



COVID-19 Impact on Tasmanian ATOD Services.

Report 1 - July to November 2020

No Harm, No Discrimination

atdc
Alcohol, Tobacco and other
Drugs Council Tasmania



About the ATDC

The Alcohol, Tobacco and other Drug Council of Tasmania (ATDC) is the peak body supporting community managed organisations, and the people they assist, to reduce alcohol, tobacco and other drug related harm. Our vision is a Tasmania without alcohol, tobacco or other drug related harm or discrimination.

Problematic use of alcohol, tobacco and other drugs continues to be a major cause of harm in Tasmania, and is a significant driver of preventable death, disease and illness, psychological distress, unemployment, homelessness, police arrests and prison sentences.

As an independent not-for-profit organisation, the ATDC represents a broad range of alcohol, tobacco and other drug organisations. These organisations provide information and awareness, prevention and early intervention, harm-reduction and specialised treatment and recovery services and program.

Working with all levels of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment into treatment services, and population based initiatives that reduce the harms associated with problematic substance use across Tasmania.

The ATDC supports the sector by delivering training, networking and information sharing opportunities, as well as undertaking policy and advocacy projects with, and on behalf of our members. At all times our work is underpinned by a commitment to evidence-based practices and policies, consumer participation, harm reduction, and partnerships and collaboration.

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Background

- The purpose of this project is to monitor the impact of the COVID-19 pandemic on the Tasmanian community managed alcohol, tobacco and other drugs (ATOD) sector and provide recommendations to inform the Tasmanian Government's COVID-19 recovery planning.
- The ATDC, in conjunction with members who provide ATOD services, have implemented a process to capture data and information on client demand, workforce and service impacts.
- This Report presents information from multiple sources including:
 - An online survey of community managed organisations providing ATOD services;
 - A group discussion with respondents of the online survey;
 - Information from Tasmanians with lived experience of ATODs; and
 - Additional information and research relevant to the Tasmanian ATOD sector.
- This Report is the first of seven and captures information from July to November 2020.
- This Report doesn't provide information on ATOD services delivered by the Tasmanian Department of Health.

The online survey

- Questions for the online survey were based on those used in the research project '*The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector: future implications*' (van de Ven, Ritter and Sterling 2021).
- The online survey took approximately 20-30 minutes to complete. Participation was voluntary.
- The online survey was completed by 12 of 18 targeted community managed organisations delivering ATOD services and programs in Tasmania. This response represents a 66 per cent response rate.
- The 12 organisations that completed the online survey represent the majority of the main providers of ATOD services and programs in the Tasmanian community managed sector.
- Notable exceptions to this include the Tasmanian Aboriginal Centre and the Link Youth Health Service who were unable to complete the survey during the month of December for various reasons.

The group discussion

- In January 2021, a one-hour meeting was held with the respondents of the online survey to unpack the results. Ten representatives participated in this discussion.

The consumer perspective

- The ATDC coordinates a network of Tasmanians with lived experience of ATODs. Access was limited to this network due to the Christmas / New Year break, but the feedback from two individuals has been captured and included in this Report.

