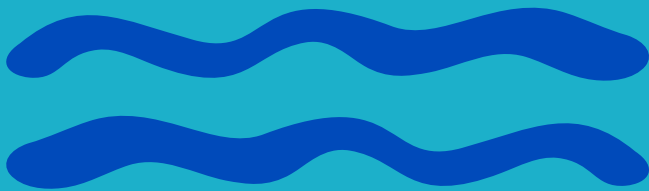


Implementation Plan

A plan to guide the implementation of the Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania.



Help is available

If you or someone you know is experiencing a crisis or needs to talk to about their alcohol and other drug use, there are a range of support and information services available. **In an emergency, call Triple Zero (000)**

Tasmania's Statewide Alcohol and Drug Service

1300 139 641 & 1800 250 015

A free, voluntary, and confidential service providing programs and treatment to help Tasmanians with their alcohol, tobacco, and other drug use.

Free call lines available 24/7

ADS available 9am – 5pm, Monday – Friday

Alcohol and Drug Information Service

1800 811 994

24/7 phone counselling, information, and referral service for anyone seeking help for themselves or another person's alcohol or drug use.

Family Drug Support

1300 368 186

24/7 phone support and information for families and friends of people who use alcohol and/or other drugs.

Alcohol, Tobacco and other Drugs Council, Tasmania Service Directory

A list of alcohol and other drug treatment supports provided in Tasmania.

<https://www.atdc.org.au/service-directory/>

A Tasmanian Lifeline

1800 98 44 34

Phone counselling service for psychological distress. 8am to 8pm.

www.lifelinetasmania.org.au

MensLine Australia

1800 789 978

24/7 National phone support and online counselling for men.

www.mensline.org.au

13YARN

13 92 76

24/7 phone support for Aboriginal and Torres Strait Islander people.

www.13yarn.org.au

QLife

1800 184 527

Phone and webchat LGBTI peer support for people wanting to talk about a range of issues. 3pm to 12am, 7 days.

www.qlife.au/resources/chat

Open Arms – Veterans & Families Counselling

1800 011 046

24/7 face-to-face, phone and online counselling.

www.openarms.gov.au/get-support/counselling

Kids Helpline

1800 55 1800

24/7 phone support and online counselling for young people aged 5 to 25.

www.kidshelpline.com.au

Headspace

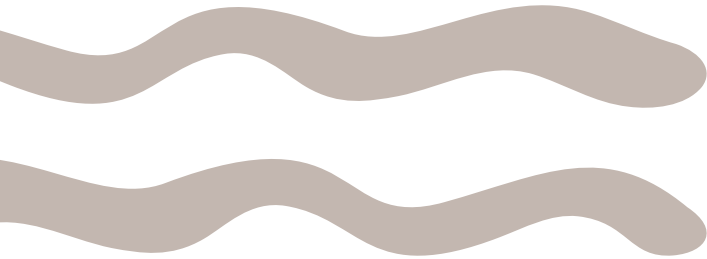
24/7 online counselling for young people aged 12 to 25.

www.headspace.org.au



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Acknowledgment

We acknowledge Tasmanian Aboriginal people as the traditional and continuing custodians of the lands and waterways in Tasmania and pay respects to Elders past and present.

We recognise the individual and collective expertise of those with a living or lived experience of alcohol and other drug use, as well as the people who support them. Their knowledge is essential in the design and delivery of alcohol and other drug treatment in Tasmania.

Thank you to the many organisations, service providers and community members in Tasmania who continue to share their experiences and expertise to help shape the way we support Tasmanians who are impacted by alcohol and other drug use.

Background

The Tasmanian Government is progressing reform across the Alcohol and Other Drug (AOD) Treatment Sector to ensure all Tasmanians have access to quality, timely and evidence-based treatment services, delivered by highly skilled staff. This work is guided by the [Reform Agenda for the Alcohol and other Drugs \(AOD\) Sector in Tasmania](#) (AOD Reform Agenda), which was released by the Tasmanian Government in November 2020. The AOD Reform Agenda was informed by a large body of specialised work including the:

- 2013 Tasmanian Department of Health (the Department) review of AOD service implementation in Tasmania
- 2014 Tasmanian Government review of drug use and service responses in North-West Tasmania
- 2016 Primary Health Tasmania (PHT) needs assessment and review of federally funded AOD service models
- 2017-18 Siggins Miller Consultants (Siggins Miller) independent analysis of the Tasmanian AOD service system.

In response to the above, and alongside extensive sector wide consultation and review, the AOD Reform Agenda was released in November 2020, outlining five priority projects and eight essential reform directions, each with associated key actions for implementation. The implementation of these key actions is the subject of this Implementation Plan.

Developing a plan to guide the reform action we take is an important step in ensuring integrated and collaborative reform responses. This AOD Reform Agenda Implementation Plan (the Implementation Plan), for the period 2023-24 (and subsequent financial years as funding permits), will outline the Tasmanian Government's next steps in the roll out of the AOD Reform Agenda across the Tasmanian AOD Treatment Sector.

Central to the delivery of the AOD Reform Agenda is the voice of lived and living experience and of those people delivering services in Tasmania. Accordingly, the development of this Implementation Plan (and those to follow) is guided by living and lived experience as well as clinical expertise. The Tasmanian Government also recognises that effective change requires a whole-of-sector response. That is why we have been talking to AOD sector participants across the State, both in regional and urban communities.

In January 2023, the Department commenced a targeted consultation process to seek input from participants within the AOD Sector, to build our understanding of AOD reform priorities in Tasmania, and to inform the development of this Implementation Plan. This Implementation Plan provides a summary of the consultation we undertook, as well as an overview of the things we heard from Tasmanian AOD Sector participants. In response to sector feedback, this Implementation Plan outlines what the Tasmanian Government, and its key reform partners, will do next, when we are doing it, and why.

What we did

Consultation to understand the reform priorities of the people delivering and receiving AOD treatment and support services in Tasmania is central to the delivery of an integrated and responsive plan for actioning the AOD Reform Agenda.

Accordingly, in January to March 2023, the AOD Reform Program Team, on behalf of the Department, undertook an extensive, two staged, consultation process to involve sector participants in the development of this Implementation Plan. Consultation was supported by the Alcohol, Tobacco and Other Drugs Council, Tasmania (ATDC) and PHT as well as the Department's Mental Health, Alcohol and Other Drug Directorate (MHADD) and Alcohol and Drug Service (ADS).

In January to February 2023 (stage one of the consultation process), we joined separate organisations and individuals online to discuss the AOD Reform Agenda key actions and to understand which of the key actions individuals and groups wanted prioritised, and why. This was followed in March 2023 (stage two of the consultation process) by face-to-face meetings with sector participants in each region to discuss consultation findings and plan next steps.

