



# COVID-19 Impact on Tasmanian ATOD Services.

**Report 8 of 8 – June 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 2,345 Tasmanians recorded as supported during the month of June 2021. Counselling continued to be the main treatment type accessed, followed by support and case management and residential rehabilitation support. There also continued to be a steady number of Tasmanians receiving information and education during this time (1,103).
- 2. Alcohol continues to be the primary drug of concern for which people are seeking treatment (1,105 people),** followed cannabis (693), amphetamines (347), and tobacco (220). Alcohol continues to be the main drug of concern. Almost half of all Tasmanians seeking support during June 2021 continued to be individuals seeking assistance with their drinking.
- 3. The number of Tasmanians waiting to access counselling had remained the same during June. Residential rehabilitation services and support and case management increased since May. The waiting time for people to access information and education programs and services has decreased slightly since May.** For those organisations providing counselling that have waiting lists, the wait time has remained stable at two weeks. The waiting times for residential rehabilitation have increased to an average of 10.8 weeks from 5.7 in May. The wait to access information and education services decreased slightly from 12 weeks to 11.7 in June.
- 4. The lived experience perspective during June 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 is noted as having a continuing impact, alongside reports of the cost of illicit substances returning to pre-COVID levels.
  - 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 decreased below 2020 levels for the first time since this reporting began, but the total number of calls for 2021 continues to exceed 2020.
- 5. While the impact of COVID-19 is not as evident on organisational service delivery and workforce, two organisations reported changes in response to COVID-19.** This included a report of increased employee stress and anxiety in one organisation, and changes to service delivery (due to COVID-19) including changes to workplace office sharing, provision of nicotine replacement therapy and preparatory work to prepare for any potential outbreak of COVID in Tasmania.

# 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 final report for this project (eighth of eight) and captures information for June 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 11 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 Advocacy Tasmania 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 June 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.

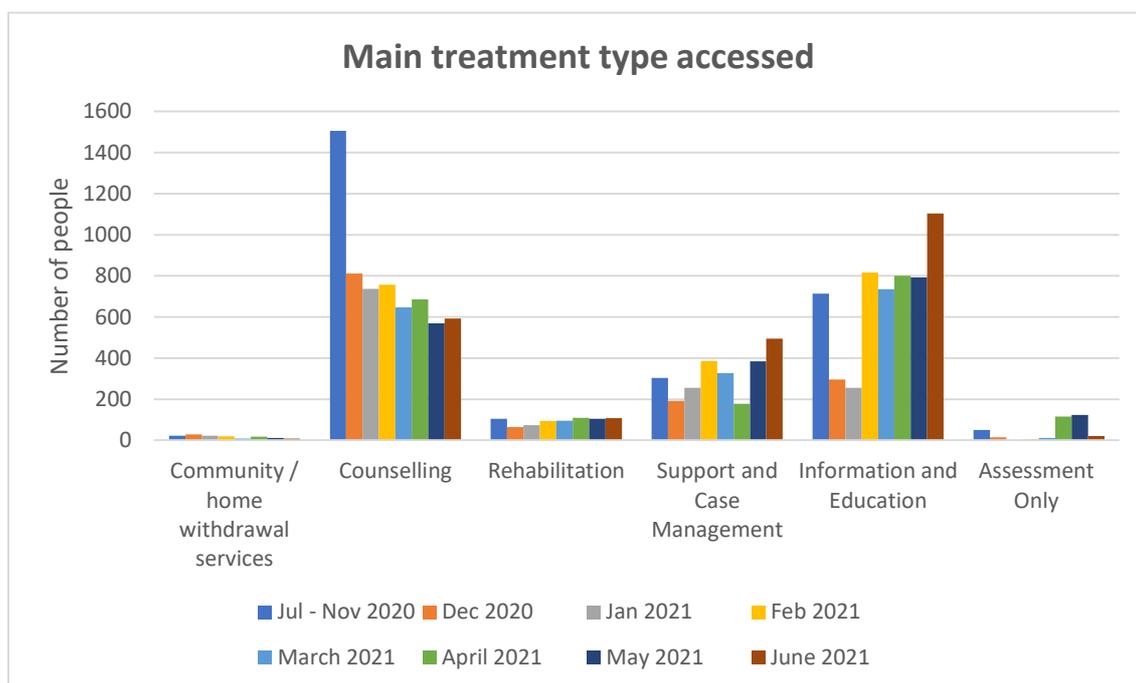
## The additional information and research

- 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 June 2021:

- **2,345 Tasmanians were supported.** This figure is up from 1,930 in May and 1,920 in April.<sup>1</sup>
- **There were higher numbers of men (814) than women (726) supported.**<sup>2</sup> This is consistent with the previous two reports (May and April).
- **Counselling was the main treatment type accessed** (592 people), followed by support and case management (494) and residential rehabilitation (108). Tasmanians accessing support and case management has been steadily increasing over the past two months. Tasmanians accessing information and education services remained elevated during June (1,103 up from 796 in May).

