



# COVID-19 Impact on Tasmanian ATOD Services.

**Report 2 - December 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 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 that provide ATOD services and programs;
  - 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 second of seven and captures information for December 2020.

## 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, & Sterling, 2021).
- The online survey took approximately 20 minutes to complete and participation was voluntary.
- The online survey was completed by 13 of 18 targeted community managed organisations delivering ATOD services and programs in Tasmania. This response represents a 72 per cent response rate.
- The 13 organisations that completed the online survey represent the majority of the main providers of ATOD services and programs in the community managed sector across Tasmania.
- Notable exceptions to this include the Tasmanian Aboriginal Centre and the Hobart Clinic who were unable to complete the survey for various reasons.

## The group discussion

- In March 2021, a one-hour meeting was held with the respondents of the online survey to unpack the results. Three representatives were available to participate in this discussion.

## The consumer perspective

- The ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from four individuals has been captured and included in this report.

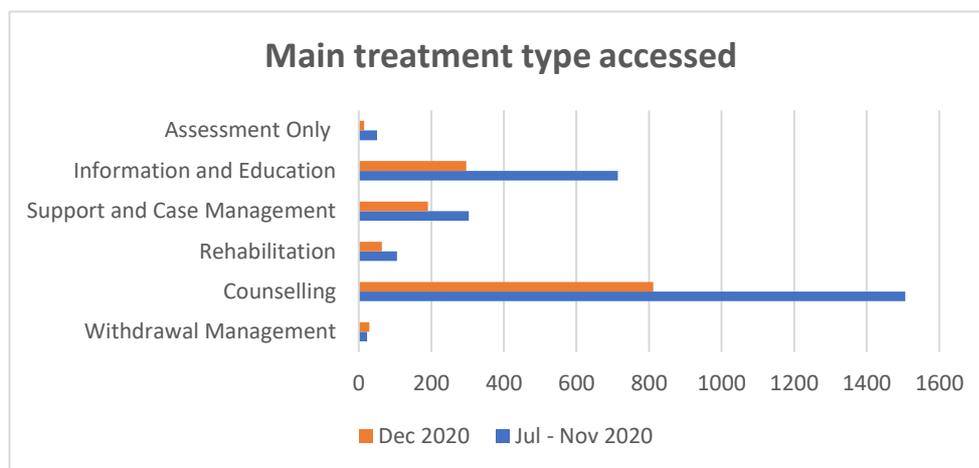
## The additional information and research

- 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 literature review was undertaken and information was gathered from a range of available sources. It has been included in this report to provide additional context regarding how COVID-19 has had an influence or impact in Tasmania.

# Summary of findings

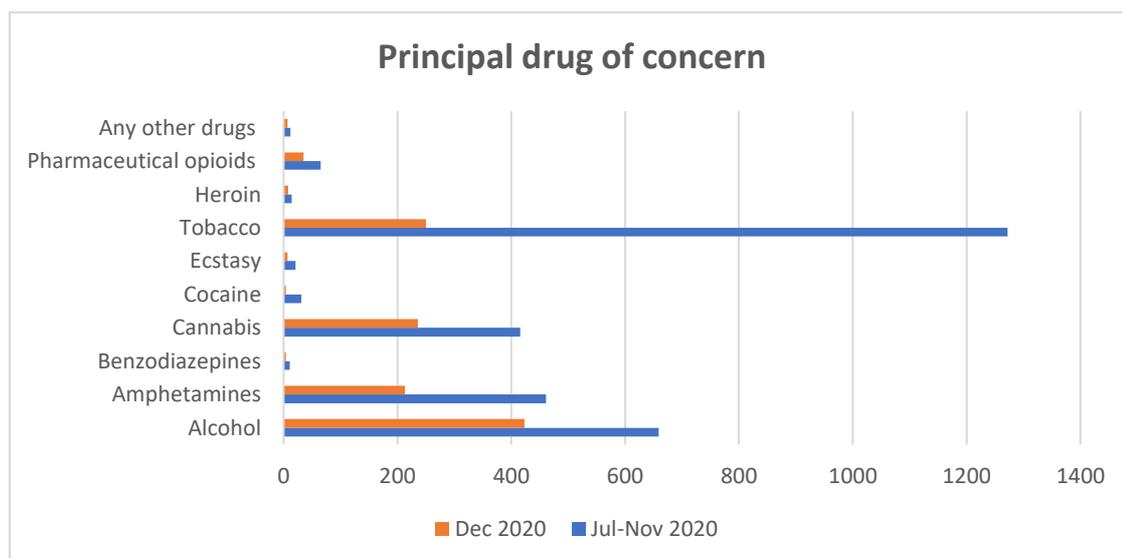
## Tasmanians supported during December 2020:

- **1,288 Tasmanians were supported.** As not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.
- There were more men (644) than women (511) supported<sup>1</sup>. This is a change from the previous report (July and November 2020) where equal numbers of men and women were supported.
- Counselling was the main treatment type accessed (812 people), followed by information and education (296), support and case management (191), and rehabilitation (64). Counselling continues to be the main treatment type accessed by Tasmanians.



