



Tasmanian Drug Strategy 2023–2028



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Mental Health, Alcohol and Drug Directorate
Department of Health



Tasmanian
Government



Acknowledgements

We acknowledge Tasmanian Aboriginal people as the traditional and continuing custodians of the Land, Sea, Waterways and Sky of Tasmania and pay respect to Elders past and present.

We acknowledge all people in Tasmania who have a lived experience of alcohol, tobacco and other drugs (ATOD) use, including those who care for people who use ATOD. Their knowledge is essential in the co-design and delivery of the Tasmanian Drug Strategy 2023–2028.

Thank you to the many organisations, service providers and community members in Tasmania who provided input to help shape this strategy.

We look forward to working with all people who care about and want to contribute to improving health and wellbeing outcomes for people who use ATOD in Tasmania and those who care for them to deliver the actions and activities attached to this strategy.

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A message from the Premier

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A message from Tasmanians with lived experience

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Our language matters

The language we use is important as it can have various meanings for different people. It can empower people, engage audiences and encourage action. It can also alienate, stigmatise and harm.

We acknowledge in developing the drug strategy that individuals make sense of their experiences in different ways and will have their own preferences about language. Although we have made every effort to use inclusive and respectful language, we are aware that the terms we have used may not fully describe the experiences of all people.

Given the diverse audience for this strategy, we use plain English wherever possible. We have described key terms used within the document in a list of definitions at [Appendix 2](#).

Using safe and inclusive language is helpful

Preferred		Problematic	
Person who uses drugs; has an addiction to alcohol; a person who uses cannabis	✓	Addict; junkie, crackhead, drunk, alcoholic; pot-smoker	✗
Person with a dependence on drugs; substance use	✓	Drug habit	✗
Person who no longer uses drugs; person who currently uses drugs	✓	Clean; dirty; fallen off the wagon	✗
Respond to or address drug use in the community	✓	Fight or combat drugs; war on drugs	✗
Increased rates of crystal methamphetamine use; concerning rates of substance use	✓	Ice epidemic	✗

Key Resources

Everymind (2023). Mindframe Our words matter: Guidelines for language use; Mindframe and Alcohol and Other Drugs - Guidelines for communicating about alcohol and other drugs¹

Alcohol, Tobacco and other Drugs Council Tasmania - Communications Charter²

Alcohol and Drug Foundation - the Power of Words³

Our strategy

Vision

A Tasmania that is inclusive and safe for all people, without stigma and discrimination, where people can make informed health decisions when it comes to their use of alcohol, tobacco and other drugs (ATOD).

Aim

To support and improve Tasmanians' health and wellbeing as a means of preventing and reducing the health, economic and social costs associated with ATOD use.

Principles

A commitment to: uphold human rights and take a strengths-based approach; engage with people with lived experience, their families and carers, and other people directly affected by ATOD use; work in partnership with the community and across sectors; build on and use data and evidence; continue to support the *National Drug Strategy 2017-2026* harm minimisation approach and actions under the three pillars of supply, demand and harm reduction.

Strategic objectives

1. Improve the health of Tasmanians by reducing the number who smoke/vape, drink alcohol at risky levels, use pharmaceuticals and medicines unsafely or are harmed by using illicit drugs, and by addressing social determinants contributing to ATOD use.
2. Improve individual, family, and community safety.
3. Improve alignment of strategic policy responses and work in partnership across sectors and with the community.
4. Restrict and/or regulate availability where additional safeguards are required.
5. Prevent and/or delay ATOD use through primary intervention, education and awareness.
6. Reduce stigma and discrimination.
7. Improve treatment options, including responsiveness to the needs of Tasmanians and concurrent treatment of co-occurring conditions.
8. Listen to the voices of all Tasmanians, including people with lived experience, and families and carers of people who use ATOD.
9. Data and research: Improve data collection, collation and sharing.



Priority Population Groups

- Children and young people, including children whose parents use ATOD
- Aboriginal and Torres Strait Islander peoples
- People experiencing family and sexual violence
- Pregnant women and their partners
- People in or leaving secure facilities or custodial settings, including the youth justice system
- Older people
- People living in rural or remote areas
- People with co-occurring conditions
- People at risk of or experiencing homelessness
- People from culturally and linguistically diverse communities
- People identifying as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual + (LGBTIQA+)
- Families and carers of people who use ATOD
- People who use performance and image enhancing drugs

Action Areas

Prevention

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

Alcohol

Work together to reduce alcohol harms

Tobacco and e-cigarettes/vaping

Prevent and minimise tobacco and e-cigarette/vaping use

Pharmaceutical drugs

Promote safe use of pharmaceutical drugs and better regulate availability

Illicit drugs

A health response to illicit drugs use

Intervention and treatment

Expand access to best-practice interventions and treatment services

Evidence base

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



Purpose

The vision of the Tasmanian Drug Strategy 2023–2028 (Tasmanian drug strategy) is a Tasmania that is inclusive and safe for all people, without stigma and discrimination, where people can make informed health decisions when it comes to their use of alcohol, tobacco and other drugs (ATOD). It is a Tasmania where people who use ATOD, their carers, families and friends, can all access support where and when they need it.

The Tasmanian drug strategy provides a high level strategic framework to guide collaborative action to support and improve Tasmanians' health and wellbeing, and prevent and reduce the health, economic, and social costs of ATOD use.

Tasmania's drug strategy is a guide for all Tasmanian Government agencies, non-government organisations and the community as they develop policies, programs and activities to address the impacts of ATOD use. The strategy will be accompanied by implementation plans that outline specific actions to positively influence how people choose to use ATOD and to increase access to timely and quality services where and when they are needed.

Importantly, the Tasmanian drug strategy builds on and aligns with other key Tasmanian strategies and reforms. In particular, activities under this strategy will align with work occurring through the *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*, especially in the areas of interventions and treatment, and the *Healthy Tasmania Five-Year Strategic Plan 2022–2026*.

Aim

The aim of the Tasmanian drug strategy is to support and improve Tasmanians' health and wellbeing as a means of preventing and reducing the health, economic and social costs associated with ATOD use.

This will occur through targeted activities under these key action areas:

- prevention
- four specific drug types: alcohol, tobacco and e-cigarettes/vaping, licit drugs such as prescription medication, and illicit drugs
- interventions and treatment, and
- evidence base.

Guiding principles

The Tasmanian drug strategy is guided by a commitment to:

- uphold human rights and take a strengths-based approach
- engage, through meaningful participation, with people with lived experience, their families and carers, and other people directly affected by ATOD use
- work together – individuals, families, carers, communities, industry and government – and acknowledge that co-design, partnerships and collaboration are vital to driving change
- keep a focus on the people and communities that may experience greater risks and harms from ATOD
- build on and use data and evidence to inform decision making about the best use of available resources to achieve positive change, and
- support the harm minimisation approach of the *National Drug Strategy 2017–2026* and actions under the three pillars of supply, demand and harm reduction.

