



COVID-19 Impact on Tasmanian ATOD Services.

Report 7 – May 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 key issues captured in this report.

- 1. The number of Tasmanians seeking support has been continually increasing since February 2021.** There were 1,930 Tasmanians recorded as supported during the month of May 2021. Counselling continued to be the main treatment type accessed, followed by residential rehabilitation support. There also continued to be a steady number of Tasmanians receiving information and education during this time (almost 800).
- 2. Alcohol continues to be the primary drug of concern for which people are seeking treatment (839 people),** followed by amphetamines (377), cannabis (354) and tobacco (176). Alcohol continues to be the main drug of concern. More than one third of all Tasmanians seeking support during May 2021 continued to be individuals seeking assistance with their drinking.
- 3. The number of Tasmanians waiting to access counselling decreased during May but increased slightly for residential rehabilitation services. The waiting time for people to access information and education programs and services has remained the same since April.** For those organisations providing counselling that have waiting lists, the wait time has decreased to two weeks from three in April. The waiting times for residential rehabilitation have increased to an average of 5.7 weeks from 4.6 in April. The wait to access information and education services remains stable at 12 weeks.
- 4. The lived experience perspective during May 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 outbreaks and quarantines continues to have an impact, alongside reports of the cost of illicit substances returning to pre-COVID levels in Tasmania.
 - 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 to-date in 2021 continues to exceed 2020 figures (with 171 calls made to-date compared to 142 in May last year).
- 5. There were no reports of employee stress and anxiety (as a direct impact of COVID-19) across community managed organisations.** Only one community managed organisation reported changing their service delivery during May (due to COVID-19) referencing work to reconnect with regional communities to assess the impact of COVID-19 (community sporting clubs).

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 seventh of eight and captures information for May 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 12 minutes to complete, and participation was voluntary.
- The online survey was completed by 11 of 18 targeted community managed organisations delivering ATOD services and programs in Tasmania. This response represents a 61 per cent response rate. The ATDC has noted a gradual decrease in the number of organisations participating in this survey, suggesting a level of survey fatigue.
- The 11 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, South East Tasmanian Aboriginal Corporation (SETAC), Advocacy Tasmania 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 three individuals for the month of May 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.

