



# COVID-19 Impact on Tasmanian ATOD Services.

**Report 6 – April 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.

For any enquiries please contact:

Alison Lai

Chief Executive Officer

62 315002, [ceo@atdc.org.au](mailto:ceo@atdc.org.au)

# Summary of Key Findings

There are five critical issues captured in this report.

- 1. The number of Tasmanians seeking support has been continually increasing since February 2021.** There were 1,920 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 (800+).
- 2. Alcohol continues to be the primary drug of concern for which people are seeking treatment (727 people),** During April, support for cannabis continued to be slightly higher (401 people) than amphetamines (366 people) reflecting a similar trend from March. However, alcohol is by and far the main drug of concern. More than one third of all Tasmanians seeking support during April 2021 continued to be individuals seeking assistance with their drinking.
- 3. The number of Tasmanians waiting to access counselling and residential rehabilitation services decreased slightly during April but the waiting time for people to access information and education programs and services has significantly increased.** Waiting lists remain either stable or have slightly increased during this time. For those organisations providing counselling that have waiting lists, the wait time remains stable at an average of three weeks. The waiting times for residential rehabilitation have also remained stable at an average of 4.6 weeks but the wait to access information and education services has increased to 12 weeks from four in March.
- 4. The lived experience perspective during April has provided important insights into how COVID-19 continues to impact substance use patterns, and also access to services.**
  - a. The ongoing reporting and concern regarding COVID-19 has been reported to contributed to increased anxiety and substance use. Additionally, the shift to tele-health services (as a COVID-19 measure) is being reported as causing delays to appointments that are impacting access to prescriptions.
  - b. Additionally, there has been no change to the feedback from specialist treatment organisations regarding concerns about alcohol use amongst the people they're supporting.
  - c. The number of Tasmanians seeking support from the national ATOD help line continues to increase at record levels.
- 5. The level of employee stress and anxiety being reported as a direct impact of COVID-19 across community managed organisations continues to be less obvious.** However, the workforce challenges of addressing increased demand, insufficient funding and staffing levels was again a key theme reported in April.

# 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 sixth of eight and captures information for April 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 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 report include the Tasmanian Aboriginal Centre and Circular Head Aboriginal Corporation (CHAC) 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 one individual for the month of April has been captured and included in this report. While the feedback captured originally focused on monitoring the impact of COVID-19 from the lived experience perspective, this has since evolved over time to monitor general trends and issues.

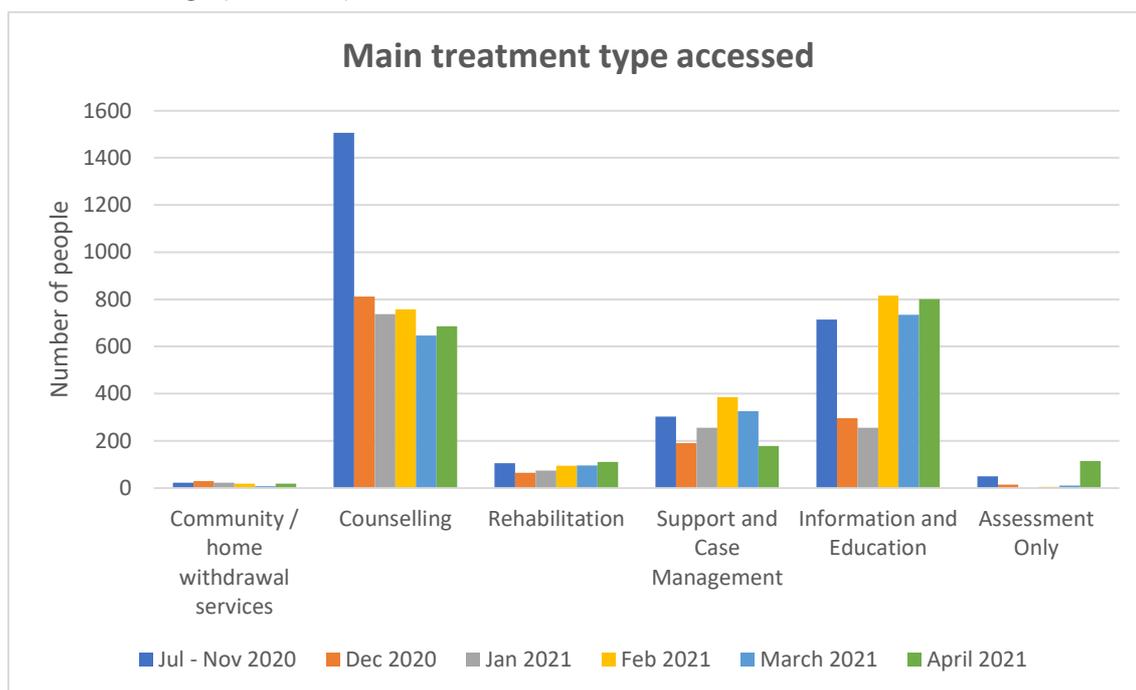
## The additional information and research