Policy framework

National Drug Strategy 2017–2026

The *National Drug Strategy 2017–2026* (national drug strategy) is the Australian Government’s overarching policy response to drug issues and supports harm minimisation as its underlying concept. The Tasmanian drug strategy aligns with the current national drug strategy.

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.

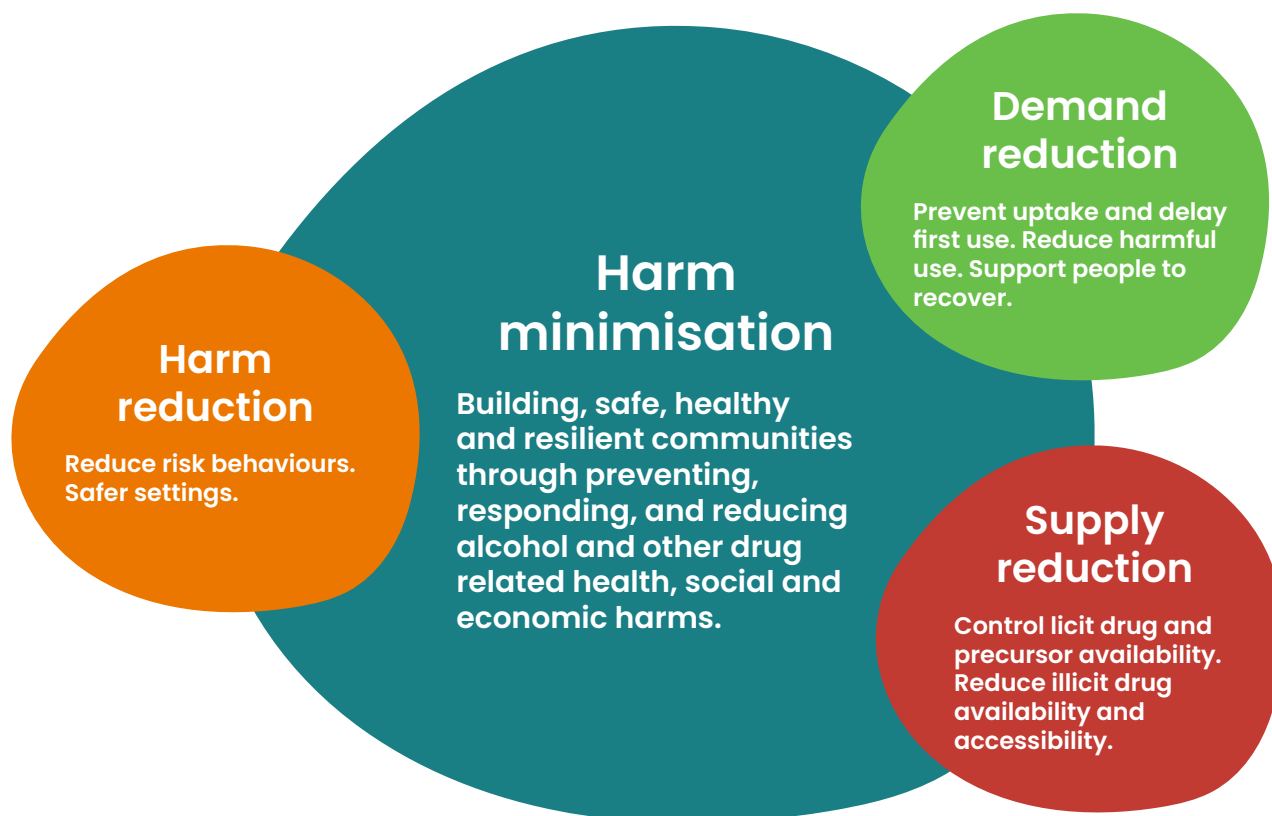


Diagram 1. Harm minimisation approach [adapted from the National Drug Strategy 2017–2026 (Australian Government Department of Health, 2017, p. 7)]

(Australian Government Department of Health, 2017)

More information on the national drug strategy strategic policy context is provided in [Appendix 1](#).

Tasmanian Strategic Policy

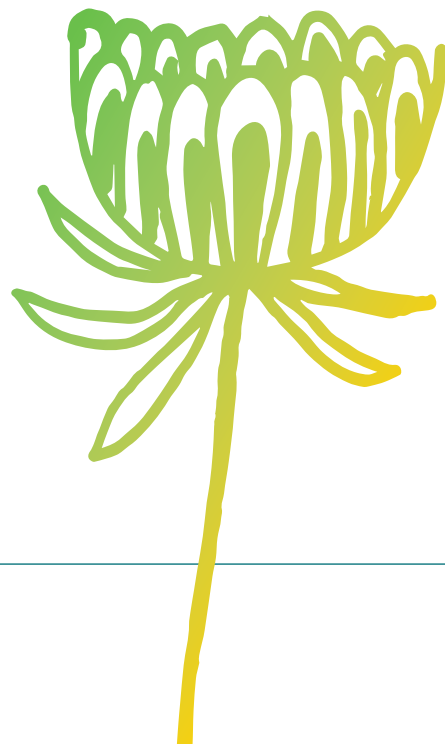
At the State level, the Tasmanian drug strategy builds on previous activities to prevent or reduce the impacts of harmful ATOD use in the State. A desktop review of actions and activities and available data for the Tasmanian Drug Strategy 2013–2018 was undertaken in 2019 and is available on the [Department of Health website](#).

There have been many changes nationally, internationally, and in the community, since the last Tasmanian drug strategy. This new strategy recognises those changes and commits to exploring the latest evidence-based research. This includes shifting a health-focused approach to ATOD use in our community.

Another significant development is the release of the *Reform Agenda for the Alcohol and Other Drug Sector in Tasmania* (AOD Reform Agenda). The aim of the AOD Reform Agenda is to ensure Tasmanians affected by ATOD use have access to 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 Tasmanian drug strategy will work closely with activities and actions under the AOD Reform Agenda to achieve better health and wellbeing outcomes for all Tasmanians.

Additionally, the *Healthy Tasmania 2022–2026 Five-Year Strategic Plan* (Healthy Tasmania) and *Rethink 2020*, the State's overarching mental health plan, including the *Tasmanian Suicide Prevention Strategy 2023–2027*, will work alongside the Tasmanian drug strategy to enhance and align services, supports and initiatives that, combined, will contribute to improved access to services and support, and improved overall health and wellbeing. Together we will make a difference.

Reflecting a whole-of-government and a health-in-all policies approach, the Tasmanian drug strategy also recognises that reducing 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](#).



