



Tasmanian **Drug Strategy** 2024-2029



Mental Health, Alcohol and Drug Directorate
Department of Health





Acknowledgements

We recognise 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 recognise 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 2024–2029.

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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Minister's foreword

The Tasmanian Government is committed to improving the health and wellbeing of all Tasmanians.

The new Tasmanian Drug Strategy (the Strategy) takes a health-focused, strengths-based approach to alcohol, tobacco and other drugs use. The Strategy provides a framework that will encourage collaborative action and activities across agencies, organisations and the community.

Our response spans health, education, law enforcement and justice, in partnership with the non-government sector and people with lived experience of alcohol, tobacco and other drugs use, including families, friends and carers of people who use alcohol, tobacco and other drugs.

This response recognises that there are varied and complex factors that can influence a person's alcohol, tobacco and other drugs use.

All people deserve dignity and respect regardless of their current or prior alcohol, tobacco and/or other drugs use.

I want to thank the people with lived experience who have contributed to the development of the Tasmanian Drug Strategy.

Your voices are vital to improving service provision and educating the wider community about alcohol, tobacco and other drugs.

The Tasmanian Government is focused on ensuring everyone in our community is safe, healthy and able to access the help and support they need, when and where they need it.

We recognise that through no fault of their own, some people are at greater risk of harm from alcohol, tobacco and other drugs and may need targeted actions and supports to improve or maintain their health and wellbeing. Social determinants of health, the conditions in which people are born, live, work and age, influence overall health and wellbeing, including alcohol, tobacco and other drugs use. The Tasmanian Drug Strategy acknowledges this link and will consider activities to address social determinants of health.

Targeted actions for identified priority population groups will be developed in partnership with communities and those with lived experience and progressed through biennial implementation plans over the course of the Strategy.

The Tasmanian Drug Strategy will guide effective and coordinated work that aligns with and builds on other key strategies and reforms. This includes the Reform Agenda for the Alcohol and other Drugs Sector in Tasmania, which aims to ensure Tasmanians can access appropriate, timely, effective, and quality alcohol, tobacco and other drugs services, supports and treatments when needed.

The Tasmanian Drug Strategy also intersects with *Healthy Tasmania 2022–2026*, *Rethink 2020*, and *Compassion and Connection: Tasmanian Suicide Prevention Strategy 2023–2027*.

I look forward to working closely with all stakeholders, particularly the community sector and people with lived experience, to ensure the success of the Tasmanian Drug Strategy to provide better outcomes for Tasmanians.

Jeremy Rockliff, MP
Premier
Minister for Mental Health and Wellbeing

A message from Tasmanians with lived experience

Dear Tasmanians,

We recognise the significance of this moment and are proud to share these words for the Tasmanian Drug Strategy.

Almost every Tasmanian has a living or lived experience of alcohol and other drugs. It may be our own, it may be a family member or friend, it may be people in our workplaces or our communities. For many Tasmanians, it may be all these things.

For us, the authors of this message, we have all had a transformative or life-changing experience with alcohol and/or other drugs, and yet none of our experiences are the same. We have all accessed, and many of us still access, support and treatment. Some of us no longer use alcohol and other drugs, and some of us do. Some of us have been in prison, and some of us still are.

What unites us is that we are all advocates for change and we are all focused on solutions. We acknowledge the complex nature of alcohol and other drug use and its often profound impacts on individuals, families, friends and communities. It is not a one-size-fits-all issue; it is a multifaceted challenge that affects Tasmanian lives in different ways, and it never defines a person, their worth, or their potential.

We recognise that trauma is a common element in alcohol and other drug dependence. If a person seeks support for their alcohol and other drug use, it is a health issue. A compassionate and non-judgmental reception in these interactions is essential: it may have taken years, or possibly decades, for someone to schedule and attend an appointment. We know that the disclosure of alcohol and other drug use, particularly illicit drugs, can alter treatment and medication, and we strongly advocate for equal access to healthcare.