## The principal drug of concern:

- The principal drug of concern for those seeking support was alcohol (423 people), followed by tobacco (250 people), cannabis (236 people), and amphetamines (213 people).<sup>2</sup>
- This has changed since the previous reporting period where alcohol replaced tobacco as the most common principal drug of concern, and cannabis was reported more than amphetamines.



<sup>1</sup> A further 468 people accessed services whose gender was "not stated".

<sup>2</sup> A further 84 people accessed services from organisations that do not record the principal drug of concern.

### How many Tasmanians were unable to access support?

- **530 Tasmanians were waiting to access treatment services** at the time of writing (March 2021). This figure is down from the 570 Tasmanians who were reported as waiting in the previous report (July – November 2020).

### What support services are they waiting to access?

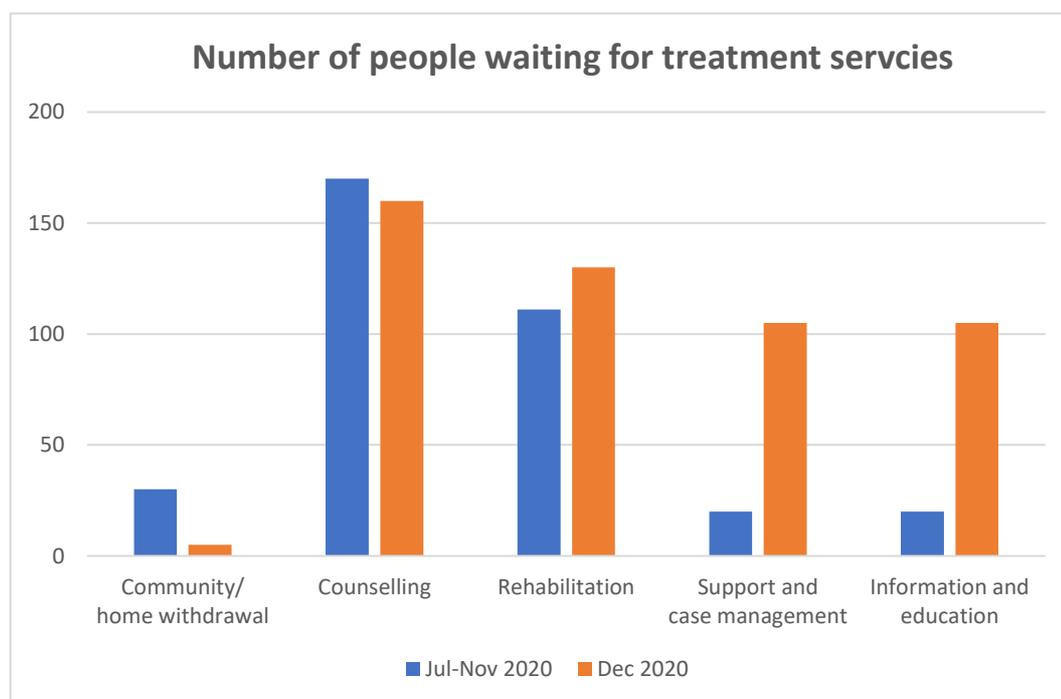
- The majority of Tasmanians waiting were attempting to access counselling support (160 people) and residential rehabilitation (130 people), followed by support and case management, and information and education (105 people for both).

### Are Tasmanians waiting longer to access support?

- Almost half of the community managed organisations continue to report that their waiting lists were higher compared to the same time in 2019.
- When compared to the last report, there were more people waiting for rehabilitation, support and case management, and information and education services, with almost the same number of people waiting for counselling.

