



Tasmanian Drug Strategy 2021-2027 Summary Paper: Response from the ATOD community sector

Our consultation process.

The ATDC scheduled a one hour, group consultation session via Microsoft Teams, held on November 16 2020. Alison Lai, Dan Vautin and Jackie Hallam guided the participants through the four consultation questions¹.

Attending the session were representatives from the following organisations:

- Pathways Tasmania
- TasCAHRD
- Anglicare Tasmania
- Holyoake
- Alcohol & Drug Foundation
- Drug Education Network
- The Hobart Clinic
- The Link Youth Health Service
- Bethlehem House

Email correspondence was also received from:

- Launceston City Mission
- The Salvation Army
- Youth Family and Community Connections

General Summary

There was widespread agreement that the vision, aim and principles of the document were fine as is.

Most of the discussion focused on the 'Strategic Objectives' and 'Action Areas' sections of the Tasmanian Drug Strategy (TDS) summary paper, and more specifically on Action Area 1 (prevention) and Action Area 6 (interventions and treatment).

The TDS was acknowledged as a 'whole of government' and 'whole of community sector' strategic framework, with the *Reform Agenda for Alcohol and Drug Services in Tasmania* being a distinct document specifically geared to guide collaborative action and activities across the ATOD treatment sector in Tasmania. Understandably, as nearly all attendees are providers of specialist AOD, some of the discussion centred on prioritising actions in the AOD Reform Agenda and making them more visible in the TDS Action Areas.

¹Members were also encouraged to submit their own written feedback on behalf of their organisation if they wished.



	Responses or comments
<p>1. Do you agree with the general vision, aim and principles? If not, what would you prefer as the vision, aim and principles and why?</p>	<p>There was general agreement that that these sections of the document were satisfactory.</p>
<p>2. The identified strategic objectives underpin the TDS and will be used as the indicators for implementation, using high-level indicators and data sources such as prevalence and trends data, patterns of use, presentations etc. The indicated individual targeted action plans under the activities will identify additional specific outcome measures and indicators. Are these overarching strategic objectives sufficient to measure the identified vision and aim. Are there any other objectives you think should be included, and if so, why?</p>	<p>There were suggestions that some of the strategic objectives could be reworded in order to logically flow from the vision, aim and principles.</p> <p><u>Current strategic objectives recommended for rewording:</u></p> <ul style="list-style-type: none"> • Improve integration of strategic policy responses across Government • Improve integration of treatment responses • Support preventative and developmental approaches (NB: the term developmental approaches needs defining) <p>Suggestions for rewording are below:</p> <ul style="list-style-type: none"> • <u>Improve integration of strategic policy responses that drive outcomes in the government, community and private sectors.</u> While the TDS is geared towards coordinating the efforts of different government agencies, it is also seeking to coordinate activity and deliver outcomes across the Tasmanian population. Community and private providers of AOD services are instrumental in reduction of health harms, delivering a significant portion of treatment interventions across the state, and thus are subject to the actions flowing from strategic policy responses. Rewording this objective in this way would better enable measurement of the reduction of “health costs” as noted in the ‘Aim’. It also suggests that policy development is necessarily inclusive of these sectors. • <u>Make the AOD system highly responsive to the needs of Tasmanians.</u> By rewording in this way we ensure that the system is accountable to those who use it. As a consequence, there is a greater onus on listening to those who use the services as well as ensuring that services are geared towards the needs of priority populations. It also responds directly to the wording in the Vision “...where people can ... access support where and when they need it” and also to the Principles where it states “A commitment to listen to the people who are directly affected...” • <u>Prevent the uptake and delay the first use of alcohol and other drugs.</u> This is a suggestion for rewording. There was a lot of discussion about the ‘prevention’ area during this consultations and it’s recommended more time is spent on finalising the wording of this objective and associated action areas (with further advice sought from specialist prevention organisations). <p><u>Additional Strategic Objectives for Inclusion:</u></p> <ul style="list-style-type: none"> • Reduce stigma and discrimination