People who use alcohol and other drugs in Tasmania have the right to equity, inclusion, dignity and to live free from stigma and discrimination.

We welcome the aspirations of the Tasmanian Drug Strategy and look forward to the many ways that people with living and lived experience can contribute to its implementation.

Tracy-Lee Bird, Kerrie Dare, Emily Ebdon, Lily Foster, Bell Freestone-Spindle-Tree, Samantha Hodgetts, Ursula Matthews, KC McDonald, Jeffrey Ryan, Gene Stewart-Murray, Kathryn Sykes, David Tilse, Jonathan Wheeler, Rhyan Davey

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 Tasmanian 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 drugs](#)¹

[Alcohol, Tobacco and other Drugs Council Tasmania - Communications Charter](#)²

[Alcohol and Drug Foundation - the Power of Words](#)³

Our strategy

Vision

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

Aim

To support and improve Tasmanians' health and wellbeing by preventing and reducing the health, economic and social harms 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, friends 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; take a health-focused approach to ATOD use that includes social determinants of health; 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 of people who smoke/vape, drink alcohol at risky levels, use medicines unsafely, or are harmed by using illicit drugs, and by addressing social determinants of ATOD use.
2. Improve individual, family and community safety.
3. Reduce stigma and discrimination.
4. Include the expertise of all Tasmanians, including people with a lived experience of ATOD use, people from identified priority population groups, and families, friends and carers of people who use ATOD.
5. Prevent and/or delay ATOD use through primary intervention, education and awareness.
6. Improve equitable access to evidence-based treatment options, including responsiveness to the needs of Tasmanians and concurrent treatment of co-occurring conditions.
7. Improve alignment of ATOD strategic policy by working in partnership across sectors and with the community.
8. Restrict and/or regulate availability of ATOD where additional safeguards are required.
9. Continue research and improve data collection, collation and sharing, and use evidence to shape action and policy across sectors.

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 medicines and improve regulatory activities

Illicit drugs

Take a health response to illicit drugs use

Intervention and treatment

Expand access to evidence-based, best-practice interventions and treatment services

Evidence base

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

Priority Population Groups

- Children and young people, including children whose parents use ATOD and young carers of people who use ATOD
- Aboriginal and Torres Strait Islander peoples
- People experiencing sexual abuse and family violence, including victims and survivors
- Pregnant women and their partners
- People in or leaving custodial settings, and individuals in contact with the criminal justice system, including the youth justice system
- Older people
- People living in rural or remote areas
- People with co-occurring conditions, including mental ill health, neurodiversity and disability
- People at risk of or experiencing homelessness
- People from culturally and linguistically diverse communities
- People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other sexually and gender diverse people (LGBTIQ+)
- Families, friends and carers of people who use ATOD
- People who use performance and image enhancing drugs

The Strategy notes the inclusion of people with lived experience of ATOD use and families, friends and carers of people who use ATOD is implicit across all action areas.



Purpose

The vision of the Tasmanian Drug Strategy 2024–2029 (Tasmanian Drug Strategy) is a Tasmania that is inclusive and safe for all people, without stigma or discrimination, where people are treated equitably and make informed health decisions when it comes to use of alcohol, tobacco and other drugs (ATOD). It is a Tasmania where people who use ATOD, their families, friends and carers, can 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 harms of ATOD use.

The Strategy has been informed by people with lived experience of ATOD use and its ongoing implementation will continue to be developed in partnership with people with lived experience.

The Strategy notes the contribution of the AOD community sector to treatment and support of people who use ATOD and their families, friends and carers. Working collaboratively across sectors and with the Tasmanian community is essential to the success of the Tasmanian Drug Strategy.

The Tasmanian Drug Strategy is a guide for all Tasmanian Government agencies, non-government organisations and the community as they develop policies, programs and activities that align with the objectives of the Strategy. 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, including addressing social determinants of health. These implementation plans will be co-designed in partnership with people with lived experience of ATOD use, including families, friends and carers of people who use ATOD and people from priority population groups. There will be targeted activities for identified priority population groups.