### How long are the current waiting lists?

- The average wait time to access counselling is currently four weeks (the longest 8 weeks). This average waiting time has remained the same since last month, however, the longest wait time reported has increased from six weeks to eight weeks.
- The average wait time to access residential rehabilitation is currently approximately 16 weeks – with the longest waiting time approximately 34 weeks. The average wait time for residential rehabilitation has increased this month, from seven weeks to 13. The longest wait length recorded has decreased slightly from 38 weeks to 34 weeks.

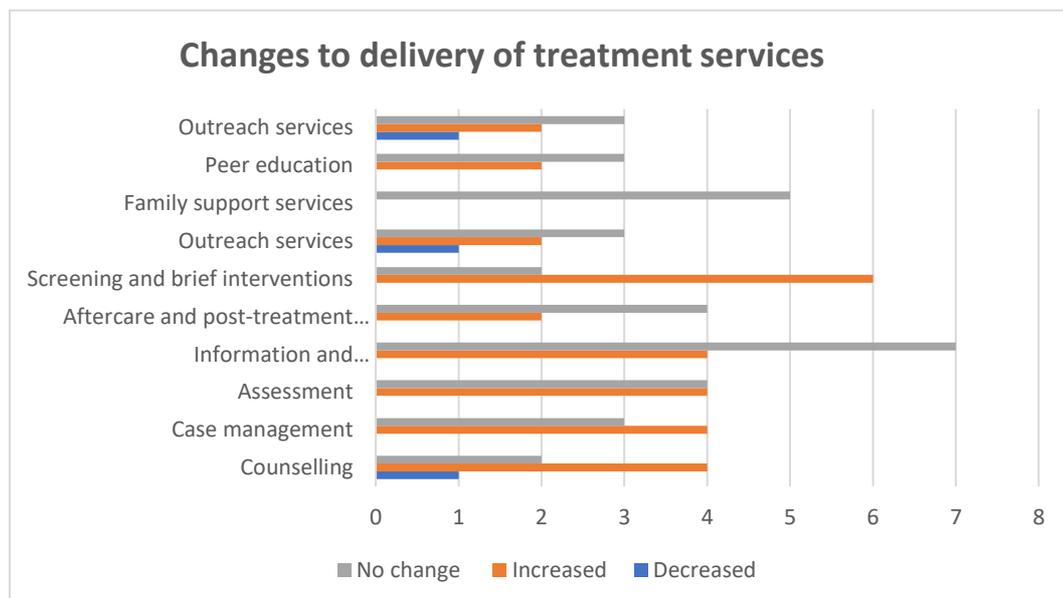


## Do the waiting lists differ across Tasmania?

- Regardless of where you live in Tasmania, there are waiting lists to access counselling services (delivered in each region).
- Similarly, regardless where you live there are waiting lists to access residential rehabilitation programs. There are three main residential rehabilitation programs in Tasmania (the Bridge Program and Pathways Tasmania in the south and Missiondale in northern Tasmania). These programs accept Tasmanians regardless of their place of residence, and all programs have waiting lists.
- If you live in southern Tasmania, there are also reported waiting lists to access all other specialist ATOD services and programs.
- If you live in northern or north-west Tasmania, there's reported waiting lists for information and education programs. There are no reported waiting lists in these regions to access support and case management and / or assessment services.

## Has demand for support increased during December 2020?

- Demand for support has increased for the majority (85%) of community managed organisations (compared to the same time in 2019). Refer to the chart below.
- Notable exceptions include family support services (that reported no change for the month of December).
- Demand for support has also increased for almost all (77%) of community managed organisations (compared to the previous month).
- Eight community managed organisations (62%) reported an increase in self-referrals. This has increased since last month, where five community managed organisations reported an increase in self-referrals. Five community managed organisations (38%) also reported an increase in referrals from family members and friends, which has remained the same from the previous month.



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

There were two key themes reported, being an increase in alcohol consumption and worsening mental health presentations.

*"Higher levels of dependency. Mental health of clients generally at a low level."*

*"Observed increase in substance use and mental health issues."*

*"Higher amount of alcohol use."*

*"Existing and past clients are reporting a higher level of relapse. Some new clients are reporting an increase in their alcohol/ drug consumption of up to 25% during COVID."*

*"Cocaine is prevalent and alcohol use is on the increase (significantly)."*

*"(Our) clients have certainly increased, and have become more complex in nature. They require more support, which in turn requires appropriate adjustments to funding."*

There was also reference to people seeking more information on health guidelines and prevention education information, as well as an increase in the price of cannabis and 'dodgy gear' resulting in risk taking behaviours.