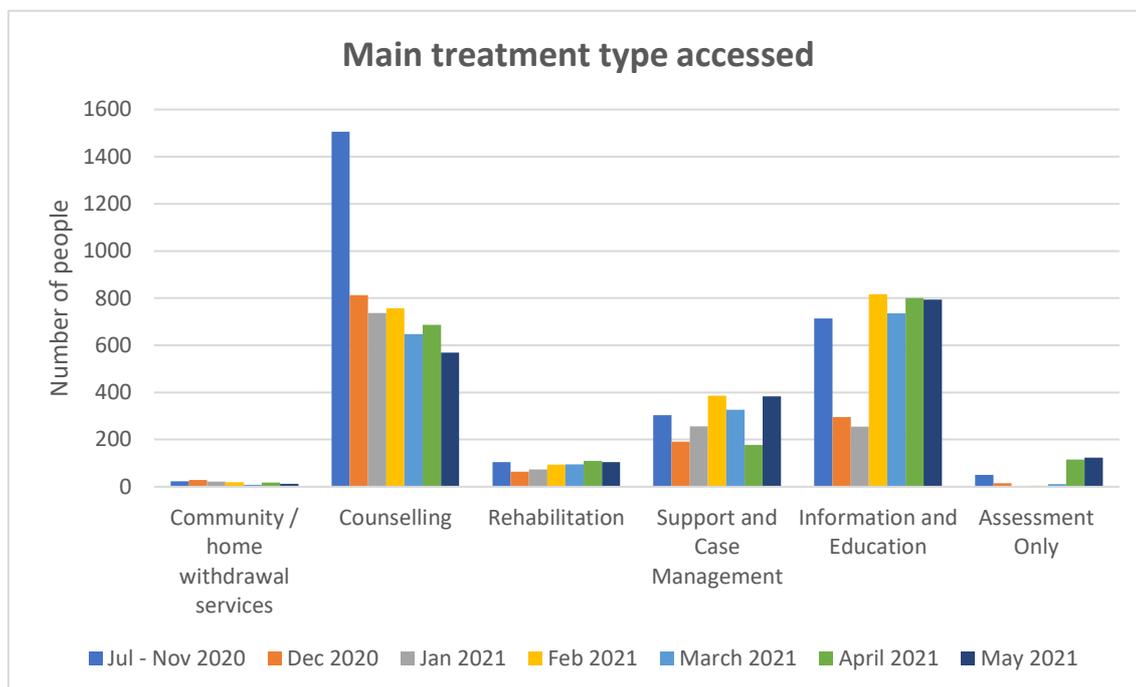
The additional information and research

- 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 May 2021:

- **1,930 Tasmanians were supported.** This figure is up slightly from 1,920 in April and 1,830 Tasmanians in March.¹ It's important to note that the number of responding organisations was lower in May, and therefore this figure would likely be higher.
- **There were slightly higher numbers of men (689) than women (677) supported.**² This is consistent with the previous two reports (March and April).
- **Counselling was the main treatment type accessed** (568 people), followed by residential rehabilitation (104). Tasmanians accessing information and education services remained elevated during May (796 down from 801 in April).

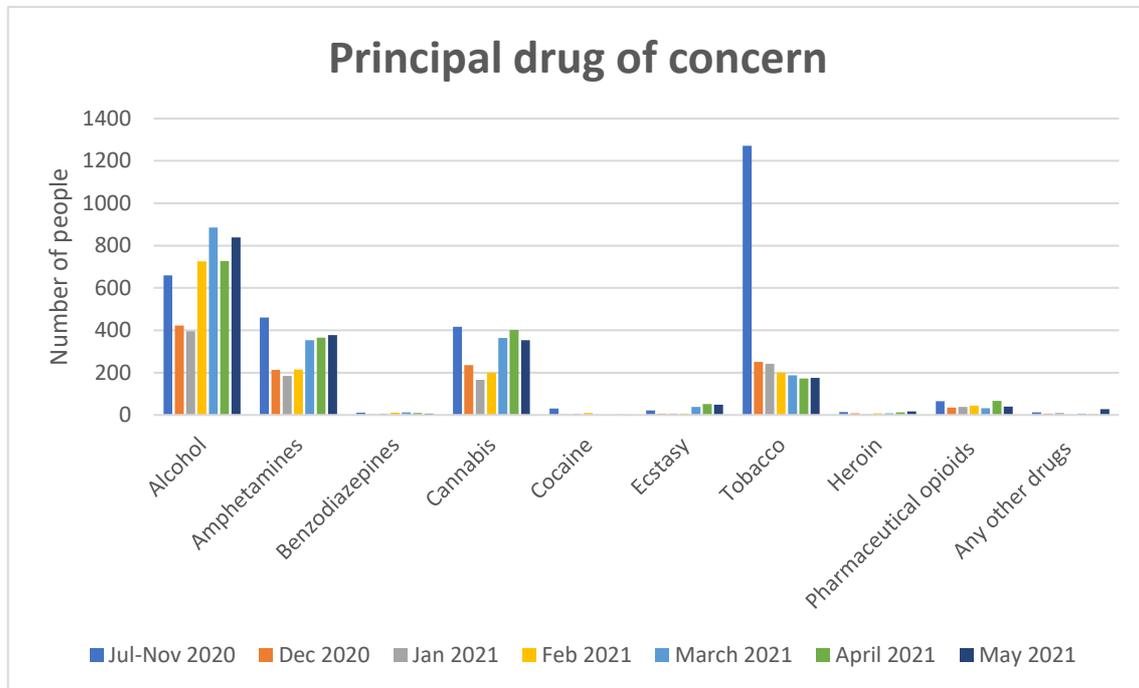


¹ As not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.