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 by preventing and reducing the health, economic and social harms 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
- evidence-based interventions and treatment, and
- building the evidence base.

Guiding principles

The Tasmanian Drug Strategy is guided by a commitment to:

- uphold human rights and take a strengths-based approach
- include the expertise of people with lived experience, their families, friends 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 positive change
- 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
- support the harm minimisation approach of the *National Drug Strategy 2017–2026* and actions under the three pillars of supply, demand and harm reduction, and
- take a health-focused approach to ATOD use that includes social determinants of health.

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, and will respond to and align with future national strategies.

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.

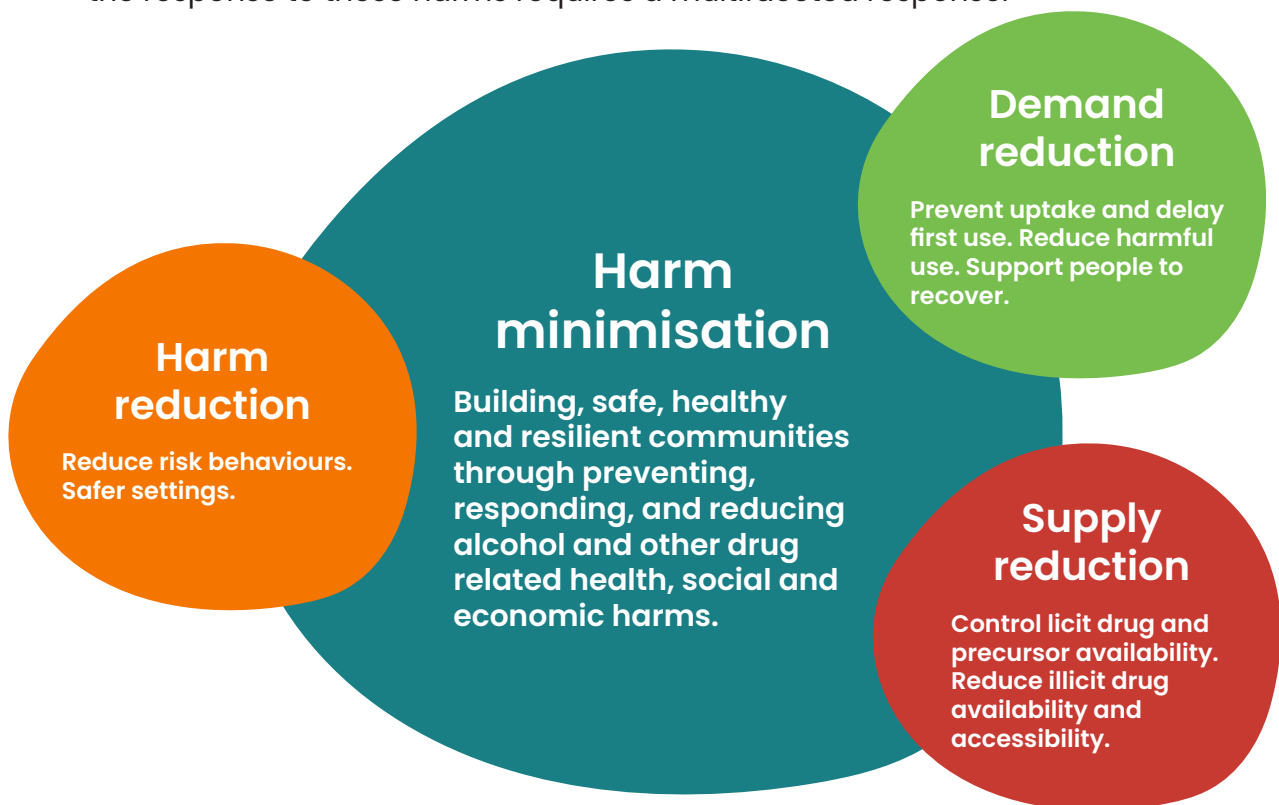


Diagram 1. Harm minimisation approach [adapted from the National Drug Strategy 2017–2026 (Australian Government Department of Health, 2017, p. 7)]

