



Tasmanian Council of Social Service Inc.

Tasmanian Drug Strategy

July 2022



**INTEGRITY
COMPASSION
INFLUENCE**

About TasCOSS

TasCOSS's vision is for one Tasmania, free of poverty and inequality where everyone has the same opportunity. Our mission is two-fold: to act as the peak body for the community services industry in Tasmania; and to challenge and change the systems, attitudes and behaviours that create poverty, inequality and exclusion.

Our membership includes individuals and organisations active in the provision of community services to Tasmanians on low incomes or living in vulnerable circumstances. TasCOSS represents the interests of our members and their service users to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage, and promote the adoption of effective solutions to address these issues.

Please direct any enquiries about this submission to:

Adrienne Picone

Chief Executive Officer

Phone Number: (03) 6231 0755

Email Address: adrienne@tascoss.org.au

1. Introduction

TasCOSS welcomes the opportunity to make a submission to the Department of Health ('the Department') in response to the Draft Tasmanian Drug Strategy ('the Draft Strategy'). Our submission will focus on what we believe to be key issues faced by Tasmanians who are experiencing substance misuse and dependency, as well as what we believe should be included as priorities to reach the stated objective of the Draft Strategy, which is to 'prevent and reduce the health, economic and social costs and harmful effects of ATOD use in Tasmania'.¹

We also acknowledge that the peak body for alcohol, tobacco and other drug use, the Alcohol Tobacco and other Drugs Council Tasmania ('ATDC'), has responded to the Draft Strategy by saying it cannot endorse it, and have recommended the Draft be revised with their input.² We respect this position and endorse their concerns with the Draft Strategy. Our comments below should therefore not be read as endorsement of the Strategy but rather as contributions to the development of the next draft.

TasCOSS also endorses the recommendations made in the Commissioner for Children and Young People's submission to the Draft Strategy.³

2. Background

As outlined in the Draft Strategy, many Tasmanians continue to experience substance misuse and dependency, and that 'Tasmanian ATOD use rates are still generally above national averages'.⁴ This is consistent with recent reports, which confirm that '[u]se of alcohol and other drugs is a major cause of preventable harm, illness, and death in Tasmania',⁵ and that substance use 'contributes to mental illness, chronic conditions, and social and economic harms'.⁶

Evidence suggests high rates use of alcohol, tobacco and other drugs is linked to comparatively high levels of socioeconomic disadvantage. For example, in relation to smoking, the Tasmanian Government has noted that '1 in 3 people who smoke are from the most disadvantaged communities',⁷ and that '[p]eople experiencing disadvantage are disproportionately impacted by the harms of smoking'.⁸

TasCOSS therefore advocates for a whole-of-government approach to substance misuse and dependency in Tasmania, which recognises and seeks to address the underlying factors which are contributing to high rates of use. While the Draft Strategy includes harm minimisation as a key underlying concept,⁹ we believe the Draft Strategy should more comprehensively capture three key actions: a comprehensive public

¹ Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2022-2027: Consultation draft (May 2022), 3.

² Alcohol and Other Drugs Council Tasmania, Tasmanian Drug Strategy 2022-2027: Response from the ATOD community-managed sector (July 2022).

³ Commissioner for Children and Young People, Submission in relation to the Tasmanian Drug Strategy 2021-2027 community consultation (June 2022).

⁴ Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2022-2027: Consultation draft (May 2022), 9.

⁵ Primary Health Tasmania, Health in Tasmania: Health Needs Assessment 2022/23 – 2024/25 (November 2021), 6

⁶ Ibid.

⁷ Tasmanian Government, Department of Health, Tasmanian Tobacco Action Plan: Reducing the use of tobacco and related products 2022–2026 (July 2022), 21.

⁸ Ibid, 15.

⁹ Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2022-2027: Consultation draft (May 2022), 6-7.

health response to substance use; a more meaningful commitment to harm minimisation, which includes strategies for decriminalisation of possession and use and initiatives to combat stigma and discrimination associated with substance use; and a greater focus on health promotion and strengthening community responses to substance misuse, with particular emphasis on early intervention, primary prevention and community education. Our submission addresses each of these below.