## How does COVID-19 continue to impact the Tasmanian ATOD workforce?

- Eight out of 13 community managed organisations (62%) reported an increase in employee stress and anxiety levels and three reported no change from the previous month. This is down slightly from the previous report where 92 per cent of community managed organisations reported an increase in employee stress and anxiety levels.
- Five (38%) reported difficulties recruiting new staff during this time. This has remained the same from the previous report.
- Four (31%) saw a decrease in staff wellbeing during this time. This is down slightly from last month where five saw a decrease in staff wellbeing,
- Eight (62%) saw an increase in protective behaviours from staff, such as self-care planning.
- Four (31%) saw a decrease in the number of people work at their service from the previous month and four (31%) saw a decrease in FTE paid staff.
- The cost of service delivery increased for two organisations (15%) with two also reporting reduced costs for some areas but increases in others during this time. Almost half (46%) reported no impact to the cost of service delivery during the month of December 2020 compared to the previous month.
- Six organisations (46%) believed they had been effective or very effective in responding to the pandemic and a further five organisations reported no change from last month.

*"Being a part of a national organisation that has been suffering increased restrictions with covid19 has had a bigger impact on Tas staff due to the influence of broader level stress"*

*"Working from home was a positive experience for many staff members and clients."*

*"The workforce exhibited signs of extreme fatigue and burnout. Most employees took 3-4 weeks annual leave to provide an opportunity to recover."*

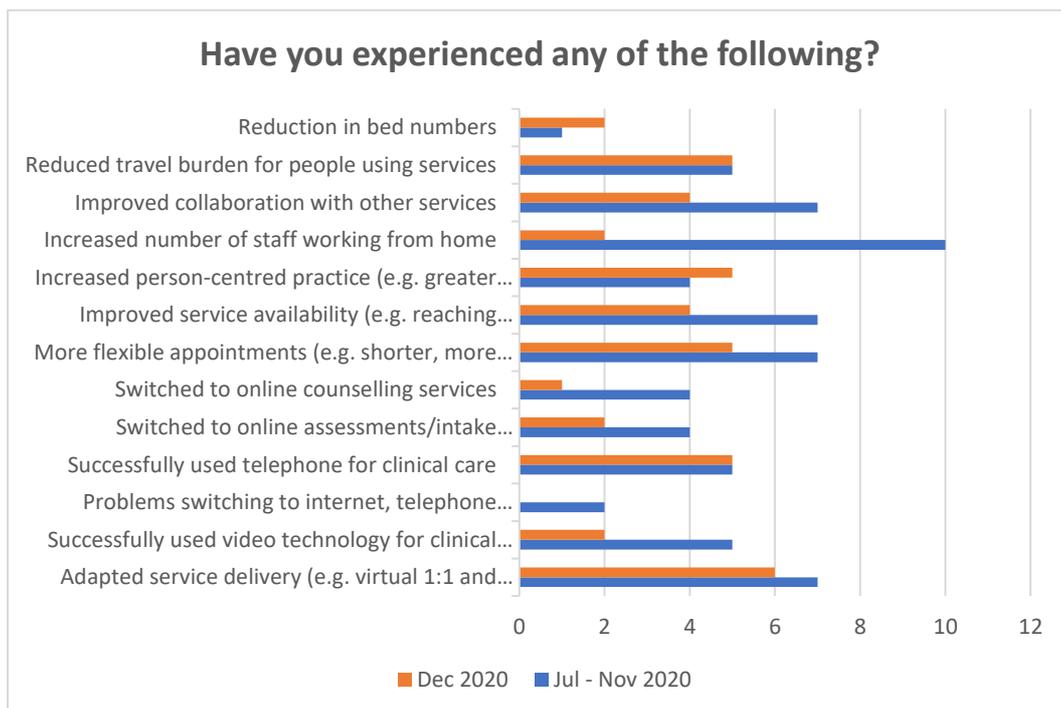
*"Watching other states have cases increases stress and frustration around holidays and seeing family."*

*"Forgot to include in last survey that we are currently piloting Live Chat with our counsellors but it has been difficult to resource within current workloads."*

*"(Our service) in December received funding to develop and implement a program for the perpetrators of family violence, where alcohol or drugs have been a contributing factor."*

