



COVID-19 Impact on Tasmanian ATOD Services.

Report 5 - March 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 March continued to increase from the months of January and February 2021.** There were 1,830 Tasmanians recorded as supported. Counselling continued to be the main treatment type accessed, alongside a steady number of Tasmanians receiving information and education during this time (700+).
- 2. Alcohol continues to be the primary drug of concern for which people are seeking treatment (854 people),** During March, support for cannabis was slightly higher (364 people) than amphetamines (354 people) for the first time since this reporting commenced. However, alcohol is by and far the main drug of concern. Nearly half of all Tasmanians seeking support during March 2021 were seeking assistance with their drinking.
- 3. The number of Tasmanians waiting to access counselling and residential rehabilitation services decreased slightly during March alongside a significant increase in the number of people waiting to access information and education programs and services.** However, waiting lists remain either stable or have slightly increased during this time. The waiting times for counselling services remains stable at an average of three weeks. The waiting times for residential rehabilitation have increased slightly from 4.5 weeks to 5.5 weeks and the wait to access information and education services remains stable at an average of four weeks.
- 4. The impact of COVID-19 on Tasmanians presenting for support continues to be less obvious but is considered to be having an impact on Tasmanians, and a key contributor to the ongoing increase in demand for services.** As reported in the February report, there are a range of factors that suggest COVID-19 continues to have an impact. This includes:
 - a. The feedback from Tasmanians with a lived experience of drug use that provides insights into how COVID-19 continues to impact the manner that services are delivered and / or continues to cause stress and concern and increased drug use.
 - b. The consistent feedback from specialist treatment organisations regarding concerns with alcohol use, alongside the regular release of academic research confirming above-average alcohol consumption that occurred during COVID-19.
 - c. The steady increase in Tasmanians seeking support (including the number of calls to telephone AOD help lines), which aligns with the ATDC's projection that a service bubble would emerge post COVID-19.
- 5. The level of employee stress and anxiety being reported as a direct of COVID-19 across community managed organisations continues to decreasing.** However, the workforce challenges of responding to increased levels of demand was again a key theme reported in March with two organisations reporting staff resignations due to the demands and pressure on services causing worker stress.

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 fifth of seven and captures information for March 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 10 minutes to complete, and 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 67 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 community managed sector across Tasmania.
- Notable exceptions to this report include the Tasmanian Aboriginal Centre and SETAC 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 four individuals for the month of March 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.

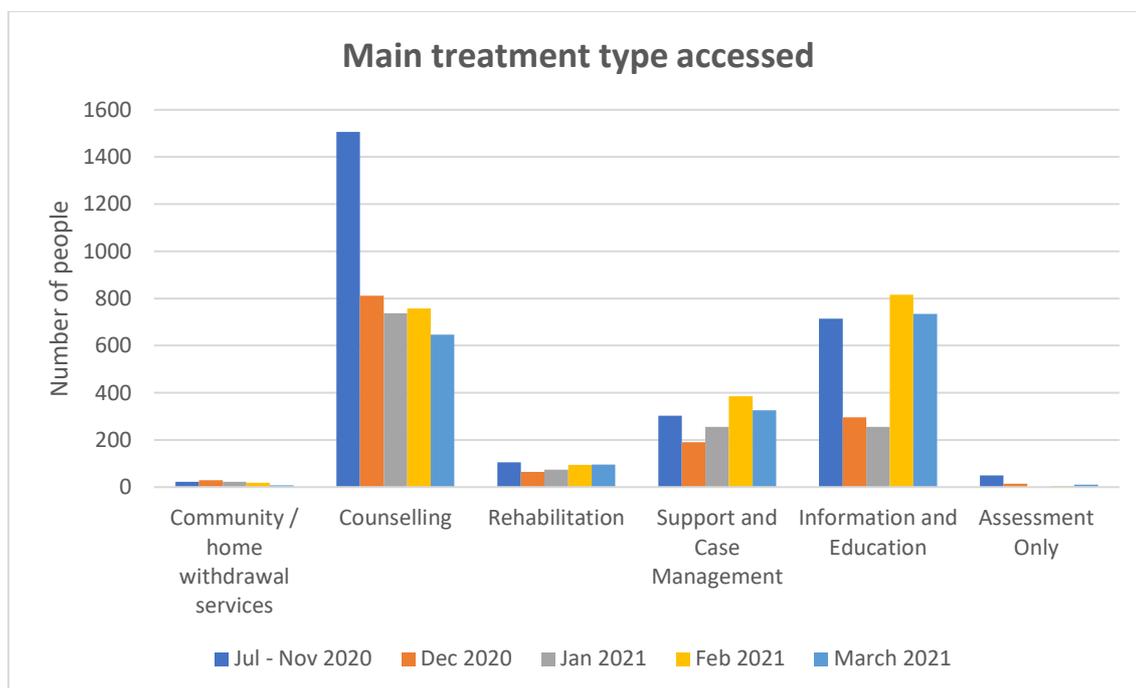
The additional information and research

- 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 March 2021:

