



# COVID-19 Impact on Tasmanian ATOD Services.

**Report 4 - February 2021**

*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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# Summary of Key Findings

There are five critical issues captured in this report.

- 1. The number of Tasmanians seeking support during February increased from the month of January.** There were 1,554 Tasmanians recorded as supported. Counselling continued to be the main treatment type accessed, alongside a significant increase in Tasmanians receiving information and education during this time.
- 2. Alcohol continued to be the primary drug of concern for which people sought treatment,** followed by amphetamines and cannabis and tobacco (equal third). There was a particularly large increase in the number of Tasmanians seeking support for alcohol in February, with 47 per cent of the total number of people seeking support presenting with alcohol as their principal drug of concern.
- 3. While the number of Tasmanians waiting to access counselling and residential rehabilitation services has increased, the amount of time that they're waiting has been gradually decreasing over the past three months.** While the number of Tasmanians presenting for support in February increased, waiting list times have been gradually reducing over the past three months. The ATDC is aware that in some cases this is due to ATOD organisations adjusting existing resources and programs to respond to the increasing demand (e.g. it is not the result of additional staffing or financial investment into services, which continues to be recorded as the primary reason for waiting lists).
- 4. The impact of COVID-19 on Tasmanians presenting for support is becoming less obvious but is considered to be a key contributor to the increase in demand for services.** Alongside an increase in the number of Tasmanians seeking support (and ATOD treatment providers observing an increase in the impact of alcohol on existing clients and referrals) the correlation of COVID-19 on these results is becoming less obvious. However, research continues to be released providing information into the impact of COVID-19 on substance use during the pandemic (e.g. in this report - increased alcohol consumption and alcohol retail marketing). Similarly the increase Tasmanians seeking treatment is occurring alongside increased calls to telephone AOD help lines by Tasmanians. This 'service bubble' was predicted by the ATDC back in June 2020 in our *'Impact of COVID-19 on the Tasmanian Alcohol and Other Drug Sector'*. Given this context, additional research and information, the ATDC continues to hold the view that the increase in demand for services is most likely due to the COVID-19 pandemic.
- 5. The level of employee stress and anxiety being reported as a direct of COVID-19 across community managed organisations is decreasing.** However, the challenges of responding to increased levels of demand was a common theme reported in February as having an impact on the ATOD workforce.

# 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;
  - Information from Tasmanians with lived experience of ATODs; and
  - Additional information and research relevant to the Tasmanian ATOD sector.
- This report is the fourth of seven and captures information for February 2021.

## 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 14 of 18 targeted community managed organisations delivering ATOD services and programs in Tasmania. This response represents a 78 per cent response rate.
- The 14 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 report include the Tasmanian Aboriginal Centre and The Hobart Clinic who were unable to complete the survey for various reasons.

## The lived experience perspective

- The ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from two individuals for the month of February has been captured and included in this report. While the feedback captured from the individuals originated to monitor the impact of COVID-19 from the lived experience perspective, this has since evolved over time to monitor general trends and issues.

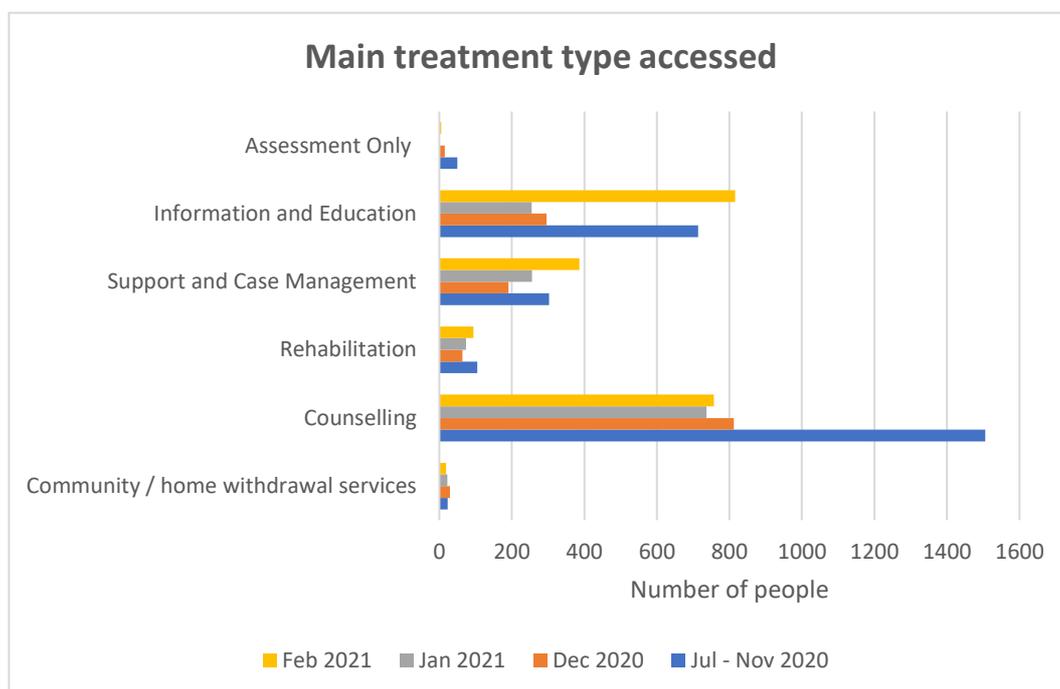
## The additional information and research