3. Key Issues

Health in all policies approach

TasCOSS supports the inclusion of a whole-of-government and whole-of-community approach as a policy objective, as well as the need for a systems approach, which ‘assumes that no aspect of behaviour occurs in isolation’,¹⁰ highlighting the need for ‘integrated responses across all service systems’.¹¹ However, while the Draft Strategy ‘recognises and addresses the complex interaction of risk and protective factors that influence ATOD use’,¹² TasCOSS believes greater emphasis should be placed on priority actions to address underlying health inequalities in Tasmania.

Recent data confirms Tasmanians continue to experience poorer health outcomes than people in other states and territories, and that access to healthcare is even more difficult than for the general population for people from marginalised communities, such as those in rural areas, experiencing poverty, those from culturally and linguistically diverse backgrounds and Aboriginal Tasmanians.¹³

TasCOSS has previously highlighted the correlation between poor outcomes in preventable health conditions for Tasmanians on low incomes,¹⁴ and risk factors which are linked to social disadvantage, including higher rates of smoking, lower rates of exercise, and lower participation rates in disease screening programs. As well as being linked to socially determined risk factors, TasCOSS notes that inequalities in health outcomes are also the result of inequities in healthcare access. Healthcare inequities which particularly impact Tasmanians on low incomes include, but are not limited to, the unaffordability of primary care, due to lack of bulk-billing GPs;¹⁵ unaffordability of prescription medications;¹⁶ unaffordability and/or unavailability of diagnostic services and specialists;¹⁷ unaffordability and/or unavailability of dental, mental and allied health care; infrequency/inflexibility of rural and regional

¹⁰ Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2022-2027: Consultation draft (May 2022), 11.

¹¹ Ibid.

¹² Ibid.

¹³ Primary Health Tasmania, Health in Tasmania: Health Needs Assessment 2022/23 – 2024/25 (November 2021), 12.

¹⁴ TasCOSS, Submission in relation to Our Healthcare Future (February 2021), 7.

¹⁵ Australian Government, Productivity Commission, Report on Government Services 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.26.

¹⁶ Australian Government, Productivity Commission, Report on Government Services 2021 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.31.

¹⁷ Australian Government, Australian Institute of Health and Welfare, Patients' out-of-pocket spending on Medicare services 2016–17 (August 2018), accessed at <https://www.aihw.gov.au/reports/health-welfare-expenditure/patient-out-pocket-spending-medicare-2016-17/data>.

outreach services; lack of transport and digital exclusion.¹⁸ These inequities are compounded for marginalised groups, including Aboriginal Tasmanians, Tasmanians experiencing homelessness or Tasmanians with a disability.

We therefore strongly recommend the Draft Strategy include improving access to adequate health care as an action area, with particular focus on how to improve services for those Tasmanians who are most vulnerable. Given demonstrated links between poor health and mental health outcomes and substance misuse and dependency, we believe the Draft Strategy will be unable to achieve its stated objective without the inclusion of targets and actions relating to health reforms.

Recommendations:

- The Draft Strategy include 'Access to healthcare' as an action item, with key activities addressing health inequalities in Tasmania – examples could include the following:
 - Increased access to community health services, including bulk billed GPs, specialist services and allied health throughout Tasmania;
 - Initiatives to increase transport options; and
 - Measures to improve digital literacy and increase access to telehealth and other services, such as initiatives to provide free or low-cost telecommunications devices or the expansion of the Tasmanian concessions scheme to include telecommunications.

Harm Minimisation

TasCOSS supports the inclusion of harm minimisation as an underlying principle of the Draft Strategy. However, we don't feel this principle is reflected in the language used or priority action areas identified. We therefore urge the Government to include strategies and actions which are more closely aligned with a public health model.

Key to this are policies addressing the underlying factors that contribute to substance use and dependency. While the Draft Strategy acknowledges the 'many social, socio-economic, cultural and environmental conditions, risk factors and protective factors that influence ATOD use... such as mental health and wellbeing, child maltreatment, domestic and family violence, bullying, discrimination, poor quality diet, physical inactivity, loneliness, and the social determinants of health',¹⁹ the Draft Strategy does not include any specific targets or initiatives directed towards addressing these factors. TasCOSS encourages the Government to consider how services could be better supported to work collaboratively to address individuals and communities holistically, as well as including actions which relate to addressing physical and mental health (as outlined above). Recent reports have included examples of collaborative partnerships between government and non-government services from other jurisdictions,²⁰ including the

¹⁸ See, for example, Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, RMIT and Swinburne University of Technology, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020 (2020).