The impacts of harmful alcohol, tobacco and other drugs use in Australia

ATOD use is a risk factor that contributes to poor health outcomes and premature death in Australia (referred to as 'burden of disease').⁴ Tobacco use at 8.6 per cent contributed the most burden of disease in 2018, with alcohol use at 4.5 per cent and illicit drugs at 3 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. Tobacco was the leading risk factor for women aged 45–65 (8.8 per cent), and the second leading risk for men aged 45–64 (12 per cent).⁵

Health harms associated with ATOD use include increased risk of injury and death, 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 and sexual violence and child safety issues. ATOD use is also associated with social and health determinants such as discrimination, unemployment, homelessness, poverty and family breakdown.

'In recent years, the separate costs of tobacco, opioid use, cannabis, methamphetamine and alcohol use in Australia have been estimated using different methodologies.⁶ The overall total estimated social and economic cost of alcohol in 2017/18 to Australia was \$66.8 billion.⁷ The social cost of methamphetamine use was estimated to cost \$5 billion in 2013/14 (excluding the costs of federal policing, federal courts and border protection).⁸ The social cost of cannabis use was estimated to cost \$4.5 billion in 2015/16, with more than half related to the criminal justice system.⁹

The social costs of extra-medical¹⁰ opioid use in Australia over the financial year 2015–16 were estimated at \$15.8 billion.¹¹ 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.¹²

It should be noted that these statistics do not include the impacts of the COVID-19 pandemic on ATOD use. The impacts of COVID-19 will become clearer over time and will be considered in implementation plans, and in reporting, evaluation and monitoring across the time frame of the Tasmanian drug strategy. To date, the effects of COVID-19 show fluctuating trends.

It is important to acknowledge that while these statistics are concerning and action is needed to address them, there are complex drivers of the harms associated with ATOD. These are referenced throughout this strategy and include the effects of trauma, job loss, housing, and relationship breakdown amongst other drivers.

Alcohol, tobacco and other drugs use in Tasmania

Available data shows some positive ATOD use trends in Tasmania, 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. While there are some positive trends, Tasmanian ATOD use is still generally above national averages.¹³

Alcohol use in Tasmania

- Alcohol is the most widely used drug in Tasmania, with estimates that more than two in five adults aged 18 and over exceeding the single occasion risk guideline in 2017–2018.¹⁴ In 2020–21, for clients in Tasmania receiving treatment episodes for their own alcohol or drug use, alcohol was the most common principal drug of concern (45 per cent or 1,626 episodes).¹⁵
- The percentage of Tasmanian women who reported drinking alcohol while pregnant has declined from 3.6 per cent in 2015 to 2.5 per cent in 2019; however, the difference fell just short of being statistically significant.¹⁶
- Tasmania Police data suggests the number of people caught drink-driving has decreased by 16 per cent from the 2018/19¹⁷ to the 2020/21¹⁸ financial year.
- Trends from the National Wastewater Monitoring Program Report 17 estimated Tasmania ranked second highest nationally in capital city and regional alcohol consumption in April 2022.¹⁹ The report also notes that alcohol consumption declined in capital city Tasmania in April and June 2022 compared to previous collection periods.²⁰
- 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.²¹ However, both have declined between 2007 and 2019 from 23 per cent to 16.6 per cent (lifetime risk), and from 34 per cent to 26 per cent (single occasion risk).

Tobacco use and vaping in Tasmania

- The proportion of daily and occasional smokers (collectively referred to as current smokers) 18 years and over fell from 18.9 per cent in 2014–15²² to 17.6 per cent in 2017–18²³, but statistically is higher than the national rate of 15.1 per cent.²⁴
- Over the decade 2007–08 to 2017–18, the proportion of current smokers 18 years and over declined significantly from 24.9 per cent²⁵ to 17.6 per cent.²⁶
- 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.²⁷

- Trends from the National Wastewater Monitoring Program Report 17 estimated Tasmania ranked second highest nationally for capital city and regional nicotine consumption in April 2022.²⁸ The report also notes that nicotine consumption has been declining in capital city Tasmania, but consumption has been increasing in regional Tasmania.²⁹

Prescribed drug use in Tasmania

- The Tasmanian rate of opioid dispensing in 2016–17 was 76,697 per 100,000 people, which was the highest of all Australian states and territories. This has since reduced to 60,587 per 100,000 people in 2020–21; however this is still the highest rate of all Australian states and territories.³⁰
- It is difficult to accurately determine the rates per 100,000 people of unintentional drug-induced deaths in Tasmania compared with the rest of Australia due to Tasmania’s data being aggregated with the Northern Territory and the ACT; however the rates of unintentional drug-induced deaths has risen Australia-wide since 2001, including the rate per 100,000 people for benzodiazepine-related unintentional deaths, which has risen since 2013.³¹
- Data from the National Wastewater Drug Monitoring Program Reports indicate the Tasmanian capital city average consumption of oxycodone as the highest in the country.³²

Illicit drug use in Tasmania

- 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 2019.³³
- ‘In 2020–21, for clients in Tasmania receiving treatment episodes for their own alcohol or drug use, amphetamines as a principal drug of concern accounted for 25% treatment episodes followed by cannabis at 17.5%.³⁴
- Tasmania Police drug offender data indicates that in 2020–21, the most common substances for drug offenders, including serious drug offenders and drug trafficking offences, were cannabis and methamphetamine.³⁵
- High rates of cannabis and methamphetamine are also reflected in Tasmania Police seizure data for 2020–21, with cannabis, methamphetamine and MDMA (ecstasy) having the highest volume seized.
- Data from the National Wastewater Drug Monitoring Program Report 17 estimated Tasmania ranked first nationally in capital city consumption of cannabis³⁶. The Northern Territory and Tasmania capital cities have historically been the two cities where MDMA consumption tended to be the highest in the nation. However, thus far in 2022, consumption is now more evenly spread across the country. Methamphetamine consumption has been highly variable since the start of the pandemic in 2020. Since the decrease in consumption levels in mid-2020 in most parts of the country, consumption of the drug has recovered to a different degree in most jurisdictions. In the Tasmania methamphetamine consumption has remained at the lower end of the scale.³⁷

Approaches

The Tasmanian drug strategy will consider system, population, and individual approaches when developing activities, making change where it is most needed. This is consistent with a health-in-all-policies approach.³⁸

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

This approach is consistent with the Tasmania Statement and the national drug strategy, and will assist in achieving the vision of the Tasmanian drug strategy.