Over the months of January and February 2023, the Department:

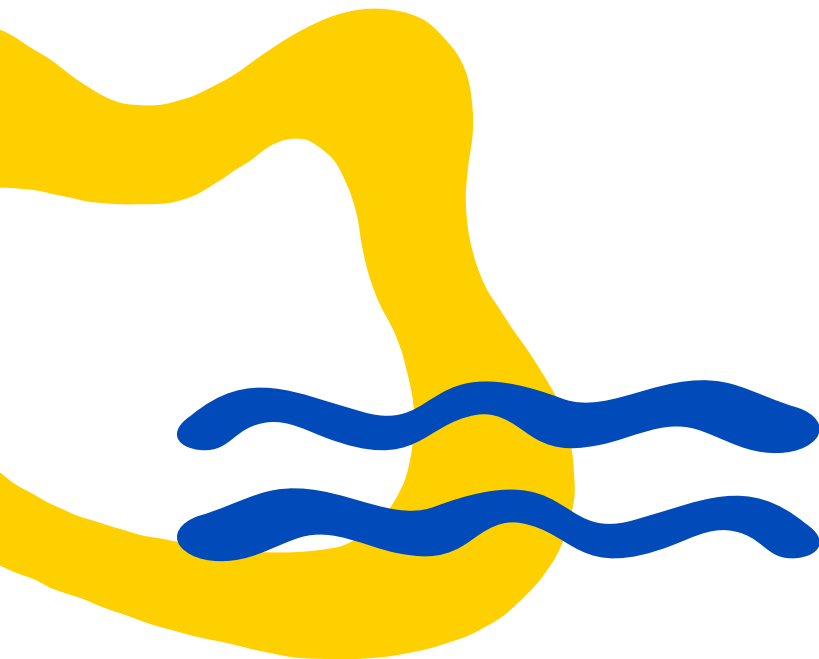
- Conducted over 20 online focus group sessions
- Connected with over 40 organisations
- Heard from over 120 representatives, sector wide representing:
 - AOD Treatment, Education and Advocacy Services
 - Statewide Mental Health Services (SMHS)
 - Housing Services
 - Culturally and Linguistically Diverse (CALD) Services and Service Users
 - Primary Health Care Services
 - Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual (LGBTIQA+) Services and Service Users
 - Justice, Police and Correctional Services
 - Youth Services
 - Aboriginal Health Services
 - People with lived experience and people who have supported or are supporting someone with their AOD use.

At the end of this first consultation period, we collated and summarised all participant feedback. We then met again with sector participants in March 2023 to discuss our learnings. This second round of consultation focused on workshopping opportunities to progress the key reform actions identified by the sector as priorities during Stage One of consultation.

In March 2023, the Department:

- Conducted three face-to-face, full-day, consultation workshops (in the North, North-West and South of the State); and
- Heard from 98 sector representatives about reform priorities and important next steps.

On behalf of the Tasmanian Government, the Department would like to thank all of the individuals and organisations that participated in this consultation process. Your feedback has informed the development of this Implementation Plan and is summarised below.



What we heard

Stage One: Online Focus Groups

The Department commenced the first stage of consultation in January 2023 and sought input from AOD Sector participants who were interested in providing their thoughts on the implementation of the AOD Reform Agenda in Tasmania. From the representatives consulted, five key actions emerged as priorities. A summary of those key actions, alongside Stage One Consultation themes, is provided below.

It is noted that all key actions are of importance to the Tasmanian Government. Consultation was not to diminish the importance or impact of one action over another, but rather, to gain a shared understanding from all participants around which actions needed to be completed first, and why.

Where information provided in a consultation response has not emerged as a key theme or priority action, participants should note that this information has still been used to both inform the development of this Implementation Plan, as well as future reform implementation planning. Deidentified transcripts from each online focus group were collated and analysed in the production of the summary below. Notes were taken by two designated note takers, one from the ATDC and another from the Department, to ensure consistency and reliability, and to reduce the impact of unconscious bias.

Across the State, sector participants supported the prioritisation of:

- development, retention, and recruitment related workforce action
- action that identified and supported the AOD treatment needs of young people
- action that supported identified AOD Reform Agenda priority groups (including people transitioning in and out of secure facilities)
- action that enhanced integration and communication (particularly in terms of creating sector-wide structure and guidance)
- action that enhanced lived experience involvement (particularly of young people)
- action that furthered anti-stigma and anti-discrimination awareness
- action that supported and explored the needs of people who experience co-occurring mental ill health and AOD dependency.

Consultation participant priorities are further outlined in *Graph One: Priority Key Actions*, below.

This translated into the prioritisation of the following AOD Reform key actions (see below and Table One: Priority Key Actions):

- 4.1
- 2.1 & 3.1 (combined)
- 2.5
- 8.1 & 8.2 (combined)
- 4.3

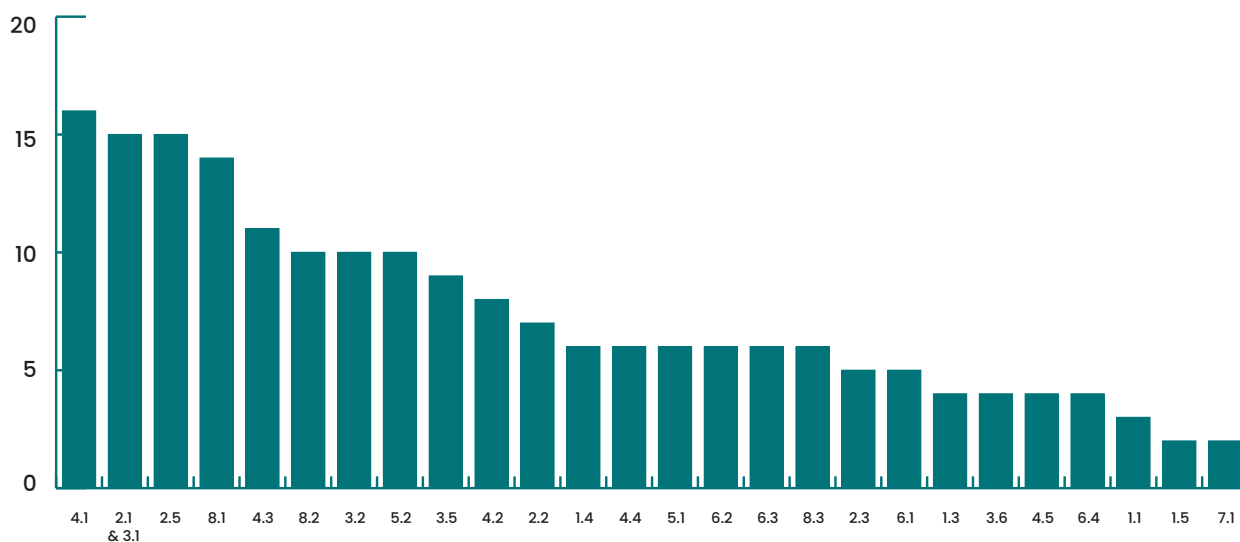
Table 1. Stage One Consultation Findings: Priority Key Actions (presented in order of priority)

Participants were provided an update on AOD reform activity and were then asked which of the remaining AOD Reform key actions needed to be prioritised for commencement in 2023–24.