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

- It was reported last month that the majority of organisations believed they had been effective or very effective in responding to the pandemic (11 of 12 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).
- The way organisations have adapted to COVID-19 has become business-as-usual and monthly changes are not anticipated. Therefore, the ATDC was wanting to ascertain if the members made any significant changes for the month of December 2020.
- Six organisations (43%) reported that they considered themselves as being effective in adjusting the way it does its work in the context of COVID-19. Five reported no changes this month.
  - 46 per cent had continued to adapt service delivery during December 2020 (for example, virtual 1:1 and online service delivery).
  - 38 per cent continued to successfully use telephone for clinical care, introduce more flexible appointments, increase person-centred practice (for example, greater flexibility), and saw reduced travel burden for people using services.
- 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 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:

- Workforce stress has been exacerbated by high staff turnover during this time, as well as increasing complexity of client presentations. Organisations have made changes over the last six months to ensure staff are coping. They have introduced vicarious trauma training, more support when needed and regular check-ins with staff to ensure they are not experiencing burn-out or trauma.
- Organisations continue to make changes and adaptations due to COVID-19 where necessary. Social distancing regulations are being adhered to with staff working from home one or two days per week and face-to-face group counselling sessions limited in numbers. Telephone and online sessions have also become part of the norm and are expected to remain in place.
- The complexity of client presentations has continued to be an issue with clients presenting with multiple traumas and co-occurring mental health complexities. These complexities have increased as a result of COVID-19 and there was concern that their services and treatment are not necessarily best placed to offer the support these clients need.
- There was a noted increase in presentations from females seeking treatment and support during COVID-19. Community organisations will generally see more males than females, however, this has been fluctuating during COVID-19 with more females seeking support.

# The lived experience viewpoint

ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from four individuals was captured for December 2020 and their de-identified feedback is shared below.

## **The impact of COVID-19:**

*"I saw a big change of substance in my friends, because ice was very hard to get. People using ice moved towards taking GHB, which is a new party drug, plus an increase in marijuana and alcohol. The people on alcohol it didn't affect at all."*

*"There was an increase in my marijuana use and alcohol use, mostly to remedy the burden and also the strain on my marriage from isolation etc. My daily intake of marijuana increased massively because I felt so isolated and unable to complete any tasks and make headway with employment."*

*"The ability to access drugs like ice and opiates has been greatly affected due to supply as well as affordability. Unprescribed prescription pills were even more thin on the ground than usual. Contributing factors were multiple public holidays which meant that supplies were affected due to doctors not working."*

*"Personally- my pot usage increased a bit. I use a vaporiser for pain management. The stress of the true nature of my mother's alcoholism being revealed has caused arguments in our family, pain flare ups, leading to me just wanting a break from all this new drama I found in my life suddenly."*

*"What this has done has given the greater community an understanding of what it means to be isolated. I hope now there might be more education around isolation, and people will be more open minded towards addicts, because to be an addict means you're isolated every day."*

## **Substance use changes due to the easing of restrictions:**

*"It's actually increased, because the travel restrictions keep changing back and forward, back and forward, so now they can sometimes source their usual substance (eg, Ice), and they'll use it if they can find it, but now they've got access to the other stuff they used to substitute it, so it's like they've got twice as much access now."*

*"In December there was an increase in Alcohol consumption because, even though I was able to move around again and we weren't as restricted, the strain and anxiety was still there because I'd lost so much time and everything was out of my control, and I didn't know how to regain that control. My marriage was pretty much finished because of the COVID factors leading to the breakdown. The pressure it put on my children and their mental health was also a factor, and that has continued ongoing since."*

*"Ex partner's supplier is dealing again, he has stopped asking me if I can score any speed or ice for him, but he has been using again in the past month so I have had to restrict my time spent around him."*

## **Experience accessing services:**

*"Friend unable to access a takeaway dose for Christmas day, despite phoning request in to his GP's surgery 9 times in week prior."*

*"It was very hard to get access to doctors, psychiatrists, and psychologists. Anything to do with mental health was difficult. They were chockers, or there was no contact allowed, or there were no appointments left."*

*"I was trying to contact detox, Bridge Program, and doctors. Admission into detox and the Bridge Program was near impossible due to COVID restrictions and isolation requirements, as well as the backlog of people trying to access the services."*

*"Yes I was receiving treatment, but I was already in the system, so I didn't have any problems accessing anything except for one thing: The only issue is during December is that the workers, like the workers at the Bridge and the counsellors and everyone, everyone needs a break, they need holidays. So you can't talk to your social worker because they're on holidays. Which I understand, but it's a hard time for them and also for us, and even though there's other people you can call as an emergency you haven't built the rapport and it's hard enough to talk to your usual worker sometimes. So it's hard know how COVID affected it all, it didn't affect me though because I'd spent a year sober."*

