian Institute of Criminology Drug use monitoring in Australia * Department of Police, Fire and Emergency Management (DPFEM) and Department of Natural Resources and Environment (DNRET) data |
| **Indicators of individual and community safety** | |
| * Community perception of safety and public order, where Tasmanian specific data can be extracted * Alcohol and drug related violence incidentsvi * Rate of drug and drink-driving prevalence as a proportion of RBT conducted * Police-recorded alcohol and drug related public order offencesvi | * ABS Crime Victimisation Survey * NDSHS * DPFEM and DNRET data |

# Appendix 1

## Policy Context

### National Drug Strategy

The TDS is consistent with the current *National Drug Strategy 2017-2026* (NDS) which is the Australian Government’s overarching policy response to drug issues. It recognises the health, social and economic consequences of drug use on individuals, families and communities, and includes a number of priority areas for action to address these issues including improving service access, preventative measures, better collaboration between governments, and strengthening communities to respond to alcohol, tobacco and other drug issues.

Several sub-strategies sit under or are linked to the NDS:

* *National Alcohol Strategy 2019-2028*
* *National Ice Action Strategy 2015*
* *National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014–2019*
* *National Agreement on Closing the Gap 2020–2030*
* *Partnership Agreement on Closing the Gap 2019–2029*
* *National Alcohol and other Drug Workforce Development Strategy 2015–2018*
* *National Tobacco Strategy 2012–2018 (under review)*
* *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028*
* *National Quality Framework for Drug and Alcohol Treatment Services*
* *National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029*

More information on the NDS and its sub-strategies can be found on the Australian Government Department of Health website: [Ministerial Drug and Alcohol Forum - Australian Government Department of Health](https://www.health.gov.au/committees-and-groups/ministerial-drug-and-alcohol-forum-mdaf).

Under the NDS governance arrangements, each state and territory is required to report annually against each priority area of the National Ice Action Strategy and optionally against the other NDS sub-strategies.

The NDS identifies the following headline indicators, using existing published and well-established data sources:

* Average age of uptake of drugs, by drug type;
* Recent use of any drug (people living in households);
* Arrestees’ illicit drug use in the month before committing an offence;
* Victims of drug-related incidents; and
* Drug-related burden of disease (including mortality).

The NDS also includes the following supplementary indicators that states and territories are able to use and report against (subject to data availability) to monitor implementation, progress and emerging issues:

* Illicit drugs and precursors seized;
* The availability of illegal drugs, as perceived by people who use illegal drugs;
* The purity of illegal drugs;
* Evaluation data from current policy interventions, programs and projects;
* Hepatitis C virus (HCV) and HIV/AIDS incidence;
* Opioid pharmacotherapy clients;
* Drug treatment episodes;
* Diversion of licit drugs e.g. pharmaceuticals;
* Coronial data sources;
* Wastewater analysis;
* The *Illicit Drug Data Report*; and
* Alcohol and other drug attributable hospital admissions and ambulance attendances.

### Tasmanian Strategic Policy

At the state level, the TDS builds upon previous activities to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania. A desktop review of actions and activities and available data for the Tasmanian Drug Strategy 2013-2018 was compiled in 2019 and is available on the [Tasmanian Drug Strategy website](http://drugstrategy.dhhs.tas.gov.au/).

Reflecting whole-of-government and a health-in-all policies approach, the TDS also recognises that reducing the risks and harms associated with ATOD use can only be achieved through multi-agency, community and individual collaboration and coordinated approaches. It therefore recognises many other linked strategic policies, initiatives and programs including but not limited to those identified in the table below.