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 and sexual violence, criminal and youth justice, affordable housing, mental health and suicide prevention, education and training
- 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
- Interventions occur 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 and emotional support
 - have their physical and mental health needs met
 - are able to participate fully in life

Diagram 2. System, population and individual approaches³⁹

Protective factors and risk factors

Domain	Risk factors	Protective factors
Individual	Genetic disposition Personality disorder Depression and suicidal behaviour Victim/survivor and mental health diagnosis, anxiety disorder	Good coping skills Self-efficacy Risk perception Optimism General healthy behaviour
Family	Family disruption Social deprivation Child abuse Family and sexual violence	Assistance to attend and maintain treatment Social support Knowledge of a person's history
Friends	Peer culture Cultural norms, attitudes	Ability to resist peer pressure Social integration Positive life events
Education/ employment	Capability challenges at school Occupational stressors	Social integration Income Assistance with educational capability
Community/ environment	Drug availability/promotion and marketing Social disadvantage Discrimination Inequality Minority stress	Situational control Social capital Social change

Table 1. Protective and risk factors that can influence ATOD use

Priority population groups

Some population groups may experience greater rates of trauma, stigma and discrimination, isolation, and other forms of social exclusion that can influence ATOD use. While the groups identified here do not include everybody at greater risk, the Tasmanian drug strategy acknowledges increased levels of risks and harms of ATOD use for some specific populations. We acknowledge there are data gaps and other populations could emerge as data is monitored across the life of the strategy.

The Tasmanian drug strategy also acknowledges there are increased chances of a person, including children and young people, being included in more than one of the identified priority population groups and at increased risk of harm associated with ATOD use.

The Tasmanian drug strategy recognises and commits to the importance of identifying and implementing strategies that are culturally safe and inclusive, and to addressing the increased risk and complexity associated with being included in more than one group.

Children and young people, including children whose parents use ATOD

Parental history of ATOD use is a key risk factor for children's subsequent use, and includes increased risk of developing anxiety, depression, suicide and suicidal distress, eating disorders and school absenteeism and failure. They are at increased risk of developing an ATOD-use disorder.^{40 41 42}

There is an established link between AOD use and violence, anxiety, depression, and suicide among young people.⁴³

There are overlaps that exist among young people who experience child protection, youth justice supervision, homelessness, mental health disorders, and ATOD use.⁴⁴

Young people are particularly vulnerable to the negative effects of alcohol, tobacco and illicit use of drugs. These substances can directly and indirectly harm young people's physical and psychological health, wellbeing and development. Their use has also been associated with negative economic and social outcomes, such as unemployment, low educational attainment, poverty, homelessness and family breakdown.⁴⁵

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.⁴⁶

Aboriginal and Torres Strait Islander peoples are also statistically more likely to be involved with the criminal justice system (NB most Aboriginal and Torres Strait Islander people have never been imprisoned),⁴⁷ to be affected by family violence,⁴⁸ and have other co-occurring conditions.⁴⁹

People experiencing sexual and family violence, including victims and survivors

Alcohol is involved in about half of all police-reported family and domestic violence incidents in Australia.⁵⁰ A study in 2018 found more than a third of intimate partner violence incidents attended to by Tasmania Police from 1 July 2009 to 20 June 2014 were alcohol-related.⁵¹

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.⁵²

People in or leaving custodial settings

A study in 2018 found people in correctional services are four times more likely than people in the general population to report illicit drug use (including use of unregulated 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.⁵³ In Tasmania, that was 86 per cent.⁵⁴

Research shows the strong but complex association between ATOD use and crime and reoffending.⁵⁵

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. Use of 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.⁵⁶

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).⁵⁷

Both females (12.2 per cent) and males (30.4 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 24.4 per cent of males aged 14 and over).⁵⁸

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 to 10.3 per cent).⁵⁹

People living in rural or remote areas

Data from the National Drug Strategy Household Survey 2019 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.⁶⁰ Limited access to healthcare and services is also an issue in rural and remote areas. While noting data limitations, the National Wastewater Drug Monitoring Program – Report 17 indicate that regional Tasmania has the second highest levels of alcohol consumption nationally.⁶¹

People with co-occurring conditions, including mental ill health, neurodiversity 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.⁶² People who enter ATOD treatment are at high risk of suicide, which is further increased by the presence of comorbid mental health disorders.⁶³

Research conducted in the United States suggests that people with intellectual disabilities suffer disproportionately from substance use problems.⁶⁴

A Canadian study in 2011 estimated that people with Fetal Alcohol Spectrum Disorder (FASD) are 19 times more likely to be in correctional facilities than those without. The few studies that have identified individual offenders with FASD estimate that the number of undiagnosed persons in correctional facilities is high.⁶⁵

People at risk of or experiencing homelessness

There is a strong association between problematic alcohol or other drug use and experiences of homelessness. Problematic drug and/or alcohol use can be a pathway into homelessness or develop while experiencing homelessness.

In 2021–22, around 23,400 specialist homelessness services clients (or 8.6% of all clients) were clients with problematic ATOD-use issues. In Tasmania in 2021–22, 10.8 per cent of clients of specialist homelessness services reported problematic ATOD use.

The length of support provided to clients with problematic ATOD use increased in 2021–22 to a median of 119 days, up from 86 days in 2017–18. The average number of support periods per client has been relatively consistent over time from an average of 2.9 support periods per client in 2018–19 to 3 in 2021–22.⁶⁶

People from culturally and linguistically diverse (CALD) 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.⁶⁷

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

The National Drug Strategy Household Survey 2019 found 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 methamphetamines in the previous 12 months, and 9 times as likely to have used inhalants in the previous 12 months.⁶⁸ There is a lack of data on associated harms for LGBTIQA+ people. (N.B. The AIHW report states that their data only cover people who identify as lesbian, gay, and bisexual and does not cover people who identify as transgender or intersex).

The higher level of ATOD use among LGBTIQA+ people has been closely tied to minority stress,⁶⁹ a framework that emphasises both social/environmental and internal stressors in influencing minority health disparities, including substance use.^{70 71}

Sport and Recreation

Performance and image enhancing drugs (PIEDs) is an area of particular concern in the sport and recreation sector.⁷² This concern extends to the use of supplements, particularly by young people.⁷³ 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 website <https://www.sportintegrity.gov.au>.



Action Areas



Action area 1: Prevention

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

Rationale

There are many social, socio-economic, commercial, cultural and environmental conditions that influence ATOD use. Protective and risk factors (Table 1) can be shared across multiple areas, such as mental health and wellbeing, adverse childhood experiences, family and sexual violence, bullying, stigma and discrimination, poor quality diet, lack of physical activity, loneliness, and social determinants of health – e.g. education, employment and housing.