(Australian Government Department of Health, 2017)

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

Tasmanian Strategic Policy

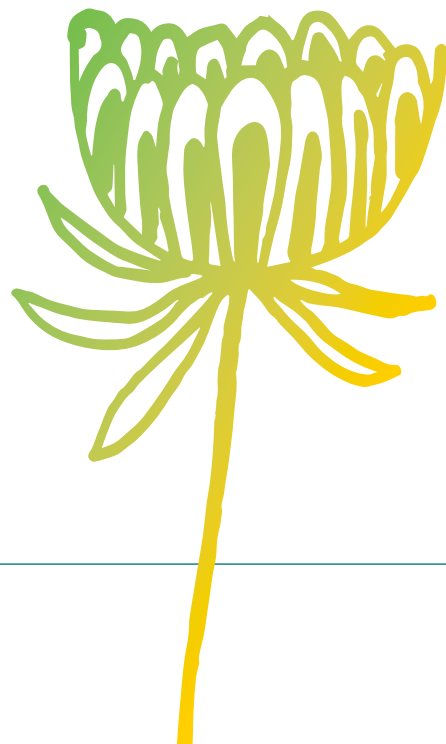
The Tasmanian Drug Strategy builds on previous State activities to prevent and/or reduce the impacts of ATOD use. A desktop review of actions and activities and available data for the Tasmanian Drug Strategy 2013–2018 was undertaken in 2019 and is available on the [Department of Health website](#).

There have been many changes internationally, nationally, and in the Tasmanian community, since the last Tasmanian Drug Strategy. This new Strategy recognises those changes and commits to the ongoing examination of best-practice, evidence-based research. This includes shifting to a strengths-based and health-focused approach to ATOD use in our community, including acknowledging that social determinants of health influence people's ATOD use, and need addressing in a holistic approach to health and wellbeing.

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 evidence-based alcohol, tobacco and other drug services, supports and treatments based on contemporary 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, whole-of-community, 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 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 patterns and prevalence of usage across ages and genders. Alcohol use was the leading risk factor for burden of disease 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 In 2019, methamphetamine use was reported to have declined nationally between 2013 and 2016, and use across Tasmania was estimated to be two thirds of the national average in 2019.⁹ 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.¹⁰

The social costs of extra-medical¹¹ opioid use in Australia over the financial year 2015–16 were estimated at \$15.8 billion.¹² 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.¹³

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.

A harm minimisation approach recognises that drug use exists on a continuum from occasional use to dependence. The Australian statistics do not necessarily correlate to the Tasmanian context. 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, stigma and/or discrimination, amongst other drivers. There is also evidence that ATOD use is a risk marker of the social determinants that can adversely affect health outcomes (like childhood trauma, homelessness, low income, lack of social supports, poor access to health care).ⁱ

ⁱ A risk marker is statistically associated with another condition, but unlike a risk factor, the association is not necessarily causal. That is, a risk marker does not necessarily cause the condition it is associated with.

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 remain high given the preventable harms they cause. While there are some positive trends, Tasmanian ATOD use is still generally above national averages.¹⁴