Table 2. Tasmanian strategic policy relevance to the TDS

|  |  |
| --- | --- |
| **Strategic policy, initiative or program** | **Relevance to TDS** |
| *Affordable Housing Strategy 2015-2025*  *Affordable Housing Action Plan 2019-2023*  Housing Connect | People experiencing or at risk of homelessness are identified as a specific population group. This includes young people and vulnerable children, people and children escaping family violence and older people. Safe and secure housing is a fundamental causal and consequential factor in ATOD use, treatment and recovery.  Housing Tasmania will be a key partner agency in many of the activities under the TDS. |
| *Breaking the Cycle – A Strategic Plan for Tasmanian Corrections 2016-2020* (being updated)  Custodial Inspectorate Reports | People in or leaving the criminal justice system are identified as a specific population group, with 86 per cent of Tasmanian prisoners having used an illicit drug in the past 12 months.[[61]](#endnote-55)  See also the Disability Justice Action Plan 2017-2020 below.  Access to services and counselling for ATOD use within the Tasmanian Prison Service and following release is limited. More is needed. The review of Breaking the Cycle provides a further opportunity to examine the nexus between ATOD use and offending and reoffending. |
| *Child and Youth Wellbeing Strategy*  *Strong Families - Safe Kids: Next Steps Action Plan 2021-2023 Implementation Plan* | In 2021 the Government released Tasmania’s first comprehensive, long-term whole-of-government Child and Youth Wellbeing Strategy for 0-25 year olds, that focuses on the first 1 000 days (pregnancy to two years).  Children and young people including children of people who use ATODs are a specific population group, and at increased risk of harms.  Domestic violence, and parental mental health and substance use are key risk factors for child abuse and neglect.  Addressing risk factors and increasing protective factors and the social determinants that can lead to ATOD use can have a positive effect on the health and wellbeing of children and young people and future ATOD use.  The Child and Youth Wellbeing Framework acknowledges the six domains of being loved and safe; having material basics; being healthy; learning; participating; and having a positive sense of culture and identity.  Its descriptors have also been used for the DoE Wellbeing Strategy below. |
| *Closing the Gap Tasmanian Implementation Plan 2021-2023* | Sets out broad actions under four Priority Reform areas to implement all the clauses of the National Agreement on Closing the Gap in consultation and partnership with the Tasmanian Aboriginal people and Aboriginal community-controlled organisations. |
| *Cultural Respect Framework 2016-2026* | Advancing cultural respect for Aboriginal people in Tasmania is vital to improving their health and wellbeing, which has a consequential effect on ATOD use and harms. |
| *Department of Education Child and Student Wellbeing Strategy 2018-2021*  *Department of Education Strategic Plan 2022-2024* | The DoE Strategic Plan seeks to (together) inspire and support all learners to succeed as connected, resilient, creative and curious thinkers.  ‘*Wellbeing means that children and students feel loved and safe, they are healthy, they have access to material basics, they are learning and participating, and they have a positive sense of culture and identity.*’ This definition is based on the Child and Youth Wellbeing Framework above.  The DoE Wellbeing Strategy acknowledges a child is influenced by their immediate environment and the possible negative impact on wellbeing of external settings. The TDS also acknowledges the importance of risk and protective factors on wellbeing and ATOD use. |
| *Disability Justice Action Plan 2017-2020* | The *Disability Justice Plan for Tasmania* aims to improve recognition and responses to disability across Tasmania’s justice system.  International evidence estimates that people with Fetal Alcohol Spectrum Disorder (FASD) are 19 times more likely to be jailed than those without FASD, and that up to a third of people in the criminal justice system have undiagnosed FASD. A 2018 study found that 36 per cent of 10–18-year-olds in the WA Banksia Hill Detention Centre were diagnosed with FASD.[[62]](#endnote-56)  DoJ has flagged FASD as an issue requiring a whole-of-government response and recognises the need to train the prison workforce in the management of FASD.  Action 23 of the Plan is to consider the national and international research to develop an improved understanding of FASD.  Children with undiagnosed FASD are also being misdiagnosed with other syndromes, and/or missing out on access to the NDIS because of a lack of diagnosis.  It is also estimated that people with physical disabilities are two to four times more likely than the general population to also experience a substance use disorder. |