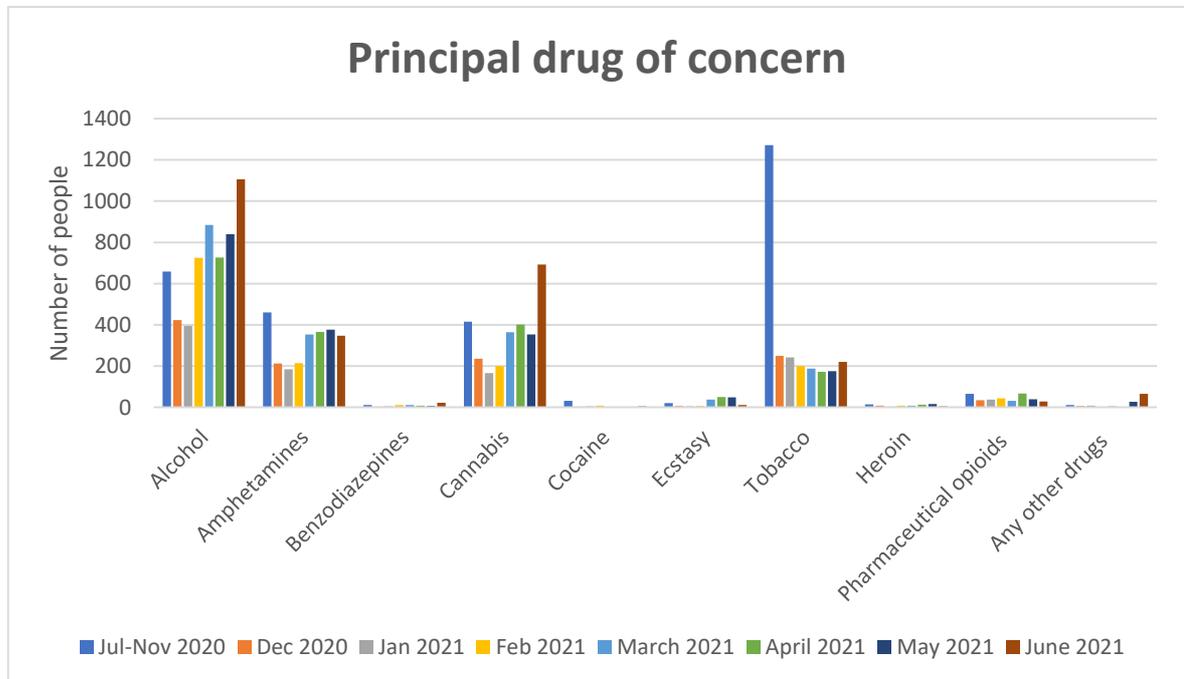


<sup>1</sup> As not all community managed organisations delivering ATOD services and programs responded, this figure is an under-estimation.

<sup>2</sup> A further 804 people accessed services whose gender was "not stated".

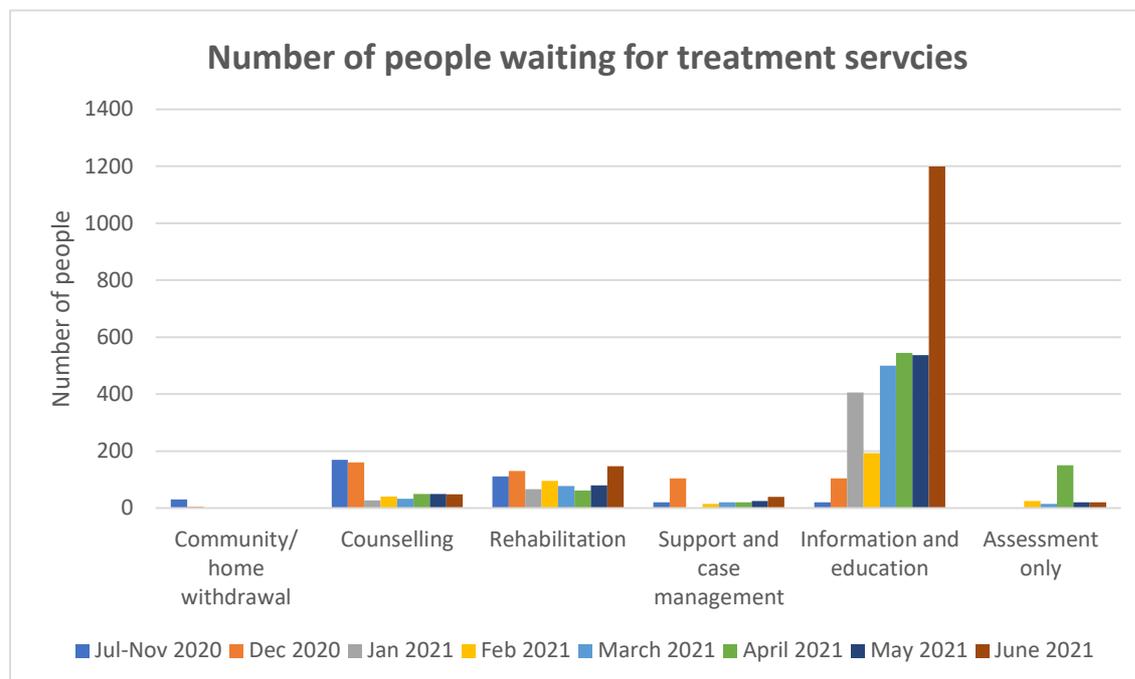
### The principal drug of concern:

- **The principal drug of concern for those seeking support continued to be alcohol** (1,105 people), followed by cannabis (693 people), amphetamines (347 people) and tobacco (220). This has changed since May 2021 where amphetamines held the second spot. There was a noticeable increase in people seeking treatment for cannabis use this month (up from 354 in May); the largest increase seen since the beginning of this project in July 2020.