- The ATDC actively reviews additional research and information available in relation to the impact of COVID-19 on the ATOD sector, and individuals impacted by ATODs. Information relevant to this reporting period has been included to provide additional context regarding how COVID-19 has had an influence or impact in Tasmania.

# Summary of findings

## Tasmanians supported during February 2021:

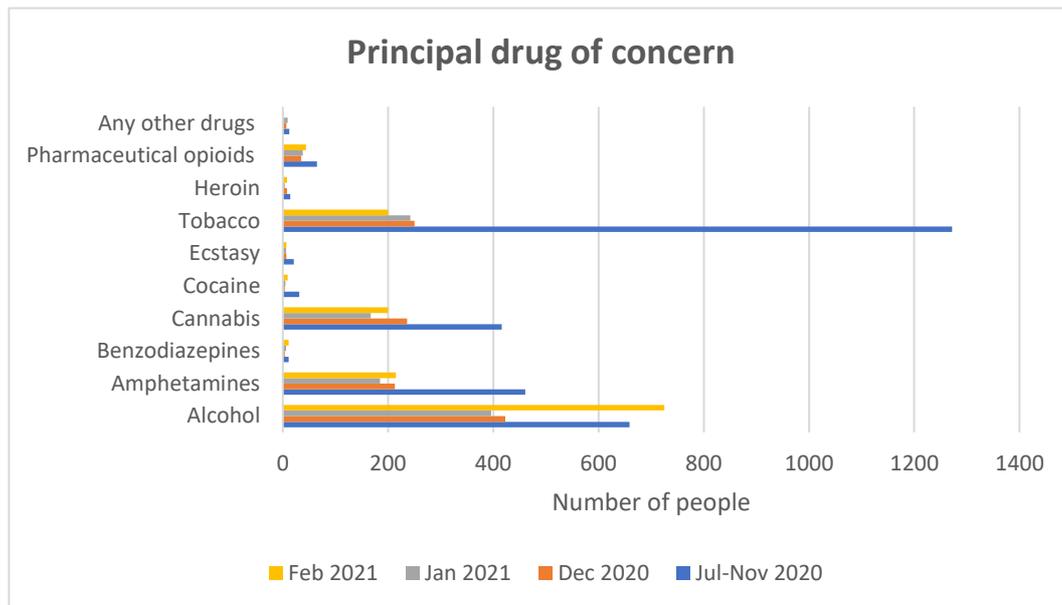
- **1,554 Tasmanians were supported.** This figure is up from 1,288 Tasmanians in December and 1,200 in January). Not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.
- **There were more men (720) than women (634) supported.**<sup>1</sup> This is consistent with the previous two reports (January 2021 and December 2020).
- **Counselling was the main treatment type accessed** (757 people), followed by rehabilitation (94). Tasmanians accessing information and education services increased significantly during February (816 up from 255 in January).



<sup>1</sup> A further 516 people accessed services whose gender was "not stated".