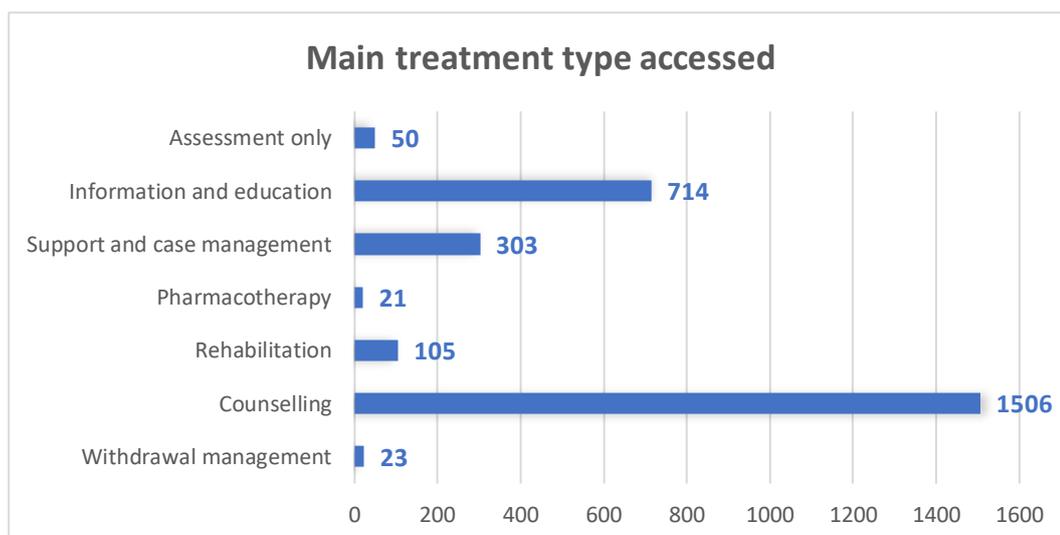
The additional information and research

- The ATDC undertook a literature review, and sourced additional information in relation to the impact of COVID-19 on the ATOD sector, and individuals impacted by ATODs to provide additional context regarding how COVID-19 has had an impact in Tasmania.

Summary of findings

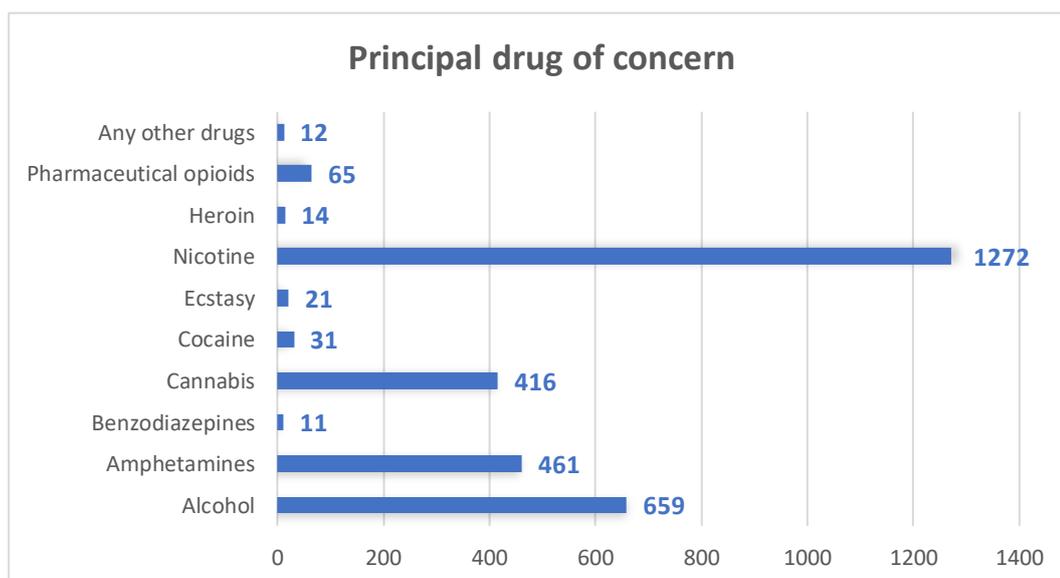
Tasmanians supported from July to November 2020:

- **3,184 Tasmanians were supported** (this includes treatment, education and advocacy services). Given not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.
- Approximately equal numbers of men and women were supported.
- Counselling was the main treatment type accessed (1,506 people), followed by information and education (714), and support and case management (303). Refer to the chart below.



The principal drug of concern:

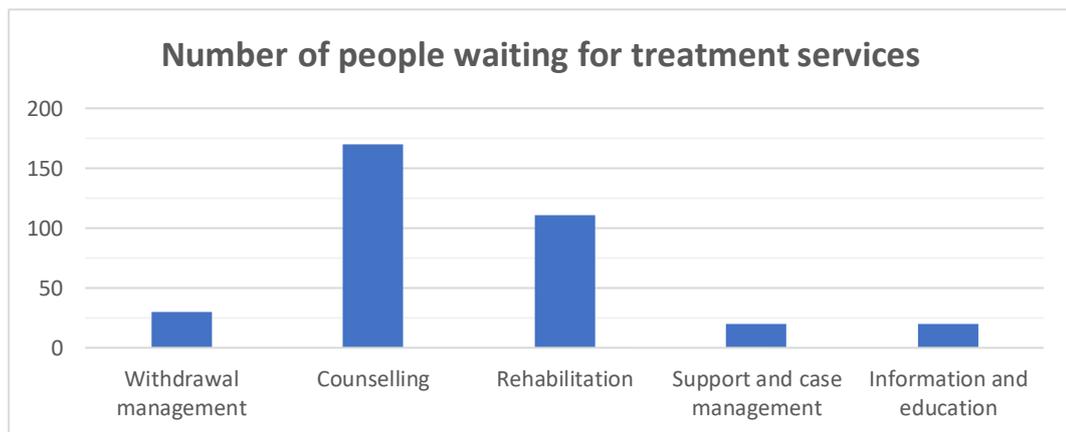
- The principal drugs of concern for those seeking support were nicotine (1,272 people), alcohol (659 people), amphetamines (461 people) and cannabis (416 people).¹ Refer to the chart below.



