



Alcohol, Tobacco and other
Drugs Council Tasmania Inc.

Submission to the Tasmanian Government

A Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft

February 2016



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Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC)

www.atdc.org.au

ABN: 91 912 070 942

Phone: 03 6231 5002

Facsimile: 03 6231 6099

PO Box 4702

Bathurst Street Post Office

Hobart, TAS 7000

Contact: Jann Smith, CEO

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2015, Hobart, Tasmania



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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.

Introduction

The Alcohol, Tobacco and other Drugs Council welcomes the opportunity to respond to the *Healthy Tasmania – Five Year Strategic Plan Community Consultation Draft* paper.

This submission has responded to the following consultation questions:

- *Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?*
- *Where do you see that the most effective changes could be made in terms of overall population health benefit?*
- *Do you support increasing the minimum legal smoking age to 21?*
- *Do you support increasing the minimum legal smoking age to 21, and subsequently increasing it to 25 later, based on evidence of impact?*
- *Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania?*

The ATDC submission specifically highlights a number of key areas for consideration:

- The return on investment in needle and syringe programs and AOD treatment,
- Changes to tobacco legislation and the need for a holistic approach,
- Working with the Drug Education Network to integrate PPEI indicators into HealthStats,
- Building the evidence base and using it effectively,
- Reducing inequities in health and addressing stigma and discrimination.

Due to the timeframe attached to the submission process, regular consultation processes with member organisations were limited in scope and number. ATDC consulted with the members of the ATDC Board but not with the broader Membership. It should be noted however that *majority* of material contained within was drawn from broader consultation processes conducted at other times.

The Return on investment: needle and syringe programs and ATOD treatment

Consultation questions

Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

Where do you see that the most effective changes could be made in terms of overall population health benefit?

In terms of alcohol, tobacco and other drug services, evidence has shown that the following interventions provide value for expenditure-

1) Needle and syringe programs

Australian Governments invested \$130 million in Needle and Syringe Programs between 1991 and 2000. This resulted in:

- An estimated 25,000 cases of HIV infection being prevented,
- An estimated 21,000 cases of hepatitis C infection being prevented,
- An estimated 4,590 lives being saved by 2010,
- An estimated saving to the health system in avoided treatment costs over a lifetime of between \$2.4 and \$7.7 billion.¹

There are significant gaps in the provision of sterile injecting equipment in Tasmania. The ATDC advocates for increased funding to primary needle and syringe programs, especially in rural and remote areas by working in partnership with community pharmacists, by increasing the availability of vending machines in suitable locations and by providing education and support to peers. Such investment would generate substantial savings to the health system through reductions in blood borne virus transmission and the associated reduction in cost of the management of these conditions. Moreover, the increased education and social supports provided to those individuals accessing such a program also prevents further transmission in the population.

2) ATOD treatment and education programs

The efficacy of treatment for ATOD issues is supported by peer reviewed research and service system data². In the case of ATOD services there are neither the number of services available to meet demand, nor are they located in the appropriate geographic locations. The determination of the quantum of services required within Tasmania has

¹ Commonwealth of Australia, 2002, *Return on investment in needle and syringe programs in Australia*, Canberra, Commonwealth department of Health and Ageing.

² There are many peer reviewed articles supporting the type of counselling approaches that Tasmanian ATOD NGOs use. The following are only indicative not exhaustive., A., Lee, N., Claire, M., Lewin, T., Grant, T., Pohlman,, S., Saunders, J., Key-lambkin, F., Constable, P., Jenner, L., & Carr, V., 2005, Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction, *Addiction*, 100:3, pp367-378, Baker, A., Lewin, T., Reichler, H., Clancy, R., Carr, V., Garret, R., Sly, K., Devir, H., Terry, M., 2002, Evaluation of a motivational interview for substance use with psychiatric inpatient services, *Addiction*, 97:10, pp1329-1337, Haug, N., Sviki

been the subject of many reviews over recent years and despite an increase in investment in 2008-09 through the Future Services Directions Plan, there continues to be unmet demand across Tasmania. This is evidenced by the ongoing lack of meaningful improvement in the health outcomes of Tasmanians as a result of harmful alcohol, tobacco or drug use. A methodology to quantify ATOD service requirements based on population, has been developed for the Intergovernmental Committee on Drugs (IGCD). The modelling tool known as the Drug and Alcohol Clinical Care and Prevention model (DA-CCP) has been available to be utilised in Tasmania for some time, however at this stage the modelling has not been applied. Using existing modelling tools would be an obvious first task in determining the appropriate level of services to be provided across Tasmania. It should be a priority to deploy the Drug and Alcohol Clinical Care and Prevention modelling tool to identify the population needs for ATOD services in Tasmania.

Change to tobacco legislation must be part of a holistic strategy

Consultation questions

Do you support increasing the minimum legal smoking age to 21?

Do you support increasing the minimum legal smoking age to 21, and subsequently increasing it to 25 later, based on evidence of impact?

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 interventions³ as well as mass education media (eg: social marketing)⁴, increasing the cost of tobacco⁵ and the implementation of smoke free areas⁶.
- Larger penalties aimed at retailers to reduce illegal sales to minors have historically been an ineffective deterrent⁷ 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.

Principles, strategies and enablers

Consultation questions

Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania?