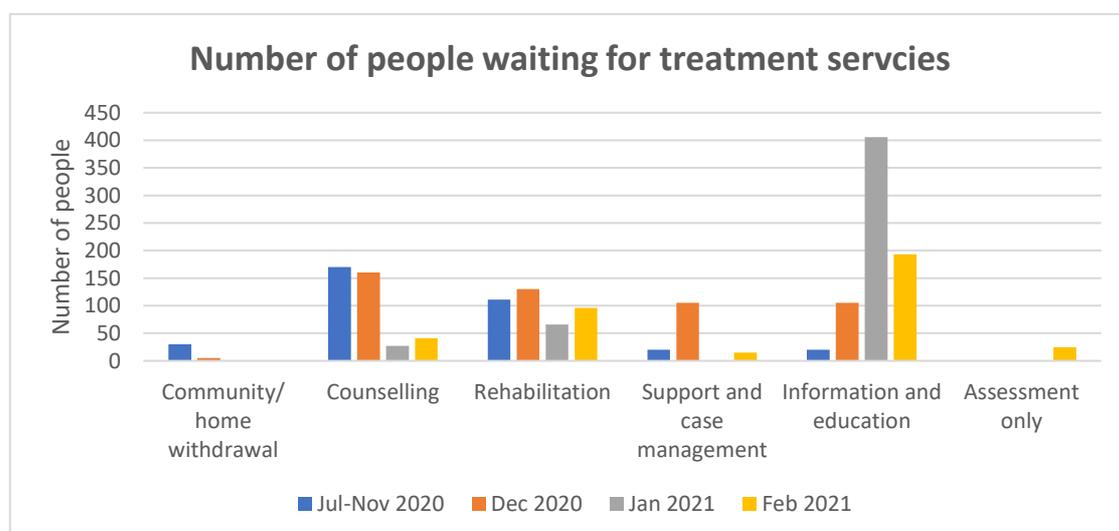
### The principal drug of concern:

- **The principal drug of concern for those seeking support was alcohol** (725 people), followed by amphetamines (215 people), tobacco and cannabis (200 people each).<sup>2</sup> This has changed since January 2021. While alcohol was again the most common principal drug of concern, amphetamines pushed up into the second most common drug of concern, followed by tobacco and cannabis (with equal numbers during February 2021). There was a particularly large increase in the number of people seeking support for alcohol this month, with 47 per cent of the total number of people seeking support presenting with alcohol as their principal drug of concern.



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

- **644 Tasmanians were reported as waiting to access treatment services.** This figure is up from the 533 Tasmanians who were reported as waiting in the January report. Of the 644 people waiting, 250 were reported from one organisation as students waiting for the DRUMBEAT program delivered in schools.



<sup>2</sup> A further 67 people accessed services from organisations that do not record the principal drug of concern.

## What support services are they waiting to access?

- **The majority of Tasmanians waiting were attempting to access:**
  - **Information and education (193 people down from 406);**
  - **Residential rehabilitation (96 people up from 66); and**
  - **Counselling services (41 people up from 27).**
- The community managed organisations were asked to comment on what they think the main reason is for the wait for treatment services. Recurring responses include a lack of funding, insufficient staff levels and an increased demand on services:

*"Only residential has a waiting list due to the lowered bed numbers but we have resourced up our outpatient services to meet the demand."*

*"Confirming dates with services pre or post entry to Serenity house. 26 people have been assessed as suitable to the service but are currently waiting for a date to transition into Serenity House or out of Serenity House. The others on the list are waiting for beds to be available in the service."*

*"Increased demand of services, some programs at capacity."*

*"As we don't take people straight off the street, we are dependent on our pathway services and their admission dates."*

*"Mostly is due to the time it takes to assess and process applicants."*

*"Lack of sufficient funding to address consumer demand."*

*"Insufficient staffing levels - Caused by funding restraints. Also, difficulty recruiting skilled staff for short term fixed contract."*

*"Lack of counselling hours due to lack of funding."*

*"Not enough staff."*

## Has demand for support increased during February 2021?

- Demand for support has continued to increase for more than half (57%) of the community managed organisations (compared to the same time in 2020). This figure is down slightly from January 2021, where 67% of respondents indicated an increase in demand. Additionally, nine organisations (64%) have seen an increase in demand for their services since the previous month (January 2021).
- Six community managed organisations (46%) reported an increase in referrals from another alcohol and other drug treatment service (up from three last month). Four community managed organisations (29%) also reported an increase in referrals from self-referrals, family member or friend and correctional services – a consistent trend since January.
- Three organisations also reported a significant increase in demand from schools.