¹ A further 431 people accessed services from organisations that do not record the principal drug of concern.

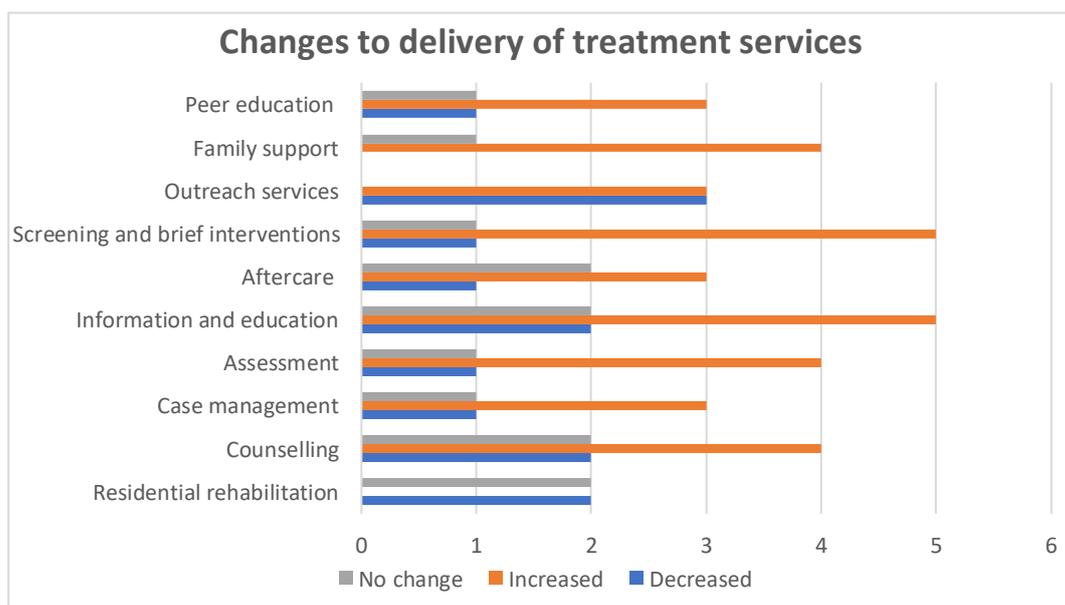
How many Tasmanians were unable to access support?

- **570 Tasmanians were waiting to access treatment services** as at November 2020.
- Half of the community managed organisations reported that their waiting lists were higher at this time when compared to the same time in 2019.
- The majority of Tasmanians waiting were attempting to access counselling support (170 people) and residential rehabilitation (111 people). Refer to the chart below.
- The average wait time to access counselling was four weeks (the longest 6 weeks).
- The average wait time to access residential rehabilitation was approximately seven weeks (with the longest waiting time approximately 38 weeks). Please note these are reported as approximates due to a data collection matter that is being rectified.



Has demand for support increased during 2020?

- Demand for support has increased for a large portion of community managed ATOD service and programs (compared to the same time in 2019). Refer to the chart below.
- Notable exceptions include residential rehabilitation (that remained the same or decreased) and outreach services (half increasing and half decreasing).
- Five community managed organisations (42%) reported an increase in referrals from family members and friends, medical practitioners and self-referrals during this time.



What changes did services observe in the Tasmanians they were supporting?

There were three key themes reported, being an increase in drug use, including alcohol consumption alongside drug substitution. Increased mental health concerns, and waiting times to access government services were also noted.

"Increase in numbers of clients with alcohol as main drug of concern."

"Higher relapse rates in existing clients. Despite crystal meth being twice the price and quite scarce our stats show consumption has risen by 1%. People report using whatever is available when crystal meth is not."

"Meth was greatly reduced and alcohol became the number 1 issue again."

"Substance use has increased throughout COVID-19 with less incoming referrals."

"Elevated levels of alcohol consumption, reduced quality & availability of methamphetamine resulting in clients using a range of substances (often whatever is available)."