Key Action	Summary
4.1	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.
2.1 & 3.1 (combined)	<p>Define the required components, appropriate roles and scope of the specialist public ADS, the community sector AOD services, primary health care and the private sector within an integrated service system and using a continuum of care model consistent with the work under 3.1.</p> <p>Develop an overarching Service Delivery Framework for Tasmania that describes AOD treatment and provides the overarching specifications for all funded government and non-government specialist AOD services.</p>
2.5	Work within SMHS and with the AOD and Mental Health (MH) service sectors to ensure the needs of clients/consumers with MH and AOD comorbidity are fully considered and addressed under the Reform Agenda and the Tasmanian Mental Health Reform Program, for example new programs and development of Models of Care will include clients/consumers with dual diagnoses and will include specific AOD/MH dual diagnosis positions where relevant.
8.1	Determine minimum staffing key competencies and requirements across all government and non-government AOD specialist programs and services.
4.3	As part of Reform Directions 2 and 3, work closely with Correctional Primary Health Services (CPHS) and the Department of Justice (DOJ) to better support people in or leaving the justice system.
8.2	Develop a Tasmanian AOD Workforce Development Strategy for government and non-government AOD specialist services including a focus on strategies to address recruitment and retention issues.

Graph 1. Stage One Consultation Findings – key actions prioritised according to stage one participant responses

Participants were asked which of the remaining AOD Reform key actions needed to be prioritised for commencement in 2023–24.



Stage Two: Consultation Workshops

In March 2023, representatives from the Department, PHT and the ATDC travelled to the North, North-West, and South of Tasmania to hold three face-to-face consultation workshops with members of the Tasmanian AOD treatment community. Groups were attended by people working in AOD workforces as well as people with lived expertise in addiction, AOD use, and/or expertise supporting someone who experiences AOD use and/or addiction.

Based on Stage One Consultation feedback, the Department proposed the prioritisation of the following reform-based projects:

- *Project One:* Development of an overarching AOD Service Delivery Framework for Tasmania (that describes AOD treatment, provides the overarching specifications for all AOD service providers, and defines the required components, roles and scope of treatment services using a continuum of care model).
- *Project Two:* Development of a Youth Framework for the AOD Sector (adopting an integrated approach, aligning with concurrent reform efforts across the youth sector and including treatment service specifications and program guidelines, and specific consideration of developmentally appropriate approaches for young people with co-occurring issues).
- *Project Three:* Development of a Tasmanian AOD Workforce Development Strategy (including a focus on strategies to address recruitment and retention issues and commencing with an immediate action to determine minimum staffing key competencies and requirements across all government and non-government AOD specialist programs and services).

- *Supplementary Project*: Promoting integration and collaboration (a project to support integrated sector reform in Tasmania by providing opportunities for continued networking, information sharing and communication).

The following important overarching reform principles were also proposed:

- Consider the needs of clients who experience AOD use and mental ill health comorbidity within every project.
- Consider the needs of people disproportionately impacted by AOD use issues within every project.
- Consider the impact of stigma and discrimination upon service participants within every project.
- The voice of lived and living experience (both of people who experience substance use and the people who support them) will guide every project.
- Maintain consistent and collaborative communications throughout AOD Reform Agenda implementation.

Alongside these projects and principles, a number of additional projects and actions were suggested for 2023–24 implementation. Consistent with the adoption of a whole of sector approach, key project partners including the ADS, MHADD, PHT and ATDC, were identified as appropriate project leads. These additional projects, as well as the projects outlined above, are discussed in *‘What We Are Doing Next’* below.

Over the course of each Stage Two consultation workshop, participants were asked to reflect on the projects and principles proposed, in response to the question *‘have we got this right?’*. Across the State, we heard that AOD Sector participants supported the projects and principles proposed for commencement over the 2023–24 financial year, as outlined above. The additional themes that emerged from the Department’s Stage Two Consultation process have been outlined below in *Table Two: Consultation Workshop Themes*.

Again, as per the above, where information provided during a workshop has not been identified as a key theme, participants should note that their workshop input will still be used to inform planning and project development. Deidentified transcripts and activity worksheets from each workshop were collated and analysed in the production of the summary below. Collation and analysis of results was conducted collaboratively by ATDC and Department representatives, with both groups having access to all raw data collection materials.

Table 2. Consultation Workshop Themes – Activity One

Participants were shown Stage One consultation results and were asked to respond to four projects proposed for 2023–24 commencement (AOD Service Delivery Framework, AOD Youth Sector Framework, AOD Workforce Development Strategy and Promoting Sector Integration and Collaboration). It was noted that such projects would be progressed by the AOD Reform Team, and that additional projects responding to sector priorities would progress simultaneously, led by ATDC, PHT, ADS and the Department more broadly.

Key Action	Summary
Foundational actions (guiding frameworks and strategies) must be prioritised.	Participants told us that foundational documents that provide baseline standards, strategic direction, guidance, and consistency must be prioritised. Consultation participants also sought a clear delineation of service roles and scope and available supports. We heard that it was important to pursue action which supports the development of a common language and shared understanding of available treatment options and core competencies for those delivering AOD treatment services in Tasmania.
Improving system navigation issues is important.	We heard that navigation difficulties continue to exist for clients, support people and health professionals accessing AOD treatment services in Tasmania. Participants supported the inclusion of referral pathway and navigation tools within the creation of the proposed Service Delivery Framework and associated guidelines.
A variety of voices should inform project design and delivery.	We heard that cross-sector involvement was critical to successful service delivery framework and sector strategy design. It was important to participants that both the government and non-government sectors had a voice in design working groups and application. Participants also sought consistency on a number of levels between community and government delivered services. We also heard that we must continue to learn from the lived experiences of people accessing AOD treatment in Tasmania (and the people who support them), and that lived experience representatives should retain positions on all project working groups.
Consider the needs of priority population groups across all projects.	Participants told us that all reform projects needed to promote strategies, frameworks and services that are safe and inclusive of different communities (and their individual needs) in Tasmania. To achieve this, participants suggested including priority population specific outcomes in project design and supported working in partnership with relevant communities from project initiation through to execution.
‘AOD Workforce’ definitions must include peer workers.	When developing frameworks to guide service delivery and strategies for workforce development, participants told us that we must consider (and clearly define) peer worker roles and contributions.