- 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 April 2021:

- **1,920 Tasmanians were supported.** This figure is up from 1,830 Tasmanians in March and 1,554 in February.<sup>1</sup>
- **There were more men (755) than women (605) supported.**<sup>2</sup> This is consistent with the previous two reports (March 2021 and February 2021).
- **Counselling was the main treatment type accessed** (686 people), followed by residential rehabilitation (110). Tasmanians accessing information and education services remained elevated during April (801 up from 735 in March).

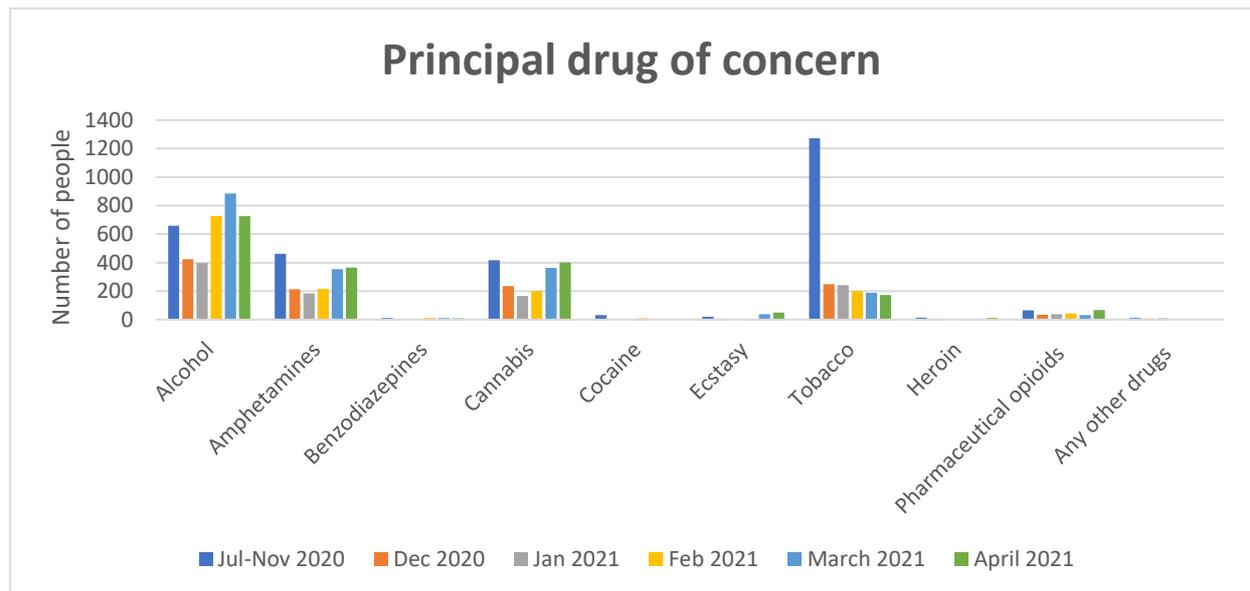


<sup>1</sup> As not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.