- **1,830 Tasmanians were supported.** This figure is up from 1,554 Tasmanians in February and 1,200 in January.¹
- **There were more men (760) than women (629) supported.**² This is consistent with the previous two reports (February 2021 and January 2021).
- **Counselling was the main treatment type accessed** (647 people), followed by rehabilitation (95). Tasmanians accessing information and education services remained elevated during March (735 down from 816 in February), as does the number of Tasmanians accessing support and case management services (326 in March and 386 in February).

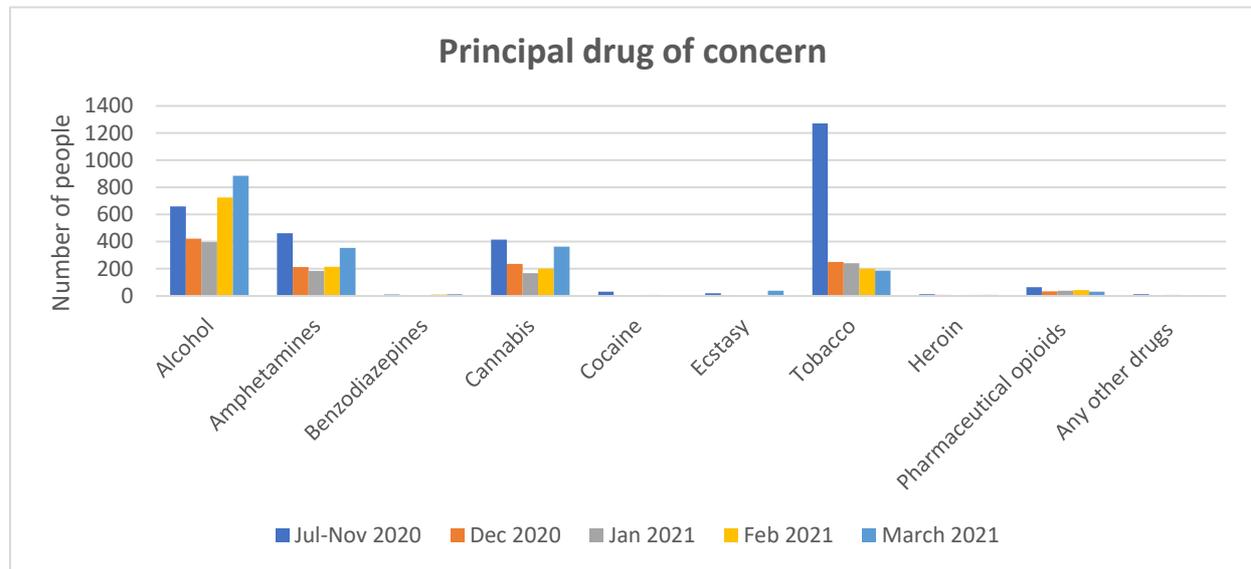


¹ As not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.

² A further 391 people accessed services whose gender was "not stated".

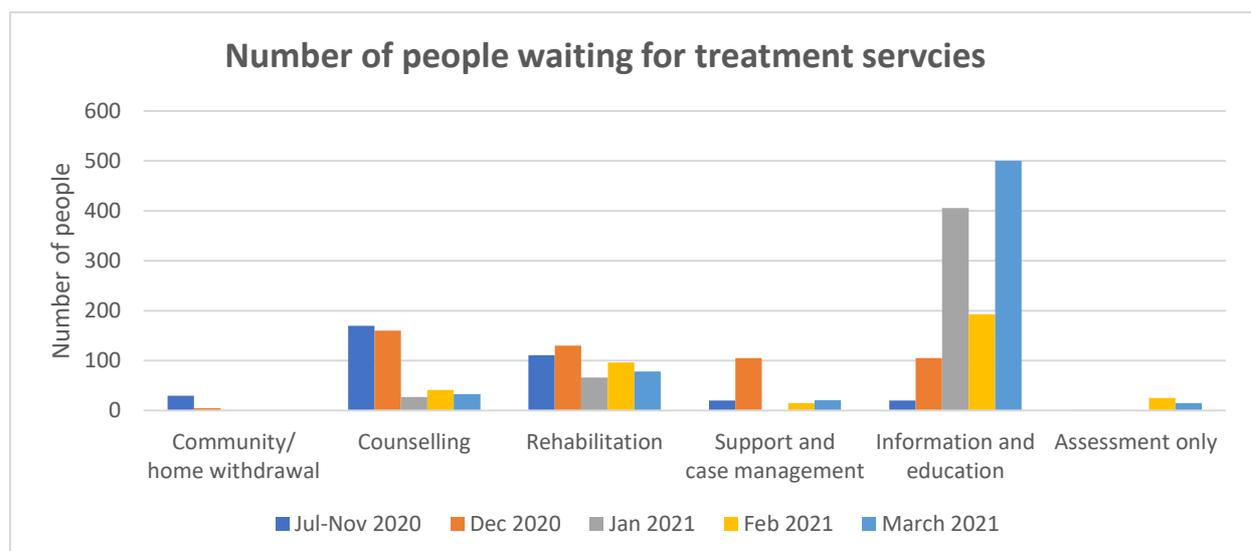
The principal drug of concern:

- **The principal drug of concern for those seeking support was alcohol** (854 people), followed by cannabis (364 people), amphetamines (354 people) and tobacco (188 people).³ This has changed since January 2021. While alcohol was again the most common principal drug of concern, cannabis pushed up into the second most common drug of concern, followed by amphetamines and tobacco.



How many Tasmanians were unable to access support?

- **783 Tasmanians were reported as waiting to access services.** This figure is up from the 644 Tasmanians who were reported as waiting in the February report. The majority of those waiting are Tasmanians waiting to access information and education services (e.g. 120 were reported from one organisation as young Tasmanians waiting for programs delivered in schools & 500 were reported from another organisation waiting for information and education services).



³ A further 91 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 (500 people up from 193);**
 - **Residential rehabilitation (78 people down from 96); and**
 - **Counselling services (33 people down from 41).**
- Community managed organisations were asked to comment on what they think the main reason is for the wait for services. Recurring responses include insufficient funding and staffing:

"Insufficient funding causing a shortfall in staffing levels required to meet demand."

"Limited staff available. 1x AOD 0.6 FTE."

"Criminal justice clients are waiting up to 6 months. Children in schools are waiting up to 6 months. Lack of resources is the reason for our waiting lists."

"Increased demand for services."

"Waiting on a confirmed date for a pathway service. Waiting to client to provide further information in relation to their assessment."

"Waitlists have emptied. Nobody on the waitlist for past 3 weeks."

"Low waitlists for most treatment except residential - residential clients are triaged on priority. Low wait for high priority clients. Long wait for low priority with other treatment options provided."

"Pathway beds although March saw a great improvement in decreased wait times. March 2020 was only 25 days with March 2021 24 days."

How long are the current waiting lists?

- In the month of March, the average wait time for counselling remains stable at three weeks.
- The average wait time to access residential rehabilitation increased from approximately four and a half weeks to five and a half weeks. The longest wait length recorded has increased from eight weeks to 10 weeks.
- The average wait time to access information and education services has remained stable at four weeks in March. The longest wait time has increased from six weeks to eight weeks.

Are Tasmanians waiting longer to access support than last year?

- One third (33%) of the community managed organisations continue to report that their waiting lists were higher compared to the same time in 2020. This has decreased from approximately half in the February report.

Do the waiting lists differ across Tasmania?

There has been no change to the waiting lists across Tasmania since the February 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). 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 February 2021 report and January 2021 report.

"Alcohol consumption has increased significantly compared to usual levels."

"Alcohol."

"High proportion of comorbid and/or complex clients."

"Poor quality methamphetamine, increase in prescription opioid use."

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 (16% down from 24% in February, and down from 42% in January).
- One organisation (8%) reported difficulties recruiting new staff during this time. This has decreased from the previous report where two reported difficulties recruiting new staff. Two organisations reported an increased uptake of EAP (Employee Assisted Program).
- One organisation (8%) reported a decrease in staff wellbeing during March 2021 which has remained the same since February 2021.
- One organisation (8%) reported the cost of service delivery had increased during this time and reduced in some areas but increased in others. This has remained the same since February 2021.

"Due to demands and pressure on the service two staff member resigned."

"Staff resignation due to stress."

"A paid staff member left for a new opportunity and was only replaced as a casual due to HQ unsure of funding question marks post COVID19 and a restructure."

"Demand from schools and school nurses continues to increase. Demand from CSO steadily increasing."