*"I had pre-existing access to suboxone pharmacotherapy and phone counselling set up in advance at Holyoake. Turned out to be a blessing in disguise after what transpired with my mother. However, trying to access an appointment for my father within a month was impossible in December. He eventually attended an appointment at Holyoake in February, having asked me to arrange it."*

### **What needs to change:**

*"Emphatically, put in more detox facilities. We need more beds in detox!!! The government should also be packaging funds for entering treatment, the same as the Whitegoods Package with housing. You get a house package, with bond, loans for your fridge, etc. So there should be the equivalent for people trying to get their life together and become a functioning part of society – there should be money for the treatment, for travel, for clothes, for a worker to support them, etc."*

*"Counselling. There should be more access to counsellors – anything to do with mental health around drug and alcohol, really, there should be more of. And just because the isolation rules have changed doesn't mean the video calls should end either, that worked for a lot of people so they should keep doing that. And just because the restrictions might be easing doesn't mean that the problems all go away – my life fell apart because of the isolation, and that doesn't go away just because everything is 'nearly back to normal' now."*

*"Suboxone injection. I still have no idea why the broader community do not have accesses to this. A friend was given it in jail and said how well it worked and what a great idea it was. It would stop Suboxon from being diverted in to the community, sometimes with devastating results. It would also stop pharmacotherapy clients with access to multiply take away doses, being able to manipulate timing in order to use black-market obtained opiate based pills. It completely defeats the purpose of the program and to this day, I have still not been given a clear, concise and constructive argument to support anything other than what I have proposed. I have physical limitations, but am still forced to be driven to a pharmacy four days a week, when a more suitable, less time consuming and pain inducing option is out there and available."*

# 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:

- An increase in ATOD use was reported and attributed to COVID-19. In particular, alcohol use and purchase is reported to have had a steep increase;
- There was a continued increase in Tasmanians seeking telephone or online support;
- There was no 'lull' in service demand in the lead up to the festive season; and
- An identified increase in individuals presenting with significant and complex co-occurring mental health conditions.

## An increase in ATOD use due to COVID-19

The *'Distilling our changing relationship with alcohol during COVID-19'* (Ritter et al., 2020) study examined the changes in alcohol consumption associated with the lockdown measures in NSW in a sample of 2,018 people. This study suggested that people who increased their alcohol consumption in association with the lockdown were:

- Equally likely to be male or female.
- Were more likely to be aged between 35-44 years.
- Were spread across all household types – people with children at home, couples, people living alone, and people in share households.

The study *'Australians' drug use: Adapting to pandemic threats (ADAPT) study wave 2'* (Sutherland et al., 2020) looked at the short and long term impacts of COVID-19 on the experiences of Australians who use illicit drugs during the first (April – June) and second (June – September) waves of COVID-19 in Australia and found that:<sup>3</sup>

- Cannabis was the substance with the largest proportion of participants reporting that use had increased since March 2020.
- Five per cent of participants had accessed drug treatment in wave two (vs 4% in wave 1).
- 47 per cent had accessed mental health services in wave two (vs 39% in wave 1).

The study *'Depression, anxiety and stress during COVID-19: Associations with changes in physical activity, sleep, tobacco and alcohol use in Australian adults'* (Stanton et al., 2020), examined the association between psychological distress and changes in selected health behaviours since the onset of COVID-19 in Australia. From a sample of 1,491 adults, the study found that:

- Those who reported an increase in alcohol and smoking were more likely to have higher levels of depression, anxiety and stress symptoms.
- Half (49%) of the smokers in the sample reported an increase in smoking behavior since the onset of COVID-19.
- Once quarter reported an increase in alcohol consumption since the onset of COVID-19.

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<sup>3</sup> Nine Tasmanians participated in the ADAPT study at wave two.

## Record alcohol sales during COVID-19

Australia recorded its highest month in history for alcohol retailer turnover during December 2020. The data from the Australian Bureau of Statistics shows alcohol retailer turnover in Australia increased by \$3.3 billion from 2019 to 2020, reaching a record \$15.6 billion in 2020 which represents an increase of 26.7 per cent. The data also shows that that turnover was significantly elevated above trend throughout the pandemic, beginning in March 2020. All months significantly impacted by the pandemic (March – December 2020) experienced turnover increases. This has resulted in more alcohol going into the homes than ever before. These figures are representative of what is happening in Tasmania with alcohol being the principal drug of concern for which people sought treatment during the month of December.