<sup>2</sup> A further 430 people accessed services whose gender was "not stated".

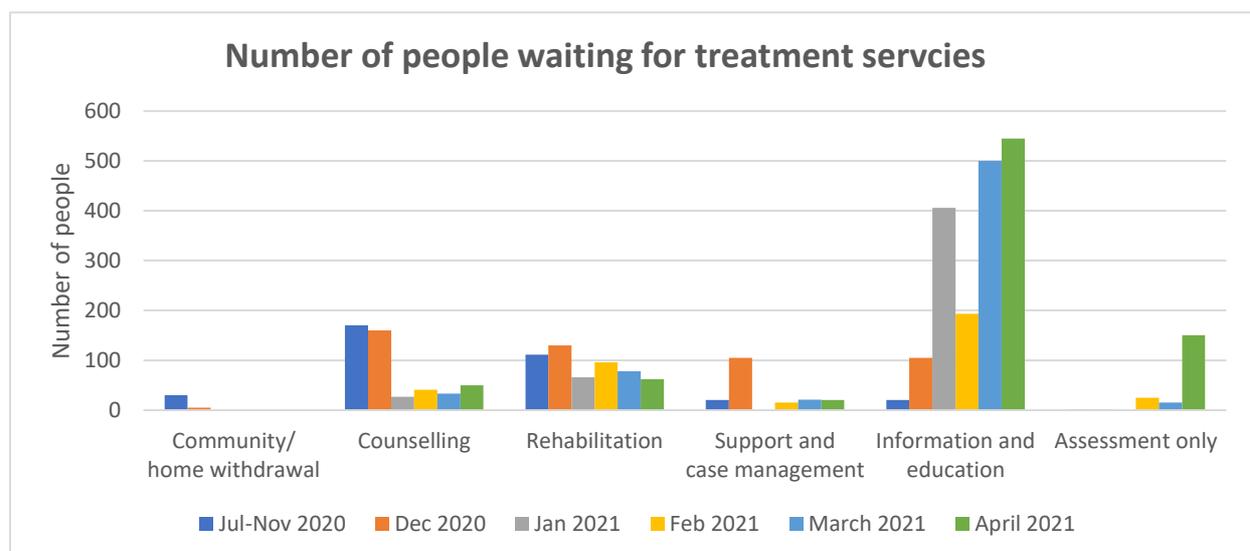
### The principal drug of concern:

- **The principal drug of concern for those seeking support was alcohol** (727 people), followed by cannabis (401 people), amphetamines (366 people) and tobacco (173 people).<sup>3</sup> This has remained the same since March 2021, but has changed since February and January 2021. While alcohol was again the most common principal drug of concern at the beginning of the year, cannabis pushed up into the second most common drug of concern, followed by amphetamines and tobacco.



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

- **844 Tasmanians were reported as waiting to access services.** This figure is up from the 783 Tasmanians who were reported as waiting in the March report. The majority of those waiting are Tasmanians waiting to access information and education services (e.g. 545 were reported from one organisation waiting for information and education services).