"Why is the government taking so long to provide adequate funding to support those constituents who are seeking support to manage the psychosocial impacts of COVID19?"

"Due to things settling in our area we have found increases in some areas as persons are happier to be out about in community again. Some clients have decided to make positive changes."

"At ADF in March we have offered small grants in Mental Health First Aid and Responsible Serving of Alcohol. We have noticed that Sports Clubs have been both overwhelmed by all of the online opportunities (and push to look after the health of their community) AND inspired to take it all up. COVID19 has decreased the level of volunteers and therefore the ones that have stayed are handling everything, including those community members that have AOD issues. Therefore communities are handling more with less and have been reaching out more to get support for finances."

"Demand has certainly gone up. Why? We are unsure."

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

- Two organisations reported introducing new or different changes in March 2021 due to COVID-19. The other 10 organisations reported no new changes for the month of March.
 - Of the two that reported changes, both reported adapting their service delivery (for example, virtual 1:1 and online service delivery), and improved collaboration with other services. One organisation switched to online assessment/intake procedures, more flexible appointments (e.g. shorter, more frequent conversations, home visits), improved service availability (for example, reaching people rurally), increased number of staff working from home, and reduced travel burden for people using services.

The lived experience viewpoint

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

Reported impact of COVID-19:

"I think the substance use has increased, reason being people are uncertain about their future and have lost hope, therefore staying in addiction and trying new substances to cope with everyday life."

"I really think that the COVID situation in Tasmania is okay and the access of services has been personally quite easy for me, I have been sober for well over 18 months now and haven't needed that intense support that is required sometimes when trying to sober up the first time."

"Yes the COVID situation has definitely had an effect on my drug and alcohol usage. The fact that there has been more cases in Victoria has made me concerned for where Tasmania is heading in the way we will deal with the pandemic in the near future. It is concerning and feels like we don't know what's going to happen to us and hard to feel motivated to make plans."

"I personally don't feel affected by that period as I was insulated by my work and family."

"I have been very much in control and had the support systems in place and didn't have any waiting times when COVID-19 hit. It has been hard though not being able to have face to face interaction in support groups through the Salvation Army Bridge Program (based on lived experience, which can help recovery)."

Now that the impact of COVID-19 is easing, what should the government prioritise?

"Now COVID-19 has eased the Government's priority should be funding more trained staff in ATOD services to support people suffering from the mental health issues that are now presenting themselves more than before, reason after affect on trying to normalise their lives and family again. In the "new normal" post COVID-19.

The biggest improvement that needs to be made is more staffing in the AOD sector to handle this increase load of addictions arising from COVID-19, substance abuse and mental health issues go hand in hand and I don't think the mental health system is much more well equipped to handle these higher volume of cases."

"I think the biggest hurdle is the lack of Rehab facilities in Tasmania causing huge waiting lists. I found personally that talking to a professional sitting behind a computer screen and trying to build some 'rapport' with a counsellor you had never met in person, was really hard as compared to a face to face consultation. It is the uncertainty that is situation could arise anytime within Tasmania or interstate."

"The government's priority should be a holistic approach to all ATOD related issues! The government need to put their money where their mouth is in terms of there being more options for supporting those affected by both COVID and drug and alcohol addiction, the after effects of this pandemic will be long lasting, more so if the supports is not set up now! But also, just having a voice is amongst the most important things for people going through this."

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, specifically linked to stress and the bulk-purchasing of alcohol;
- Young Australians have experienced health behavior changes as a result of COVID-19; and
- There was a continued increase in Tasmanians seeking telephone or online support.

The impact of COVID-19 on young people

An interim⁴ report conducted by the Burnet Institute, *‘Young people coping with coronavirus: interim report’* (Burnet Institute and VicHealth, 2020) to examine the impact of the pandemic on young people’s mental health and health behavior changes. The study examined a sample of 2,006 young people across Australia between March 2020 and July 2020.⁵ In this report, young people described how COVID-19 had disrupted their lives, and found that:

- Fifty five per cent of the young people surveyed continued to drink alcohol at the same frequency, Twenty seven per cent increased their drinking frequency and 18 per cent decreased their drinking frequency.
- Fifty eight per cent continued to drink more than six alcoholic drinks in a single session, Twenty two per cent increased the frequency of their drinking more than six alcoholic drinks in a single session and 20 per cent decreased the frequency.
- Eighty eight per cent of young people continued to smoke at the same frequency, six per cent increased their smoking frequency and six per cent decreased their smoking frequency.
- Ninety per cent of young people continued to use illicit drugs at the same frequency, Five per cent increased their frequency of illicit drug use and five percent decreased their frequency of illicit drug use.