	<p><i>'Reducing stigma and discrimination'</i> will directly impact help seeking as noted in the vision enabling people to "access support where and when they need it". Commentary from this consultation was strong on adding stigma and discrimination as a strategic objective.</p> <ul style="list-style-type: none"> • Listen to the voices of Tasmanians <p><i>'Listen to the voice of Tasmanians'</i> reflects the vision as well as the principles. Measurement against this strategic objective would include examining consumer engagement by services as well as the development of a peer workforce for our sector. Moreover, this reinforces the (long-standing) overarching goal of achieving funding for an independent consumer organisation.</p> <p>Both of the above suggestions were considered relevant to getting the input of the different priority groups and also broad enough to be relevant to most action areas.</p>
<p>3. The TDS will focus its action areas on the four main drug types – alcohol, tobacco, pharmaceutical drugs and illicit drugs - as well as increasing community information to increase the understanding of the drivers of ATOD-related risk and harms (community information); expanding access to best-practice interventions and treatment services (intervention and treatment); and building the evidence-base to support strategic planning, policy development and evaluation (evidence-base). Is there any other high-level action area you think should be added, and if so, why?</p>	<p>There was general agreement that the categories of Action Areas did not adequately flow from the strategic objectives. Further comments provided below.</p>
<p>4. The activities under each action area are broad and have been limited to no more than three. Are there any specific activities you think should be included, and if so, why?</p>	<p>Action Area 1 (Community Information) appears largely concerned with activities related with the area of prevention. There was agreement that this area could be reworked.</p> <p>The discussion highlighted the point that the opportunities in the 'prevention' area are broader than currently articulated. However, this section points to a redeveloped PPEI plan. So, it was difficult to see exactly what activities will occur under this area over and above Activity 1.3 where it discussed school-based programs.</p> <p>Over the last 2 years, culminating with the Prevention Mapping exercise for MHADD, DEN has drilled down into the definition of prevention to illustrate</p>



the broader initiatives and programs that fit into this definition. This work will inform the redeveloped PPEI plan and can also inform the activities in this Action Area.

There was discussion about strengthening protective factors (reducing risk factors) and a reference to addressing the social determinants of health (there was agreement that these are critically important to have in a Tasmanian Drug Strategy).

Generally, it was felt that more time needed to be dedicated to determining the priorities in the area of prevention in the TDS. The DEN and the ADF will be submitting their own submissions geared to responding to this area in more detail.

One attendee noted: *“It appears to miss many opportunities around prevention - community information is only one component of this - and the activities under this are very limited. It misses reduction of stigma / discrimination as an example here.”*

Another suggestion was: *“Suggest replace Community Info with 'Prevention'. Would also suggest the plan should encourage and support place-based planning and prevention strategies, such as local government health and wellbeing plans, to enable communities to address their local issues with community-led solutions.”*

Action Area 6 (Interventions and Treatment). Goals to reform the ATOD specialist system (as articulated in the Reform Agenda), such as ‘an integrated service system’ was seen as a higher priority than ‘supporting access to drug diversion programs’ or adding extra counsellors to the Tasmanian Prison Service (TPS). This is not to say that those two latter goals are not important, they are. Attendees at the consultation, the majority of who manage ATOD services, were strong in suggesting that some discrete activities from the Reform Agenda should be articulated here as priorities.

One attendee noted an inconsistency: *“Question 3 specifically talks about expanding access to evidence based best practice interventions but this isn’t an activity”.*

There was discussion on funding mechanisms, with respect to both appropriate levels of funding and the duration of funding contracts for organisations. This was mentioned by attendees as a high priority that would make a definite impact on the sustainability and effectiveness of services. Reform to funding mechanisms is referred to repeatedly in the AOD Reform Agenda. The group felt that this should be elevated and articulated as a high priority in the TDS. Additionally, funding mechanisms also falls under the goal of ‘an integrated service system’ in the AOD Reform Agenda (Reform Direction 2), so elevating ‘an integrated service system’ to a priority could incorporate reform to funding mechanisms (which was seen as having a major impact on the quality and effectiveness of alcohol and other drug services into the future).