"(Our organisation) has seen a 44% increase in referrals. Clients are presenting with increased mental health comorbidities and reported family violence has increased by 30%. Young people (school age) are reporting increased anxiety, depression, family violence and self harm."

"Mental health and boredom has impacted on clients' consumption (increasing)"

"The number of people receiving treatment was definitely impacted by wait times to get a detox bed... Clients definitely fell off the list due to increased wait times."

There was also reference to people seeking more information on health guidelines and prevention education information and concerns regarding how the COVID supplementary funding has resulted in the availability of more money for people to spend on drugs.

How did COVID-19 impact the Tasmanian ATOD workforce?

- 11 out of 12 community managed organisations (92%) reported an increase in employee stress and anxiety levels.
- Five (42%) reported difficulties recruiting new staff during this time.
- Five (42%) saw a decrease in staff wellbeing during this time.
- Eight (67%) saw an increase in protective behaviours from staff, such as self-care planning.
- The cost of service delivery increased for four organisations (33%) and five reported reduced costs for some areas but increases in others during this time.

"(We saw) lots of sick leave due to extra stress from external pressures"

"Due to the increase in demand for the service plus the increase in successful calls we are finding it difficult to meet demand within current funding levels for counselling staff."

"Our clients adapted well with the client's safety always at the centre of our decision making."

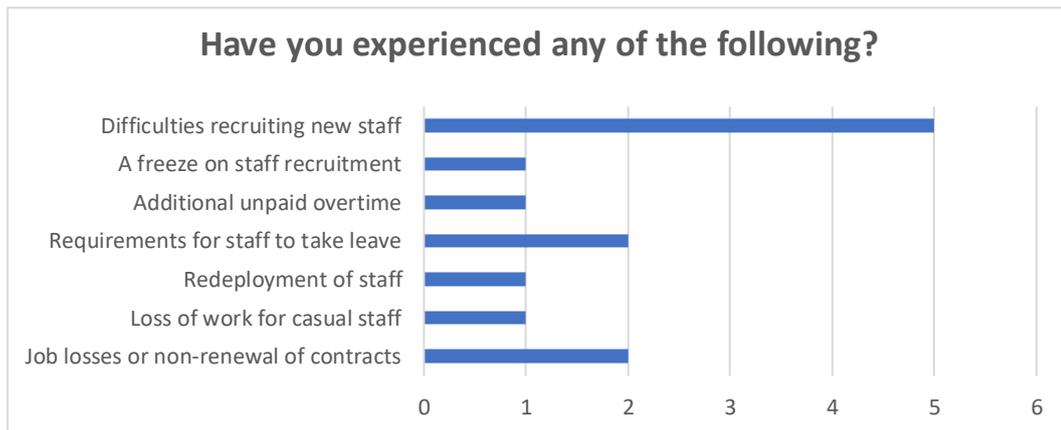
"The impact has been enormous. People are wanting help, but we can fit them in. They go back to using because it's just easier."

"The mix of home and office working has been beneficial to many, the increased flexibility being highly valued. Productivity increased."

"We need help to fill the growing community demand for our proven service. People are coming to us because they know we have a great reputation. We are effectively having to turn them away. Distraught parents are begging us for help. People are yelling at my staff over the phone. I actually believe our inability to provide a timely service is damaging our reputation."

How did the Tasmanian ATOD workforce adjust to COVID-19?

- The majority of organisations believed they had been effective or very effective in responding to the pandemic (11 organisations) and most believed they were highly prepared for future disruptions due to COVID-19 (8 organisations with a further 3 indicating they were 'somewhat' prepared).
- 83 per cent had an increase in staff members working from home.
- The chart below presents the multiple changes and adaptations experienced by the Tasmanian ATOD sector as a result of COVID-19.



The group discussion

The information collected through the online survey was discussed with a group of 10 representatives from the community managed organisations who participated in the survey.

Those in attendance agreed that the results presented an accurate picture of how COVID-19 had impacted their services. Additional comments captured through this discussion included:

- The longstanding issue of ATOD services being underfunded (exacerbated by COVID-19).
- Workforce stress:
 - o Exacerbated by short-term employment contracts (as a result of short-term funding agreements with government); and
 - o Due to increasing complexity of client presentations. Particularly individuals in mental health distress and instances of attempted suicide – there was a reported need for additional training in this space for ATOD workers.
- A lack of a formal monitoring and reporting process for illicit drugs in Tasmania – resulting in a lack of real-time data and information that can enable service providers to respond before it becomes an issue.
- The impact of government closures had on ATOD services – resulting in a sudden and significant increase in clients seeking support from the community managed sector.