## Are Tasmanians waiting longer to access support?

- Almost half (43%) of the community managed organisations continue to report that their waiting lists were higher compared to the same time in 2020. This has increased from approximately one third in the January report.

## How long are the current waiting lists?

- In the month of February, the average wait time to access counselling increased from two weeks to three weeks.
- The average wait time to access residential rehabilitation decreased from five weeks to approximately four and a half weeks. The longest wait length recorded has also decreased from 16 weeks to eight weeks. Over the past three reports, the trend has been a gradual decrease in waiting times for this service.
- The average wait time to access information and education services increased from three weeks to four weeks in February. The longest wait time has also remained the same at six weeks.

## Do the waiting lists differ across Tasmania?

There has been no change to the waiting lists across Tasmania since the January report:

- Regardless of where you live in Tasmania, there were waiting lists to access counselling services (delivered in each region).
- Similarly, regardless of 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, Missiondale in northern Tasmania, and this month Serenity House in north-west Tasmania participated in the survey for the first time). These programs accept Tasmanians regardless of their place of residence, and all programs have waiting lists.
- If you live in southern, northern or north-west Tasmania, there are also reported waiting lists to access all other specialist ATOD services and programs, with the exception of community/home withdrawal services.

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

The key theme reported continues to be an increase in alcohol consumption. This remains consistent with the responses reported in the January 2021 report and December 2020 report.

*"Slight increase in reported alcohol consumption of people assessed. Increase in numbers of people with multiple mental health diagnoses or symptoms without diagnosis."*

*"We don't analyse this data as we are a secondary service, it's only used to determine admission pathway. However, anecdotally higher use of alcohol."*

*"Alcohol consumption has increased since the last reporting period. 79% of Gottawanna clients now report alcohol as a drug of concern."*

*"N/A no changes to demand for broad AOD education across all drugs, always a focus on alcohol, cannabis, amphetamines and MDMA."*

*"Referrals from rural and remote locations have been increased for alcohol use."*

*"Nothing to note this month. We only had one disclose AOD use. This doesn't mean there was only 1. This means only 1 person disclosed."*

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

- There was a decrease in the number of organisations reporting an increase in employee stress and anxiety (24% down from 42% in January, and down from 62% in December 2020).
- Two organisations reported difficulties recruiting new staff during this time. This has increased from the previous report where one reported difficulties recruiting new staff. One (7%) reported additional unpaid overtime due to the crisis.
- One organisation (7%) reported a decrease in staff wellbeing during February 2021. This is down from last month where two saw a decrease in staff wellbeing. Nine organisations reported no change from last month and three saw an increase in staff wellbeing.
- Two organisations (14%) reported the cost of service delivery had increased during this time and reduced in some areas but increased in others.

*"Minimal impact due to change in service delivery to address barriers due to COVID."*

*"Still seeing an increased demand in services."*

*"Not currently having a major impact on demand for advocacy support."*

*"Don't believe COVID is a factor for Tasmania in Feb. May impact others seeking treatment in Tas."*

*"Requests from schools to provide services for young people have increased, and Holyoake does not have the resources to meet the demand. The complexity of young people has increased, with more reports of anxiety / depression and sexual assault."*

*"In January/ February the ADF rolled out a new digital platform for the Good Sports program as well as opened applications for new funding for the local drug action team and therefore we saw an increase in enquiries and engagement."*

*"Demand from schools has consistently increased, demand from CSO also fairly constant higher demand for service."*

*"For us, referrals have somewhat stabilised at this higher than usual level."*

*"Positive improvements in workforce morale from greater face to face work, training and opportunities."*

*"Starting to think about vaccinations in Feb. COVID really isn't having an impact other than screening and cleaning. The impact is on people's opportunities to take leave - wanting to go away and unsure."*

*"Overall, staff satisfaction is very good, according to a survey just completed."*

*"Increased demand which we cannot respond to in a timely manner continues to affect the wellbeing and morale of the team."*

*"Decrease in volunteers is due to capacity to host them."*

*"With exception to how we the agency screens clients for any covid symptoms we as a team have continued to ensure all our client get a holistic AOD service."*

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

- One organisation reported introducing new or different changes in February 2021 due to COVID-19. The other 13 organisations reported no new changes for the month of February.
  - That one organisation reported adapting their service delivery (for example, virtual 1:1 and online service delivery), switched to online counselling service, successfully used telephone for clinical care, switched to online assessment/intake procedures, and improving service availability (for example, reaching people rurally).