<b>Australian alcohol retailer turnover</b>				
Year	2017	2018	2019	2020
Alcohol retailer turnover (\$m)	11,775.10	12,139.10	12,334.10	15,625.20

In Tasmania, a similar trend to the national data was observed, with increases in every month since the beginning of the pandemic. In July 2020, Tasmanians spent \$33 million on alcohol, representing an \$8 million increase, or 32 per cent, compared to July 2019.

<b>Tasmanian alcohol retailer turnover</b>				
	2019	2020	\$ increase (\$M)	% increase
May	25.0	31.07	6.7	26.80
June	23.2	30.5	7.3	31.47
July	25.0	33.0	8.0	32.00
August	26.5	31.5	5.0	18.87
September	26.3	31.5	5.2	19.77
October	28.4	34.1	5.7	20.07
November	30.6	33.5	2.9	9.48
December	45.3	50.3	5.0	11.04

## **There was no service 'lull' in demand over the festive period**

Eight member organisations provided information and feedback on ATOD service demand over the festive period. There were four overall themes which emerged:

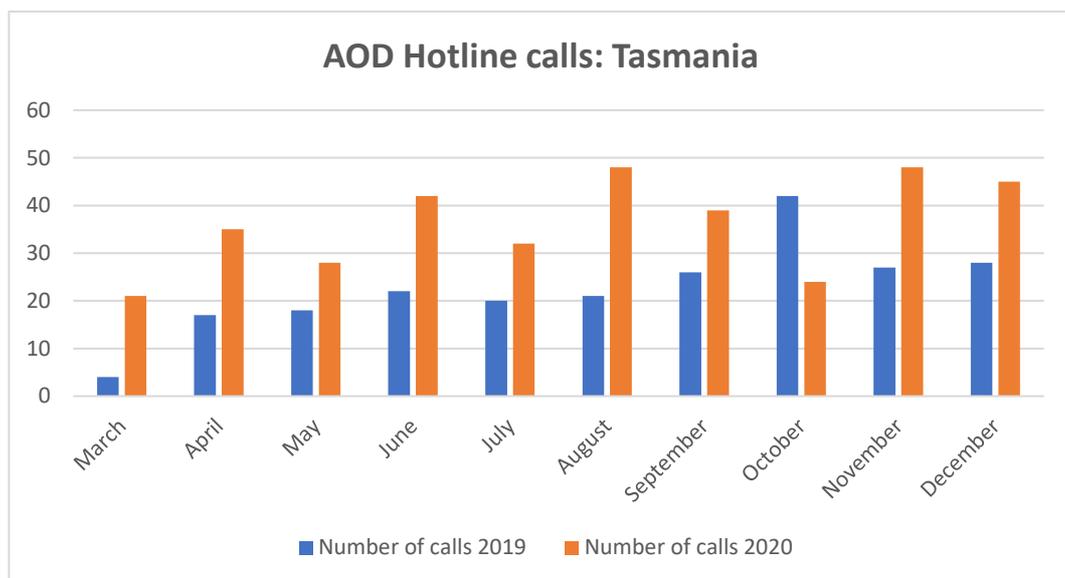
- There was no service lull across the holiday period. ATDC members commented that over the festive season there is usually a decline in demand for service, often referred to as a 'lull' in people accessing treatment. This lull has been shallower this year compared to previous years, or not experienced at all, by some providers. This means that people continued to engage this year, whereas previously numbers would have dropped off (reported by 4 services)
- AOD counselling demand increased in the holiday period (from mid-December onwards). Those services that mainly provide counselling/support (not including residential rehab) have seen increases in referrals and presentations since the same period last year (4 services)
- Demand for treatment for alcohol has been higher this holiday period. Demand has increased for treatment for alcohol related issues, with a noticeable shift in presentations towards females, and they are seeing more 'younger' females (reported by 2 residential rehab services)
- Some organisations reported no overall changes in client numbers across this time in terms of increases in festive period or changes in comparison to last year (3 services).

Additionally, it was also noted that the complexity of presenting cases has increased. Three major treatment providers mentioned the trend towards individuals presenting with significant and complex co-occurring conditions, such as borderline personality disorder, personality disorder and post-traumatic stress disorder, childhood trauma, and other diagnosed mental health conditions. While this trend is not necessarily a result of the festive period, it is a complicating factor and a point which has continued to be raised as an issue since the previous reporting period.