For every \$1 spent on effective health promotion and prevention initiatives, there are long term financial savings of up to \$14.3 through reduced need for treatment and other indirect costs, e.g. unemployment.⁷⁴

Key Activities

- 1.1 Redevelop Everybody's Business: *A Plan for Implementing Promotion, Prevention and Early Intervention (PPEI)* in order to outline a co-ordinated primary prevention response to ATOD.
- 1.2 Collaborate across government and the community to build on existing initiatives to improve ATOD health literacy.
- 1.3 Support and strengthen Healthy Tasmania initiatives that create protective and supportive environments that contribute to health and wellbeing and the prevention and minimisation of harms associated with alcohol and tobacco use.
- 1.4 Improve whole-of-population access to evidence-based ATOD education and resources, including that all Tasmanian schools access and use developmentally appropriate, evidence-informed school drug education information and resources. These resources include the Australian Government's Positive Choices website [Positive Choices: Drug and Alcohol Education](#), as part of the Australian Health and Physical Education Curriculum, (including information about alternatives to the use of ATOD). Note: this activity will require a coordinated approach involving the Tasmanian Department for Education, Children and Young People, Catholic Schools Tasmania, and Independent Schools Tasmania, and should be informed by young children and people.
- 1.5 Promote positive messages through education and awareness campaigns aimed at reducing stigma and discrimination.



Action Area 2: Alcohol

Work together to reduce alcohol harms

Rationale

As noted in the National Alcohol Strategy, alcohol has a complex role in Australian society, but the risks and harms of alcohol consumption are often unknown or underestimated.⁷⁵ Long-term alcohol use is linked to eight types of cancers (including oral cavity, pharynx, larynx, oesophagus, liver, colon, rectum and breast cancer in females), ischaemic heart disease and stroke, hypertensive heart disease, cirrhosis and other chronic liver diseases, pancreatitis and diabetes.⁷⁶ 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 14.9 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.⁷⁷

Alcohol-related harm impacts across a wide range of areas, such as 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

- 2.1 Form an alcohol advisory group to develop and implement strategies to reduce the harms associated with alcohol use.
- 2.2 Develop a Tasmanian Alcohol Action Plan with a focus on health promotion, education, and evidence-based approaches to reducing alcohol use.
- 2.3 Develop and implement a Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan in response to the National FASD Strategic Action Plan.

3

Action Area 3: Tobacco and e-cigarettes/vaping

Prevent and minimise tobacco and e-cigarettes/vaping use

Rationale

It is encouraging that 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;⁷⁸ however, there is more to do as Tasmania continues to have the second highest rate of current smokers in Australia (behind the Northern Territory).⁷⁹

In 2018, tobacco use was the risk factor contributing most 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 12.9 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 cancers, 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.⁸⁰

The most recent national data on e-cigarette use in Australia is from 2019 and indicates that use is increasing rapidly, is most common among young people and, although use is more common in smokers, it is generally not for the purpose of smoking cessation. Over half of all current use is in combination with tobacco smoking (i.e. dual use) and 16 per cent is in people who have never smoked.⁸¹

Key Activities

- 3.1 Continue to support strategies to reduce smoking prevalence in Tasmania such as Healthy Tasmania, the *Tasmanian Tobacco Action Plan 2022-2026*, and the *National Tobacco Strategy 2020-2030*.
- 3.2 Greater action to address the growing concern of e-cigarette use through supporting a national response and increased collaboration between the Department for Education, Children and Young People and the Department of Health.
- 3.3 Collaborate with the Australian Government and other states and territories on action to reduce smoking in Tasmania, including strengthening action on e-cigarettes, such as restricting online sales.

4

Action Area 4: Pharmaceutical drugs

Promote safe use of pharmaceutical drugs and better regulate availability

Rationale

There are thousands of pharmaceutical medicines, including prescription only medicines. These medicines (including opioid analgesics and benzodiazepine anxiolytics) form a vital component of the health system, however their injudicious use is associated with significant preventable harms, including poisoning deaths.

It is estimated that 90 per cent of drug poisoning deaths in Tasmania were attributable to prescription medications from 2007–2016. The largest contributor to medication-related poisoning deaths in Tasmania is prescription opioids.

The rate of unintentional drug-induced deaths⁸² 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.

The second highest rates of drug-induced suicides in 2020 were seen in Tasmania at 2.8 per cent.⁸³

Key Activities

- 4.1 Develop a Pharmaceutical Drugs Action Plan with a focus on opioid prescribing, medication prescribing in institutional and custodial settings, overdose prevention, benzodiazepine prescribing, pain management, supporting prescribers and pharmacists, legislation and regulations, and data, research and evaluation.
- 4.2 Increase support and training for health professionals, including GPs (to reduce incidences of under- or over-prescribing), and increase access to opioid replacement therapy.
- 4.3 Support action 4.1 of the AOD Reform Agenda: Work with the youth sector to review, develop and implement a Youth Framework for the AOD sector including treatment service specifications and program guidelines, and specific consideration of a developmentally appropriate approach for young people with co-occurring issues.

5

Action Area 5: Illicit drugs

A health response to illicit drugs use

Rationale

Illicit drugs are substances that are prohibited from manufacture, sale, supply, use or possession. These include stimulant type drugs such as methamphetamines, ecstasy and cocaine and depressant or tranquiliser type drugs such as cannabis, cannabinoids and gamma hydroxybutyrate. These also include performance and image enhancing drugs (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.

Illicit drug use can be associated with harms, including overdose and poisoning deaths, drug-induced or drug exacerbated mental health disorders, and the transmission of blood-borne viruses through sharing of injecting equipment.

Amphetamines, including methamphetamine, and cannabis are the second and third principal drugs of concern, respectively, after alcohol for those seeking treatment in Tasmania.⁸⁴ They also account for the majority of illicit drug-related law enforcement activity in Tasmania.⁸⁵

Key Activities

- 5.1 Develop an Illicit Drugs Action Plan with a focus on preventing harm and disrupting, dismantling and reducing supply in Tasmania.
- 5.2 Expand overdose prevention initiatives, e.g. access to naloxone, develop safe festival guidelines, safer injecting and prevention of blood-borne infections, e.g. needle and syringe programs.
- 5.3 Support the expansion of the Court Mandated Diversion (CMD) program and other existing diversionary options for drug offences, including reviewing whether recent changes to the Illicit Drug Diversion Initiative (IDDI) have been effective.
- 5.4 Investigate expansion of therapeutic responses to drug use issues, e.g. prison-based rehabilitation programs with through-care services on release.
- 5.5 Form a cross-sectoral working group to investigate and report back on harm reduction or health-focused, evidence-based responses.



Action Area 6: Interventions and treatment

Expand access to best-practice interventions and treatment services to ensure all Tasmanians have access where and when they need it

Rationale

Any and every Tasmanian affected by ATOD use, and their family, friends and carers, have the right to be able to access appropriate, timely, effective and quality AOD services, education, resources, supports and treatments based on contemporary, evidence-informed best-practice, and delivered by a highly skilled workforce.