² A further 940 people accessed services whose gender was "not stated".

The principal drug of concern:

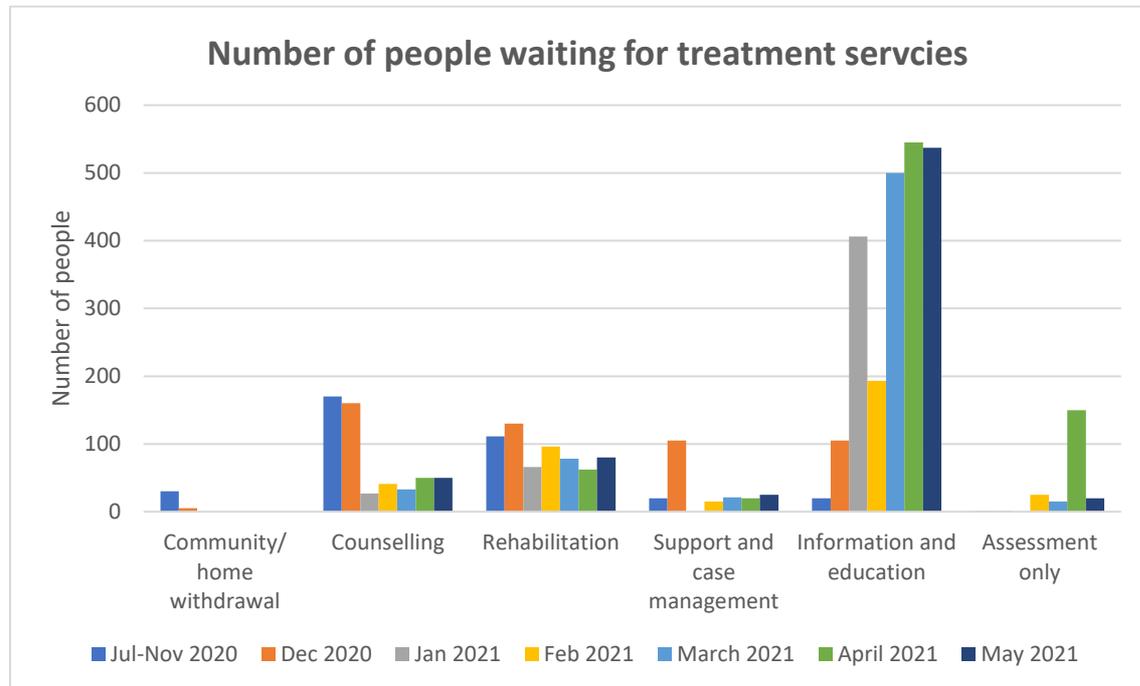
- **The principal drug of concern for those seeking support continued to be alcohol** (839 people), followed by amphetamines (377 people), cannabis (354 people) and tobacco (176 people).³ This has changed since March and April 2021 where cannabis held the second spot. The movement of amphetamines ahead of cannabis and tobacco coincides with the information collected for the months of January and February 2021.



³ A further 39 people accessed services from organisations that do not record the principal drug of concern.

How many Tasmanians were unable to access support?

- 733 Tasmanians were reported as waiting to access services.** This figure is up from the 533 Tasmanians who were reported as waiting in the April report. The majority of those waiting are Tasmanians waiting to access information and education services (e.g. 387 were reported from one organisation waiting for information and education services).



What support services are they waiting to access?

- The majority of Tasmanians waiting were attempting to access:**
 - Information and education (537 people down from 545);**
 - Residential rehabilitation (80 people up from 62);**
 - Counselling services (50 people consistent since the previous report); and**
 - Assessment only (20 people down from 150 people).**
- 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:

"Limited resources to deliver programs in schools and to criminal justice clients."

"Increased demand for services"

"Insufficient resources to employ sufficient staff to respond to service demand."