# The lived experience viewpoint

ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from two individuals was captured for February 2021 and their de-identified feedback is shared below.

## Reported impact of COVID-19:

*"I have a few friends who have changed their choice of substance of use, ice hard to get and expensive. This causes issues that they put themselves in danger of overdose or unsafe behaviour not being familiar with the new substance."*

*"I have found that sadly young mothers have fallen into addiction with the extra money and no hope for the future this was their escape from reality, unfortunately now that the money has been drastically reduced these poor women are suffering, threats of losing their children to the system and losses of family and friends. The same women try to get help, detox, and rehabilitation programs, to find out that there is nothings accessible for women with children!!"*

*"Changes in ATOD use. I'm going to go personal this month. February was the month I FINALLY got to start using melatonin to help my sleep. I've been asking my GP for so long, but it was simply too expensive. So no kidding, it had been cheaper for me to use the illegal, black market obtained valium & pot as Melatonin wasn't on the PBS. A friend showed me an Australian website where you can buy it for 1/20th of the cost of buying it on script. It is now available to buy over the counter too. It helped me to re-establish my sleep routine, but because it was so expensive for so long & cheaper to buy valium, I'm now addicted to valium."*

*"My partner's kids went back to school which meant he could work more. More work=more money=more drugs. He's been just as poor as before starting some work again, so I can only assume he is injecting morphine & speed as he was before he lost his job. We don't live together, I'm not with him 24/7, but if the increase in his drinking & smoking is any indication.....his other drug use has also increased."*

## Substance use changes:

*"With COVID-19 restrictions starting to ease I don't believe substance abuse has decreased in levels, I believe it's the opposite, people getting back into their drugs of choice and keeping the substitute drugs as well."*

*"Restrictions around covid haven't really altered in the last few months in Tassie I don't think. I still find it really hard to know what covid's done & what is just life."*

## Experience accessing services:

*"Both Dad & I accessing counselling. His counsellor, my brother & I have all tried to get him to go more than once every 2 months though & to book ahead. I realise this is his own fault, but I think the aging demographic is one we forget about a lot. Drinking & smoking is all they've ever known. So a huge blow up occurs when Mum's blackout drunk & by the time he can see his counsellor it's another 4 weeks. & he's trying to shelter us children from the worst of it so we don't worry. When I'd worry less if he just told me. No bloody wonder I need counselling too!"*

## What needs to change:

*"The Government needs to open up detox centres, employing more people and giving substance users access to get clean and enter rehabilitation programs."*

*"Stigma reduction would be number 1 though. So many other things seem to stem from this problem. I recall, about 10 years ago, there was a "How To Talk To Your Children About Drugs" booklet in a Saturday edition of The Mercury (Thanks Labor!). So maybe the current government could look at a similar, but updated, version of something like this. My last comment would be one you hear a lot - more education around closing the gap between seeing alcohol & drugs differently. Alcohol is a drug. It causes & contributes to over 200 diseases, but is the social lubricant of our nation."*

# 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:

- More research was released pointing to increased alcohol consumption due to the impact of COVID-19, alongside research suggesting Big Alcohol companies capitalized on the pandemic to market their products;
- Young Tasmanians have been impacted by COVID-19, specifically by reduced protective factors and increased risk factors for good mental health, including substance use;
- There was a continued increase in Tasmanians seeking telephone or online support; and
- Alcohol companies capitalised on the pandemic to market their products and brands.

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

The study '*Alcohol consumption during the COVID-19 pandemic period: May 2020*' (Biddle et al., 2020) analysed changes in alcohol consumption associated with the COVID-19 pandemic. This study found that:

- Alcohol consumption increased most significantly for females.
- Females with a child caring role was a strong predictor of an increase in alcohol consumption.
- For males, a job loss or reduction of hours was the strongest predictor of increased alcohol consumption.
- For both males and females, psychological distress was strongly associated with higher self-reported increases in alcohol consumption.