Key Action	Summary
Integration and collaboration are key.	Participants highlighted the importance of working collaboratively both within the sector, and, across adjacent sectors, particularly where reform actions overlap (for example, between the Tasmanian Drug Strategy, Youth Justice Reforms, Rethink 2020, Tasmanian Suicide Prevention Strategy, and the AOD Reform Agenda). We also heard that it was important to continue to improve the way that AOD sector participants and Mental Health sector participants work together. We heard that strong information and data sharing, networking and communications all supported these processes.
Include young people.	We heard that we could do more to involve young people in the design of strategies that impact them. Participants supported consultation approaches adopted in the development of current government led youth strategies, as well as the development of youth related components of the Tasmanian Suicide Prevention Strategy.
Adopt trauma informed approaches.	Participants supported the adoption of trauma informed approaches to consultation, project development and service delivery. Participants told us that our AOD service system, at all levels, must provide trauma-informed, person-centred, and compassionate care that meets individual need. We heard that 'trauma is often a "gateway" to substance use, housing, and financial hardship'. Accordingly, participants suggested staff across the AOD Sector should be skilled in the delivery of trauma informed care and that the consideration of trauma should inform service and care planning at all levels.
Continue evidence-based treatment and project delivery.	Participants provided contemporary, best practice, examples of AOD reform initiatives across Australia. We spoke with participants about inter-jurisdictional learnings and the importance of conducting appropriate research and literature reviews in informing project design and implementation.
Resourcing is required for ongoing reform roll out and service delivery.	Participants highlighted ongoing funding as a barrier to success across multiple projects. Participants also highlighted funding related issues impacting service delivery more generally.
Stigma and discrimination remain key issues for sector participants.	Participants highlighted ongoing stigma and discrimination as potential barriers to success (both within the AOD and broader health sectors and within the general community). We heard that continued education in AOD specific and non-specific services, general community, media, schools and among families and friends is important in fighting stigma and discrimination.

Key Action	Summary
Early intervention and prevention need to be considered.	Noting the scope of work being conducted in the early intervention and primary prevention space under the Tasmanian Drug Strategy, participants told us that we need to consider primary prevention and early intervention within the continuum of care and scope of AOD reforms, and especially in the youth sector. We heard that 'early intervention and prevention is crucial and assists in addressing inequalities in social determinants of health'.

Following the discussion outlined above, workshop attendees worked with the Department to identify appropriate stakeholders, opportunities, barriers, outputs, outcomes, and scope for each of the four projects proposed. The feedback collected during these discussions will inform the project plans used to guide each body of work.

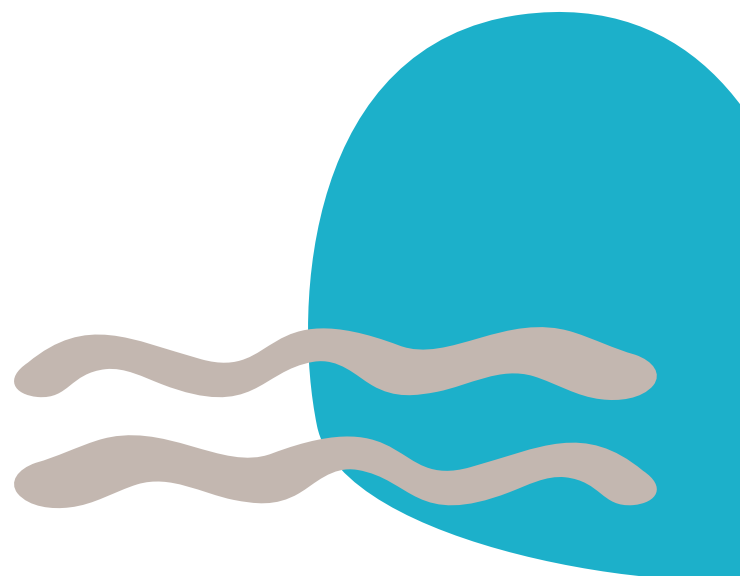
On behalf of the Tasmanian Government, the Department again acknowledges the significant contribution of all consultation participants – your time and feedback is valued and has informed the collaborative, sector-wide, implementation action outlined within this Implementation Plan.

What we are doing now

Since the release of the AOD Reform Agenda in November 2020, the Tasmanian Government has been working collaboratively across government (both at the State and Federal level), and across the AOD Treatment Sector (private, government and community) to progress a number of projects highlighted as immediate reform priorities within the Siggins Miller independent analysis of the Tasmanian AOD Treatment System and within the AOD Reform Agenda.

While significantly impacted by COVID-19 related staffing reallocations and shortages, reform action continues to progress and is summarised below.

Please note, the following table flows across two pages. Therefore, pages 16 and 17 should be read together, as should pages 18 and 19.



Priority Action	Project Objective
Increase access to supported detoxification services.	Launch a government-led withdrawal support service in the North and South of the State (Detox@Home) for clients to undergo supervised detoxification in their own homes.
Support emergency department staff with patients who present with problems related to alcohol and/or other drug use.	Develop and trial a southern, government- led, specialised drug and alcohol brief intervention team within the Royal Hobart Hospital Emergency Department.
Increase ADS community staffing capacity and access to specialist staff, statewide.	Increase the number of highly skilled and qualified health professionals delivering government led AOD services by funding and recruiting to ten new community staffing positions within ADS.
Develop representation and advocacy opportunities for people with a lived or living experience of AOD use, statewide.	<p>Develop a statewide lived experience representative network across Tasmania.</p> <p>Develop policies and guidelines to support a stand-alone sustainable consumer representative organisation in the future.</p>
Respond to the needs of people who experience AOD use and unstable housing / homelessness.	Develop and trial a statewide, government led, outreach service to support clients who experience AOD use that significantly impacts upon their ability to retain or transition into stable housing.
Increase access to peer workers within the AOD Treatment Sector and opportunities for lived experience related employment.	<p>Administer a series of grants to assist eligible AOD community sector organisations to employ peer workers to enhance the delivery of client-centred models of care.</p> <p>Expand the AOD government sector workforce to include peer workers</p>
Identify linkages across funding and service provision (statewide) to identify gaps and duplications in available AOD treatment and supports.	<p>Analyse current demand against funding arrangements and service provision across the State, in comparison with pre-reform analysis of the same.</p> <p>Document, report and share analysis outcomes with the AOD Treatment Sector.</p>
Promote the use of respectful, non-stigmatising and non-discriminatory practices and processes within the AOD Sector and adjacent sectors.	Develop and deliver anti-stigma and anti-discrimination awareness training (with reference to the experience of AOD use and treatment) across Tasmania.

Related Direction	Lead	Timeframes
Reform Direction 2 – An integrated service system.	DoH (ADS & AOD Reform Team)	Complete
Reform Direction 5 – Maintain a focus on promotion, prevention, and early intervention.	DoH (ADS & AOD Reform Team)	Jan 2024
Reform Direction 8 – Supporting and developing the workforce.	DoH (ADS)	Ongoing
Reform Direction 1 – A client-centred approach across the service system. Reform Direction 8 – Supporting and developing the workforce.	ATDC	Ongoing
Reform Direction 4 – Responding to specific population group needs.	DoH (ADS)	Complete (and incorporated into a broader consultation liaison service, statewide)
Reform Direction 1 – A client-centred approach across the service system. Reform Direction 8 – Supporting and developing the workforce.	DoH (MHADD & ADS)	Ongoing (until December 2024 in the case of peer worker grants)
Reform Direction 2 – An integrated service system. Reform Direction 3 – Developing service specifications and program guidelines.	PHT & DoH (MHADD, ADS, AOD Reform Team)	Complete
Reform Direction 6 – Reducing stigma and discrimination.	PHT & ATDC	Complete

Promote the use of respectful and non-stigmatising language when discussing AOD use issues and experiences.	Develop a common language reference tool (or communications charter) for AOD workers in Tasmania
Introduce the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 into ADS operations	Support the implementation of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 across the AOD Sector, commencing with government led services.
Advocate for the community sector and lived experience viewpoint in the implementation of the AOD Reform Agenda	Support the AOD Reform Team to incorporate the view of the AOD Community Sector within AOD Reform Agenda Implementation actions and support the general implementation of the AOD Reform Agenda (including taking lead on specific projects as appropriate).
Embed a culture of continuous quality improvement across AOD Services	Incorporate the National Quality Framework for Drug and Alcohol Treatment Services (2018) into all existing government-led and government-funded AOD service agreements.