"Waiting on client providing more information or waiting for admission to pathway service. Enquiries have significantly dropped for unknown reason. Wait times increased by 10 days (20 to 30 days). Not sure why."

"Slight increase in waits for residential beds statewide. Increase in client complexities and need for inpatient programs."

"Waiting for a date for a pathway service (medical Detox)."

How long are the current waiting lists?

- Of the 11 community managed organisations that responded, six provide counselling services. During the month of May, two of these organisations reported that they had waiting lists, with an average waiting time of two weeks (decrease from 3 weeks since the previous report).
- Of the 11 organisations that responded, three provide residential rehabilitation services and all services providing residential rehabilitation programs have waiting lists. The average wait time for those reporting wait lists increased from approximately four and a half weeks to approximately five and a half weeks. The longest wait length recorded has increased from eight weeks to 10 weeks.
- Eight of the 11 community managed organisations that responded 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 remained stable at 12 weeks since the previous report.
- Five of the 11 community managed organisations that responded provide assessment services, and of those five, two organisations recorded a waiting time of two weeks (stable from the previous report).

Are Tasmanians waiting longer to access support than last year?

- Five (45%) 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 April report.
- Ten (91%) 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 (May 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). All three 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 May, a key theme reported continues to be an increase in alcohol consumption. This remains consistent with the responses reported in the April and March 2021 reports.

"Not a huge difference since last month, but an increase since last year"

No but alcohol clearly bigger issue than other drugs. Why? Maybe decrease in jobseeker back to pre covid levels?"

"Alcohol is still the primary drug of dependence. Slight increase in methamphetamine but dying relatively the same since April."

What impact is COVID-19 having on demand?

While some organisations reported no impact on demand for the month of May, others reported COVID-19 is still having an impact. Concerns from outbreaks in other states and preparations for a potential lockdown in Tasmania are key themes reported in May.

"COVID remains a huge concern for us and is affecting the way we deliver services. We are currently preparing for another lockdown, which has required the purchase of additional furniture / equipment."

"This is hard to gauge. conversation re concerns about covid-19 has sparked up again from clients over concerns covid-19 will be in Tasmania soon due to the high numbers in Sydney currently. I would still say it's a concern, more so this month than last."

"COVID-19 doesn't seem to be having any impact on demand at this stage."

"Continuing to have impacts - demand from schools keen to focus on prevention rising steadily. Service organisations demand increasing - around alcohol use and illicit drug use."

"We have been specifically engaging with clubs to address their covid19 impacts and offering training and resources. Clubs have definitely seen a decline in membership and an increase in Mental health issues which is ongoing."

"It is still a factor impacting thoughts & decisions of many clients. Also reduced Job Seeker payments to pre-pandemic amounts is having a negative impact."

"It's not a key concern - we remain alert but not alarmed. We do get regular interstate enquiries and we also have interstate visitors so it's something we keep an eye on but doesn't really impact us other than that."

"Yes, lowered bed numbers. On July 1st we will be increasing our bed numbers in the south to 24 (can't go to 27 due to some shared rooms)."

"Not really a concern. Always wary of the impact of an outbreak, so guidelines are maintained as required."

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

- One organisation reported changes to their workforce, service delivery or worker wellbeing in May 2021 due to COVID-19. The other 10 organisations reported no new changes for the month of May.
- It's worth noting that this organisation reported no change in employee stress and anxiety levels. Rather, this organisation reported a slight increase in staff wellbeing during this time and a slight increase in staff protective behaviours (e.g. self-care planning). Rather the change was in relation to extending their service delivery to other regions of the State, as per the direct quote below:

" Staff visited the East Coast to get an understanding on the impacts of last year and have offered the use of the new digital programs. There is also engagement in the West and the ADF are looking at hosting a social connection event with Speak Up Stay Chatty in order to engage and promote the preventative AOD programs in different ways.

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

- One organisation reported introducing new or different changes in May 2021 due to COVID-19. The other 10 organisations reported no new changes for the month of May.
- This organisation reported that many staff members had received the COVID-19 vaccination.