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 exceeded the single occasion risk guideline in 2017–2018.¹⁵ 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).¹⁶
- 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.¹⁷
- Tasmania Police data indicates that the number of people proceeded against for drink driving has decreased by 11 per cent from the 2018–19 to the 2020–21 financial year.¹⁸
- Trends from the National Wastewater Monitoring Program Report 19 estimated Tasmania ranked second highest nationally in capital city 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 since the 2007 survey, 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 however, this is the second highest rate in Australia (behind the Northern Territory).
- 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 19 estimated Tasmania ranked second highest nationally for capital city and regional nicotine consumption in April 2022.²⁸ The Report also notes that Tasmania and the Northern Territory have generally been areas with the highest overall nicotine consumption over the life of the Program.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% of treatment episodes followed by cannabis at 17.5%.³⁴
- Tasmania Police data indicates that in 2022–23, the most common drug types for people proceeded against for a drug offence 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 of all illicit substances.
- Data from the National Wastewater Drug Monitoring Program Report 19 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 2023, 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 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. Social determinants of health, the conditions in which people are born, live, work and age, influence overall health and wellbeing, including ATOD use. The Tasmanian Drug Strategy acknowledges this link and will consider activities to address social determinants of health. 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: Working Together for the Health and Wellbeing of Tasmanians* and the National Drug Strategy, and will assist in achieving the vision of the Tasmanian Drug Strategy. Inclusion of the expertise of those with lived experience of ATOD use and families, friends and carers of people who use ATOD is essential to the work 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

No single factor guarantees that a person will or will not experience ATOD use issues. ATOD use can be the result of complex and personal experiences and as a result of risk markers of social determinants of health. Factors that influence ATOD use can be both protective and place people at increased risk.

	Risk factors	Protective factors
Individual	<ul style="list-style-type: none"> Genetic predisposition/susceptibility Diagnosed mental health condition Depression and suicidal behaviour Individuals who have experienced significant adverse events Interaction with the criminal justice system 	<ul style="list-style-type: none"> Resilience Good coping skills Self-efficacy Risk perception Optimism General healthy behaviour Seeking support from professionals
Family	<ul style="list-style-type: none"> Family disruption Social deprivation Family and sexual violence/abuse 	<ul style="list-style-type: none"> Assistance to attend and maintain treatment Social support Knowledge of a person's history
Friends	<ul style="list-style-type: none"> Peer pressure Peer culture Cultural norms, attitudes 	<ul style="list-style-type: none"> Ability to resist peer pressure Social integration Positive life events
Education/ employment	<ul style="list-style-type: none"> Disengagement or prolonged absences from work or school Capability challenges at school Occupational stressors 	<ul style="list-style-type: none"> Social integration Income Assistance with educational capability
Community/ environment	<ul style="list-style-type: none"> Drug availability/promotion and marketing Systemic social and commercial determinants Social disadvantage Discrimination Inequality Minority stress 	<ul style="list-style-type: none"> Situational control Social capital Social change Systemic social and commercial determinants

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/or discrimination, isolation, and other factors 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 groups. 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; this is also referred to as intersectionality. Implementation plans will include activities targeted at priority population groups. These will be co-designed in partnership with people from these groups, including those with lived experience of ATOD use and families, friends and carers of people who use ATOD.

Children and young people, including children whose parents use ATOD and young carers of people who 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, eating disorders, attempting suicide and/or experiencing suicidal distress, and school absenteeism. Children of parents who use ATOD are also at increased risk of developing an ATOD-use disorder.⁴⁰
^{41 42}

There are overlaps that exist among young people who experience child protection, youth justice supervision, homelessness, mental health disorders, and ATOD use.⁴³

Young people are particularly vulnerable to the negative effects of alcohol, tobacco and illicit use of drugs. These substances can directly and indirectly impact young people's physical and psychological health, wellbeing and development. Use of alcohol, tobacco and illicit drugs has also been associated with negative economic and social outcomes, such as unemployment, low educational attainment, poverty, homelessness and family breakdown.⁴⁴

Aboriginal and Torres Strait Islander peoples

The Tasmanian Government acknowledges the ongoing strength and resilience of Aboriginal and Torres Strait Islander people and is committed to achieving socio-economic targets under the National Agreement on Closing the Gap, which intersect with the objectives of the Tasmanian Drug Strategy. 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.⁴⁵

Aboriginal and Torres Strait Islander peoples are also statistically more likely than non-Indigenous people to be involved with the criminal justice system (NB most Aboriginal and Torres Strait Islander people have never been imprisoned),⁴⁶ to be affected by family violence,⁴⁷ and have other co-occurring conditions.⁴⁸

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.⁴⁹ 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.⁵⁰

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.⁵¹ The Report on the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings notes that trauma associated with abuse can be a contributing factor to a range of other issues, including with alcohol and other drugs use.⁵²

People in or leaving custodial settings and individuals in contact with the criminal justice system, including the youth justice system

A study in 2018 found people in correctional services are four times more likely than people in the general population to self-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 People who are in contact with the criminal justice system have a higher prevalence of ATOD use issues than the general population and more often than not include adverse social indicators, such as loss of employment, disability or mental health issues.