	<p>A focus on <u>co-occurring conditions</u> in this Action Area, especially in light of COVID19, was seen as being a very high priority that should be elevated to an Action Activity.</p> <p>Some activity to support a skilled workforce was also considered a high priority that should be elevated to an Action Activity for this section. The development of a peer workforce would fit under this identified activity, noting that this initiative is occurring in other jurisdictions and seen as a critical component of wrap-around service provision.</p> <p>Additional Action Area: Funding of an <u>independent consumer organisation</u> should be a high priority as it sits across all action areas. Noting that this is articulated in the AOD Reform Agenda but seen as a high priority for the ATOD sector and considered an Action Area that should be highlighted in the TDS.</p> <p>Additional Comments:</p> <ul style="list-style-type: none"> - There was concern that the AOD Reform Agenda was two years old by the time it was officially launched. This is the key document referred to as the Action Activity for Intervention and Treatment.
<p>5. Any other comments you may wish to provide.</p>	<p>Additional comments provided from participants included:</p> <ul style="list-style-type: none"> • A focus on families and carers was seen as missing • Add LGBTQI to the priority populations • Pharmacotherapy waitlists is considered a very high priority to be addressed <p>There were suggestions about how the document was structured and if it flowed logically, and these are discussed below.</p>

Other observations from the consultation session

While the following observations fall outside the framework of the consultation questions, these were observations from the group:

- The *Tasmanian Drug Strategy 2021-2027 Summary Paper* could be strengthened through providing a clearer direction for how the TDS, led by government, will deliver outcomes for the Tasmanian community. At this stage, looking at the information in the summary paper, it was not clear what the key priorities are. This is partly due to the inclusion of plans (all in different phases of development, review or completion) under each Action Area, a point which is discussed further below.
- There was general concern around funding/capacity of the government/community and private sectors to respond to the actions and activities listed.
- There was a strong desire to see the intended ‘outcomes’ of the TDS articulated.
- One observation from the discussion concerned the structure and flow of the summary paper.
 - One suggestion was to have the Action Areas directly cascade from the Strategic Objectives. There was a concern that, as is, the Action Areas are a combination of broad plans and then quite specific actions. Including unwritten plans limits the visibility of where the government sees the TDS taking Tasmania forward. It felt appropriate that the Action Areas would identify high level priorities rather than identify that plans would be written later to identify those priorities.



- The reliance on plans as the activities that underpin the action areas creates a perception that the Tasmanian Government doesn't actually know what its strategy / priorities are. This results in a sense of no real leadership being taken or defined.
- As noted above in response to Question 4 - it was suggested that there are some actions 'buried' in some of the written plans (e.g. the AOD Reform Agenda) that are a greater priority than some of the specific activities currently listed under the Action Areas. There was a suggestion to put the 'plans' into their own row, this would allow three key actions/themes in each Action Area to be identified and prioritised. Table 1 shows an alternate layout.
- As noted above in Question 4 - 'Interventions and Treatment (6) 'an integrated service system', and a highly skilled workforce (as articulated in the AOD Reform Agenda) were seen as having greater importance than reviewing the IDDI.
- Some reflected that they did not see a link between the priority populations and then the actions. Again, this is a visibility issue. This may well be addressed in the upcoming plans, yet to be written.
- It may be useful to number the strategic objectives to assist in linking them to the action areas further in the document.

Table 1. Suggestions for flow, linking strategic objectives to action areas and activities

Strategic objectives <i>(these have been devised quickly and are merely suggestions)</i>	1.0 Prevent the uptake and delay first use of AODs	6.0 Tasmanians can access an AOD system that is highly responsive to their needs
Action Area	Prevention	Intervention and treatment
Plans	PPEI (to be redeveloped)	Reform Agenda (complete)
Three key priorities	<p>Increase health literacy in the community.</p> <p>Ensure all Tasmanian schools access and use developmentally appropriate evidence-informed school drug education.</p> <p>Strengthen protective factors through place-based, evidence informed community programs.</p>	<p>Integration of the ATOD treatment and support system.</p> <p>Sustainable funding streams matching community need and of suitable duration.</p> <p>Developing and maintaining highly skilled workforce across the ATOD sector.</p>

Please note that where we have suggested examples that these have been quickly devised and are merely examples only.

We acknowledge that this is the first of two consultation stages, and we thank the Tasmanian Government for the opportunity. We look forward to contributing further in the second stage.