¹⁹ Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2022-2027: Consultation draft (May 2022), 15.

²⁰ Siggins Miller, A single Tasmanian alcohol and other drugs (AOD) service system framework (August 2017), 9-10.

Victorian Prevention and Recovery Care (PARC) service,²¹ which has been highlighted as a potential model for community-based AOD treatment in Tasmania.²²

TasCOSS also supports a shift away from a punitive, criminal justice focused response to substance use and dependency. We believe current expenditure on law enforcement measures associated with substance misuse could be better directed towards therapeutic responses – in particular, programs designed to support communities and populations identified in the Draft Strategy as ‘priority population groups’ (which includes Aboriginal Tasmanians, children and young people, and people within or exiting the prison system). We support the inclusion of an action area entitled ‘Shifting towards a public health response to substance use’ and propose the inclusion of actions or targets relating to this area.

Effective harm minimisation also requires a change in community attitudes and beliefs around substance use. Researchers have recognised the prevalence of negative attitudes or stereotypes relating to ATOD use, noting that ‘[s]tigma is often used as a tool to discourage and marginalize unhealthy behaviours such as problematic substance use, which has a collateral consequence of marginalizing and devaluing social groups. Stigmatizing attitudes regarding certain behaviours (e.g. substance use during pregnancy) and groups (e.g. injection drug users) are widely accepted, culturally endorsed and enshrined in policy (e.g. criminal law)’.²³ Tasmanian drug reform policy has also recognised the impact of stigma and discrimination, noting the wide-ranging impacts on health and wellbeing, including willingness to access treatment.²⁴ In endorsement of ATDC’s recommendation,²⁵ we support the inclusion of an additional action area, ‘Reducing stigma and discrimination’, consistent with the recommendations of the Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania, as well as the inclusion of suggested actions.²⁶

Recommendations:

- The Draft Strategy should acknowledge the underlying causes contributing to substance misuse and dependency in Tasmania, as well as including actions or targets to address ongoing disadvantage (such as housing instability or poor mental health outcomes);
- The Draft Strategy should prioritise collaborative partnerships to address substance misuse as well as providing other supports;
- The Draft Strategy should seek to promote a public health approach to substance use, consistent with the principle of harm minimisation. We support the inclusion of a new action area, ‘Shifting towards a public health response to substance use’, which could include the following actions:

²¹ Information about PARC can be found accessed here: <https://www.betterhealth.vic.gov.au/health/serviceprofiles/adult-prevention-and-recovery-care-PARC-services-service>.

²² Siggins Miller, A single Tasmanian alcohol and other drugs (AOD) service system framework (August 2017), 9-10.

²³ Livingston JD, Milne T, Fang ML, Amari E. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction*. 2012 Jan;107(1):39-50, 40.

²⁴ See, for example, Tasmanian Government, Department of Health, Mental Health, Alcohol and Drug Directorate, Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania (November 2020), 26-27.

²⁵ Alcohol and Other Drugs Council Tasmania, Tasmanian Drug Strategy 2022-2027: Response from the ATOD community-managed sector (July 2022), 9.

²⁶ Tasmanian Government, Department of Health, Mental Health, Alcohol and Drug Directorate, Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania (November 2020), 26-27.

- Review the existing legislative framework in relation to drug use and possession, to consider whether certain actions should be decriminalised - for example, possession of a small amount of cannabis under s24 of the *Misuse of Drugs Act 2001* (Tas);²⁷
- Support the expansion of existing diversionary options for drug offences, and address underlying factors which may be contributing to the reported decrease in cautions and diversions offered by police²⁸ – this would include additional funding for community organisations to increase their capacity to provide support and education programs;²⁹
- Fund and implement a prison-based rehabilitation program, with throughcare support also offered to people exiting prison;
- Commit to funding for the development of community-based residential rehabilitation facilities for priority populations (such as children and young people, and Aboriginal Tasmanians), ideally co-designed with target communities and delivered with the support and expertise of existing community organisations, such as Aboriginal Community Controlled Organisations
- The Draft Strategy should include initiatives to combat ongoing stigma and discrimination related to substance use, including an action area ‘Reducing stigma and discrimination’, with actions including the following:
 - Work closely with clients/consumers, carers and service providers to embed respectful, nonstigmatising and nondiscriminatory attitudes across all service providers;
 - Strengthen relationships with local media to increase accuracy of reporting of AOD issues in Tasmania
 - The development and promotion of activities to reduce stigma and discrimination associated with AOD use (including community campaigns)