The lived experience viewpoint

ATDC coordinates a network of Tasmanians with lived experience of ATODs. Access was limited to this network due to the Christmas / New Year break, but the feedback from two individuals was captured and their de-identified feedback is shared below (CAUTION: contains strong language).

The impact of COVID-19:

"With COVID-19 my partners is off the drugs, because of the lack of availability. What concerns me is that my partner didn't choose to stop using, it's the availability that stopped... what's going to happen when it all comes back? Is it going to drop in price? Is it going to stay the same? When people get jobs, is it going to stay the same? How many overdoses are we going to have?"

"I'm worried about the stress and pressure of COVID going to alcohol. One of my friends has been working from home for 6 months, she's dreadfully missing her social life but now she's having a wine with her lunch which obviously she wouldn't be having at the workplace."

"I was helping some of my friends before COVID, I was supporting them with their own addiction and we had built a bit of an impromptu support group, we were helping each other, but then COVID happened it became harder to keep in touch and keep schedules. What was hard was you just couldn't plan anything. And everyone was so depressed and their mental health was all over the show because there was nothing to look forward to."

Experience with telehealth:

"Telehealth has been great during COVID, it's been so good."

"Moving to Zoom calls for my counselling sucked... it felt like all the rapport had left... But also, some days I didn't feel like talking – some days that's the last thing you feel like doing, especially over Zoom, but if I didn't take that appointment, she literally couldn't get me in any sooner than like 3 weeks before I get in. That made it hard."

Experience accessing services:

"I got released from rehab in February, COVID happened in March so luckily I was already on the list. I was seeing someone through phone calls, it was supposed to be once a week but because of COVID they couldn't fit me in once a week."

"I had a family member who was trying to get into rehab and was basically told the waiting list was huge. The waiting lists were huge already, but then COVID made things worse. My family member then changed his mind before his time arrived on the waiting list."

What needs to change:

"We need more staffing – even when you are in drug and alcohol, they'll say 'there's a long waiting list' and they can never give you a time, they'll never be able to tell you when you can get in. Over the phone is so different to face to face, there's no counselling happening, there's no K10, there's no DASS. In addiction you're in and out of how you feel – yes I want to change, no I don't want to change – so just say you dip out for a moment, then you try to re-engage, you've got to go through the whole process all over again. They ask the same questions you only filled out 2 months beforehand. You're doing all this paperwork before you've even started. That's the most frustrating thing, because it'll take two whole sessions just to explain that again... why can't they speak to other services too, like the doctors? They should have this information in front of them so I don't have to explain it again and again and again."

"One week, you want help. Then they say 'it's gonna take seven weeks'. Okay, so you're gonna say 'fuck it' that's what I felt many times. It's too hard, what's the point, I tried to change this week, in seven weeks I won't give a shit, so I give up. I have been ready to change, and I'm told there's a waiting time – I can wait for a week, maybe two, but by the time they call you back you're too heavily involved in your addiction. The window is gone."

Additional research and information

The ATDC reviewed additional research and information available in relation to the impact of COVID-19 on the ATOD sector, and individuals impacted by ATODs. A review of this information identified the following:

- COVID-19 also significantly impacted ATOD service demand in other states and territories;
- An increase in ATOD use was reported and attributed to COVID-19; and
- There was an increase in Tasmanians seeking telephone or online support.

COVID-19 impact on ATOD service delivery across Australia

A literature review of available studies from within Australia was conducted to further examine the impacts of the COVID-19 pandemic on ATOD treatment services nationally.

This review highlighted the following similarities to the Tasmanian experience:

- COVID-19 impacted ATOD service delivery across Australia, with an increase in the use of telehealth and a reported increase in co-occurring issues amongst clients.²
- The positive consequences of adopting new technology for rural and remote clients, and the flexibility of providing both face-to-face and telehealth options was experienced in other jurisdictions, where physical access to services has been a barrier.³
- An increase in workplace stress was a critical issue, including concerns about employee burnout in the sector.⁴
- There was a general sense of preparedness for future pandemics across other jurisdictions due to the establishment of new collaborations with other parts of the health system, as well as increased flexibility in working arrangements.⁵

An increase in ATOD use due to COVID-19

The *'Impact of COVID-19 and associated restrictions on people who inject drugs in Australia: Findings from the Illicit Drug Reporting System (IDRS) 2020'* report examined the impact of COVID-19 on people who inject drugs. The IDRS study suggested fluctuations in how people accessed treatment services as well as the drug market (Peacock et al., 2020).