<sup>3</sup> A further 83 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 (545 people up from 500);**
  - **Residential rehabilitation (62 people down from 78);**
  - **Counselling services (50 people up from 33); and**
  - **Assessment only (150 people from one organisation, up from 15).**
- 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:

*"No wait in April. Wait list is open again for June 2021."*

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

*"Lack of funding. Limited funding to deliver services to Criminal Justice clients. Waiting lists in prison and community corrections and consistently full. Similar for schools, every term we have to prioritize and are unable to fulfil all requests."*

*"Increased demand."*

*"Client numbers have reduced due to low staffing numbers. Managing priority clients with no waiting list at present."*

*"Acceptance into a pathway service."*

*"With growth of client[s] it is possible that there will be a wait list for counselling and case management, this will be due to lack of funding to build a team to match the needs of the community."*

*"Waiting on getting in to pathway services as we don't take directly from the street."*

*"Low wait for outpatient programs including counselling, psychotherapy and day program - longer wait for residential."*

## How long are the current waiting lists?

- Of the 13 community managed organisations that responded, seven provide counselling services. During the month of April, two of these organisations reported that they had waiting lists, with an average waiting time of three weeks (stable since the previous report).
- Of the 13 organisations that responded, three provide residential rehabilitation services and two community managed organisations providing residential rehabilitation services have waiting lists. The average wait time to for those reporting wait lists decreased from approximately five weeks to four and a half weeks. The longest wait length recorded has decreased from 10 weeks to eight weeks.
- Of the 13 community managed organisations that responded, 10 provide information and education services. Three of these organisations have recorded waiting times with the longest increasing from eight weeks to 26 weeks. The average wait time has increased from four weeks in March to 12 weeks in the previous report.
- Seven of the 13 community managed organisations that responded provide assessment only services, and of those seven, one organisation recorded a waiting time of two weeks (up from one and a half weeks from the previous report).

## Are Tasmanians waiting longer to access support than last year?

- Four (31%) of the community managed organisations continue to report that their waiting lists were higher compared to the same time in 2020. This has remained the same since the March report.
- Nine (69%) of the community managed organisations also reported that the number of people seeking support from their service has increased since the same time last year (April 2020).

## Do the waiting lists differ across Tasmania?

- Two organisations reported waiting lists for counselling services. These waiting lists will impact Tasmanians across the state, with both organisations providing services state-wide.
- There are three main residential rehabilitation programs across Tasmania (the Bridge Program and Pathways Tasmania in the south and Missiondale in northern Tasmania / Serenity House in North West Tasmania). Two programs currently have waiting lists for their programs. These programs accept Tasmanians regardless of their place of residence.
- 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?

While some organisations saw no change during the month of April, a key theme reported continues to be an increase in alcohol consumption. This remains consistent with the responses reported in the March and February 2021 reports.

*"No change. All residents in our rehab must be abstaining from drugs and alcohol to remain here."*

*"An increase in alcohol use, especially young people. An increase in self-harm and suicidal ideation in young people."*

*"More people identifying alcohol rather than methamphetamine as a primary substance of concern for the first time for over a year."*

*"There has been an increase in levels of substance use and the combination of multiple substances."*

*"Alcohol is still the dominant substance vs last year 50/50 alcohol/meth."*

*"No consistent patterns."*

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

- Two organisations reported changes to their workforce, service delivery or worker wellbeing in April 2021 due to COVID-19. The other 11 organisations reported no new changes for the month of April.
  - It's worth noting that both these organisations reported no change in employee stress and anxiety levels. This is a decrease since the March report where 16 per cent reported an increase in employee stress and anxiety (down from 24% in February and 42% in January).
  - One organisation reported difficulties recruiting new staff during this time.
  - It is also worth noting that both organisations reported no change in staff wellbeing during April 2021 (a decrease from one organisation who reported concern in March).
  - One organisation reported the cost of service delivery had increased during this time and reduced in some areas but increased in others. One organisation reporting concern has remained the same since March and February 2021.