Health Promotion

The Draft Strategy recognises prevention as a key action area,³⁰ and outlines key activities linked to this objective, noting the need to ‘increase protective factors and reduce risk factors that influence the uptake and use of ATODs’. TasCOSS supports the inclusion of prevention as a priority area and agrees there should be an increased focus on initiatives and cross-sector collaborations which contribute to prevention and the minimisation of substance-related harm. We believe these actions will have further benefits which reach beyond a potential impact on substance use or misuse in Tasmania – for example, we have recently highlighted the importance of mental health literacy as a key strategy to respond to suicide prevention

²⁷ *Possessing, using or administering controlled drug*
A person must not –

(a) possess a controlled drug; or
(b) use a controlled drug; or
(c) administer a controlled drug to another person.

Penalty: Fine not exceeding 50 penalty units or imprisonment for a term not exceeding 2 years.

²⁸ As outlined in Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2013-2018: Report on Activities (2019), 21, the number of cautions and diversions offered by police in Tasmania continued to decline between 2013-14 and 2018-19.

²⁹ A list of community organisations providing relevant treatment is found at Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2013-2018: Report on Activities, 19-20.

³⁰ Tasmanian Government, Department of Health, Tasmanian Drug Strategy 2022-2027: Consultation draft (May 2022), 15-16.

and risk,³¹ and believe increasing the health literacy of Tasmanians, as well as addressing some of the current inequalities which contribute to poor health literacy (such as ongoing digital exclusion) should be prioritised.

However, we believe the priority area relating to prevention should be reframed as ‘health promotion’ education and activities, with a focus on providing information to help communities understand how to improve their health outcomes, and to support all Tasmanians to develop and continue health behaviours. This could include additional funding for additional programs which support good health and community connections – for example, the social groups and child and family health services run by South East Tasmanian Aboriginal Corporation, as well as the rullanhih teggana project which provides AOD support.³²

We also believe the actions should focus primarily on supporting Tasmanians to further develop and strengthen the protective risk factors which impact on substance misuse and dependency, as well as identifying ways in which individuals and communities can be better supported by government initiatives. For example, ‘assistance to attend and maintain treatment’ is recognised as a protective factor relating to ‘family’ in the Draft Strategy; TasCOSS believes the Draft Strategy could therefore also include initiatives which seek to increase the capacity of all Tasmanians (even those without community support) to attend and continue treatment – this could include the development or expansion of transport services, such as the Patient Travel Assistance Scheme,³³ or initiatives which could increase the outreach capacity of existing community support services.

Health promotion relating to substance misuse and dependency should also include education and initiatives across a wide range of areas, not just drug and alcohol services but also GPs, allied health, mental health services and social support services. Services should also be supported to work collaboratively to deliver health promotion related education and to increase appropriate and timely referrals to engage additional supports as needed.

All education and health promotion initiatives should be consistent with the principle of harm minimisation and not reinforce unhelpful negative stereotypes associated with substance misuse. As outlined above, drug use still carries significant social stigma, which not only exacerbates social alienation but can also prevent people from accessing treatment and/or support.³⁴ It is therefore imperative that initiatives are developed in ways that are sensitive to the needs and experiences of those with lived experience of substance abuse and dependency.

³¹ TasCOSS, Submission to the Tasmanian Suicide Prevention Strategy (July 2022), 7-8.

³² Information about South East Tasmanian Aboriginal Corporation (SETAC) programs can be found here: <https://setac.org.au/wp-content/uploads/2020/01/SETAC-Programs-Services-Booklet-20191231.pdf>.

³³ Information about this service can be accessed here: <https://www.health.tas.gov.au/patients/support-services-your-visit-hospital/travel-support-ptas>.

³⁴ Livingston JD, Milne T, Fang ML, Amari E. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction*. 2012 Jan;107(1):39-50.