ADS – Alcohol and Drug Services, Tasmania

AOD Reform – Alcohol and Other Drug Reform

ATDC – Alcohol, Tobacco and Other Drugs Council, Tasmania

DoH – Department of Health, Tasmania

MHADD – Mental Health, Alcohol and Drug Directorate

PHT – Primary Health Tasmania

Reform Direction 6 – Reducing stigma and discrimination.	PHT & ATDC	Complete
Reform Direction 4 – Responding to specific population group needs.	DoH (ADS)	Ongoing
Reform Direction 1 – A client-centred approach across the service system. Reform Direction 2 – An integrated service system.	ATDC	June 2024
Reform Direction 7 – Improving quality and safety.	DoH (MHADD & ADS)	December 2023



What we will do next

Over the 2023–24 period, and in response to the consultation feedback and sector priorities detailed above, the Department and its key reform partners will commence the following AOD Reform key actions and related projects.

Table 4. Sector Priorities and 2023–24 Reform Actions

Sector Priority: Services that respond to immediate AOD treatment need

Related Reform Key Actions	2023–24 Action	Lead	Timeframes
Priority projects	Lead the implementation and handover to business as usual of all current government-led, service-related, reform priority projects.	DoH (AOD Reform Team)	Feb–Mar 2024

Sector Priority: Overarching AOD Reform Implementation

Related Reform Key Actions	2023–24 Action	Lead	Timeframes
All	Coordinate implementation of the AOD Reform Agenda as well as development of a budget submission to support future reform implementation.	DoH (AOD Reform Team)	Ongoing

Sector Priority: Lived experience systemic advocacy and representation

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
1.1, 1.5	Appoint a Director of Lived Experience to provide specialist expert advice on the priority issues of importance to those with a lived / living experience of AOD use, to collaborate with state and national peer agencies and to provide leadership and direction (in accordance with relevant funding schedules) to ensure the continued development of an independent organisation for Tasmanians with lived experience.	ATDC	Aug 2023
	Establish and coordinate lived experience communities of practice, forums, consultation, and training.	ATDC	Nov 2023
	Establish mechanisms for youth input into reform action (as per action 4.1)	ATDC	Dec 2023
	Establish a lived experience input guideline to inform work undertaken in AOD Reform implementation.	ATDC	July 2023
	Elevated to a reform priority to consider within all projects.	ATDC	Ongoing
	Create a consumer led advocacy campaign to reduce the stigma and discrimination associated with AOD use issues and treatment.	ATDC	July 2023
	Launch advocacy campaign.	ATDC	Aug 2023

Sector Priority: Lived experience participation

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
1.2	Review current client/consumer participation frameworks.	DoH (MHADD)	Dec 2023
	Develop a client/consumer participation framework for Tasmania.	DoH (MHADD)	June 2024

Sector Priority: Develop common frameworks for sector wide use (AOD Service Delivery Framework)

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
2.1, 2.2, 3.1	Establish Framework Expert Advisory Group.	DoH (AOD Reform Team)	Dec 2023
	Conduct literature review.	DoH (AOD Reform Team)	Jan 2024
	Establish project scope within a detailed project plan.	DoH (AOD Reform Team)	Feb 2024
	Commence development of an AOD Service Delivery Framework.	DoH (AOD Reform Team)	Feb 2024
	Commence development of a taxonomy of AOD services	DoH (AOD Reform Team) & PHT	March 2024

Sector Priority: Collaborative commissioning

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
2.4	Develop a collaborative commissioning approach for the funding of AOD services in Tasmania.	PHT & DoH (MHADD)	June 2024

Sector Priority: Support the needs of people who experience co-occurring AOD use and mental ill health in Tasmania

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
2.5	Prioritise SMHS Collaborative Care (Mental Health and AOD) Projects.	DoH (SMHS)	June 2024
	Elevate to a reform priority for consideration within all projects.	All	Ongoing
	Commence implementation of national comorbidity guidelines across AOD services in Tasmania and provide access to online comorbidity training for all staff.	DoH (MHADD & AOD Reform Team)	June 2024

Sector Priority: Support integrated data collection, analysis and sharing processes within the AOD sector

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
3.5, 3.6	Central Intake and Referral Service (establish AOD data component).	DoH (MHADD)	June 2024

Sector Priority: Better support the AOD treatment needs of young Tasmanians

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
4.1	Recruit AOD young persons lived experience advocates.	ATDC	Dec 2023
	Coordinate AOD young persons lived experience input.	ATDC	Ongoing
	Conduct literature review.	ATDC & DoH (AOD Reform Team)	Dec 2023
	Establish Expert Advisory Group.	DoH (AOD Reform Team)	Jan 2024
	Establish project scope within a detailed project plan.	DoH (AOD Reform Team)	Jan 2024
	Commence development of an AOD Youth Sector Framework for Tasmania.	DOH (AOD Reform Team)	Feb 2024

Sector Priority: Better support the AOD treatment needs of people transitioning through secure facilities

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
4.3	Conduct statewide consultation on gold standard care for people transitioning through secure facilities in Tasmania.	DoH (ADS)	July 2023
	Conduct literature review.	DoH (ADS)	Oct 2023
	Define the resources required across the AOD service system to deliver and maintain contemporary, evidence-based, best practice AOD interventions and support to people transitioning through secure facilities in Tasmania.	DoH (ADS)	June 2024

Sector Priority: Better consider the AOD treatment needs of specific population groups in Tasmania

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
4.4	Conduct scoping work to identify suitable LGBTIQ+ specific AOD services.	WIO	Jul-Oct 2023
	Elevate to a reform priority for consideration within all projects.	All	Ongoing

Sector Priority: Primary prevention and early intervention

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
5.1	Establish an integrated working group to review primary prevention and early intervention actions across the AOD, mental health and suicide prevention sectors.	DoH (MHADD)	Dec 2023
	Review the AOD PPEI Framework.	DoH (MHADD)	June 2024
	Review the AOD PPEI Implementation Plan.	DoH (MHADD)	June 2024
	Commence a review of the mental health, AOD and suicide prevention programs being offered in Tasmanian schools.	DoH (MHADD)	June 2024
	Commence programs to support screening for AOD use when people present in distress across health and suicide prevention services and provide access to AOD prevention and treatment programs.	DoH (MHADD & AOD Reform Team)	June 2024

