



Alcohol, Tobacco and other
Drugs Council Tasmania Inc.

Submission to
Health Policy Analysis

Response to the Mid-Point Review of the National Tobacco Strategy

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Alcohol, Tobacco and other
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The Alcohol, Tobacco and other Drugs Council

The Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body supporting the sector to secure adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support the sector through training and sector capacity building, as well as undertaking policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

By working with all levels of government and the community the ATDC seeks to promote health and wellbeing of all Tasmanians through a reduction of the harms caused by substance use. Our priorities are set by the membership and Board and focus on the prevention of the uptake of harmful alcohol or drug use, the provision of effective treatment for alcohol or drug misuse and the long term promotion of health and relapse prevention.

A broad and regionally dispersed membership base ensures the ATDC maintains a strategically relevant position within the overall understanding of what services are provided, what services are needed and how best to achieve the goal of reducing the negative impacts on the Tasmanian community from alcohol and drug use.

The ATDC is committed to the following eight broad principles:

- Harm minimisation
- A population health approach
- A continuum of service types
- Consumer participation
- Consumer self determination
- Evidence based practice and policy
- Partnership and collaboration
- Recognition of Aboriginal and Torres Strait Islander Australians.



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Our Vision

A Tasmania without drug or alcohol related harm or discrimination.

Our Mission

To provide independent leadership and advocacy; strengthen partnerships through inclusion, and support consumer participation in the promotion of holistic alcohol, tobacco and other drug (ATOD) services for all Tasmanians.

Our Goals

Goal 1: To provide effective leadership and representation for the alcohol, tobacco and other drugs sector.

Goal 2: To build sustainability of the ATDC and the alcohol, tobacco and other drugs sector.

Goal 3: To maximise consumer engagement in service planning and delivery.

ATDC response to Mid-Point Review of National Tobacco Strategy

There are several areas in which the ATDC has worked to reduce tobacco related harm, these include:

The ATDC, as a peak body, has made submissions to Government processes:

- *A Healthy Tasmania- Five Year Strategic Plan* – One of the key parts of this strategy is a focus on tobacco use as one of the two main areas of focus (alongside obesity).

Our response was as follows:

“The ATDC has canvassed members to ascertain support for raising the minimum legal smoking age to 21 (or beyond). Opinions were divided and as a consequence it has not been possible to formulate a policy position to advocate on behalf of the entire sector to respond directly to the question.

There are however some key principles that our members support to provide context in which reform to tobacco legislation could occur:

- The need to reduce youth smoking is compelling, however changes to legislation must be seen as one component of a comprehensive youth tobacco strategy. Policy makers should consider the broader context around any reform and employ multiple approaches.
- That a balance between punitive and supportive program components is struck. There is a risk in implementing changes to legislation resulting in a narrow and isolated program that lacks integration with other strategies and which may be difficult to sustain in the long term.
- There is a substantial evidence base that shows the cost effectiveness of smoking cessation programs that include counselling and pharmacological interventions as well as mass education media (eg: social marketing), increasing the cost of tobacco and the implementation of smoke free areas.
- Larger penalties aimed at retailers to reduce illegal sales to minors have historically been an ineffective deterrent if deployed without an active enforcement regime. It is important that active enforcement strategies do not divert resources away from other strategies known to reduce youth smoking.
- That policy development uphold consumer engagement processes and involve youth organisations, youth workers and youth themselves in policy processes.”

ATDC developed *Everybody’s Business: a plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use*, this was launched in 2015,

- Ongoing monitoring of prevention activities of members
- Tobacco related work is one part of the strategy that focuses on alcohol, tobacco and other drugs generally
- Represents a holistic and proactive approach to prevention of drug related harm.

Facilitating Collaboration in Local Neighbourhood Houses project

- ATDC staff member works with Neighbourhood Houses in Tasmania to connect workers to the alcohol, tobacco and other drug service (ATOD) system.
- ATOD resource pack placed in every house – includes QUIT Tas material.
- This project is regularly evaluated.



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Bus Tours

- Staff from organisations/sectors relevant to ATOD (mental health, justice, generalist health/welfare) participate in a bus tour of ATOD services in, learning about service types and referral pathways
- QUIT Tas presentation to participants
- Evaluation - in all cases, all respondents either strongly agreed or agreed that the bus tours: demonstrated a diversity of ATOD services; that participation on the tours resulted in increased understanding of ATOD services and that participants' ability to refer to ATOD services improved.

Re: Barriers to reaching targets, the ATDC has identified the following:

- The ATDC wishes to highlight that there is a lack of funding to address smoking in priority populations with the highest smoking rates.
- Short term funding commitments and funding that can't be guaranteed undermines progress towards goals with relation to service planning, continuity and retention of staff.
- Changes in individuals and society (behavioural, attitudinal, systems, etc.) are a result of long term change – therefore it would be difficult to see change in short-term funding periods (eg three years).
- More nicotine replacement therapy products need to be listed on the Pharmaceutical Benefits Scheme (PBS). Only patches are currently available on the PBS, although best practice is combination therapy (patches plus oral NRT products)
- Lack of promotion of the Quitline to create demand for the service. One of our members, Quit Tasmania, is a need to promote the service and explain how it can help smokers.