*"Demand from schools and school nurses, plus Community Service organisations continues to steadily increase."*

*"An increase in people with mental health comorbidities. An increase in parents concerned about their teenagers 'self-medicating' their anxiety. A general increase in new clients across most programs."*

*"Continued increased demand."*

*"Treatment in detox and rehab. They are continuing to run at half capacity."*

*"Referrals seem to have stabilised at a higher than usual rate, but not as many as 4-5 months ago (we are busy, but able to meet demand)."*

*"Clubs have started to engage more and are signing up to the education opportunities such as RSA training. We also had more opportunities to see our local drug action teams and visit the organisations involved as they have started returning to the workplace from home. In April we hosted 3 RSA courses and did a road trip of our teams in the NW."*

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

- Two organisations reported introducing new or different changes in April 2021 due to COVID-19. The other 11 organisations reported no new changes for the month of April.
  - Of the two that reported changes, one reported introducing and managing the uptake of the Tasmanian check in QR codes.

*"Vaccination roll out has raised anxiety levels for some staff. Global COVID issues and increased travel raises anxiety for some staff. Not wanting to take up long holidays or long service leave due to restricted travel and COVID concerns. Increased demand which we cannot respond to in a timely manner continues to affect the wellbeing and morale of the team."*

*"It has not really disrupted our service as Tasmania has had very low numbers. As aboriginal community health we are conscious of the health within the community and have put measures in place to ensure the safety of community and staff."*

# The lived experience viewpoint

ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from one individual was captured for April 2021 and their de-identified feedback is shared below. Please be aware that the ATDC takes care to not modify the comments provided or the language used by our lived experience advocates. Some of the information provided in these reports may be triggering or confronting, and care should be taken when reviewing them.

## Reported impact of COVID-19:

*"From my own perspective, here's a little nugget. I'd had a Wednesday 7pm telehealth with my suboxone prescribing GP arranged for 5 weeks prior. He is often late calling. I hadn't slept for multiple nights due to pain & was exhausted. So I sent my alarm for every 15 minutes to keep myself awake, waiting for his call. At midnight and after 18 alarms going off later, I went to bed. Phoned surgery 8am the next day & explained my problem - my pharmacotherapy prescribing GP has failed to phone me & fax a new script to my pharmacy. I received a call in the end from him half hour short of 24 hours late, at 6:30pm Thursday."*

*"This is a telehealth hiccup, telehealth is a COVID measure. So yes, I believe COVID still affects my substance use because my GP who I needed a script from, was 23 1/2 hours late calling me, there was an increase in other substances for that time to cover my pain. And anxiety at not knowing what outcome I was going to get."*

*"Yes is the answer again in relation to my mother. Having been called out on her secretive alcoholism, she's started drinking more & becoming increasingly difficult. She watches the news footage every night, especially COVID ripping through the world as it had taken a hold in India by April, the anguish on people's faces, the mass graves, the fear of these new variants, etc. and is self-medicating trying to not worry herself sick. She still sees worry as weakness, so won't say she's worried. But in my conversations with her she's been in tears as she spoke about the horror of this pandemic & it's obvious to all her drinking continues to increase. Which in turn increases my father's stress & he smokes more, it increases my concern so I struggle more too."*

*"My GP doesn't have an appointment for 3 weeks, I have never seen this length of time to get in to see ANY GP at this surgery in 8 years. With the rollout of vaccines & all the media hype around possible side effects, doctors are hyper extended currently. It affects the health care of the whole community, not just those who use ATOD. My cleaner's 8yo son got hand sanitizer in his eyes accidentally & it took her 5 nights to be seen at the after hours doctor even. So they're stretched to the limit & it's causing many people to feel that "covid hangover"."*

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

*"I just want to see a shift in politicians (& a good portion of the community) seeing us as some morally bankrupt filth on the bottom of their shoes. We should be looking at legalising pot for medicinal reasons initially - I detest that if I could drive, I'd be allowed to drive affected by prescription medication.....but not pot the day AFTER I've consumed it. Where's the sliding scale of impairment? It's .05 for alcohol. Why do we not have better quality tests & laws around what level constitutes impairment while driving?"*

*"The other priorities should be revolved around harm minimisation, stigma reduction & lived experience voices being projected into spaces that have traditionally been devoid of them. I recognise this is "bigger picture thinking", but it should underpin every decision made by the government & be adopted as their "new normal".*

# 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 at home due to the impact of COVID-19, specifically linked to restrictions impacting on-premises consumption;
- The ATOD workforce has been impacted by the pandemic including experiences of burn-out and decreased resilience, as well as experiencing bottle-necks in service delivery; and
- There was a continued increase in Tasmanians seeking telephone or online support.