The AOD Reform Agenda recognises that the AOD sector in Tasmania is small and only one part of a larger health system that includes 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. Currently, there is little to no systemic co-ordination between services.

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

Key Activities

- 6.1 Support the implementation of the [AOD Reform Agenda](#).
- 6.2 Review and identify ways to support increasing access to AOD treatment programs, including for co-occurring and complex conditions (including exploring simultaneous treatment for mental health and ATOD issues).
- 6.3 Identify and support evidence-based alternatives to the use of high-risk, low-value persistent pain management.
- 6.4 Support recruitment, training and retention of a skilled workforce, including peer workforce (this may include exploring how to increase the capacity of AOD workers to respond to comorbidity).



Action Area 7: Evidence base

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

Rationale

Both the [Tasmanian Alcohol Action Framework 2010–2016 Activities Report](#) and the [Tasmanian Drug Strategy 2013–2018 Report on Activities](#) noted the difficulty in evaluating whether any activities had a direct effect on the goals and aims of the framework and strategy. 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 Tasmanian drug strategy will utilise work that has already been done, address gaps and determine how to best use data and the evidence base to achieve objectives. This action area will also include exploring how to collect information from people with lived experience, children and young people, and the broader community to better inform our approach, including data that relates to comorbidity and suicidality.

Key Activities

- 7.1 Increase the collection, sharing, collation and reporting of ATOD data across agencies, service systems and the community, including monitoring emerging trends (such as volatile substances).
- 7.2 Plan, develop and implement a contemporary, fit-for-purpose overdose register. A fit-for-purpose overdose registry will be able to inform the design of health and regulation responses in a timely manner through provision of information on current and emerging Tasmanian-specific harms.
- 7.3 Review national and international AOD strategies, frameworks and policy to ensure Tasmania's policies remain evidence-informed.
- 7.4 Collect information on the views of young people and members of the community, to support strategic planning, policy development and evaluation of the Tasmanian drug strategy.

Implementation, monitoring, evaluation and reporting

An advisory group was established to develop this Tasmanian Drug Strategy 2023–2028 and to oversee its implementation, ongoing monitoring and reporting (including coordinating annual reports) on behalf of the Interagency Drug Policy Committee (IDPC). The Tasmanian Drug Strategy Advisory Group (Advisory Group) is directly accountable to the IDPC and is governed by a Terms of Reference. It will report annually to the IDPC on implementation plans.

The Advisory Group has membership from the departments of Health; Police, Fire and Emergency Management; Education, Children and Young People; Justice; Treasury and Finance; and the Alcohol, Tobacco and Other Drugs Council (ATDC) as well as people with lived experience.

The Advisory Group has a collaborative focus, with members bringing technical and operational expertise and advice specific to their respective agencies, organisations and lived experience of ATOD use. This is particularly important to not only demonstrate whole-of-government and whole-of-community commitment to responding to ATOD use in Tasmania, but also to share and utilise existing resources and expertise within respective agencies, organisations and the broader Tasmanian population where possible. Other working groups will be formed to progress particular initiatives and activities in implementation plans across the life of the strategy.

Outcomes

Outcomes of the Tasmanian drug strategy include:

- reduced uptake of high-risk ATOD use in Tasmania
- increased access to therapeutic responses to ATOD use
- an appropriately qualified ATOD workforce, including lived experience workers, and
- meaningful ATOD data to inform future policy and health responses to ATOD.

An evaluation framework will be developed in the first year of the strategy. We will seek to do this with a suitable partner, such as the University of Tasmania's Centre for Mental Health Service Innovation, or similar. This will enable us to measure the effectiveness of activities to improve the health and wellbeing of Tasmanians and inform future investment of effort in our State.

Indicators and data sources

The Tasmanian drug strategy and yearly implementation plans will use the high-level indicators and data sources to measure progress, unless otherwise indicated. As they are developed, the individual targeted action plans will identify additional specific outcome measures and indicators.

This table may be updated as work progresses.



Table 2. Tasmanian drug strategy 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)	
<ul style="list-style-type: none"> • 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 drugs 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 drugs data – arrests, detection, seizures, purity, profiling, price 	<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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 population basis • Presentations to emergency departments (EDs) for acute drug and alcohol intoxication • Alcohol, tobacco and other drug-related deaths • Overdoses • Police-recorded alcohol and drug-related family violence offences • Alcohol and drug-related motor vehicle crashes • Prevalence and incidence rates of HIV and HCV among people who inject drugs 	<ul style="list-style-type: none"> • 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 Report • Australian Institute of Criminology drug use monitoring in Australia • Department of Police, Fire and Emergency Management (DPFEM) and Department of Natural Resources and Environment Tasmania (DNRET) data
Indicators of individual and community safety	
<ul style="list-style-type: none"> • Community perception of safety and public order, where Tasmania specific data can be extracted • Alcohol and drug related violence incident • Rate of drug and drink-driving prevalence as a proportion of RBT conducted • Police-recorded alcohol and drug-related public order offences⁸⁶ 	<ul style="list-style-type: none"> • ABS Crime Victimization Survey • NDSHS • DPFEM and DNRET data

Appendix 1

Policy Context

National Drug Strategy

The Tasmanian drug strategy is consistent with the *National Drug Strategy 2017–2026* (national drug strategy) 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 drugs issues.

Several sub-strategies sit under or are linked to the national drug strategy.

- *National Alcohol Strategy 2019–2028*
- *National Ice Action Strategy 2015 (completed)*
- *National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019 (new strategy under development)*
- *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 (new strategy under development)*
- *National Tobacco Strategy 2012–2018 (under review)*
- *National Fetal Alcohol Spectrum Disorder (FASD) 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*
- *National Preventive Health Strategy 2021–2030*

More information on the national drug strategy and its sub-strategies can be found on the Australian Government Department of Health [website](#).

Under the national drug strategy 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 national drug strategy sub-strategies.

The national drug strategy 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 national drug strategy 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 drugs-attributable hospital admissions and ambulance attendances.

Tasmanian Strategic Policy

Reflecting whole-of-government and a health-in-all policies approach, the Tasmanian drug strategy 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 Table 3.