## There was a continued increase in Tasmanians seeking telephone or online support

**The National Alcohol and Other Drug Hotline**, is delivered by the Australian Government and provides free and confidential advice about alcohol and other drugs. In February, the Australian Department of Health's Alcohol, Tobacco and Other Drugs branch shared information on the number of Tasmanians accessing the Hotline for 2019 and 2020.

This information indicated that the calls increased every month in 2020 since the beginning of the pandemic compared to 2019, with the exception of October where the reverse was observed. In total, there were 420 calls made by Tasmanians in 2020, compared to 266 in 2019.



**Anglicare Tasmania**, were also delivering an ATOD telephone support service during this reporting period. Funded in December 2020 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 support from the community. Anglicare Tasmania has informed the ATDC that during the month of December 2020, this service received 15 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 is continuing to have an impact on Tasmanians who use ATODs.** This continues to include changes in people's consumption habits, specifically alcohol which was the main drug for which people sought treatment during December 2020.
- 2. Tasmanians are continuing to reach out for support.** Particularly through online and telephone support services. Alcohol was reported as being of particular concern, with the Australian Bureau of Statistics confirming an increase in alcohol sales in Tasmania, which has occurred alongside an increase in the number of Tasmanians seeking support, information and education for alcohol use.
- 3. There are currently at least 530 Tasmanians who have made the decision to seek connection with a specialist ATOD service but are unable to access that service.** This figure had reduced from Report #1 (570 Tasmanians). Depending on the support they are seeking they could be waiting anything from a few weeks to multiple months to access support. Those waiting for residential rehabilitation have had a longer wait time this month compared to the last, whereas the waiting time for counselling services has remains the same.
- 4. Community managed organisations delivering ATOD services across Tasmania continue to respond to demand.** As reported last month and again this month, staff wellbeing is of significant concern as stress levels and signs of fatigue continue to be prevalent.
- 5. Those working for community managed ATOD organisations continue to effectively respond to the pandemic.** By reconfiguring services and adopting new technologies such as telehealth, organisations have embedded these changes with a small number of organisations continuing to adapt their services (e.g. introducing more online and virtual sessions).

# Recommendations

The eight recommendations noted in the ATDC's COVID-19 Impact on Tasmanian ATOD Services (Report #1 July – November 2020) remain relevant, with nothing emerging from the responses provided for December 2020 to require any changes. These recommendations are:

1. An immediate injection of funding for treatment services and programs.
2. Fast-tracking strategies to address the impact of the reduced number of beds in the Tasmanian Government's Inpatient-Withdrawal Unit.
3. Allocation of ongoing funding to the ATDC to employ a workforce development officer.
4. 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).
5. 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.
6. Continue the ongoing support and promotion of education and awareness campaigns and online and telephone support services.
7. Prioritising a coordinated approach to understand the impact COVID-19 has had on those Tasmanians who use illicit substances.
8. A guarantee of funding continuity for ATOD community managed organisations until 30 June 2025.

# Reference List

FARE (Foundation for Alcohol Research & Education). (2021). Alcohol retail during COVID-19. Canberra. February 2021.

Ritter, A., Wilkinson, C., Vuong, T., Kowalski, M., Barrett, L., Mellor, R. & Sommerville, K. (2020). Distilling our changing relationship with alcohol during COVID-19. *DPMP. Monograph No. 29*, Sydney: UNSW Social Policy Research Centre. <http://doi.org/10.26190/5f84c1dba9f36>

Stanton, R., To, Q. G., Khalesi, S., Williams, S. L., Alley, S. J., Thwaite, T. L., . . . Vandelanotte, C. (2020). Depression, anxiety and stress during COVID-19: Associations with changes in physical activity, sleep, tobacco and alcohol use in Australian adults. *International Journal of Environmental Research and Public Health*, 17(11), 4065.  
doi:<http://dx.doi.org.ezproxy.slv.vic.gov.au/10.3390/ijerph17114065>

Sutherland, R., Baillie, G., Memedovic, S., Hammoud, M., Barratt, M., Bruno, R., Dietze, P., Ezard, N., Salom, C., Degenhardt, L., Hughes, C. & Peacock, A. (2020). Key findings from the 'Australians' Drug Use: Adapting to Pandemic Threats (ADAPT)' Study Wave 2. ADAPT Bulletin no. 2. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

van de Ven, K., Ritter, A. & Sterling, R. (2021). The impact of the COVID-19 pandemic on the non-government alcohol and other drugs sector: future implications. *DPMP Monograph No.34. Sydney: UNSW Social Policy Research Centre (DPMP Monograph No.34.)*.