| *Healthy Tasmania Five-Year Strategic Plan 2022-2026*  The Tasmania Statement: *Working Together for the Health and Wellbeing of Tasmanians.*  *Health Literacy Action Plan 2019-2024*  Working in Health Promoting Ways | Healthy Tasmania is the Government’s preventive health plan. The new iteration of Healthy Tasmania, covering the period 2022-2026, was launched in March 2022, and includes ‘smoke-free communities’ and ‘reducing alcohol harm’ as focus areas. The TDS builds on these focus areas, noting ATOD promotion, prevention and early intervention is Action Area 1 of the TDS. This includes increasing ATOD-health literacy across the whole population and within identified specific population groups. |
| *Reform Agenda for the Alcohol and Other Drug Sector in Tasmania* | Implementing the Reform Agenda is a specific activity under the TDS and is the primary plan for the ATOD treatment sector. |
| *Rethink Mental Health: Better Mental Health and Wellbeing: A long-term plan for mental health in Tasmania 2015-2025*  *Rethink 2020: A state plan for mental health in Tasmania 2020-2025* and *Implementation Plan*  *The Mental Health Integration Taskforce Report 2019* and *Government Response – Mental Health Reform Program* | People with a co-occurring ATOD and mental health issue are identified in the TDS as a specific population group, and in the AOD Reform Agenda (above). |
| *Towards Zero – Tasmanian Road Safety Strategy 2017-2026* | Alcohol is identified as one of the leading behavioural factors associated with road crashes in Tasmania.  Recidivist drink drivers pose a specific risk to the community, and research confirms the social and economic costs arising from road trauma involving repeat drink drivers.[[63]](#endnote-57) Between 2014-15 to 2016-17 there were 6 176 defendants (of 45 880) found guilty of offences of driving under the influence of alcohol or other substances in Tasmania. |
| *Safe Homes, Families, Communities 2019-2022* | Alcohol and other drugs are identified as factors which may contribute to increased frequency and severity of family violence.  Data shows that in 2020-21, Tasmania Police attended 3 817 family violence incidents in which the offender was affected by alcohol in 759 or drugs in over 300 of those.[[64]](#endnote-58) |
| *Strong, livable communities. Tasmania's Active Ageing Plan 2017-2022*  *Tasmania’s Active Ageing Plan Implementation Strategy 2021-22* | Older people are identified as a specific population group and are at increased vulnerability to alcohol-related harms including falls, diabetes, cardiovascular disease, cancers, liver disease, mental health problems, early onset dementia and the brain injury. The increasing proportions of risky and high-risk drinkers among Australians aged 50 years and over is relatively small but is on an upward trajectory.[[65]](#endnote-59)  While the Active Ageing Plan and the Active Ageing Plan Implementation Strategy do not specifically mention the increased risk of ATOD use including risks from increased or inappropriate pharmaceutical use, these remain important focus areas for the TDS. |
| *Tasmania’s Women’s Health Strategy 2018-21*  *The Health and Wellbeing of Women Action Plan 2020-2023* | Good physical and mental health and wellbeing of women are influenced by many factors including socioeconomic circumstances such as housing, education, and employment; physical environments; adverse childhood events; culture, family responsibilities; sex, gender and sexuality; individual biology; and access to quality health care programs and services. Those same factors influence ATOD use.  Women are more at risk of family violence. Research shows women often use and respond to ATODs differently and can have unique obstacles to accessing and responding to treatment including not being able to access childcare, financial issues or being prescribed treatment that has not been adequately tested on women.  They are also more likely to experience social stigma and discrimination due in part to gender bias. Women entering treatment have been identified as suffering high rates of domestic violence, mental health issues, complex family/childhood trauma, physical and sexual abuse, economic hardship and pregnancy and childcare issues.[[66]](#endnote-60) |
| *Youth at Risk Strategy 2017* | Evidence shows that overlaps exist among young people who experience child protection, youth justice supervision, homelessness, mental health disorders, and problematic use of alcohol and other drugs. From 1 July 2012 to 30 June 2016, 33 per cent of young people who were under youth justice supervision also received an AOD treatment service at some point during the same four-year period, compared with just over 1 per cent of the general Australian population of the same age. Young people under youth justice supervision were also 33 times as likely to receive an AOD treatment for cannabis, 27 times as likely to be treated for alcohol, and more than 50 times as likely to be treated for amphetamines.[[67]](#endnote-61)  As noted under the Disability Justice Action Plan 2017‑2020, research has found 36 per cent of 10-18 year‑olds in the Western Australian Banksia Hill Detention Centre were diagnosed with FASD.[[68]](#endnote-62)  Action 23 of the Youth at Risk Strategy is “*Strengthen access to holistic youth focused AOD treatment options*” which aligns with the AOD Reform Agenda. |