Sector Priority: Addressing stigma as a barrier to access and support

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
6.2, 6.3	Elevate to a reform priority for consideration within all projects.	All	Ongoing
	Implement the AOD Communications Charter in Tasmania.	ATDC	Ongoing
	Implement the AOD Communications Charter Promotions Strategy with a focus on increasing awareness of the Charter with local media representatives.	ATDC	Ongoing until June 2024
	Develop a position paper as a promotional tool to tackle stigma and discrimination associated with AOD use issues and treatment.	ATDC	June 2024

Sector Priority: Supporting the AOD treatment workforce in Tasmania

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
6.1, 8.1, 8.2	Establish an expert advisory group.	ATDC	Jan 2024
	Conduct literature review.	ATDC	Jan-Feb 2024
	Conduct workforce survey.	ATDC	Oct-Nov 2023
	Establish project scope within a detailed project plan.	ATDC	March 2024
	Commence development of an AOD Workforce Development Strategy.	ATDC & DoH (AOD Reform Team)	Mar-Apr 2024
	Commence sector training program (Trauma Informed Care).	ATDC & DoH (AOD Reform Team)	Nov 2023
	Support Tasmanian Suicide Prevention Strategy training actions as they relate to the AOD treatment workforce.	DoH (MHADD & AOD Reform Team)	June 2024

Sector Priority: Support continued research into, and the application of, evidence-based, contemporary, best-practice methods of AOD treatment in Tasmania

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
All	Work collaboratively with the Tasmanian Centre for Mental Health and AOD Service Innovation to progress research into the application of Acceptance and Commitment Therapy for people experiencing crystal methamphetamine use.	DoH (AOD Reform Team)	June 2024

Sector Priority: Support primary health care through education and training

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
8.3, 5.2	Develop a GP training program in Screening, Brief Intervention and Referral to Treatment (SBIRT) Framework.	PHT	Ongoing
	Provide training to GPs working with people who experience AOD use.	PHT	Ongoing

Sector Priority: Learn from and build upon natural sector strengths to promote integration and collaboration

Related Reform Key Actions	2023-24 Action	Lead	Timeframes
All	Biannual sector networking events.	DoH (AOD Reform Team) (All tasks)	Ongoing (All tasks)
	Adjacent sector and concurrent reform updates and meetings.		
	Reform communiques.		
	Updated communications and adjacent sector stakeholder engagement strategy (with a focus on integration and collaboration).		
	Sector wide consultation and representation.		
	Reportable item at each overarching Program Control Group to monitor engagement activities.		

ADS – Alcohol and Drug Services, Tasmania

AOD Reform – Alcohol and Other Drug Reform

ATDC – Alcohol, Tobacco and Other Drugs Council, Tasmania

DoH – Department of Health, Tasmania

MHADD – Mental Health, Alcohol and Drug Directorate

PHT – Primary Health Tasmania

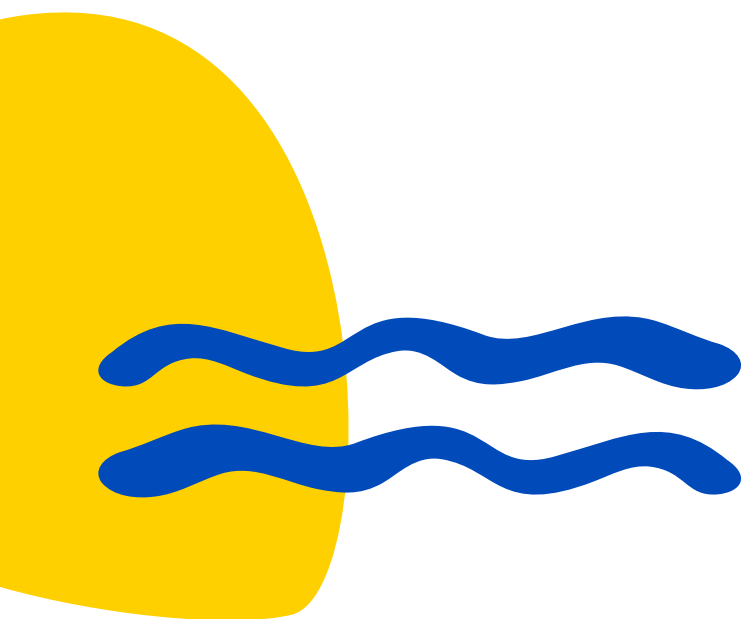
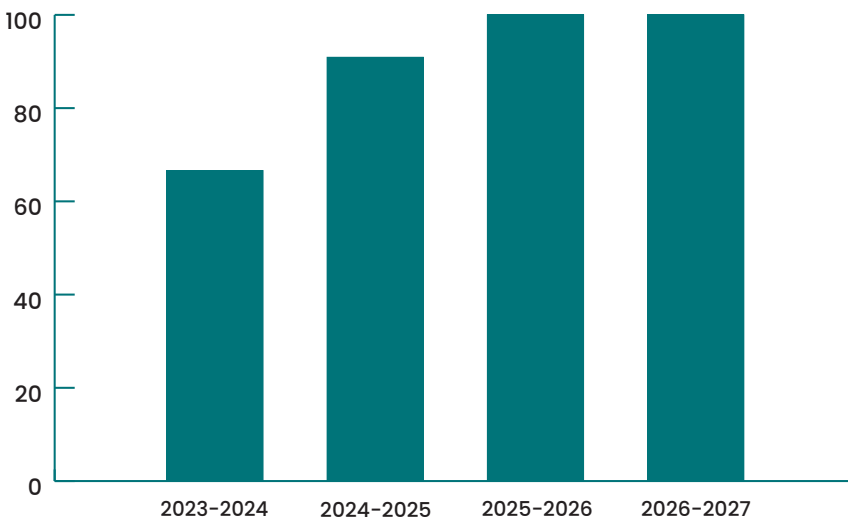
SMHS – Statewide Mental Health Services

WIO – Working it Out

Future planning

In response to consultation feedback and sector priorities, it is further proposed that the Department (on behalf of the Tasmanian Government) will progress the remaining AOD Reform Agenda key actions and reform related projects as follows (see Graph Two and Table Five below). This planned action will be finalised subject to both the outcomes from the abovementioned activity and further consultation over the next 12–18 months. In addition to the below, and with input from the AOD Reform Agenda Program Control Group, the Department will also develop a reform related state budget submission to further support reform progression from July 2024 onward.