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 areas⁶⁰

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.⁶¹ Limited access to healthcare and services is also an issue in rural and remote areas.

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 AOD 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

While not always the case, there is a strong association between people who have alcohol and other drugs use issues and experiences of homelessness. Alcohol and/or

other drug use issues use can be a contributing factor in 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, Asexual, and other sexually and gender diverse people (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 covers people who identify as lesbian, gay, and bisexual and does not cover people who identify as transgender or with other genders or sexualities).

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}

People who use performance and image enhancing drugs

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/or 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 Develop a new Prevention, Promotion and Early Intervention (PPEI) framework to replace *Everybody's Business: A Plan for Implementing PPEI*, which has expired. The new framework should guide PPEI efforts and include a focus on social determinants of health.
- 1.2 Collaborate across Government and the community sector to build on evidence-based prevention, support and treatment programs and initiatives, including to improve ATOD referral pathways and ATOD health literacy.
- 1.3 Support and strengthen initiatives under the Tasmanian Government's *Healthy Tasmania Strategic Action Plan 2022-2026* and other existing evidence-based initiatives that create protective and supportive environments that contribute to health and wellbeing and the prevention and minimisation of harms associated with ATOD 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-based and strengths-based drug and alcohol education.
- 1.5 Promote positive messages through evidence-based education and awareness campaigns aimed at reducing stigma and discrimination.

2

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), ischaemic heart disease and stroke, hypertensive heart disease, cirrhosis and other chronic liver diseases, pancreatitis and diabetes.⁷⁶ Short-term or single occasion high-risk level alcohol consumption 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 is the first principal drug of concern for those seeking treatment in Tasmania.

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 evidence-based strategies to prevent and reduce alcohol-related harm.
- 2.2 Develop a Tasmanian Alcohol Action Plan with a focus on health promotion, education, and evidence-based approaches to prevent and reduce alcohol-related harm, including developing place-based strategies/initiatives across all communities.
- 2.3 Develop and implement a Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan in alignment with the National FASD Strategic Action Plan.



Action Area 3: Tobacco and e-cigarettes/vaping

Prevent and minimise tobacco and e-cigarettes/vaping use

Rationale

The proportion of daily and occasional smokers (collectively referred to as current smokers) 18 years and over fell from 18.9 per cent in 2014-15⁷⁸ to 17.6 per cent in 2017-18⁷⁹, but statistically is higher than the national rate of 15.1 per cent.⁸⁰ However, there is more to do as Tasmania continues to have the second highest rate of current smokers in Australia (behind the Northern Territory).⁸¹

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.⁸²

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.⁸³

Key Activities

- 3.1 Support implementation of actions to reduce smoking prevalence in Tasmania such as *Healthy Tasmania*, the *Tasmanian Tobacco Action Plan 2022-2026*, and the *National Tobacco Strategy 2023-2030*.
- 3.2 Greater action to address the growing concern of e-cigarette use through supporting a national response and targeting children and young people through increased collaboration between the Department for Education, Children and Young People and the Department of Health, and engagement with young people.
- 3.3 Work with the Australian Government and other states and territories on national action to reduce smoking in Tasmania, including banning the retail sale of e-cigarettes and improving cessation support and prevention activities.