# References

Alcohol and Drug Foundation (ADF) 2020, Substance Misuse – the Gender Divide Explained. adf.org.au. Accessed: <https://adf.org.au/insights/substance-misuse-gender-divide-explained>

Australian Bureau of Statistics (ABS) 2019, National Health Survey: First Results, 2017-18, Canberra. Accessed: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>

Australian Commission on Safety and Quality in Health Care (ACSQHC) 2019, The Third Atlas of Healthcare Variation 2018 – Data Sets. Accessed: [The Third Atlas of Healthcare Variation 2018 - Data sets | Australia Commission on Safety and Quality in Healthcare](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/third-atlas-healthcare-variation-2018-data-sets)

Australian Criminal Intelligence Commission (ACIC) 2022, National Wastewater Drug Monitoring Program Report 15, Canberra.

Australian Government Department of Health 2019, National Alcohol Strategy 2019-2028, Publication Number 12045.

Australian Government Department of Health 2017, National Drug Strategy 2017-2026, Publication Number 11814.

Australian Institute of Health and Welfare (AIHW) 2022, Alcohol, Tobacco and Other Drugs in Australia, Web Report, Canberra. Accessed: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/about>

AIHW 2021, Australian Burden of Disease Study 2018. Accesssed: <https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus/summary>

AIHW 2021a, Alcohol and Other Drug Treatment Services in Australia Annual Report, Web Report, Canberra. Accessed: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/about>

AIHW 2020, National Drug Strategy Household Survey 2019, Canberra. Accessed: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>

AIHW 2020a, Aboriginal and Torres Strait Islander Health Performance Framework 2020 Summary Report, Canberra.

AIHW 2019, The Health of Australia’s Prisoners, 2018, Canberra.

AIHW 2019a, Family, Domestic and Sexual Violence in Australia: Continuing the National Story 2019: In Brief, Canberra. Accessed: <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-and-sexual-violence-in-australia-c/summary>

AIHW 2018, Overlap Between Youth Justice Supervision and Alcohol and Other Drug Treatment ­­services 2012–16, Cat. no. JUV 126, Canberra. Accessed: <https://www.aihw.gov.au/reports/youth-justice/overlap-youth-justice-supervision-and-aodts/summary>

Bonomo, Y., A. Norman, S. Biondo, et al., 2019, ‘The Australian Drug Harms Ranking Study’, *Journal of Psychopharmacology*, vol. 33, no. 7, pp. 759-68.

Bower, C., R. Watkins, R. Mutch, et al., 2018, Fetal Alcohol Spectrum Disorder and Youth Justice: A Prevalence Study Among Young People Sentenced to Detention in Western Australia’, *BMJ* Open vol. 8, no. 2, pp 1 – 10, doi:10.1136/bmjopen-2017-019605.

Chapman, S.L.C., and L. Wu, 2012, ‘Substance Abuse Among Individuals with Intellectual Disabilities’, *Research in Developmental Disabilities*, vol. 33, pp 1147-56.