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The lived experience viewpoint

ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from three individuals was captured for May 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:

"The COVID situation in May continues to affect in a not dissimilar way it has throughout 2021. I've noticed a decrease in the amount of time and an increase in worry, each time I hear from my mum. No-one knows how much extra she's drinking. I know correlation doesn't equate with causation, but all the outward clues (changes in personality, increased aggression, less contact) are there that there's certainly no decrease in mum's drinking. She lies about where she's been while shopping, won't ever say she's been to the bottle shop. She won't drink anything alcoholic in front of family or friends anymore. My brother is in the Army in Sydney and I know the situation in Victoria has her on high alert and concerned it might end up in Sydney."

A friend who IV's prescription morphine (or other opiates) has mentioned that the price has come back down to pre covid prices. They are therefore able to afford more than the last 15 months "normal", so are spending the same but consuming more. Price fluctuations with opiates can lead to frightening consequences; overdose in particular. (Current prices approximately \$70 for 60mg MS contin – they were that price four years ago, then up to \$120 during covid)."

"Yes I think Covid-19 has still affected members in addiction. People I know interstate especially are back in heavy addiction."

"I am personally okay. Life is as normal here in Tasmania for me, but I can't speak for others. I have still been able to access the appropriate professionals with no waiting times. I was luckily accessing services before Covid-19 hit and I am sure this has reduced my waiting times considerably as compared to those trying to seek help because of covid related substance abuse or mental health issues. I have been sober for 15 months and further into my recovery and think this has made big difference."

"Yes, I do still feel affected. It's no easier to get a GP appointment. They're feeling stretched and possibly overwhelmed, which in turn has an effect on their patients. They're not able to fit as many people in, but people are presenting with more complex issues and taking more time per appointment. I personally spent 80 minutes in one single appointment there in May, attempting to get correct evidence for Centrelink and walked out with something of no use to me in the end. Now I'm saving up (again) to be able to see him for another extended period of time to get the correct information. This is all causing high levels of stress and anxiety on top of a complex pain diagnosis and living in poverty. My suboxone dosing costs \$5 a day. So my prescription medication annually costs me \$2,200 alone. And that's with a health care card! And minus the \$25 out of pocket each month to see my doctor. There are days I have to prioritise medication over food."

Vigilance is still forefront in my mind. I'm not yet vaccinated and as someone with a compromised immune system, need to be particularly careful to social distance and sanitise hands. Given I'm at the GP and chemist so much, I'm looking forward to my first vaccine in June!"

"Covid-19 Might have eased but myself and family and friends are still feeling the effects of restrictions and pay cuts."

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

"More rehabilitations services – both day centres and residential. Better collaboration between health services and professionals. Advertising on social media on where to go – not enough education."

"In all honesty, even as someone who's never drank much alcohol, I think this is going to be a big and important issue as people move on from covid. It's the most accessible and affordable 'high' available, it's socially acceptable to drink to excess and joke about it, and the people who consume too much aren't stigmatised to the extent other drug users are. The justification to drink is far easier in people's heads. I honestly believe it'll take a huge media campaign and cost millions in future health funds to deal with the fallout of people slipping through the cracks during covid as their drinking became more frequent. Sure, a lot of those people will go back to their pre-covid drinking, but what about people who are grieving the loss of a relationship or loved one or under additional stress? Much harder to give up what you're used to reaching for when the going gets tough. We haven't seen anything like this on our lifetime."

"The government need to learn from before and put money for infrastructures to help the people in need cope in situations that can arise. Government needs to put money into housing issues and medical education and staffing to support people in need."

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:

- Research was released exploring illicit drug sales online via cryptomarkets from May 2020–May 2021, with cannabis holding the greatest market share of listed drugs; and
- Alcohol and other drug nurses experienced both positives and negatives in the transition to telehealth and can see the benefits. They also acknowledge that many clients expressed a preference for face-to-face consultations.