Table 3. Tasmanian strategic policy relevance to the Tasmanian drug strategy

Strategic policy, initiative or program	Relevance to the Tasmanian drug strategy
<p><i>Affordable Housing Strategy 2015-2025</i> <i>Affordable Housing Action Plan 2019-2023</i> <i>Housing Connect</i></p>	<p>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.</p> <p>Housing Tasmania will be a key partner agency in many of the activities under the Tasmanian drug strategy.</p>
<p><i>Breaking the Cycle: A Strategic Plan for Tasmanian Corrections 2011-2020</i> (being updated) Custodial Inspectorate Reports</p>	<p>People in or leaving secure facilities / custodial settings are identified as a specific population group, with 86 per cent of Tasmanian prisoners having used an illicit drug in the past 12 months.⁸⁷</p> <p>See also the <i>Disability Justice Plan 2017-2020</i> below.</p> <p>Access to services and counselling for ATOD use within the Tasmania Prison Service and following release is limited. More is needed. The review of <i>Breaking the Cycle</i> provides a further opportunity to examine the nexus between ATOD use and offending and reoffending.</p>
<p><i>Supporting Tasmanian Carers: Tasmanian Carer Action Plan 2021-2024</i> <i>Carer Recognition Bill 2022</i> (when enacted)</p>	<p>The focus of <i>Supporting Tasmanian Carers: Tasmanian Carer Action Plan 2021-2024</i> (<i>Supporting Tasmanian Carers</i>) is to support access to services and participation in community, enhance the recognition of carers, and ensure carer's voices are considered in the development of Tasmanian Government policy and programs.</p> <p>The Carer Recognition Bill 2022 will formally recognise, promote and value the significant contribution of carers in the Tasmanian community.</p> <p>The Bill includes a Carers Charter and the ongoing implementation of a Tasmanian Carer Action Plan. It also sets out the obligations of Tasmanian Government Agencies to monitor and report in relation to the Carers Charter and the Tasmanian Carer Action Plan and a five-yearly legislation review.</p>
<p><i>Child and Youth Wellbeing Strategy</i> <i>Strong Families - Safe Kids: Next Steps Action Plan 2021-2023 Implementation Plan</i></p>	<p>In 2021, the Government released Tasmania's first comprehensive, long-term, whole-of-government child and youth wellbeing strategy for 0-25 year olds, which focuses on the first 1,000 days (pregnancy to two years).</p> <p>Children and young people, including children of people who use ATOD, are a specific population group and at increased risk of harms.</p> <p>Domestic violence, and parental mental health and substance use are key risk factors for child abuse and neglect.</p> <p>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.</p> <p>The Tasmanian 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.</p> <p>Its descriptors have also been used for the Department for Education, Children and Young People wellbeing strategy described on the next page.</p>

<p><i>Closing the Gap Tasmanian Implementation Plan 2021-2023</i></p>	<p>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.</p>
<p><i>Cultural Respect Framework 2016-2026</i></p>	<p>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.</p>
<p><i>Whole-of-Government Framework for Lesbian, Gay, Bisexual, Transgender and Intersex Tasmanians December 2004 (a new framework is under development)</i></p>	<p>The Whole-of-Government Framework for Lesbian, Gay, Bisexual, Transgender and Intersex Tasmanians aims to enhance access and utilisation of State Government services by Tasmania’s gay, lesbian, bisexual, transgender and intersex communities through providing these services in a more appropriate and effective way.</p> <p>The Tasmanian drug strategy will work closely with activities and actions under the AOD Reform Agenda, which seeks to ensure all AOD service providers provide appropriate evidence-informed, culturally aware and respectful services to address the needs of LGBTIQ+ people.</p>
<p><i>Department for Education, Children and Young People 2018-2021 Child and Student Wellbeing Strategy Department of Education Strategic Plan 2022-2024</i></p>	<p>The Department of Education strategic plan seeks to (together) inspire and support all learners to succeed as connected, resilient, creative and curious thinkers.</p> <p>‘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.</p> <p>The Department for Education, Children and Young People Child and Student Wellbeing Strategy acknowledges a child is influenced by their immediate environment and the possible negative impact on wellbeing of external settings. The Tasmanian drug strategy also acknowledges the importance of risk and protective factors on wellbeing and ATOD use.</p>
<p><i>Disability Justice Plan for Tasmania 2017 2020 Being updated</i></p>	<p>The <i>Disability Justice Plan for Tasmania</i> aims to improve recognition and responses to disability across Tasmania’s justice system.</p> <p>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 10-17-year-olds in the WA Banksia Hill Detention Centre were diagnosed with FASD.⁸⁸</p> <p>The Department of Justice 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.</p> <p>Action 23 of the Disability Justice Plan is to consider the national and international research to develop an improved understanding of FASD.</p> <p>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.</p> <p>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.</p>

<p><i>Healthy Tasmania Five-Year Strategic Plan 2022-2026</i></p> <p><i>The Tasmania Statement: Working Together for the Health and Wellbeing of Tasmanians</i></p> <p><i>Health Literacy Action Plan 2019-2024</i></p> <p><i>Working in Health Promoting Ways</i></p>	<p>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 Tasmanian drug strategy builds on these focus areas, noting ATOD promotion, prevention and early intervention is Action Area 1 of the strategy. This includes increasing ATOD health literacy across the whole population and within identified specific population groups.</p>
<p><i>Tasmanian Tobacco Action Plan 2022-2026</i></p>	<p>The areas for action under the Tasmanian Tobacco Action Plan are to encourage and support all people who smoke to quit for good; prevent Tasmanians from taking up smoking; prioritise support for people with the greatest needs; create supportive environments that protect Tasmanians from tobacco industry harms; and strengthen and use the evidence base.</p> <p>The Tasmanian Tobacco Action Plan builds on past action to reduce smoking in Tasmania.</p> <p>The Tasmanian drug strategy will continue to support the Tasmanian Tobacco Action Plan to reduce smoking prevalence in Tasmania.</p>
<p><i>Reform Agenda for the Alcohol and Other Drug Sector in Tasmania</i></p>	<p>Implementing the AOD Reform Agenda is a specific activity under the Tasmanian drug strategy and is the primary plan for the AOD treatment sector.</p>
<p><i>Rethink Mental Health: Better Mental Health and Wellbeing: A long-term plan for mental health in Tasmania 2015-2025</i></p> <p><i>Rethink 2020: A state plan for mental health in Tasmania 2020-2025 and Implementation Plan</i></p> <p><i>The Mental Health Integration Taskforce Report 2019 and Government Response – Mental Health Reform Program</i></p>	<p>People with a co-occurring ATOD and mental health issue are identified in the Tasmanian drug strategy as a specific population group, and in the AOD Reform Agenda (above).</p>
<p><i>Tasmania's Third Family and Sexual Violence Action Plan 2022-2027: Survivors at the Centre</i></p>	<p><i>Tasmania's Third Family and Sexual Violence Action Plan 2022-2027: Survivors at the Centre</i> is the Tasmanian Government's co-ordinated, whole-of-government action plan to respond to family and sexual violence.</p> <p>Our vision is that all Tasmanians are safe, equal and respected, and that our homes, families and communities are free from all forms of family and sexual violence.</p> <p>While the Family and Sexual Violence Action Plan does not specifically mention ATOD use, the relationship between ATOD use and family and sexual violence is recognised by the Tasmanian drug strategy.</p>