Cohen, D., T. Huynh, A. Sebold, J. Harvey, et al, 2014, ‘The Population Health Approach*:* A Qualitative Study of Conceptual and Operational Definitions for Leaders in Canadian Healthcare’, *Sage Open Medicine*. DOI: 10.1177/2050312114522618.

Department of Health, Tasmania, 2021, Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2019. State of Tasmania, Department of Health.

Department of Health, Tasmania, 2020, Report on the Tasmanian Population Health Survey 2019. Hobart.

Evans, A. C., R. Lamb, and W.L. White 2014, ‘Promoting Intergenerational Resilience and Recovery: Policy, Clinical, and Recovery Support Strategies to Alter the Intergenerational Transmission of Alcohol, Drug, and Related Problems’, Department of Behavioral Health and Intellectual Disability Services, Philadelphia.

Gao, C., R.P. Ogeil, and B. Lloyd, 2014, ‘Alcohol’s Burden of Disease in Australia’, Foundation for Alcohol Research and Education (FARE) and VicHealth in collaboration with Turning Point.

Hall, W. D., G. Patton, E. Stockings et al 2016, ‘Substance Use in Young People 2. Why Young People’s Substance Use Matters for Global Health’, *Lancet Psychiatry* vol. 3, pp. 265-79. <http://dx.doi.org/10.1016/S2215-0366(16)00013-4>

Intergovernmental Committee on Drugs (IGCD) 2014, *National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014-2019*, Commonwealth of Australia.

Marel, C., K.L. Mills, R. Kingston, K. Gournay, M. Deady, F. Kay-Lambkin, A. Baker and M. Teesson, 2016, ‘Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings’, Centre of Research Excellence in Mental Health and Substance Use, National Drug and Research Centre, University of New South Wales, Sydney, Australia. Australian Government Department of Health.

Masters, R., E. Anwar, B. Collins, R. Cookson, and S. Capewell, 2017, ‘Return on Investment of Public Health Interventions: A Systematic Review’, *Journal of Epidemiology and Community Health*, vol. 71, no. 8, pp. 827-34.

Mayshak, R., E. Cox, B. Costa, A. Walker, S. Hyder, A. Day et al 2018, ‘Alcohol/Drug-Involved Family Violence in Australia (ADIVA) - Research Bulletin no. 7, National Drug Law Enforcement Research Fund (NDLERF), Canberra. Accessed: <https://www.aic.gov.au/publications/ndlerfbulletin/ndlerfbulletin7>.

Miller, P., E. Cox, B. Costa, R. Mayshak, A. Walker, S. Hyder S et al 2016, ‘Alcohol/Drug-Involved Family Violence in Australia (ADIVA), Key Findings’, National Drug Law Enforcement Research Fund (NDLERF), Canberra.

Nicholas, R. and A.M. Roche, 2014, ‘Alcohol and Other Drug Use and Healthy Ageing: Patterns of Use and Harm Among Older Australians’, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

Penington Institute, 2021, *Australia’s Annual Overdose Report 2021*, Melbourne.

Popova, S., S. Lange, D. Bekmuradov, A. Mihic, and J. Rehm, 2011, ‘Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review’, *Canadian Journal*

Roche, A.M. and V. Kostadinov, 2018, ‘Baby Boomers and Booze: We Should be Worried about how Older Australians are Drinking’, *Medical Journal of Australia*, pp. 38-9.

Sentencing Advisory Council 2017, ‘Mandatory Treatment for Alcohol and Drug Affected Offenders’, research paper no. 2, Department of Justice, Tasmania.

Slade, T., P. McEvoy, C. Chapman, R. Grove, and M. Teesson, 2013, ‘Onset and Temporal Sequencing of Lifetime Anxiety, Mood and Substance Use Disorders in the General Population’, *Epidemiology and Psychiatric Sciences*, vol. 24, no. 1, pp. 45-53.