## Alcohol companies capitalised on COVID-19 to market their products

The study '*The nature and extent of online marketing by Big Food and Big Alcohol during the COVID-19 pandemic in Australia: Content analysis study*' (Martino et al., 2021) examined the COVID-19 related social media posts made by leading alcohol and unhealthy food brands during February to May 2020. The results from this study suggested that Big Alcohol companies capitalised on the COVID-19 pandemic to market their products and brands.

- Bottle shops and alcohol delivery were the product categories with the highest proportions of total posts related to COVID-19 (231/619, 37% of total posts).
- Dan Murphy's was the most active in posting COVID-19 related posts across four social media platforms (119/253, 47% of total posts).
- The theme '*isolation activities*' was particularly prominent among alcohol brands when posting on social media, as well as bottle shops and alcohol delivery services, with 40-60% of all COVID-19 related posts from alcohol categories using the theme.
- Home delivery and take away themed posts were frequently used by bottle shops and alcohol delivery services (73/231, 32% of total posts).

## The impact of COVID-19 on young Tasmanians

The Mental Health Council of Tasmania (MHCT) completed a report titled '*COVID-19: A mental health response for young Tasmanians*' (2021) which examined the impact of COVID-19 and associated restrictions on young Tasmanians, and highlighted the ways in which the pandemic reduced protective factors and increased risk factors for good mental health. The report outlined what young Tasmanians identified as impacting on their mental health, the barriers they face in accessing services, and the impact of COVID-19.

When asked what gets in the way of good mental health, young Tasmanians frequently raised that parental drug and alcohol use were associated with adverse childhood experiences. Young Tasmanians are aware of how parental drug and alcohol use can impact parental ability to be a positive role model, to be invested in their children's life and to provide the kind of day-to-day support other young people in Tasmania enjoy.

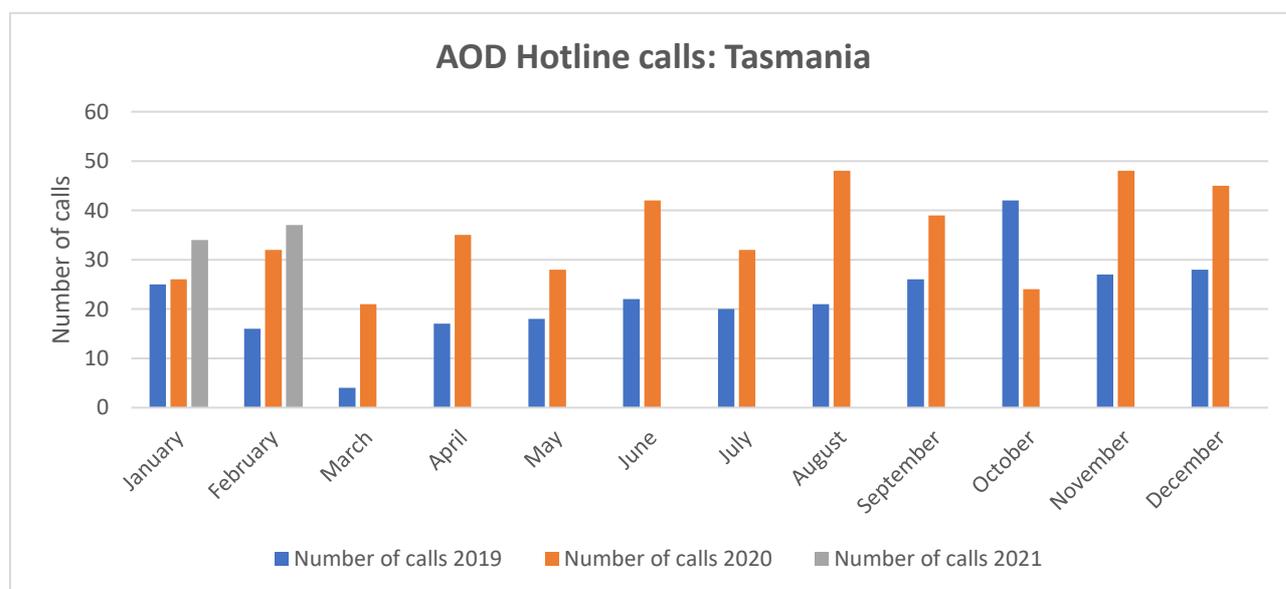
Many young Tasmanians reported COVID-19 caused a disruption to their lives, both to their current routines and future plans, and this has resulted in reduced protective factors and increased potential risk factors. Young Tasmanians reported a change in substance use and availability, noting that as some substances became less available, this meant managing 'withdrawals', while some more available substances were taken for the first time.