<p><i>Towards Zero – Tasmanian Road Safety Strategy 2017–2026</i></p>	<p>Alcohol is identified as one of the leading behavioural factors associated with road crashes in Tasmania.</p> <p>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.⁸⁹ 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.</p>
<p><i>Safe Homes, Families, Communities 2019–2022</i> (and its successor plan – under development)</p>	<p>Alcohol and other drugs are identified as factors which may contribute to increased frequency and severity of family violence.</p> <p>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.⁹⁰</p>
<p><i>Strong, liveable communities. Tasmania’s Active Ageing Plan 2017–2022</i> <i>Tasmania’s Active Ageing Plan Implementation Strategy 2021–22</i></p>	<p>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 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.⁹¹</p> <p>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 Tasmanian drug strategy.</p>
<p><i>Tasmania’s Women’s Health Strategy 2018–21</i> <i>The Health and Wellbeing of Women Action Plan 2020–2023</i></p>	<p>Good physical and mental health and wellbeing of women are influenced by many factors including socio economic 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.</p> <p>Women are more at risk of family violence. Research shows women often use and respond to ATOD 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.</p> <p>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.⁹²</p>

<p><i>Reforming Tasmania's Youth Justice System: A Pathway for Improving Outcomes Across the Youth Justice Support Continuum, including the transition plan for the closure of Ashley Youth Detention Centre 2021</i></p>	<p>Most professionals agree that no single factor leads a child towards offending behaviour. Research has demonstrated strong linkages between offending and a range of risk factors, including involvement with the child safety system, homelessness, cognitive disability, mental health concerns, alcohol and drug use, intergenerational trauma, experience of family violence, and disengagement with education. Given the degree of overlap between factors associated with offending and other problem behaviours, intervention for one factor can realise gains in multiple areas, highlighting the need for collaboration between individuals, families, schools, and community services.</p> <p>Reforming Tasmania's Youth Justice System: A Pathway for Improving Outcomes includes the development and implementation of the Youth Justice Blueprint, which will have a clear focus on early intervention, prevention, and diversion for young people at risk of becoming involved in the youth justice system. It will also focus on young people who are already in contact with the youth justice system, including custodial youth justice, to achieve improved outcomes both for themselves and for the community.</p> <p>The blueprint will address our obligations under Closing the Gap specifically by building partnerships with Aboriginal organisations to deliver services to Aboriginal young people at risk who have already entered the youth justice system.</p> <p>The Tasmanian drug strategy has a specific activity to support the expansion of existing diversionary options for drug offences.</p>
<p><i>Redesign of Child Protection Services Tasmania – Strong Families, Safe Kids (2016)</i></p>	<p>The longer term or indirect financial cost associated with child maltreatment is substantial, with adverse impacts of child abuse and neglect being associated with significant financial and other costs for individuals and the communities in which they live, such as future drug and alcohol abuse; mental illness; poor health; homelessness; juvenile offending; criminality; and incarceration.</p> <p>Many children and families are presenting with more entrenched and complex risks and needs, requiring a multi layered response, which is not always available in a timely manner. Family violence, mental health issues, parental drug use and the impact of intergenerational poverty and neglect are significant challenges.</p> <p>Across both the reunification and permanency teams, there is a need to ensure that there are effective working relationships with services that provide support to adults who are parents to children in care, particularly where the areas of support (such as mental health, or alcohol and drug rehabilitation) relate to risks identified for the children concerned. For example, for parents incarcerated within the prison system, a range of services are available to assist them with issues such as drug dependency, mental health concerns or anger management. However, for such services to be effective, it is critical that there is a close working relationship between statutory child protection services and medical and other support professionals working within the prison system.</p> <p>The Tasmanian drug strategy will work closely with activities and actions under the AOD Reform Agenda, which seeks to better integrate with other non-AOD specialist services such as prison services, children and youth services, homelessness services and education.</p>
<p><i>Child Safety and Wellbeing Framework (2022)</i></p>	<p>The Child Safety and Wellbeing Framework aims to minimise any risks that may impact the safety and wellbeing of children and young people.</p> <p>The framework states that children have the right to get information that is important to their wellbeing from radio, newspapers, books, computers, and other sources. Adults should make sure that the information children get is not harmful and help them find and understand the information they need.</p> <p>The Department of Health acknowledges the role of the Health Products Regulation Group (HPRG) in safeguarding and enhancing the health and wellbeing of children and young people. Appropriate information sharing arrangements are maintained to support the regulation of the safety, quality, efficacy, and timely availability of all medications and controlled drugs.</p> <p>While the Child Safety and Wellbeing Framework does not specifically mention the increased risk of ATOD use for young people, reducing the risks of ATOD use for young people remain important focus areas for the Tasmanian drug strategy.</p>

Appendix 2

Definitions

Term	Description
ATOD use in Tasmania	ATOD use in the Tasmanian drug strategy means alcohol, tobacco, e-cigarettes, and both illicit and licit drugs such as pharmaceutical drugs and prescription medication.
Carer	Carers provide unpaid care and support to someone with disability, mental ill health, a chronic or life limiting condition, alcohol or drug dependence or who are frail or aged. Carers are predominantly family members, but may also be friends, neighbours, or colleagues.
Concurrent	Existing, happening, or done at the same time.
Discrimination	In the context of alcohol and other drugs use, discrimination occurs when people who use drugs are treated less favourably than others because of their drug use.
Lived experience of alcohol and other drugs	<p>As defined by the Alcohol, Tobacco and Other Drugs Council, Tasmania, lived experience of alcohol and other drugs is multi-faceted and includes:</p> <ul style="list-style-type: none">• people who currently use drugs• people who are experiencing a drug dependence and may be receiving treatment support• people who no longer use drugs and/or had a dependence and experienced receiving treatment support• family, friends, carers and others who have personal lived experience of caring for someone with who uses or has used drugs• frontline workers in the alcohol, tobacco and other drugs sector• members of the general community.
Stigma	Stigma related to alcohol and other drugs use can be understood as the conditioned negative attitudes, opinions and beliefs held by an individual that people who use drugs are somehow different to all other people.

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- 38 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 the 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.
- 39 A systems approach assumes that no aspect of behaviour occurs in isolation; there are many influencing factors, and so a coordinated response is needed 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), family, carers 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 associated with the use of ATODs.
- A population approach is based on collaboration across government and non-government sectors to promote the health of communities, lower risks to the whole population, and in turn, help individuals make safe and 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 whole population rather than individuals, understanding needs and solutions through community outreach and education, and addressing the social determinants of health and the disparities in vulnerable groups.
- An individual approach means increasing protective factors and removing or reducing 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 can access a range of services, supports and evidence-based education and resources, within and beyond alcohol and other drug treatment services 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.
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