State of Victoria 2016, Royal Commission into Family Violence: Report and Recommendations, Volume III*,* Parl. Paper No 132 (2014–16*).* Victorian Government, Melbourne.

Tasmanian Law Reform Institute (TLRI), 2018, ‘Responding to the Problem of Recidivist Drink Drivers’, Final Report No 24.

Tasmania Police 2021, Annual 2020-21 (June 2021) Corporate Performance Report, Department of Police, Fire and Emergency Management, Tasmania.

Whetton, S., Tait, R.J., Chrzanowska, A., Donnelly, N., et al, 2020a, ‘Quantifying the Social Costs of Cannabis Use to Australia 2015/16’, Curtin University, National Research Institute, Perth, WA.

Whetton, S., Tait, R.J., Chrzanowska, A., Donnelly, N., et al, 2020b, ‘Quantifying the Social Costs of Pharmaceutical Opioid Misuse and Illicit Opioid Use to Australia in 2015/16’, Curtin University, National Research Institute, Perth, WA.

1. # Endnotes

   Australian Institute of Health and Welfare (AIHW) 2021, Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018, pp. 66, 71-72. [↑](#endnote-ref-1)
2. Y. Bonomo, A. Norman, S. Biondo et al. 2019, The Australian Drug Harms Ranking Study, pp. 764-765. [↑](#endnote-ref-2)
3. S. Whetton, R.J. Tait, A. Chrzanowska et al. 2020, Quantifying the Social Costs of Cannabis Use to Australia in 2015/16, p. vi. [↑](#endnote-ref-3)
4. “Extra-medical” opioid use includes both the illegal use of opioids such as heroin, and the misuse of pharmaceutical opioids, i.e., when they are not used as prescribed or intended. [↑](#footnote-ref-1)
5. S. Whetton, R.J. Tait, A. Chrzanowska et al. 2020, Quantifying the Social Costs of Pharmaceutical Opioid Misuse & Illicit Opioid Use to Australia in 2015/16 p. iii. [↑](#endnote-ref-4)
6. Excluded hospitalisations data from Tasmania, where i) provision of records was restricted to those that included drug and alcohol related principal and/or additional diagnoses and external causes, and ii) only the drug and alcohol related diagnoses codes were provided for those records. The authors noted the findings likely represent an underestimate of costs as the Tasmanian records could not be used in calculation of the indirectly attributed conditions. [↑](#footnote-ref-2)
7. Australian Bureau of Statistics (ABS) 2019, National Health Survey: First Results, 2017-18. [↑](#endnote-ref-5)
8. AIHW 2021, Alcohol and other drug treatment services in Australia annual report. [↑](#endnote-ref-6)
9. Department of Health Tasmania 2021, Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2019, p. 15. [↑](#endnote-ref-7)
10. Tasmania Police 2021, Annual 2020-21 (June 2021) Corporate Performance Report. [↑](#endnote-ref-8)
11. The National Wastewater Drug Monitoring Reports provide one set of data of estimated ATOD use and distribution at population level and is a measure of drug excretion within a wastewater catchment area. It has certain limitations and may not necessarily provide a comprehensive indication of overall patterns of ATOD use, e.g. levels of methamphetamine found in wastewater could stem from a larger number of people using small amounts or a smaller number of people using larger amounts. It also cannot be broken down into more fine-grained demographic consumer variables such as age and gender. [↑](#footnote-ref-3)
12. Australian Criminal Intelligence Commission (ACIC) 2022, National Wastewater Drug Monitoring Program Report 15. [↑](#endnote-ref-9)
13. AIHW 2020, National Drug Strategy Household Survey 2019. [↑](#endnote-ref-10)
14. Department of Health, Tasmania 2020, Report on the Tasmanian Population Health Survey 2019. [↑](#endnote-ref-11)