## How many Tasmanians were unable to access support?

- **1,455 Tasmanians were reported as waiting to access services.** This figure is almost double from the 733 Tasmanians who were reported as waiting in the May report. The majority of those waiting are Tasmanians waiting to access information and education services (e.g. 1,049 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 (1,199 people up from 537);**
  - **Residential rehabilitation (147 people up from 80);**
  - **Counselling services (49 people down from 50);**
  - **Support and case management (40 people up from 25); 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:
  - "Insufficient staffing levels due to funding constraints and difficulty recruiting sufficiently skilled and experienced staff, Very high demand for service - predominantly from schools."*
  - "Lack of funding. The current Holyoake office has been outgrown, and a larger building is required. The Holyoake Prison Program came to an abrupt halt 2 months ago when a room was flooded, and asbestos discovered. Attempts to secure another room have been unsuccessful."*
  - "Increased demand" & "Being rural remote the services are not available 7 days a week."*
  - "Waiting on a pathway date to other services such as longer-term residential rehabs and I.P.W.U."*
  - "Beds are still at a premium but most clients are transferred into outpatient day programs. Assessment waitlist is due to increase in new clients presenting."*
  - "8 we are waiting on more information from them 7 waiting for dates from pathway services 9 on confirmed pathways."*

### **How long are the current waiting lists?**

- Of the 13 community managed organisations that responded, eight provide counselling services. During the month of June, four of these organisations reported that they had waiting lists, with an average waiting time of two weeks (remained stable since the previous report).
- Of the 13 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 five and a half weeks to approximately 10 and a half weeks. The longest wait length recorded has increased from 10 weeks to 22 weeks.
- Ten of the 13 community managed organisations that responded provide information and education services. Three of these organisations have recorded waiting times with the longest remaining stable at 26 weeks. The average wait time has decreased slightly from 12 weeks to 11.7 weeks since the previous report.
- Seven of the 13 community managed organisations that responded provide assessment services, and of those five, one organisation recorded a waiting time of four weeks (increase from 2 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 decreased since the previous report where 45 per cent of community managed organisations reported their waiting times were higher than the previous year.

### **Do the waiting lists differ across Tasmania?**

- Four organisations reported waiting lists for counselling services. These waiting lists will impact Tasmanians across the state, with three organisations providing services state-wide and one in the north-west of the state.
- 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.

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

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

*"An 11% increase in cocaine, probably due to availability. A 16% increase in cannabis. A couple of school programs have skewed this figure, as cannabis is the drug of choice in young people."*

*"We continue to see similar patterns with substance use. Mainly alcohol."*

*"Reduction with continued consistent support."*

*"No, alcohol and methamphetamine still main presenting drugs (split 60/40). Seeing an increase in poly drug use as well."*

*"Alcohol still high."*

## What impact is COVID-19 having on demand?

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

*"While we saw an initial increase in demand with the initial covid outbreak in early to mid 2020, there has been a reduction in demand perhaps due to no covid activity in Tasmania for quite some time."*

*"No longer considered a concern for our ability to deploy programs."*

*"COVID-19 raised the prevention conversation and shone a spotlight on the value of preventative health. Schools have taken this opportunity up to educate parents, teachers and students about AOD prevention. COVID-19 continues to create stress for people and their families I expect this heightened stress will continue for a while with effects on AOD use relatable as a consequence."*

*"COVID 19 is most definitely an issue for young people. In the last 3 months 20% of young clients reported feeling suicidal. 7% had attempted suicide. New client referrals remain higher than before the emergence of COVID 19. Adult clients continue to report increased family violence issues and mental health co-morbidities."*

*"As the Delta strain spreads across the mainland it has increased clients anxiety."*

*"No we have not seen an impact of covid in this region."*

*"COVID-19 is a continued concern. With each lockdown the fear rises the isolation rises flowing onto the dependency of substance to cope rising."*

*"We do not believe that COVID-19 is impacting our existing or prospective residents at this time and is not a current concern."*

*"The demand has been pretty stable over the last couple of months - even with interstate referrals - and is similar to last years numbers."*

*"No impacts currently."*

*"We have recently returned to full capacity so no."*

*"It has impacted one person who was coming in from the mainland. Other than that, no."*

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

- Two organisations reported changes to their workforce, service delivery or worker wellbeing in June 2021 due to COVID-19. The other 11 organisations reported no new changes for the month of June.
- Both organisations reported a slight increase employee in stress and anxiety levels, as well as protective behaviours (e.g. self-care planning). These results are variable from month to month, noting that the one organisation that reported a change a decrease in staff wellbeing last month, reported an increase in staff wellbeing this month.
- One organisation reported an increased uptake of EAP (Employee Assisted Program) and an increased cost of service delivery. One also reported a slight increase in hours of supervision, opportunities for training and team building opportunities.

*"Holyoake staff are staggering their time at work for 2 reasons: 1. Due to the increase in client numbers since COVID19, there is insufficient space in our building to have all counsellors and their clients at work at any one time. 2. In order to maintain social distancing, it is unsafe to have all Holyoake staff in the building at any one time. As a result of staff working from home more, they have reported a sense of disconnection from the team."*

*"The increase of cases on the mainland has certainly seen some stress levels rise again."*

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

- Two organisations reported introducing new or different changes in June 2021 due to COVID-19. The other 11 organisations reported no new changes for the month of June.
- These organisations reported:

*"Provision of free nicotine replacement therapy products to those impacted by covid"*

*"All staff required now to be ready to work from home in terms of space, technology etc."*

# The lived experience viewpoint

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

*"It has affected my substance abuse as I have had extra stress because my two older children who are interstate had to cancel a visit due to Covid restrictions." "Not being able to see my kids has added so much more stress."*

*"Yes I think Covid-19 here and globally still is affecting people, restrictions on travel cafes and restaurants shut down and loss of jobs giving a bleak future for people who then choose substance to cope."*

*"Even though Covid-19 restrictions have eased somewhat they are not gone completely and the effects are still here, jobs and industry has slowed people are still doing it hard and still using substance and alcohol to cope."*