The impact of COVID-19 on the methamphetamine supply

The study by the Australian Institute of Criminology *‘COVID-19 pandemic constricts methamphetamine supply in Perth’* (Voce et al., 2020) examined the methamphetamine market in Perth during the COVID-19 pandemic. Methamphetamine is often trafficked into Perth through international, interstate and intrastate distribution networks. This study examined data collected from 145 police detainees during April to June 2020 and found:

- Methamphetamine quality rating in quarter two 2020 (3 out of 10) was significantly lower than the average ratings of quarter two 2017-19 and quarter one 2020 (6 out of 10).
- Detainees rated availability of methamphetamine as two out of 10, which was significantly lower than the same time in 2017-19 (10 out of 10).
- In quarter two 2020, almost all of detainees (96%) who had used methamphetamine in the past month reported the number of dealers selling the drug had decreased in the past three months.

⁴ This report presented summary data only. Further analysis is expected in future publication.

⁵ 46 Tasmanian participated in this study.

- The median price per point of methamphetamine had also significantly increased in quarter two 2020 (\$100 per point) compared to January-February 2020 (\$30 per point).
- Detainees were more likely to use non-prescribed drugs or illicit drugs other than methamphetamine during the past month.

The impact of COVID-19 on alcohol consumption

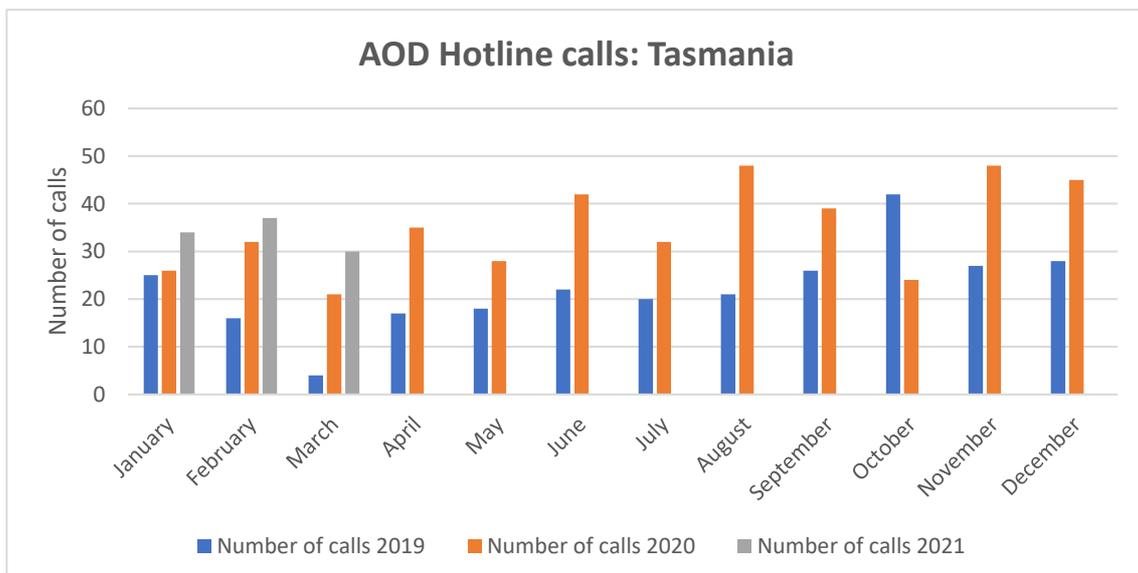
The study *'Purchasing, consumption, demographic and socioeconomic variables associated with shifts in alcohol consumption during the COVID-19 pandemic'* (Callinan et al., 2021) examined a sample of 2,307 Australians. The participants were asked about their alcohol purchase and consumption in 2019 and 2020, during the COVID-19 pandemic. Results from this study suggested:

- Young men and those who drank more outside of the home in 2019 reported decreased consumption during the pandemic.
- People aged between 30 – 49 years were more likely than other age groups to report an increase in alcohol consumption.
- Parents with dependent children and/or home schooling their children, those reporting high levels of stress and those who bulk-bought alcohol when restrictions were introduced reported an increase in the consumption of alcohol.

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. 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 March continued to increase from the months of January and February 2021.** There were 1,830 Tasmanians recorded as supported. Counselling continued to be the main treatment type accessed, alongside a steady number of Tasmanians receiving information and education during this time (700+).
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Recommendations

The eight recommendations noted in the ATDC's COVID-19 Impact on Tasmanian ATOD Services (Report #1 July – November 2020) remain relevant, with no adjustments from the February Report.

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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