15. Department of Health, Tasmania 2020, Report on the Tasmanian Population Health Survey 2019. [↑](#endnote-ref-12)
16. Department of Health, Tasmania 2021, Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2019, p. 15. [↑](#endnote-ref-13)
17. ACIC 2022, National Wastewater Drug Monitoring Program Report 15. [↑](#endnote-ref-14)
18. Australian Commission on Safety and Quality in Health Care (ACSQHC) 2019, The Third Atlas of Healthcare Variation 2018. [↑](#endnote-ref-15)
19. Penington Institute 2021, Australia’s Annual Overdose Report 2021. [↑](#endnote-ref-16)
20. ACIC 2022, National Wastewater Drug Monitoring Program Report 15. [↑](#endnote-ref-17)
21. AIHW 2020, National Drug Strategy Household Survey 2019. [↑](#endnote-ref-18)
22. AIHW 2021, Alcohol and Other Drug Treatment Services in Australia Annual Report. [↑](#endnote-ref-19)
23. Australian Criminal Intelligence Commission (ACIC) 2022, National Wastewater Drug Monitoring Program Report 15. [↑](#endnote-ref-20)
24. Health-in-all policies is an approach to public policy that systematically takes into account the health implications of other policy decisions, and recognises that many of the determinants of health and health inequities in population have social, environmental and economic origins that are beyond the influence of the health sector or health policies. It acknowledges that public policies in all sectors can have a significant impact on population health and health equity. [↑](#footnote-ref-4)
25. D. Cohen, T. Huynh, A. Sebold et al. 2014, The population health approach: A qualitative study of conceptual and operational definitions for leaders in Canadian healthcare. [↑](#endnote-ref-21)
26. Intergovernmental Committee on Drugs (IGCD) 2014, National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy 2014-2019. [↑](#endnote-ref-22)
27. AIHW 2020, Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. [↑](#endnote-ref-23)
28. AIHW 2019, Family, domestic and sexual violence in Australia: continuing the national story 2019: in brief. [↑](#endnote-ref-24)
29. AIHW 2020, Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. [↑](#endnote-ref-25)
30. A.C. Evans, R. Lamb and W.L. White 2014, Promoting Intergenerational Resilience and Recovery: Policy, Clinical, and Recovery Support Strategies to Alter the Intergenerational Transmission of Alcohol, Drug, and Related Problems. [↑](#endnote-ref-26)
31. W.D. Hall, G. Patton, E. Stockings et al. 2016, Substance use in young people 2. Why young people’s substance use matters for global health. [↑](#endnote-ref-27)
32. AIHW 2018, Overlap between youth justice supervision and alcohol and other drug treatment services 2012–16. [↑](#endnote-ref-28)
33. P. Miller, E. Cox, B. Costa et al. 2016, Alcohol/Drug-Involved Family Violence in Australia. [↑](#endnote-ref-29)
34. R. Mayshak, E. Cox, B. Costa et al. 2018, Alcohol/Drug-Involved Family Violence in Australia. [↑](#endnote-ref-30)
35. State of Victoria 2014, Royal Commission into Family Violence: Report and recommendations, vol. III. [↑](#endnote-ref-31)
36. AIHW 2019, The health of Australia’s prisoners 2018. [↑](#endnote-ref-32)
37. Sentencing Advisory Council 2017, Mandatory treatment for alcohol and drug affected disorders: research paper no. 2. [↑](#endnote-ref-33)
38. R. Nicholas and A.M. Roche 2014, Information Sheet 2: Alcohol and other drug use and healthy ageing: Patterns of use and harm among older Australians. [↑](#endnote-ref-34)
39. AIHW 2020, National Drug Strategy Household Survey 2019. [↑](#endnote-ref-35)