Illicit drugs cryptomarket sales during May 2021 – May 2021

The Drug Trends report, '*Trends in the availability and type of drugs sold on the internet via cryptomarkets, May 2020–May 2021*' (Pedersen et al., 2021) reports on trends in the availability and types of substance sold on the internet via cryptomarkets (anonymous online trading platforms that facilitate the purchasing of illicit goods). Fourteen cryptomarkets were monitored weekly. Findings from the report include:

- There was a 126 per cent increase in listings in May 2021 (70,332 drug listings per week) as compared to April 2021 (31,063). This increase, however, may be attributable to the addition of seven cryptomarkets.
- There was a seven per cent decrease in listings of all drug categories as compared to May 2020 (75,617).
- Of the 14 cryptomarkets monitored, there were three main cryptomarkets accounting for 74 per cent of the drug listings.
- Cannabis held the greatest market share of drugs listed on the cryptomarkets from May 2020 to May 2021 (29%), followed by MDMA (12%), cocaine (9%), benzodiazepines (8%), meth/amphetamine and LSD (both 6%).
- The biggest percentage increase in market share was observed for cannabis (25% in May 2020 to 29% in May 2021).

The impact of COVID-19 on alcohol and other drug nurses

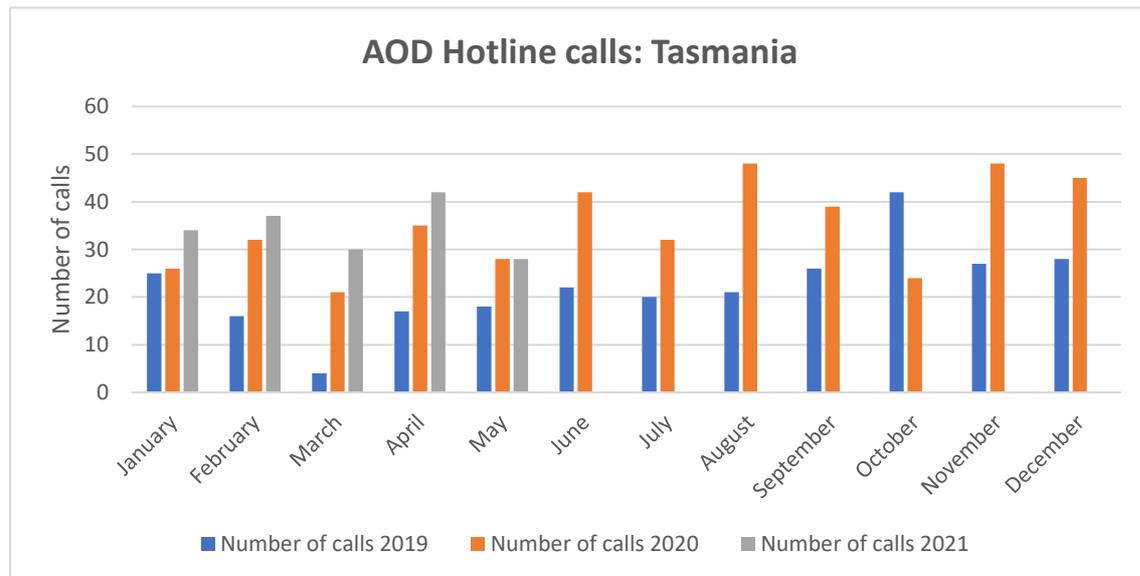
One study by Searby and Burr (2021) '*Telehealth during COVID-19: the perspective of alcohol and other drug nurses*', examined the experiences of AOD nurses who transitioned to telehealth care during the COVID-19 pandemic. AOD nurses who participated in the study identified that telehealth was acceptable for some situations, including for consultations where distance was a factor, such as for clients in regional areas. However, they also identified that telehealth may not be acceptable in all cultural circumstances.