Recommendations:

- Reframe the current action area 'Prevention' as 'health promotion' and include activities which are not only designed to prevent ill health, but promote behaviours associated with improved health and wellbeing outcomes. As TasCOSS has highlighted in a previous submission,³⁵ these activities could include the following:
 - Encourage Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers;
 - Engage individuals and communities in identification and co-design of health promotion/prevention/literacy needs, mobilisation to address these needs, and design and delivery of interventions;³⁶
 - Ensure that programs address health-related behaviours, beliefs, experiences and emotions;³⁷ and
 - Ensure that initiatives include social support - community health engagement initiatives which also build social support show promise in achieving positive health behaviour outcomes.³⁸

4. Conclusion

Whilst TasCOSS strongly supports many of the principles outlined in the Draft Strategy, we are concerned the objectives will not be met without the inclusion of strategies to address existing inequalities, not only relating to the provision of and/or access to AOD services, but throughout the healthcare and social support sector in Tasmania. We believe significant change is needed if the Draft Strategy is to be genuinely useful in creating positive outcomes. We support ATDC's call to revise the Strategy and would also welcome the opportunity to work with the State Government in this process.

5. Recommendations

- The Draft Strategy should be revised as per the recommendations of ATDC.
- The Draft Strategy should adopt a whole-of-government approach to substance misuse and dependency in Tasmania, which recognises and seeks to address the underlying factors which are contributing to high rates of use.
- The Draft Strategy should include 'Access to healthcare' as an action item, with key activities addressing health inequalities in Tasmania:

³⁵ TasCOSS, Submission to the Our Healthcare Future consultation (February 2021), 25.

³⁶ O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, Matosevic T, Harden A, Thomas J. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Southampton (UK): NIHR Journals Library; 2013 Nov. PMID: 25642563.

³⁷ Kannan VD, Veazie PJ. Predictors of avoiding medical care and reasons for avoidance behavior. Med Care. 2014 Apr;52(4):336-45.

³⁸ O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, Matosevic T, Harden A, Thomas J. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Southampton (UK): NIHR Journals Library; 2013 Nov. PMID: 25642563.

- Increased access to community health services, including bulk billed GPs, specialist services and allied health throughout Tasmania;
 - Initiatives to increase transport options;
 - Measures to improve digital literacy and increase access to telehealth and other services, such as initiatives to provide free or low-cost telecommunications devices or the expansion of the Tasmanian concessions scheme to include telecommunications.
- The Draft Strategy should acknowledge the underlying causes contributing to substance misuse and dependency in Tasmania, as well as including actions or targets to address ongoing disadvantage (such as housing instability or poor mental health outcomes).
- The Draft Strategy should prioritise collaborative partnerships to address substance misuse as well as providing other supports.
- The Draft Strategy should include a new action area, 'Shifting towards a public health response to substance use', which could include the following actions:
 - Review the existing legislative framework in relation to drug use and possession, to consider whether certain actions should be decriminalised - for example, possession of a small amount of cannabis under *s24 of the Misuse of Drugs Act 2001* (Tas);
 - Support the expansion of existing diversionary options for drug offences, and address underlying factors which may be contributing to the reported decrease in cautions and diversions offered by police – this would include additional funding for community organisations to increase their capacity to provide support and education programs;
 - Fund and implement a prison-based rehabilitation program, with throughcare support also offered to people exiting prison;
 - Commit to funding for the development of community-based residential rehabilitation facilities for priority populations (such as children and young people, and Aboriginal Tasmanians), ideally co-designed with target communities and delivered with the support and expertise of existing community organisations, such as Aboriginal Community Controlled Organisations.
- The Draft Strategy should include initiatives to combat ongoing stigma and discrimination related to substance use, including an action area 'Reducing stigma and discrimination', with actions including the following:
 - Work closely with clients/consumers, carers and service providers to embed respectful, non-stigmatising and non-discriminatory attitudes across all service providers;
 - Strengthen relationships with local media to increase accuracy of reporting of AOD issues in Tasmania;
 - The development and promotion of activities to reduce stigma and discrimination associated with AOD use (including community campaigns).

- The action area 'Prevention' should be renamed to 'Health promotion' and include activities which are not only designed to prevent ill health, but promote behaviours associated with improved health and wellbeing outcomes, including the following:
 - Encourage Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers;
 - Engage individuals and communities in identification and co-design of health promotion/prevention/literacy needs, mobilisation to address these needs, and design and delivery of interventions;
 - Ensure that programs address health-related behaviours, beliefs, experiences and emotions;
 - Ensure that initiatives include social support.