40. AIHW 2020, National Drug Strategy Household Survey 2019. [↑](#endnote-ref-36)
41. ACIC 2022, National Wastewater Drug Monitoring Program Report 15. [↑](#endnote-ref-37)
42. T. Slade, P. McEvoy, C. Chapman et al. 2013, Onset and temporal sequencing of lifetime anxiety, mood and substance use disorders in the general population. [↑](#endnote-ref-38)
43. C. Marel, K.L. Mills, R. Kingston et al. 2016, Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings. [↑](#endnote-ref-39)
44. S.L.C. Chapman and L. Wu 2012, Substance Abuse Among Individuals with Intellectual Disabilities, pp. 1147-56. [↑](#endnote-ref-40)
45. S. Popova, S. Lange, D. Bekmuradov et al. 2011, Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review. [↑](#endnote-ref-41)
46. AIHW 2019, The health of Australia’s prisoners 2018. [↑](#endnote-ref-42)
47. AIHW 2022, Alcohol, Tobacco and Other Drugs in Australia. [↑](#endnote-ref-43)
48. AIHW 2020, National Drug Strategy Household Survey 2019. [↑](#endnote-ref-44)
49. R. Masters, E. Anwar, B. Collins et al. 2017, Return on Investment of Public Health Interventions: A Systematic Review. [↑](#endnote-ref-45)
50. Australian Government Department of Health 2019, National Alcohol Strategy 2019-2028. [↑](#endnote-ref-46)
51. C. Gao, R.P. Ogeil, B. Lloyd 2014, Alcohol’s Burden of Disease in Australia. [↑](#endnote-ref-47)
52. AIHW 2021, Australian Burden of Disease Study 2018. [↑](#endnote-ref-48)
53. AIHW 2021, Australian Burden of Disease Study 2018. [↑](#endnote-ref-49)
54. Unintentional drug-induced deaths include drug overdoses and accidental poisoning due to drugs. It does not include drug-induced deaths that were homicidal, suicidal or of undetermined intent. [↑](#footnote-ref-5)
55. Penington Institute 2021, Australia’s Annual Overdose Report 2021. [↑](#endnote-ref-50)
56. Penington Institute 2021, Australia’s Annual Overdose Report 2021. [↑](#endnote-ref-51)
57. AIHW 2018, Overlap Between Youth Justice Supervision and Alcohol and Other Drug Treatment services 2012-16. [↑](#endnote-ref-52)
58. AIHW 2021a, Alcohol and Other Drug Treatment Services in Australia Annual Report. [↑](#endnote-ref-53)
59. ACIC 2022, National Wastewater Drug Monitoring Program Report 15. [↑](#endnote-ref-54)
60. It is important to note that intoxication is based on the subjective opinion of the individual police officer. [↑](#footnote-ref-6)
61. Australian Government Department of Health 2019, National Alcohol Strategy 2019-2028. [↑](#endnote-ref-55)
62. C. Bower, R. Watkins, R. Mutch et al. 2018, Fetal Alcohol Spectrum Disorder and Youth Justice: A Prevalence Study Among Young People Sentenced to Detention in Western Australia. [↑](#endnote-ref-56)
63. Tasmanian Law Reform Institute 2018, Responding to the Problem of Recidivist Drink Drivers, Final Report No. 24. [↑](#endnote-ref-57)
64. Tasmania Police 2021, Annual 2020-21 (June 2021) Corporate Performance Report. [↑](#endnote-ref-58)
65. A.M. Roche and V. Kostadinov 2018, Baby Boomers and Booze: We should be Worried about how Older Australians are Drinking. [↑](#endnote-ref-59)
66. Alcohol and Drug Foundation 2020, Substance Misuse – the Gender Divide Explained. [↑](#endnote-ref-60)
67. AIHW 2018, Overlap Between Youth Justice Supervision and Alcohol and Other Drug Treatment services 2012-16. [↑](#endnote-ref-61)
68. C. Bower, R. Watkins, R. Mutch et al. 2018, Fetal Alcohol Spectrum Disorder and Youth Justice: A Prevalence Study Among Young People Sentenced to Detention in Western Australia. [↑](#endnote-ref-62)