*"Yes. June proved interesting. The COVID situation started deteriorating in NSW, where my brother lives, which in turn means our mother is becoming more stressed by the second half of the month. Her agitation and increasingly difficult behaviour is likely a result of her drinking more. We've all seen what happens before when she's put under extra pressure and covid has been no different. Because she has a son in Sydney, where covid is spreading in June, she is super concerned about his health, but doing something in secret that's harming her health. Dad suffers the blunt end of her abusive behaviour from drinking, leading him to struggle trying to quit smoking. Both parents had 1st AZ vaccinations booked during June, but it got rescheduled by their GP surgery until July. Mum won't even let dad come in from the garden without sanitising his hands; as if covid will be caught from his orchard or veggie garden! Micro management by Mum increases if she's drinking extra than her average, and she's micro-managing everything during June. However, my personal substance use decreased during June. I made the decision to completely stop buying black market Valium, and a week later the person put the price up. There was a good reason for me wanting to stop; if I could pass a urine test I'd be allowed to 'double-dose' my suboxone (opioid replacement medication). This would mean one pharmacy visit per week, instead of four pharmacy visits per week. As my partner had a court date for DUI in June (and as my carer and chauffeur!), I was facing uncertainty around being able to even get to the chemist one day a week. The growing covid situation on the mainland meant that his children became stranded there and with everything going on there, he missed his court date anyway! So, back on track, I completely stopped taking Valium and on top of that reduced my prescription tramadol. So the covid situation has been a part of helping me to stop taking drugs as it brings home just how precious life really is."*

*"Restrictions easing has helped me to feel less affected by that period of time. June saw me receive my completed Pfizer vaccination. Being "pfizered" has helped me to look forwards and not dwell on the covid situation. So from a personal perspective June was a really good month in lots of ways. My brother in Sydney got his first Pfizer shot in June (second in July), preparing for a four month joint overseas Army/Navy deployment. Looking back at 2020 and this year to date, the main way I feel affected by that period of time is that I'm just incredibly grateful. Grateful Tassie has been so calm and "delta-free" to date (touch wood, grateful I'm fully vaccinated and that my family and friends are too, or have had least had one shot) and grateful I haven't been directly impacted. I do keep very up-to-date and on top of the daily news regarding covid, but the regular help of my counsellor keeps me very grounded and has reduced any "panic hangover" from drama surrounding covid. I hold at an arm's length the updates I watch; my compassion/empathy still kicks in, but it's compartmentalised well. I recognize that I'm doing everything correct regarding health orders, I've chosen to be fully vaccinated, and I'm also giving you this data/information; good citizen...check! I'm doing what's within my personal power and keeping those I love safe."*

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

*"I think the government should try to add as many counsellors to the medical sector in Tasmania as possible."*

*"The Government's need to collaborate organisations from a cross-section of the alcohol and other drug services treatment services so that everyone requiring treatment can access timely, high-quality services in all areas accessible to them. Education and funding also has to be one of the major funded initiatives."*

*"INCLUDE THE VOICE OF LIVED EXPERIENCE WITHIN AOD SETTINGS! Have it written into legislation that treatment settings are required (by law) to provide peer workers/advocates who have lived experience in all organisations. I can't begin to tell you how valuable that would have been for my recovery personally. If I'd had someone who could have said to me "I've sat where you are, I know what you're going through, I'm in recovery and there is light at the end of the dark tunnel you're looking into", not only would that have eased my fears but there's a possibility I wouldn't have experienced relapse. A relapse that lead to me using IV and could have resulted in my death (overdose). To see someone with intimate firsthand experience would have been a massive relief and have been a great role model. Everyone would reap the benefits of this; not just clients but clinicians also. Flowing on from this would also be a reduction of stigma. Not just for those seeking help, but within the wider community. Less judgement not only for patients in AOD settings, but less judgement overall because people aren't shying away from talking about their experiences. The government may not be able to legislate people judging and stigmatising others specifically, but that's what the voices of those with lived experience do every day by speaking about their challenges. Over time, there would be a reduction in negative attitudes naturally almost, because once more people talk, time ends up taking care of it. These voices should not be an exception to the rule; to legalise will destigmatise."*

*Secondly, I'm still at a loss to understand why there is no impairment scale for driving under the influence of drugs. I cannot comprehend how it is legal to charge someone for DUI if they're not impaired in any way! Everybody young and old, understands what .05 is and why it exists and how much alcohol = too much to drive. We are taught that by school, driving instructors, media, advertising... huge awareness campaigns. I know too many people now charged with having THC in their saliva, half of them over 48 hours AFTER they'd smoked! Why is there not a certain level that's "allowed", because the impairment decreased and you're fully capable to drive? Someone can technically take LSD, or a combination of opiates and benzos say, and legally be allowed behind the wheel of a car, despite the strong possibility they're hallucinating or on the nod. You can't legally test for those roadside, despite there being a good chance of them impairing your driving more than pot. With it now being able to be obtained medically in Australia, why haven't the laws around driving with it in your system moved with the times? Have we looked at that in depth? Has the Government in Australia looked at how other countries have legalised it? Are they taking on board the most recent up to date health advice or are they simply seeing it as another way to raise revenue? While at the same time further disadvantaging those with a substance use (no legal aid is available for DUIs either, so if you can't afford a lawyer...too bad!).*

*Thirdly (and finally); I still believe everyone prescribed opiates should also be taught how to use nasal spray naloxone and why, and have it prescribed/given to them. Harm minimisation. Accidental overdose are too common and usually involve opiates. Legislate it so that loved ones/family/friends all understand the potential dangers can be life threatening. It's here, it's available, let's teach people in the wider community why it's a game changer."*