4

Action Area 4: Pharmaceutical drugs

Promote safe use of medicines and improve regulatory activities

Rationale

Pharmaceutical medicines, including prescription medicines (such as opioid analgesics and benzodiazepine anxiolytics), form a vital component of pharmaceutical medicines, including prescription only medicines, however their non-prescribed and non-directed 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 2007–2021. The largest contributor to medication-related poisoning deaths in Tasmania is prescription opioids and benzodiazepines.⁸⁴

The rate of unintentional drug-induced deaths⁸⁵ 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 2021 were seen in Tasmania at 3.1 per cent such deaths per 100 000 population.⁸⁶

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, the real-time prescription monitoring system, and data, research and evaluation.
- 4.2 Increase support and training for health professionals, including GPs, nurse practitioners and hospital-based prescribers (to support safe and effective prescribing), and increase access to opioid replacement therapy.



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 non-medical cannabis, cannabinoids and gamma hydroxybutyrate. These also include performance and image enhancing drugs (PIEDs) and new psychoactive substances. There is some overlap with non-prescription use of pharmaceutical drugs.

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.^{87 88} They also account for the majority of illicit drug-related law enforcement activity in Tasmania.⁸⁹

Key Activities

- 5.1 Develop an Illicit Drugs Action Plan with a focus on preventing and reducing harm and disrupting, dismantling and reducing supply in Tasmania, including systems-based primary prevention and evidence-based measures to prevent harm.
- 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, in alignment with *Changing Lives, Creating Futures: A Strategic Plan for Corrections in Tasmania in 2023* and the *Reform Agenda for the Alcohol, Tobacco and Other Drugs Sector in Tasmania*.
- 5.5 Form a cross-sectoral working group to investigate, build understanding of, and report on evidence-based harm reduction and health-focused responses to illicit drug use, including communicating current and emerging risks related to ATOD use (e.g. drug contamination, toxicity warnings).



Action Area 6: Interventions and treatment

Expand access to evidence-based, 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 the need for a range of treatment interventions, from assessment and brief interventions to specialist acute services. The Tasmanian Drug Strategy will identify and build on evidence-based AOD treatment, support and prevention programs and activities across sectors in Tasmania. This involves working in partnership across sectors, including with people with lived experience of ATOD use and families, friends and carers of people who use ATOD.

Key Activities

- 6.1 Support the implementation of the [AOD Reform Agenda](#), including planning for ongoing and future investment to increase access to and availability of evidence-based AOD services across Tasmania.
- 6.2 Review and identify ways to support increasing access to evidence-based AOD treatment programs, including for co-occurring and complex conditions (including exploring simultaneous treatment for mental health and AOD issues) and support services for families, friends and carers of people who use ATOD.
- 6.3 Support recruitment, training and retention of a skilled workforce. This includes the peer workforce, the Aboriginal Health Sector workforce, and the community sector workforce (this may include exploring how to increase the capacity of AOD workers to respond to co-occurring conditions).
- 6.4 Review and map access to AOD services across the State, including consideration of equitable access for rural and remote communities.

7

Action Area 7: Evidence base

Build the evidence base to support up-to-date strategic planning, policy development, treatment models, 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, collation, sharing and reporting of ATOD data across agencies, service systems and the community sector, including monitoring emerging trends (such as volatile substances). This will include supporting the collection of Tasmanian-specific data and research, including collecting data at the Local Government Area (LGA) level to support decision-making for LGAs.
- 7.2 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 Inform/advise Government on national (including Tasmanian) and international evidence-based AOD strategies, frameworks, policy and research, to ensure Tasmania's policies and strategies remain evidence-based and are updated as appropriate.
- 7.4 Collect information on the views of identified priority population groups, including people with lived experience, families, friends, and carers, 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 2024–2029 and to oversee its implementation, ongoing monitoring and reporting (including coordinating annual progress 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. This will include monitoring and reporting on indicators statewide and disaggregating at the local government level to better understand outcomes for particular regions, such as remote Local Government Areas.