- One quarter (25%) reported a decrease in injecting frequency compared to pre COVID-19.
- The majority of participants reported an increase in the price of crystal methamphetamine (91%) and heroin (62%).
- The drugs which were reported to have increased in use or usage began during this time were alcohol (27%), cannabis (25%), heroin (19%) and tobacco (17%).

² *'Impact of the COVID-19 pandemic on ATOD services delivery'* was conducted by the State and Territory Alcohol and Other Drugs Peaks Network between May and June 2020. This survey was completed by 11 Tasmanian organisations.

³ *The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector: future implications'* (van de Ven, Ritter & Stirling, 2021) examined the impacts on non-government ATOD services in NSW, ACT and Tasmania. This survey was completed by four Tasmanian organisations.

⁴ *ibid*

⁵ *ibid*

The study *'Shifts in alcohol consumption during the COVID-19 pandemic: early indications from Australia'* (Calinan et al., 2020) looked at early shifts in alcohol consumption during COVID-19 in Australia and found that:

- From a sample of 1,684 Australians, harmful drinking decreased overall, particularly in the young (18-25 years) female cohort.
- However, middle-aged women reported an increase in consumption.
- People with higher levels of stress also reported an increase in harmful consumption compared to those with lower levels of stress.

In Tasmania, data collected from the 'Safe Space' program (a 24-hour service for people experiencing homelessness run by the Hobart City Mission and The Salvation Army) showed:

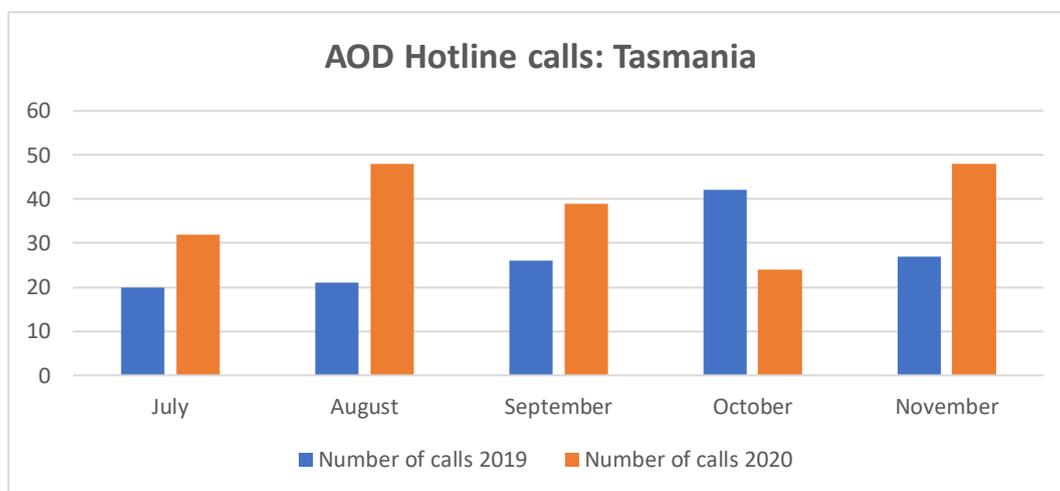
- 19 of 39 participants (49%) reported an increase in their substance use due to COVID-19.
- Nine participants (23%) reported using other substances due to COVID-19.
- 16 participants (41%) reported that their substance of choice was harder to get due to COVID-19. Of this 16, 12 (75%) reported methamphetamine as their substance of choice.
- Of the 14 people who reported methamphetamine as their drug of choice, nine (64%) reported that their substance use had increased due to COVID-19.
- Of the 15 people who reported alcohol as their drug of choice, seven (47%) suggested their intake had increased due to COVID-19.

There was an increase in Tasmanians seeking telephone or online support

Hello Sunday Morning, who deliver the online Daybreak program (which helps people change their relationship with alcohol through an online program and community), provided the ATDC with the following information:

- 410 Tasmanians registered for the app in 2020 compared to 350 in 2019.
- This represents a 17 per cent year-on-year increase compared to 2019.
- The second and third quarters of 2020 saw the biggest growth in new registrations (72% and 81% respectively).
- There were 111 average monthly active users for 2020 compared to 80 for 2019.
- 45 per cent of new registrations for Tasmania in the second half of 2020 fell into the "potential dependency" zone.
- Over half (57%) of new registrations from Tasmania wanted to reduce their drinking and one quarter (23%) would like to quit completely.