# Additional research and information

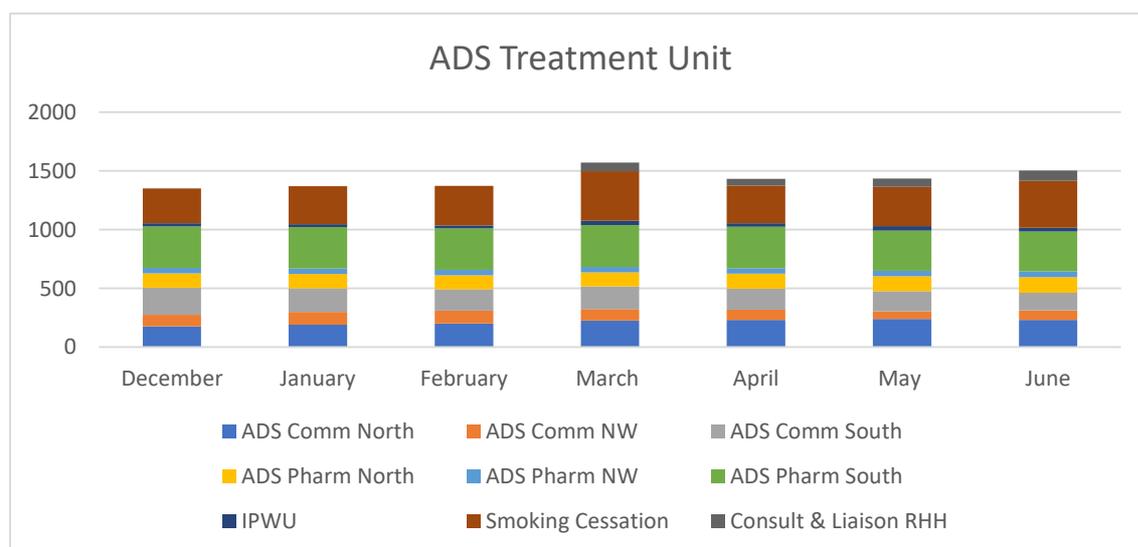
The ATDC reviewed additional research and information available in relation to the impact of COVID-19 on the ATOD sector, and individuals impacted by ATODs. A review of this information identified the following:

- Data provided by the Tasmanian Alcohol and Drug Service for December 2020 to June 2021 demonstrated that nicotine was the principal drug for which Tasmanians sought treatment, followed by alcohol. Counselling was the treatment type most accessed, and pharmacotherapy had the longest waiting time;
- There were varied patterns of change for alcohol consumption in different groups during the pandemic, with age, gender and stress levels all a contributing factor; and
- One study which looked at the short-and long-term impacts of COVID-19 on the experiences of Australians who use illicit drugs found that during the fourth wave of the pandemic (April – July 2021), alcohol was the most commonly reported drug used in the four weeks prior to the research and e-cigarette use had increased at the highest rate during this time.

## Tasmanians accessing ADS programs and services from December 2020 to June 2021

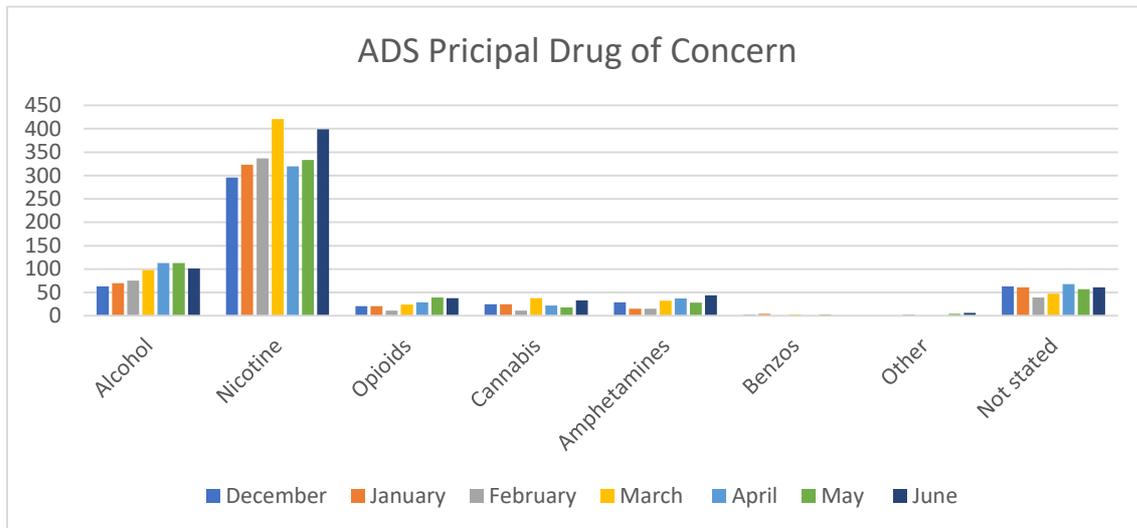
The Tasmanian Alcohol and Drug Service (ADS) is a government managed service and offers a range of free and voluntary programs, interventions and treatment services for Tasmanians impacted by alcohol and drug use. The ADS shared information on the number of Tasmanians accessing their services since December 2020 to June 2021.

The below chart represents the number of people who have access the ADS treatment units since December 2020.<sup>3</sup> The Smoking Cessation Unit and ADS Pharmacotherapy South Unit are two of the more highly accessed units. The numbers of Tasmanians accessing both of these units peaked in March 2021.