Graph 2. Commencement of AOD Reform Agenda Key Actions



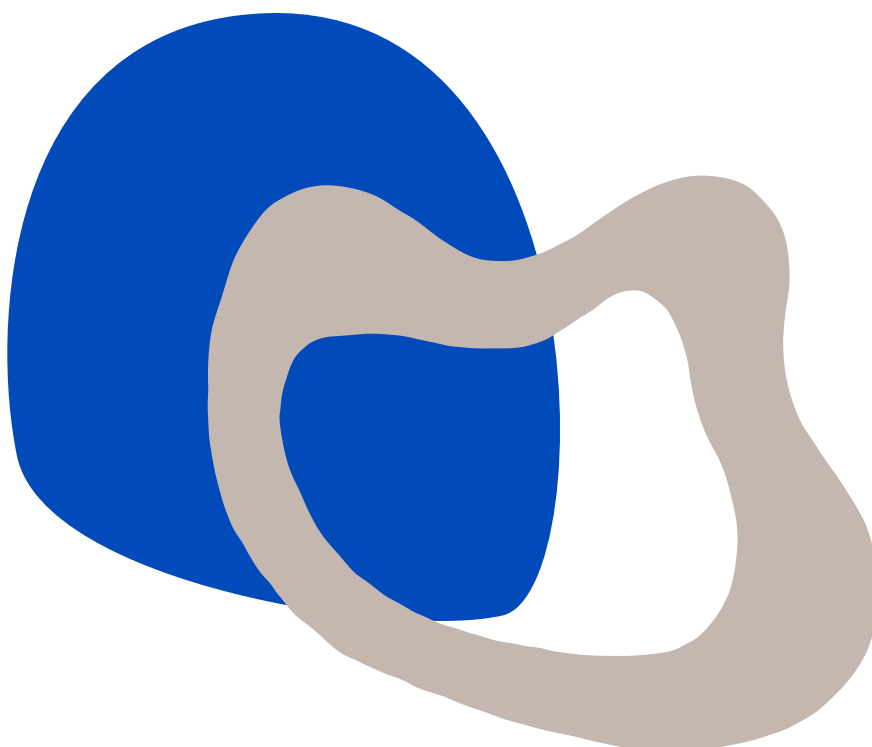
Reform Directions	Key Actions 2023–2024 (66.6%)	Key Actions 2024–2025 (90.9%)	Key Actions 2025–2026 (100%)	Key Actions 2026–2027 (100%)
Reform Direction 1	1.1 1.2 1.5	1.1 1.3 1.4 1.5	Implementation of Strategies and Programs	Implementation of Strategies and Programs
Reform Direction 2	2.1 2.2 2.4 2.5	2.1 2.2 2.3 2.4 2.5	Implementation of Strategies and Guidelines	Implementation of Strategies and Guidelines
Reform Direction 3	3.1 3.2 e) 3.4	3.1 3.2 a) b) and d) 3.3 3.4	3.2 c) 3.5 3.6	Implementation of Strategies and Guidelines
Reform Direction 4	4.1 4.3 4.4 4.5	4.1 4.2 4.3 4.4 4.5	Implementation of Strategies and Programs	Implementation of Strategies and Programs
Reform Direction 5	5.1	5.2	Implementation of Strategies and Programs	Implementation of Strategies and Programs
Reform Direction 6	6.1 6.2	6.1 6.3 6.4		
Reform Direction 7	7.1	7.2	7.3	
Reform Direction 8	8.1 8.2 8.3	8.1 8.2 8.3	Implementation of Strategies and Programs	Implementation of Strategies and Programs

Conclusion

The Tasmanian Government remains committed to working in partnership with Tasmanians to ensure people can access appropriate, timely and effective AOD services, supports and treatments. The Tasmanian Government will continue to engage with sector participants to ensure the implementation of AOD treatment service reform in Tasmania remains responsive to and reflective of community need.

If you would like to participate in future consultation and have not participated in any consultation to date, you can register your interest by emailing aodreform@health.tas.gov.au.

The voice of Tasmanian AOD Sector participants is important, and we value the time and contribution of those who have shared their feedback and experiences with us. On behalf of the Tasmanian Government, we thank all participants for your interest in guiding meaningful action to improve the AOD treatment experiences of people living in Tasmania.



Key terms

Table 6. Key Terms

Term	Meaning
Alcohol and Other Drugs (AOD) Alcohol, Tobacco and Other Drugs (ATOD)	In Tasmania, the acronym AOD is mainly used. However, it is acknowledged that the terms and acronyms (AOD and ATOD) can be used interchangeably. Regardless of which is used, both terms refer to alcohol, tobacco and all other drugs, both licit and illicit, including misuse of prescribed medications.
Client / Consumer	A client or consumer (also known as a patient) is a person who uses, has used, or may use any service or program to address their AOD use. These terms can be used interchangeably, although it is of note that not all consumers are clients of a service.
Collaboration	Collaboration is the action of two or more people / organisations working together to achieve better outcomes (that may otherwise not have been possible). In the context of the AOD Reform Agenda, collaboration could look like two or more AOD and/or Mental Health Services working together to achieve better outcomes for the people who access these services (and their support people).
Comorbidity	Comorbidity means that a person is experiencing more than one health condition at the same time. Alternative terms for comorbidity include 'co-occurring conditions', 'dual diagnosis' and 'co-existing conditions'.
Integration	Integration in the context of the AOD Reform Agenda is defined as better co-ordination, collaboration, and communication between the components of the current service system.
Peer Worker / Lived Experience Worker	Peer workers are visible role models that foster hope and inspiration for recovery. They provide a natural and empathetic support, which challenges existing attitudes by modelling what is possible for recovery.
Priority Population Groups	For this Implementation Plan, priority population groups are those groups, as identified by Siggins Miller, who may be disproportionately impacted by AOD use issues. Such groups include children and young people (including children of parents who use AODs), Aboriginal and Torres Strait Islander people, women, elderly people, people from culturally and linguistically diverse backgrounds, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual community members, people in, entering or exiting the justice system, and people experiencing, or who are at risk of experiencing, homelessness.

Secure Facilities	The term 'secure facilities' refers to Tasmanian Correctional Primary Health Services, Tasmania Prison Service, Ashley Youth Detention Centre, and Wilfred Lopes Centre.
Service System	The AOD service system is made up of a range of service providers across government, non-government, and the private sector. Client care is delivered in a range of settings, including public and private hospitals, primary care settings by general practitioners, pharmacies, and government and non-government specialised AOD treatment services.
Specialist AOD Sector	Refers to both government and non-government AOD treatment services whose core business is providing AOD treatment.
Support person	A support person is a carer, family member or friend who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of a disability, aging conditions such as frailty, mental ill health, AOD use, chronic illness or pain, requires emotional and/or physical support and/or assistance with everyday tasks.
Stigma and Discrimination	<p>Stigma is labelling and stereotyping of difference, at both an individual and structural societal level, that leads to status loss (including exclusion, rejection, and discrimination).</p> <p>Discrimination is the lived effects of stigma – the negative material and social outcomes that arise from experiences of stigma.</p> <p>Both stigma and discrimination rely on societal structures and systems that facilitate and create conditions for their operation (for example, unequal power).</p>
Trauma Informed Care	Trauma informed care and practices focus on a person's strengths and individual needs. They incorporate a thorough understanding of the prevalence and impact of trauma and are designed to avoid re-traumatising those who are accessing services.