There are three principles that the ATDC wishes to provide information on:

- Including preventive health indicators on HealthStats,
- strengthen prevention by building the evidence base and understanding of what works, and,
- reduce inequities in health.

Including preventive health indicators on HealthStats- and working with the Drug Education Network around PPEI indicators

A key principle in the Consultation Draft is “Including preventive health indicators on HealthStats...” The Drug Education Network (DEN) is responsible for the implementation of *Everybody’s Business: A Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use*.

³ Chisholm, D., Doran, C., Shibuya, K., & Rehm, J., 2006, ‘Comparative cost-effectiveness of policy instruments for reducing the global burden of alcohol, tobacco and illicit drug use, *Drug and Alcohol Review*, November, 25, pp553-565.

⁴ Cancer Council Victoria, 2013, *Tobacco control and mass media campaigns: evidence brief*, The National Preventive Health Agency, Canberra. Wakefield, M., Durkin, S., Spittal M., Siahpush, M., Scollo, M., *et al* (2008). Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. *American Journal of Public Health*, 98, 1443-50.

⁵ International Agency for Research on Cancer, 2011, *Effectiveness of tax and price policies for tobacco control. Chapter 4 Tax price and aggregate demand for tobacco products*, France, IARC.

⁶ White, V., Warne, C., Spittal, M., Durkin, S., Purcell, K., & Wakefield, M., 2011, What impact have tobacco control policies, cigarette price and tobacco control programme funding had on Australian Adolescents’ smoking? Findings over a 15-year period, *Addiction*, August, 106:8, pp1493-502.

⁷ Carruthers, S., MacDonald, C., 1995, ‘The availability of cigarettes to minors in Perth, Western Australia, *Tobacco Control*, 4, pp49-52, Wood, L., Clarke, L., 1994, ‘A comprehensive approach to reducing the supply of tobacco to children in Western Australia, *Winter School in the Sun Proceedings*, Brisbane, Alcohol and Drug Foundation, pp291-6, Hawes, E., 1994, ‘A smoke-free generation drying up supply, *Winter School in the Sun: Proceedings*, Brisbane, Alcohol and Drug Foundation, pp45-50.



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The ATDC encourages linkages between DEN and *A Healthy Tasmania* to avoid duplication of data collection and communication between DHHS and ATOD sector regarding the gathering of PPEI data/information.

Building the evidence base – and supporting organisations to contribute and use the evidence base effectively

A key principle in the consultation draft is – ‘strengthen prevention by building the evidence base and understanding of what works’. ATDC members wholly support evidence based approaches and the use of data to improve service systems, however, investment is required to support this. Moreover, ATDC members also support the logical extension of building the evidence base, to, using the evidence gathered to critically reflect on service delivery at agency and service system levels.

The collection of data and information is a fundamental component of client service provision. Data provides valuable information about the services that are being provided by organisations and to whom and whether successful outcomes are being achieved for individuals and the broader community. Whilst different organisations may provide a range of services across the public and community sector it is key for service comparison and analysis that some core data is collected and reported on in a consistent manner. Given the desire for the enhancement of service integration and coordination it is essential that investment is made in data and information management systems across the entire ATOD sector to enable the collection and analysis of quality information.

Reduce inequities in health - and address stigma and discrimination

The ATDC would like to extend further the principle “reduce inequities in health” to recognise the role that stigma and discrimination plays in an individual’s personal health trajectory.

People who use alcohol, tobacco and other drugs routinely experience stigma and discrimination as a result of their drug use. The use of alcohol, tobacco and other drugs can compound experiences of stigma and discrimination in a number of areas, including:

- health (living with a blood-borne virus (BBV), co-occurring diagnoses such as mental illness)
- social issues (education, literacy, housing, family relationships)
- economic circumstances (employment, financial status)
- justice (the impact of past or continuing involvement with police and justice systems).

People who inject drugs often report experiencing discrimination from health and medical service providers as well as staff at community pharmacies. It is fundamental that the development of Tasmania’s health system is built upon principles such as equity and fairness and treating everyone with dignity and respect regardless of their circumstances.

It is well recognised that increasing meaningful input from consumers into program and service design and delivery as well as policy development ultimately leads to improved economic, social and health outcomes as programs become more responsive to consumer needs. Fundamental to this for the ATOD sector is engagement with consumers and drug users to ensure that those with a lived experience are able to influence and participate in the appropriate development of the service system. Evidence-based best practice identifies that consumer representation is best achieved when consumers are directly involved in policy and program development and in service delivery. Genuine



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consultation, engagement and consumer empowerment is complex and time-consuming and will be best achieved in Tasmania via the funding of a consumer organisation for people who use alcohol, tobacco and other drugs. This type of organisation of this type will only flourish if it is truly enabled and supported to be self-regulating, sustaining and independent. Drug user organisations are able to articulate and advocate the perspectives of drug users on issues that impact upon their lives. Establishment and recurrent funding are essential to ensure the ongoing sustainability of such an initiative.

Late in 2014 the Tasmanian User Health and Support League (TUHSL) was incorporated and now operates with a volunteer board. Funding would enable the recruitment of a part-time officer and the acquisition of basic infrastructure necessary to fulfil the objects of the organisation's constitution.