The National Alcohol and Other Drug Hotline, is delivered by the Australian Government and provides free and confidential advice. In January, the Australian Department of Health's Alcohol, Tobacco and Other Drugs Branch shared information on the number of Tasmanians accessing the Hotline from July to November 2020. This information indicated that the calls increased every month in 2020 compared to 2019, with the exception of October. Refer to the chart below.



The Mental Health Council of Tasmania, kindly provided the ATDC with ATOD information captured through their Psychosocial Supports Working Group. This working group was convened by the MHCT to identify and monitor trends of those connecting with key community managed organisations providing support to Tasmanians during COVID-19 (Lifeline Tasmania, Rural Alive and Well, the Migrant Resource Centre and the Australian Red Cross).

While this information can't be compared to the same time last year, as per the information in the table below, there were a small number of Tasmanians interacting with these services who identified ATODs as contributing to their psychological distress in this reporting period.

Interactions that identified an increase in drug or alcohol use				
Jun-Jul	Jul- Aug	Aug-Sep	Sep- Oct	Oct - Nov
1%	7%	3.3%	6.9%	2.3%

These services also captured the number of onward referrals that were made to specialist ATOD service providers for those who identified ATODs as an issue contributing to their psychological distress. See the table below.

Interactions referred onward to AOD services				
Jun-Jul	Jul- Aug	Aug-Sep	Sep- Oct	Oct - Nov
0%	13%	0.5%	2%	0.1%

Anglicare Tasmania, were also delivering an ATOD telephone support service during this reporting period. Funded through the Tasmanian Government and Primary Health Tasmania's COVID-19 Sector Capacity Building Package, the Anglicare Tasmania hotline was initiated to respond to increasing demand for ATOD support from the community. Anglicare Tasmania has informed the ATDC that during the period of 1 July through to 31 December 2020, this service received 74 calls from the community, with this figure increasing progressively as more people became aware of the service.

Key Findings

There are five critical issues captured in this Report.

1. **The COVID-19 pandemic has had an impact on Tasmanians who use ATODs.** This includes changes in people's consumption habits, particularly alcohol alongside fluctuations in the availability, use and price of illicit substances.
2. **More Tasmanians have been reaching out for support**, including through online and telephone support services. Unsurprisingly given the nature of the COVID-19 virus, there was an increase in Tasmanians seeking support to quit smoking.
3. **At the end of November 2020 there were at least 570 Tasmanians who made the decision to seek support from a specialist ATOD service but are unable to access that service.** Depending on the support they are seeking could be waiting anything from six weeks to multiple months to access support.
4. **Community managed organisations delivering ATOD services across Tasmania have been attempting to accommodate increasing demand, but their waiting lists are growing.** This is particularly relevant for those delivering counselling and residential rehabilitation services, with the latter also being exacerbated by the reduced capacity in the Tasmanian Government's Inpatient Withdrawal Unit (as a result of COVID-19).
5. **Those working for community managed ATOD organisations are working hard but need more support.** During the pandemic, those working in the Tasmanian ATOD sector responded effectively to the pandemic by reconfiguring services and adopting new technologies such as telehealth. However, the growing demand for their services, funding shortfalls combined with the increasing complexity of client presentations, means these workers need additional support to protect their health and wellbeing (particularly burn-out).