Appendix

Table 11. AOD Reform Agenda – Reform Directions and Key Actions

Key Action	Summary
Reform Direction 1: A Client-centred Approach Across the Service System	
1.1	Establish a funded AOD client organisation in Tasmania.
1.2	Develop and implement a client participation framework for Tasmania.
1.3	Increase advocacy support for people affected by AOD use issues.
1.4	Provide information, support, and training to increase client AOD health and treatment literacy and understanding of the service system. This will increase client confidence to provide meaningful input on ways to improve individual service delivery and the service system.
1.5	Establish a client input process into the work to be undertaken under Reform Directions 2 and 3.
Reform Direction 2: An Integrated Service System	
2.1	Define the required components, appropriate roles and scope of the specialist public Alcohol and Drug Service, the community sector AOD services, primary health care and the private sector within an integrated service system and using a continuum of care model consistent with the work under 3.1.
2.2	Identify linkages across funding and service provision to clearly identify gaps and duplications across all services.
2.3	Map and reconfigure current services and funding arrangements as required to align with, and match, 2.1 and 2.2 above and 3.1 below.
2.4	Develop a co-commissioning framework for AOD services in Tasmania.
2.5	Work within Statewide Mental Health Services and with the AOD and Mental Health (MH) service sectors to ensure the needs of clients with MH and AOD comorbidity are fully considered and addressed under the Reform Agenda and the Tasmanian Mental Health Reform Program, for example new programs and development of Models of Care will include clients with dual diagnosis and will include specific AOD/MH dual diagnosis positions where relevant
Reform Direction 3: Developing Service Specifications and Program Guidelines	
3.1	Develop an overarching Service Delivery Framework for Tasmania that describes AOD treatment and provides the overarching specifications for all funded government and non-government specialist AOD service providers.

3.2	Develop a series of Treatment Model and Guideline documents including treatment service specifications and program guidelines, all incorporating aftercare and relapse prevention, for:
a)	Residential Rehabilitation incorporating both short and longer-term stays, and day programs
b)	Withdrawal Management incorporating medically supervised inpatient withdrawal, community residential and home-based withdrawal services
c)	Care coordination and case management
d)	Screening, Brief Intervention and Referral to Treatment
e)	Opioid Pharmacotherapy Program.
3.3	Map and reconfigure current funded services as required to align with the Service Delivery Framework consistent with Reform Direction 3.1, and with Reform Directions 2.1, 2.2 and 2.3.
3.4	Develop a suite of agreed objectives, key performance indicators and client and service outcomes for each treatment type.
3.5	Develop a suite of common assessment, admission, referral and discharge forms for consistent use across all AOD services, and ensure all clinical staff in both government and nongovernment AOD services are provided with the necessary training and education in the use of those forms. Linked to workforce development Reform Direction 8.
3.6	Develop a protocol for the sharing of information including for e-Health technologies.

Reform Direction 4: Responding to Specific Population Groups

4.1	Work with the youth sector to review, develop, and implement a Youth Framework for the AOD sector including treatment service specifications, program guidelines, and specific consideration of a developmentally appropriate approach for young people with cooccurring issues.
4.2	Consider the specific needs of young people, women, and people with children as part of the development of the Residential Rehabilitation Treatment Model and Guidelines for Tasmania.
4.3	As part of Reform Directions 2 and 3, work closely with Correctional Primary Health Services and the Department of Justice to better support people in or leaving the justice system.
4.4	Consider the needs of other specific population groups including, but not limited to, older people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds including humanitarian entrants, and LGBTIQ+ people.
4.5	Support the implementation of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 across the AOD sector in Tasmania.

Reform Direction 5: Maintaining a Focus on Promotion, Prevention and Early Intervention

- 5.1 Convene a Working Group to review the current ATOD PPEI Framework and Implementation Plan in the context of development of a new Tasmanian Drug Strategy.
- 5.2 Develop a GP training program in Screening, Brief Intervention and Referral to Treatment (SBIRT) linked to Key Action 3.1 d).

Reform Direction 6: Reducing Stigma and Discrimination

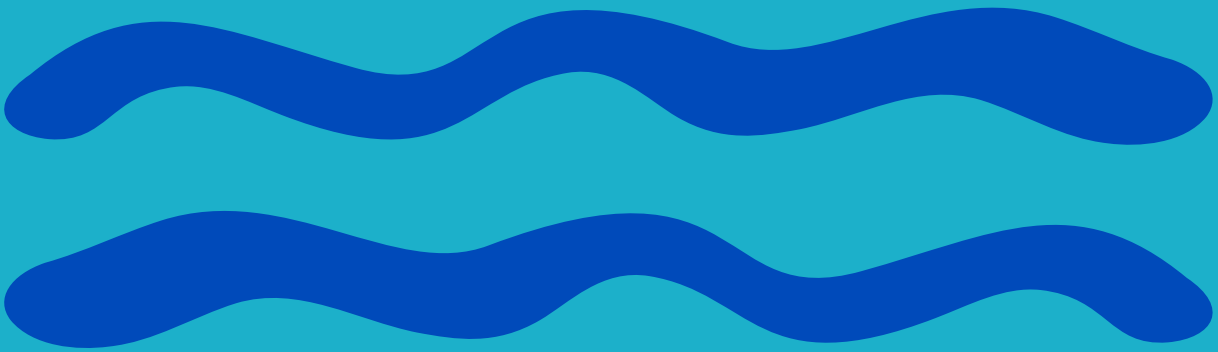
- 6.1 Work closely with clients, carers, and service providers and through the development of the Tasmanian AOD Workforce Development Strategy under Reform Direction 8 to embed respectful, non-stigmatising and non-discriminatory attitudes across all providers of AOD services and programs.
- 6.2 Strengthen relationships with local media to increase accuracy of reporting of AOD issues in Tasmania.
- 6.3 Develop and actively promote a range of activities including, for example, a position statement and campaigns to reduce the stigma and discrimination associated with AOD use issues and treatment.
- 6.4 Increase AOD health and AOD health policy literacy by providing more community information on AOD use disorders and treatment options.

Reform Direction 7: Improving Quality and Safety

- 7.1 Set up a process to map existing government funded AOD services against the agreed National Quality Framework for Drug and Alcohol Treatment Services (2018) (NQF) accreditation standards.
- 7.2 Establish a monitoring and reporting process for the NQF.
- 7.3 Work with private providers to implement the NQF.

Reform Direction 8: Supporting and Developing the Workforce

- 8.1 Determine minimum staffing key competencies and requirements across all government and non-government AOD specialist programs and services.
- 8.2 Develop a Tasmanian AOD Workforce Development Strategy for government and non-government AOD specialist services including a focus on strategies to address recruitment and retention issues.
- 8.3 Support primary health care through education and training. Linked to Key Actions 3.1d) and 5.2.





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