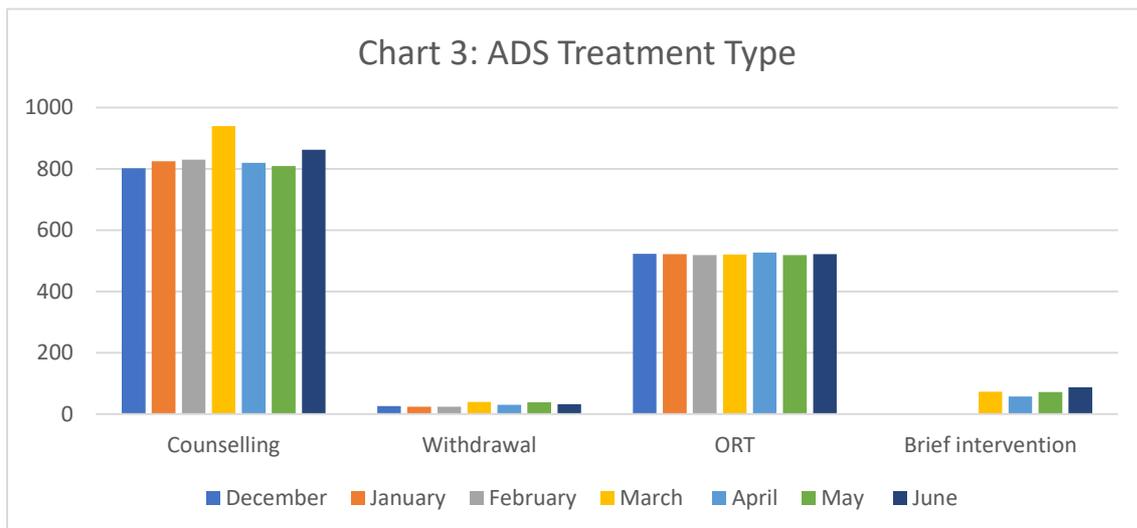


<sup>3</sup> Some clients are counted more than once as they are accessing multiple programs.

The principal drug of concern<sup>4</sup> for Tasmanians accessing ADS services was nicotine, followed by alcohol in second place. Opioids, cannabis and amphetamines all had similar distributions.

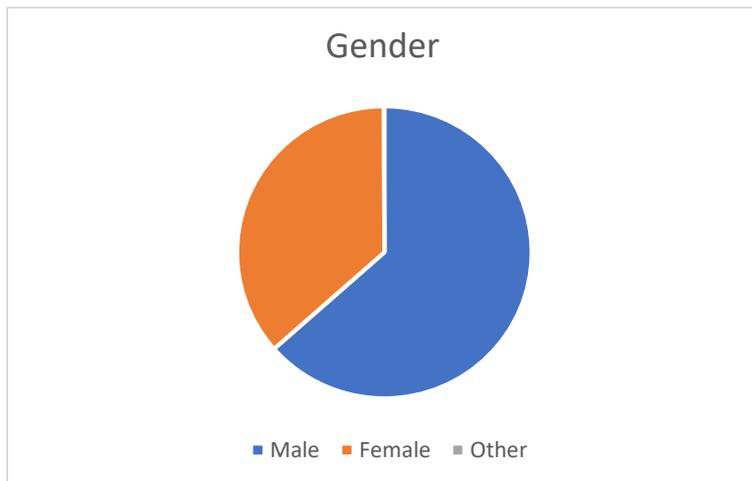


The treatment type most accessed through the ADS by Tasmanians was counselling services followed by opioid replacement therapy (ORT). Counselling services saw a peak in March 2021 and numbers were slightly elevated again during June 2021. Access to ORT services remained steady throughout the months.

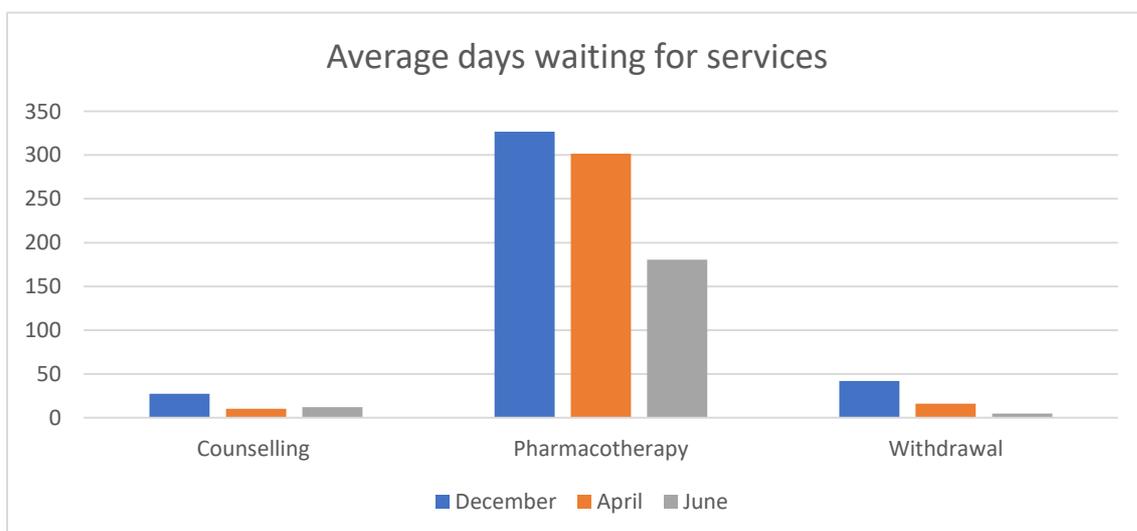
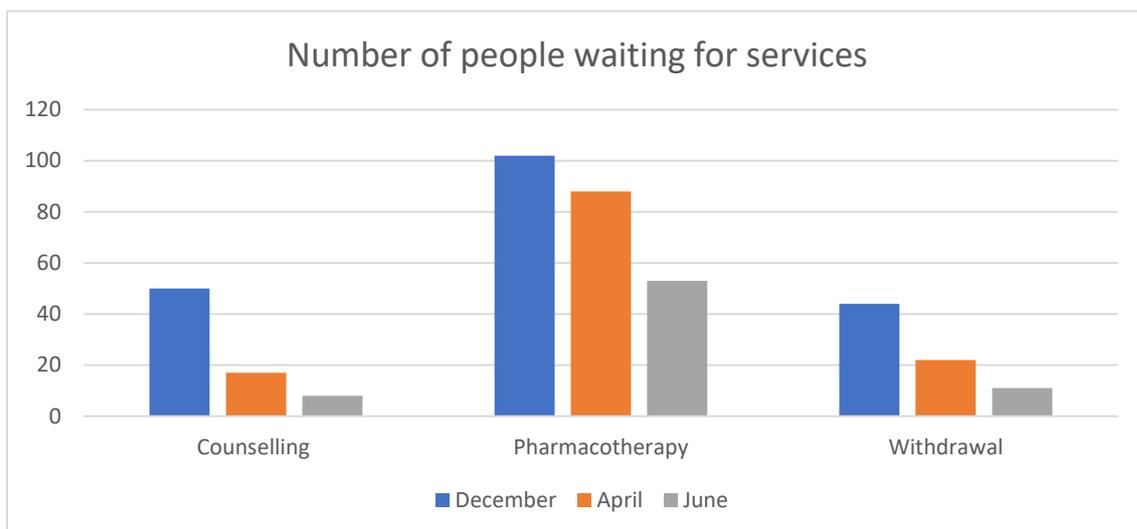