This report also noted the changing cohort of young people reaching out for support. The increasing complexities of people accessing support services has been noted in each of the ATDC COVID-19 impact project reports. The MHCT report also confirmed that young people are accessing services with a broad range of needs. This includes psychological distress, psychosocial stressors, and multiple comorbidities (e.g. substance use, neurodiversity, physical & sexual health).

## 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, 2020 and 2021.

This information indicated that the calls increased every month in 2020 and 2021 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 in 2020, compared to 266 in 2019.



# Key Findings

There are five critical issues captured in this report.

- 1. The number of Tasmanians seeking support during February increased from the month of January.** There were 1,554 Tasmanians recorded as supported. Counselling continued to be the main treatment type accessed, alongside a significant increase in Tasmanians receiving information and education during this time.
- 2. Alcohol continued to be the primary drug of concern for which people sought treatment,** followed by amphetamines and cannabis and tobacco (equal third). There was a particularly large increase in the number of Tasmanians seeking support for alcohol in February, with 47 per cent of the total number of people seeking support presenting with alcohol as their principal drug of concern.
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- 4. The impact of COVID-19 on Tasmanians presenting for support is becoming less obvious but is considered to be a key contributor to the increase in demand for services.** Alongside an increase in the number of Tasmanians seeking support (and ATOD treatment providers observing an increase in the impact of alcohol on existing clients and referrals) the correlation of COVID-19 on these results is becoming less obvious. However, research continues to be released providing information into the impact of COVID-19 on substance use during the pandemic (e.g. in this report - increased alcohol consumption and alcohol retail marketing). Similarly the increase Tasmanians seeking treatment is occurring alongside increased calls to telephone AOD help lines by Tasmanians. This 'service bubble' was predicted by the ATDC back in June 2020 in our *'Impact of COVID-19 on the Tasmanian Alcohol and Other Drug Sector'*. Given this context, additional research and information, the ATDC continues to hold the view that the increase in demand for services is most likely due to the COVID-19 pandemic.
- 5. The level of employee stress and anxiety being reported as a direct of COVID-19 across community managed organisations is decreasing.** However, the challenges of responding to increased levels of demand was a common theme reported in February as having an impact on the ATOD workforce.

# Recommendations

The eight recommendations noted in the ATDC's COVID-19 Impact on Tasmanian ATOD Services (Report #1 July – November 2020) remain relevant, with some adjustments (noted below).

These recommendations are:

- 1. An immediate injection of funding for treatment services and programs.** The ATDC acknowledges and welcomes the election commitments provided by the Tasmanian Liberal Party in the recent 2021 Tasmanian State Election. These election commitments have secured the sustainability of a number of services, specifically the residential rehabilitation beds across the State. Looking ahead to the Tasmanian 2021-22 State Budget in August, there remains a number of ATOD services that will require funding support to boost existing services, and respond to increasing staff and operational costs (including the residential rehabilitation providers).
- 2. Prioritising the expansion of access to medically supervised withdrawal services to ensure Tasmanians can easily access services regardless of where they live.** Access continues to be an issue in north and north-west Tasmania. While waiting lists decreased in this reporting period, this continues to be a priority.
- 3. Allocation of ongoing funding to the ATDC to employ a workforce development officer.** While reported levels of worker burn-out and fatigue have decreased in this report, the ATDC is acutely aware of the impact staff shortages is having across the Tasmanian ATOD sector.
- 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 – noting that the ATDC delivered training in family and domestic violence in March 2021 in response to the need established through these reports).
- 5. Fast tracking the transition of community managed ATOD funding agreements from Alcohol and Drug Services in the Tasmanian Health Service, to the Mental Health, Alcohol and other Drug Directorate in the Department of Health** to improve communication and maintain stronger links from government into the community-managed ATOD sector.
- 6. Continuing the ongoing support and promotion of education and awareness campaigns and online and telephone support services** – particularly noting the continued increase in the number of Tasmanians accessing AOD help lines.
- 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.**
- 9. A funding commitment to establish an independent ATOD consumer organisation.**

# Reference List

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