Recommendations

- **An immediate injection of funding for treatment services and programs.** Particularly counselling where the demand is currently the highest to ensure Tasmanians seeking support can obtain access. A full list of funding priorities for the community managed ATOD sector was provided to the Tasmanian Government in December 2020.⁶ These funding priorities remain unchanged, with an immediate investment priority of approximately \$6 million dollars required.
- **Fast-tracking strategies to address the impact of the reduced number of beds in the Tasmanian Government's Inpatient-Withdrawal Unit.** The reduced number of available beds is continuing to be a key contributing factor impacting the waiting lists for residential rehabilitation treatment services⁷. The ATDC acknowledges that the Tasmanian Government is in the process of implementing the Detox@Home reform project. Given that this service will not be operational for many months, and will not provide immediate benefit to Tasmanians living in the north and north-west, the ATDC recommends the Tasmanian Government look to work with the Launceston City Mission to utilise their Evandale Missiondale site as an additional site, or identify an alternative solution to address this situation immediately to reduce backlogs in all regions of the State and avoid the underutilisation of community-managed residential beds.
- **Allocation of ongoing funding to the ATDC to employ a workforce development officer.** To commence work to address recruitment, training and worker wellbeing priorities in the community managed ATOD sector. This request was included in the list of funding priorities provided to the Tasmanian Government in December 2020. A focus on workforce development is included in the AOD Reform Agenda, but is not slated to begin until approximately 2023-2026. A focus on the Tasmanian ATOD workforce needs to be prioritised to respond to the impact COVID-19 is having.
- **The implementation of targeted training and development for the community managed ATOD sector to respond to an increase in co-occurring presentations (e.g. mental health and family and domestic violence).** The ATDC has already responded to this priority with the delivery of family and domestic violence training to the community managed ATOD workforce in February 2021. This training was made possible through funding from the Commonwealth. The ATDC welcomes the opportunity to discuss with the Tasmanian Government what opportunities exist to deliver additional training support.
- **Fast track the transition of community managed ATOD funding agreements to improve communication and maintain stronger links from government into the community-managed ATOD sector.** This is considered critical with the ATDC aware that a number of community managed ATOD organisations experienced an absence of communication and collaboration with the Tasmanian Government Department of Health during the pandemic. This was also the experience of the ATDC. Fast-tracking the transition of the contract management responsibility for the community managed ATOD service agreements from the Alcohol and Drug Services to the Mental Health, Alcohol and Other Drug Directorate is recommended. The ATDC has been informed this is not expected to occur until at least July 2021. Fast-tracking this transition would address this issue by ensuring each service organisation, including the ATDC has a dedicated contact that they can be confident will be available. This is particularly important in the knowledge of the workplace stress being experienced in these organisations, including the ATDC.

⁶ Refer to the ATOD Sector Funding Priorities correspondence from 18 December 2020. This correspondence was sent to the office of Minister Jeremy Rockliff, and the Mental Health, Alcohol and other Drug Directorate.

⁷ While not captured in the findings of this Report, the ATDC is aware that the existing waiting lists to access the Tasmanian Government's pharmacotherapy program is also impacting people's access to community managed residential rehabilitation (as it is a requirement of their placement).

- **Continue funding promotion of ATOD education and training and public health awareness campaigns (including Tasmanian telephone support services).** Tasmanians are using these services, and we anticipate there will be more who will in the future. These services need to be continued and promoted at every opportunity by the Tasmanian Government. This includes services like Anglicare Tasmania's 24/7 Hotline, which was initiated in response to COVID-19 and providing support to the Australian Drug Foundation and the Drug Education Network.
- **Prioritising a coordinated approach to understand the impact COVID-19 has had on those Tasmanians who use illicit substances.** This has been a noted priority since July 2020. This Report again highlighted that this still continues to be a concern in the Tasmanian community managed ATOD sector. Notably, there remains concerns that the absence of a formal structure or mechanism to detect and communicate changes in availability and consumption of illicit substances is perceived to be hampering the ability of services to respond. The ATDC acknowledges the Tasmanian Government's commitment to establish an independent ATOD consumer organisation through the AOD Reform Agenda. This organisation will likely be a key stakeholder to help increase understanding of illicit drug use in the community. However, this will not be realised for another few years (and while providing valuable insights, other government and stakeholder insights will be required). The ATDC has previously advocated for the reconvening of the Tasmanian Government's Illicit Drug Working Group in response to COVID-19. These attempts have been unsuccessful to-date, and still remains a COVID-19 recovery priority action that the ATDC believes the Tasmanian Government should lead.
- **A guarantee of funding continuity for ATOD community managed organisations until 30 June 2025.** Providing funding certainty is an important element to supporting organisations through uncertainty. The ATDC is concerned that in addition to the immediate need for funding to increase service delivery to meet current rising demand, there remains a number of organisations whose funding agreements will expire on 30 June 2021. This uncertainty of funding, which also extends to those organisations contracted until 30 June 2022, inhibits an organisation from embedding service change, recruiting and retaining staff, and contributes to workforce stress. In the ATDC's sector priorities submitted to the Tasmanian Government in December 2020, the ATDC requested that the funding agreements with community managed ATOD organisations be extended until 30 June 2025, and this recommendation remains current.

Reference List

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