<sup>4</sup> This data is only captured for clients where the episode of care is closed. It does not capture open episodes. This is only principal drug of concern and polydrug use is not an option.

There were more men than women who accessed ADS programs and services during this time.



Overall, pharmacotherapy services had the highest number of people waiting and the longest average number of days waiting for services. In December 2020, the average number of days waiting for pharmacotherapy services was almost one year (326.7 days). December 2020 also had the most amount of people waiting for all three services, whereas the number of people waiting and average days waiting for all three services had declined in June 2021.



## Trends in alcohol consumption during COVID-19

A scoping review of survey data and established evidence was conducted to explore how alcohol consumption changed during COVID-19. The review '*Alcohol-related harm in families and alcohol consumption during COVID-19*' (Farrugia & Hinkley, 2021) suggested that there was a varied pattern of change for alcohol consumption in different groups and is consistent with international studies during high times of stress. The results demonstrate the following:

Decreased alcohol consumption during COVID-19	Increased alcohol consumption during COVID-19
<ul style="list-style-type: none"><li>• Young people aged between 18-25</li><li>• Young women aged 26-35</li><li>• Men aged 51-65</li></ul>	<ul style="list-style-type: none"><li>• Women aged 36-50</li><li>• People experiencing high levels of stress</li><li>• Men with a decrease in hours worked</li></ul>

### Stable consumption

- Stable alcohol consumption was maintained by between 38 per cent and 47 per cent of Australian adults during COVID-19.
- More men (54%) than women (40%) reported stable alcohol consumption levels.

### Key factors influencing alcohol consumption

- Gender and carer status – conflicting work and family duties saw women, not men, increase their alcohol consumption. Women also reported an increase in alcohol consumption regardless of whether their working hours changed or remained stable. Whereas men reported increases in alcohol consumption when their working hours had decreased, or if they lost their job.
- Age – young Australians aged 18-25 years decreased their alcohol consumption. This may be due to parents spending more time at home, as well as opportunities for young people to consume alcohol outside the home being limited.
- Mental health – the second most common reason for women to increase their alcohol consumption was due to stress, and for men the second most common reason was boredom. The most common reason for both men and women was spending more time at home.
- Pre-COVID drinking patterns – People who reported heavy drinking prior to COVID-19 were more likely than those who were not heavy drinkers to report an increase in alcohol consumption during COVID-19.

## ATOD use during COVID-19

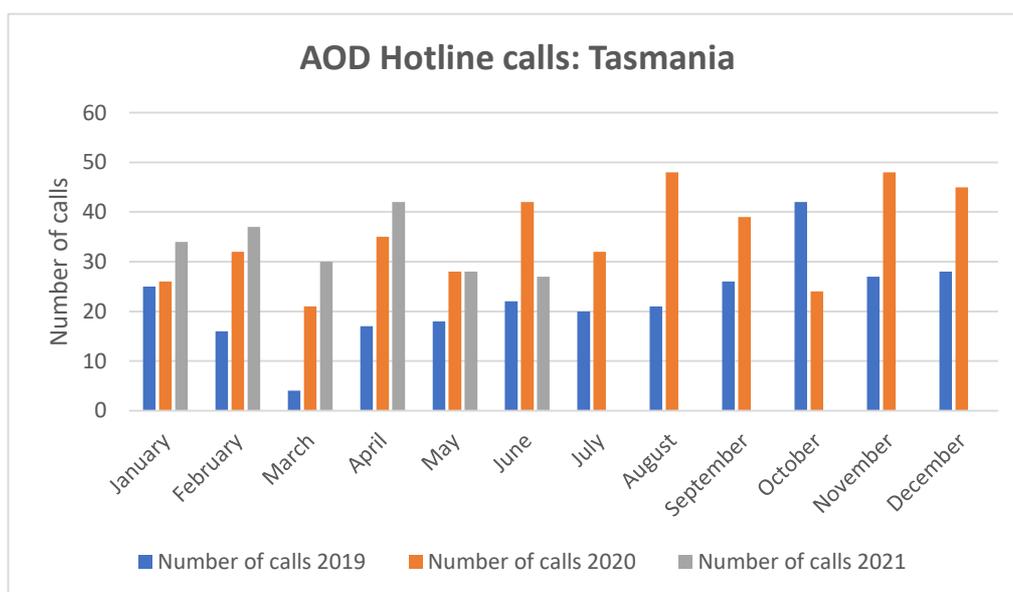
The study 'Australians' drug use: Adapting to pandemic threats (ADAPT) study wave 4' (Baillie, et al., 2021) looked at the short- and long-term impacts of COVID-19 on the experiences of Australians who use illicit drugs during the first (April – June 2020), second (June – September), third (October – January) and fourth (April – July 2021) waves of COVID-19 in Australia<sup>5</sup>. This study found that:

- Alcohol was the most commonly used drug reported in the previous four weeks at the fourth wave reporting time, followed by cannabis.
- Overall across the four waves, cannabis was the most common drug of choice.
- E-cigarette use reported in the previous four weeks increased at wave four, with the largest proportion (43%) of participants reporting that their use had increased in the last four weeks relative to before COVID-19.
- Perceived availability was reported as 'easy' for most drugs. There was an increase in the perception of MDMA being 'difficult' to obtain at waves 3-4.
- 47 per cent had accessed mental health services in the past four weeks during wave four (slight increase from 46% in waves 2 and 3 vs 41% in wave 1).
- Six per cent had accessed drug treatment at wave four (stable from 6% in wave 3 vs 7% in wave 2 and 4% in wave 1).

## 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 June 2021 had decreased compared to June 2020, to-date the total number of calls for this year are on track to exceed last year (noting that this upward trend commenced in 2020, with 420 calls made overall in 2020, compared to 266 in 2019).



<sup>5</sup> Seven Tasmanians participated in all four waves of the ADAPT study.

# 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 2,345 Tasmanians recorded as supported during the month of June 2021. Counselling continued to be the main treatment type accessed, followed by support and case management and residential rehabilitation support. There also continued to be a steady number of Tasmanians receiving information and education during this time (1,103).
- 2. Alcohol continues to be the primary drug of concern for which people are seeking treatment (1,105 people),** followed cannabis (693), amphetamines (347), and tobacco (220). Alcohol continues to be the main drug of concern. Almost half of all Tasmanians seeking support during June 2021 continued to be individuals seeking assistance with their drinking.
- 3. The number of Tasmanians waiting to access counselling had remained the same during June. Residential rehabilitation services and support and case management increased since May. The waiting time for people to access information and education programs and services has decreased slightly since May.** For those organisations providing counselling that have waiting lists, the wait time has remained stable at two weeks. The waiting times for residential rehabilitation have increased to an average of 10.8 weeks from 5.7 in May. The wait to access information and education services decreased slightly from 12 weeks to 11.7 in June.
- 4. The lived experience perspective during June 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 is noted as having a continuing impact, alongside reports of the cost of illicit substances returning to pre-COVID levels.
  - 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 decreased below 2020 levels for the first time since this reporting began, but the total number of calls for 2021 continues to exceed 2020.
- 5. While the impact of COVID-19 is not as evident on organisational service delivery and workforce, two organisations reported changes in response to COVID-19.** This included a report of increased employee stress and anxiety in one organisation, and changes to service delivery (due to COVID-19) including changes to workplace office sharing, provision of nicotine replacement therapy and preparatory work to prepare for any potential outbreak of COVID in Tasmania.

# 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).** This recommendation remains, with a number of community-managed organisations delivering ATOD services and programs requesting reporting a need for additional funding to respond to community demand. This includes community-managed youth ATOD services and also additional resources to bolster the availability of information and education services across the State. Funding security also remains a critical 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 and is a long-standing issue in regards to the waiting lists to access residential rehabilitation services. The ATDC has previously advocated for the Tasmanian Government to fund the availability of these beds within the community sector. Launceston City Mission is currently seeking funding to introduce medically supervised withdrawal beds on their Missiondale site at Evandale. The ATDC is supportive of this work, and in the absence of public bed availability in north / north-west Tasmania, recommends the Tasmanian Government pursue discussions with City Mission on the establishment of this service.
- 3. Continuing the ongoing support and promotion of education and awareness campaigns and online and telephone support services** – these reports continue to communicate the extensive waiting lists for Tasmanians seeking to access information and education services. The ATDC acknowledges the additional funding provided to the Drug Education Network to provide additional services in 2021-22. In addition to this commitment, the ATDC strongly recommends the Tasmanian Government prioritise the development and implementation of public health promotional activities across the community focused on alcohol consumption led by the Tasmanian Department of Health, through Public Health Services.
- 4. Continued commitment to establish an independent ATOD consumer organisation.** The lived experience perspective has provided a rich and valuable contribution to these reports. It remains a standing recommendation for the establishment of an independent ATOD consumer organisation. The ATDC welcomes and acknowledges the commitment of the Tasmanian Government to establish this organisation within the next two years. Through funding provided by the Tasmanian Government the ATDC will commence preparatory work for the establishment of this organisation in 2021-22.
- 5. Allocation of ongoing funding to the ATDC to reinstate a workforce development officer.** The allocation of funding to the ATDC for a workforce development officer has been a long-standing recommendation of these reports. Concerns of worker burn-out and fatigue has been 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, with COVID-19 having a secondary impact (e.g. reported staff leaving Tasmania to move back to the mainland due to COVID-19 travel restrictions). In the absence of a workforce development role, the ATDC's capacity to adequately represent and implement initiatives to support the Tasmanian ATOD workforce are limited. The ATDC will continue 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.

- 6. Continue the focus on reducing the waiting lists of Tasmanians waiting to access pharmacotherapy treatment.** This report was the first time that the ATDC was able to review data and information from the Tasmanian Government ATOD services. We give thanks to the Department of Health, through Alcohol and Drug Services for sharing their data and information with our organisation. It was evident through the information provided that there has been a positive downward trend in the number of Tasmanians waiting to access pharmacotherapy treatment through public system (down from 102 Tasmanians in December to 44 in June, alongside reductions in waiting lists from approximately 326 days to 180 days). These results are significant for those Tasmanians seeking to access this treatment, and the ATDC acknowledges the effort of the ADS to reduce these waiting lists.

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