## The impact of COVID-19 on the alcohol and other drug workforce

A review written by Hoiyan Karen Li (2021) from the Centre for Alcohol and Other Drug Training and Workforce Development, Queensland Health *'Keeping the alcohol and other drug workforce resilient after the COVID-19 emergency'* examines the impacts of the COVID-19 pandemic on the ATOD workforce. Pandemic related burnout has been reported for healthcare workers and initial findings suggest healthcare workers are experiencing increases in exhaustion, depersonalisation, depression and anxiety and sleep disturbances. The author suggests that the sector must make decisions about how services will be delivered to avoid bottle-necks from the increases in demand and potential reductions in staff resilience. Li suggests the following to address these issues:

- Remote delivery of services and working from home arrangements could continue long-term to increase work-life balance for the workforce.
- Self-care activities must continue in order to manage individual resilience, including normalising psychological responses, maintaining physical activity, practicing good sleep and relaxation behaviours, and accessing social support when necessary.
- Longer-term strategies for attracting and retaining staff within the sector must be considered to address the shortages of staff and the burn-out currently being experienced. This may include recognising skills and specialty training of clinicians and increasing opportunities for university student placements in alcohol and other drug services.

## The impact of COVID-19 on beer consumption

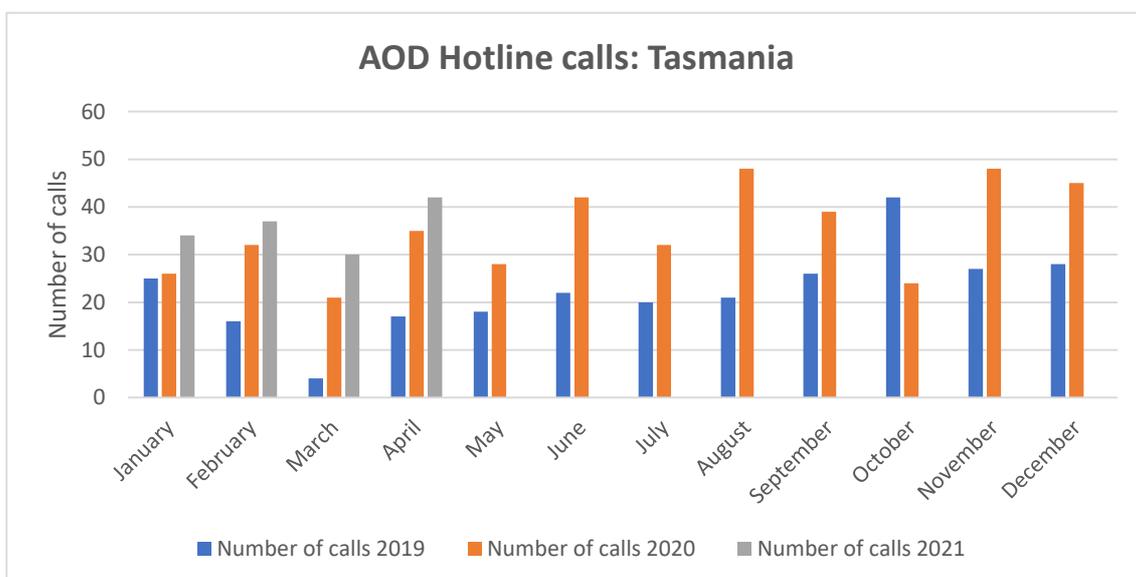
The study *'When the pubs closed: beer consumption before and after the first and second waves of COVID-19 in Australia'* (Vandenberg, Livingston & O'Brien, 2020) examines the impact of restrictions to alcohol availability during the first and second waves in Australia. The study aimed to compare beer consumption before and after the restrictions were introduced and demonstrated the following:

- In the five years prior to the first-wave restrictions, on and off premises beer consumption on average represented 23.3% and 76.7% of total weekly beer consumption per capita.
- The introduction of the first-wave restrictions from March 2020 was associated with an immediate reduction in on-premises beer consumption, as expected, but no change in off-premises beer consumption.
- Partial removal of the first-wave restrictions was associated with an immediate increase in the level of on-premises beer consumption but no change in off-premises beer consumption.
- Second-wave restrictions from July 2020 were associated with an immediate reduction in on-premises beer consumption but no change in off-premises beer consumption.
- Results from this study suggest that beer consumption remained stable off-premises and was not impacted by the restrictions imposed due to COVID-19. On the other hand, on-premises beer consumption was, as expected, significantly and immediately impacted by restrictions that were imposed. These results demonstrates that the vast majority of alcohol is consumed in the home which is representative of the Tasmanian experience.

## 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 has been continually increasing since February 2021.** There were 1,920 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 (800+).
- 2. Alcohol continues to be the primary drug of concern for which people are seeking treatment (727 people),** During April, support for cannabis continued to be slightly higher (401 people) than amphetamines (366 people) reflecting a similar trend from March. However, alcohol is by and far the main drug of concern. More than one third of all Tasmanians seeking support during April 2021 continued to be individuals seeking assistance with their drinking.
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# Recommendations

- 1. Prioritizing an immediate injection of funding for community managed treatment services and programs in the 2021-22 Tasmanian State Budget.** 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). These priorities have been previously provided to the Tasmanian Government.
- 2. Continuing the ongoing support and promotion of education and awareness campaigns and online and telephone support services** – this continues to be evident through the concerns of increased alcohol use, and increased number of Tasmanians contacting the national ATOD hotline. It is critical that ongoing investment and promotion of education and awareness programs and services occur as a priority.
- 3. The implementation of targeted training and development for the community managed ATOD sector to respond to an increase in co-occurring presentations.** While co-occurring conditions was not noted as a strong theme from this report, it has been consistent since this reporting commenced. The ATDC continues to advocate for investment into funding for workforce training focused on complex conditions (including 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).
- 4. Allocation of ongoing funding to the ATDC to reinstate a workforce development officer.** While reported levels of worker burn-out and fatigue attributed to COVID-19 have decreased in this report, the ATDC is acutely aware of the impact staff shortages is having across the Tasmanian ATOD sector. Alongside increased demand for services, there is increasing concern regarding worker well-being. A dedicated workforce development officer would focus on the development and delivery of programs and initiatives to support the ATOD workforce.
- 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. This has been a consistent recommendation since these reports began. While not an issue directly raised through these reports, the ATDC is acutely aware that there is currently an absence of communication and contract management between the Tasmanian Department of Health and ATOD specialist organisations that is contributing to a range of ongoing challenges.
- 6. 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.
- 7. A funding commitment to establish an independent ATOD consumer organisation.** The ATDC continues to include a lived experience perspective in these reports. This would be bolstered by the establishment of an independent ATOD consumer organisation. This would also better-enable the capture of the impact of COVID-19 on Tasmanians who use illicit substances (as this perspective is not captured in these reports).

# Reference List

Li, H.K. (2021). Keeping the alcohol and other drug workforce resilient after the COVID-19 emergency. *Drug Alcohol Rev* 2021;40:685-686. DOI: 10.1111/dar.13218.

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.).

Vandenberg, B., Livingston, M. & O'Brien, K. (2020). When the pubs closed: beer consumption before and after the first and second waves of COVID-19 in Australia. *Society for the Study of Addiction*. doi:10.1111/add.15352.