- AOD nurses reported feelings of anxiety related to not being able to see the clients or receive visual cues as they would in a face-to-face consultation.
- AOD nurses reported challenges related to technological issues for both the nurses and the clients, and client preferences for face-to-face consultations.
- Some AOD nurses reported increased productivity as a result of transitioning to telehealth and also found that younger clients were more accepting of telehealth as a service.

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 have increased every month since the beginning of the pandemic compared to 2019, with the exception of October 2020 where the reverse was observed. Although the number of calls for May 2021 was the same as May 2020 to-date the figures for this year are on track to exceed the number of calls last year (noting that this upward trend commenced in 2020, with 420 calls made overall in 2020, compared to 266 in 2019).



Key Findings

There are five key issues captured in this report.

- 1. The number of Tasmanians seeking support has been continually increasing since February 2021.** There were 1,930 Tasmanians recorded as supported during the month of May 2021. Counselling continued to be the main treatment type accessed, followed by residential rehabilitation support. There also continued to be a steady number of Tasmanians receiving information and education during this time (almost 800).
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Recommendations

- 1. Prioritising increased funding for community managed treatment services and programs to respond to increasing demand for services (and providing funding certainty for services set to expire 30 June 2022).** The recent election commitments provided by the Tasmanian Liberal Party in the recent 2021 Tasmanian State Election have secured the sustainability of a number of services for the next 12-24 months. Specifically, residential rehabilitation beds across the State. Looking ahead to the Tasmanian 2021-22 State Budget in August, there continues to be a number of ATOD services that require funding support to secure or boost existing services that did not receive election commitments. This includes community-managed youth AOD services and also additional resources to bolster the availability of information and education services across the State. Additionally, funding security is a priority, noting that the majority of funding agreements between the Tasmanian Government and ATOD community managed organisations are set to expire 30 June 2022.
- 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. The ATDC has previously advocated for the Tasmanian Government to fund the availability of these beds within the community sector. The ATDC is aware that there may be deliberations occurring regarding the confirmation of up to four beds in the north and north-west public hospitals. The ATDC welcomes these discussions and is eager to see them proceed as quickly as possible, with close engagement with community-managed ATOD service providers in both regions.
- 3. Continuing the ongoing support and promotion of education and awareness campaigns and online and telephone support services** – this continues to be a key recommendation strengthened by the ongoing concerns of increased alcohol use by community managed organisations. It is critical that ongoing investment and promotion of education and awareness programs and services occur as a priority.
- 4. Allocation of ongoing funding to the ATDC to reinstate a workforce development officer.** Concerns of worker burn-out and fatigue continues to be an ongoing theme across the series of these reports. Additionally, the ATDC is acutely aware of the impact staff shortages is having across the Tasmanian ATOD sector. The ATDC continues to advocate for a dedicated workforce development officer to enable our organisation to focus on the development and delivery of programs and initiatives to support the ATOD workforce now and into the future.
- 5. 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). This has been a long-standing recommendation of this series of reports.

The ATDC wishes to acknowledge the work of the Tasmanian Government, through the Department of Health, to address the following recommendations that have been flagged in previous reports:

- 1. 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. The ATDC is aware that the necessary staffing resources have been secured by MHADD with this

work to commence in September 2021. The ATDC is committed to supporting our members through this process as MHADD and the ADS commence this transition. It is the ATDC's understanding that the transition is expected to be finalised by the end of the 2021-22 financial year.

Additionally, the ATDC wishes to acknowledge the support of the Australian Government, through the AOD Sector Capacity Building Fund that has enabled the ATDC to address the following recommendation identified through these reports:

- 1. The implementation of targeted training and development for the community managed ATOD sector to respond to an increase in co-occurring presentations.** Addressing co-occurring conditions have been consistent theme since these reports began. Additionally, addressing family and domestic violence was also a key workforce training need identified early-on in this process. With funding provided through the Commonwealth Department of Health's AOD Sector Capacity Building funding, the ATDC delivered training in family and domestic violence in March 2021, and training to address the increase in client complexity / co-occurring conditions will be delivered across the State in October 2021.

Reference List

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