Outcomes

Outcomes of the Tasmanian Drug Strategy include:

- reduced uptake of ATOD in Tasmania
- decrease in ATOD-related harm
- increased access to therapeutic responses to ATOD use, including improved access to services for priority population groups across the areas of prevention, early intervention, evidence-based treatment and relapse prevention
- an appropriately qualified AOD workforce, including peer workers, and
- meaningful ATOD data to inform future policy and health responses to ATOD.

An evaluation framework will be developed in consultation with the Tasmanian AOD sector in the first year of the Strategy. This will enable us to measure the effectiveness of, and better target, 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 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, including for identified priority population groups.

The indicators will also be aligned with the current National Drug Strategy and adjusted for future national strategies when released and implemented.

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 high-risk level 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 • Gay Community Period Survey Report, UNSW Centre for Social Research in Health
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 and individual perception of safety and public order, where Tasmania specific data can be extracted • Alcohol and drug related violence incidents • Rate of drug and drink-driving prevalence as a proportion of RBT conducted • Police-recorded alcohol and drug-related public order offences⁹⁰ 	<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 2023–2030*
- *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*
- *National Road Safety Strategy 2021–2030*
- *National Road Safety Action Plan 2023–2025*

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>Homes Tasmania will be a key partner agency in many of the activities under the Tasmanian Drug Strategy.</p>
<p><i>Changing Lives, Creating Futures: A Strategic Plan for Corrections in Tasmania 2023</i> 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.⁹¹</p> <p>See also the <i>Disability Justice Plan 2017-2020</i>.</p> <p>Access to services and counselling for ATOD use within the Tasmania Prison Service and following release is limited.</p> <p><i>Changing Lives, Creating Futures</i> continues a strong focus on rehabilitation and reintegration, with a range of new frameworks and processes identified with an emphasis on stronger collaboration with service partners.</p>
<p><i>Supporting Tasmanian Carers: Tasmanian Carer Action Plan 2021-2024</i> <i>Carer Recognition Act 2023 (Tas)</i></p>	<p>The focus of <i>Supporting Tasmanian Carers: Tasmanian Carer Action Plan 2021-2024 (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 <i>Carers Recognition Act (Tas)</i> formally recognises, promotes, and values the significant contribution of carers in the Tasmanian community. It formally acknowledges carers supporting someone who has a drug or alcohol dependence.</p> <p>The Act includes a Carers Charter that sets out obligations of how state service agencies should interact with and include carers. It has an associated Tasmanian Carer Action Plan for which state service agencies have carer-specific actions to achieve that are monitored and will be reported on annually in Parliament. The legislation has a five-year review date.</p>

<p><i>Child and Youth Wellbeing Strategy 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.</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 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</i> (update is under development)</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.</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, 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.</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. Alcohol and other drugs are identified as factors which may contribute to increased frequency and severity of family violence.</p> <p>2022-23 data shows that Tasmania Police attended 4,669 family violence incidents, including 786 in which the offender was affected by alcohol and 389 in which the offender was affected by drugs.⁹²</p>
<p><i>Towards Zero – Tasmanian Road Safety Strategy 2017-2026</i></p> <p><i>Towards Zero Action Plan 2020-2024</i></p>	<p>Alcohol is identified as one of the leading behavioural factors associated with road crashes in Tasmania. Over the last ten years, drugs, alcohol or both were contributory factors in 23 per cent of fatal and serious injury crashes on Tasmania's roads.</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.⁹³ 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>Strong, liveable communities.</i> <i>Tasmania's Active Ageing Plan 2017-2022</i></p> <p><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 high-risk level drinkers among Australians aged 50 years and over is relatively small but is on an upward trajectory.⁹⁴</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 are important focus areas for the Tasmanian Drug Strategy.</p>
<p><i>Equal means Equal: Tasmanian Women's Strategy 2022-2027</i></p> <p><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/or 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.⁹⁵</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>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 is an important focus area 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	As defined by the Alcohol, Tobacco and Other Drugs Council Tasmania, lived experience of alcohol and other drugs is multi-faceted and includes: <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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- 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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