



# COVID-19 Impact on Tasmanian ATOD Services.

July 2020 – June 2021

Summary Report

*No Harm, No Discrimination*

**atdc**  
Alcohol, Tobacco and other  
Drugs Council Tasmania



## About the ATDC

- The ATDC is the peak body representing and supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug-related harm for all Tasmanians. 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 programs.
- Working with all spheres of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment in treatment services and population-based initiatives that reduce the harm 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.

## Project Background

- Through the support of the Tasmanian Government, the ATDC has been monitoring the impact of the COVID-19 pandemic on the Tasmanian alcohol, tobacco and other drugs (ATOD) sector to provide recommendations to inform the Tasmanian Government's COVID-19 recovery planning.
- In conjunction with members who provide ATOD services, the ATDC has been capturing data and information on client demand<sup>1</sup>, workforce and service impacts. Information from Tasmanians with a lived experience of ATOD use, and other information and research relevant to the Tasmanian ATOD sector was also captured.
- Commencing in November 2020, this Report is a summary of data and information that has been collected for the period July 2020 to June 2021.
- The ATDC gives sincere thanks to the community-managed organisations delivering specialist ATOD services, and the lived experience advocates that have contributed to this project over the past 10 months.

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<sup>1</sup> Information from service providers was captured through an online survey with questions 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).

# Summary Statement

The COVID-19 pandemic has had, and continues to have, an impact on the community managed organisations delivering ATOD services, and on the people they support.

The overall message is clear, albeit subtle. While there has not been a significant spike in demand for services and support, there continues to be a steady increase that is yet to plateau. The exception to this trend, has been the significant increase in demand for education and information programs, particularly within the school environment. This demand is attributed to COVID-19.

Prior to COVID-19, alcohol was the principal drug of concern for which Tasmanians sought treatment and support, and unsurprisingly has remained so (with cannabis or amphetamines regularly switching between second and third place followed by tobacco). While Tasmania has always been a community that loves a drink, there is evidence that during the pandemic we purchased more, and drank more than normal. There is ongoing concern that we are yet to feel the full impact of this, and that more needs to be done including the inclusion of messaging on alcohol consumption in any future public health campaigns delivered by government.

While these reports confirm that many Tasmanians who smoke cigarettes sought support during the COVID-19 pandemic, we are unable to accurately appreciate the impact on Tasmanians who use other substances. However, we know through the voices of those with lived experience that the pandemic disrupted access to a range of drugs. We know that the outbreaks in other states, closed borders, difficulty accessing treatment services and cost fluctuations had, and continues to have an impact on people's health and wellbeing. Pending any future outbreaks, enhancing the voices of lived experience will be vital to ensure that we have a broader and deeper understanding of the impacts, and how best to support Tasmanians who wish to seek support for their drug use. The current efforts underway between our organisation and the Tasmanian Government to establish an independent consumer organisation has never been more important.

The community-managed organisations delivering ATOD programs and services are to be commended for responding to the steady increase in demand, while proactively managing their waiting lists and waiting times. Many of the pre-existing issues impacting access to treatment services and programs were exacerbated during the pandemic (e.g. access to medically supervised withdrawal services and pre-existing service shortages). By implementing innovative solutions, our members rose to the challenge, and are ready to do so again if required.

While not the focus of these reports, the ATDC also praises the efforts of our government sector colleagues during this time. In particular, the introduction of the COVID-19 response of free take-home naloxone saved lives.

The dedication and commitment of the front-line workers in the ATOD workforce during this time has been key to ensuring that services did not stop. Through the information collected by these reports we know that the levels of stress and anxiety experienced across our workforce was very high during COVID-19. While worker wellbeing has recovered, assumedly as the workforce has become accustomed to changes in service delivery, their wellbeing continues to be a critical priority.

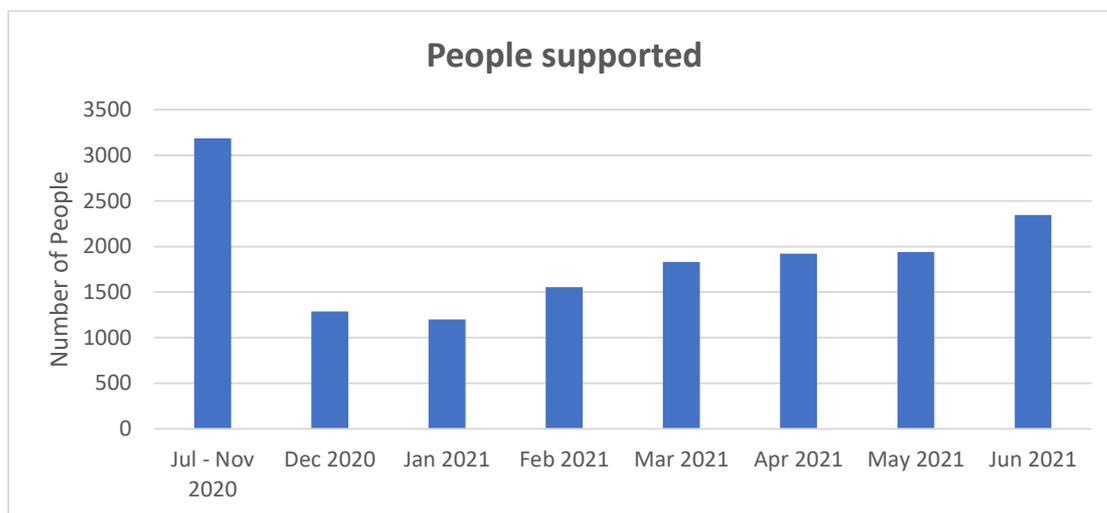
There is much to be done, and we thank the Tasmanian Government for their support of this project that has enabled us to build a strong foundation of understanding of where to start.

**Alison Lai**  
**Chief Executive Officer**

# Summary of findings

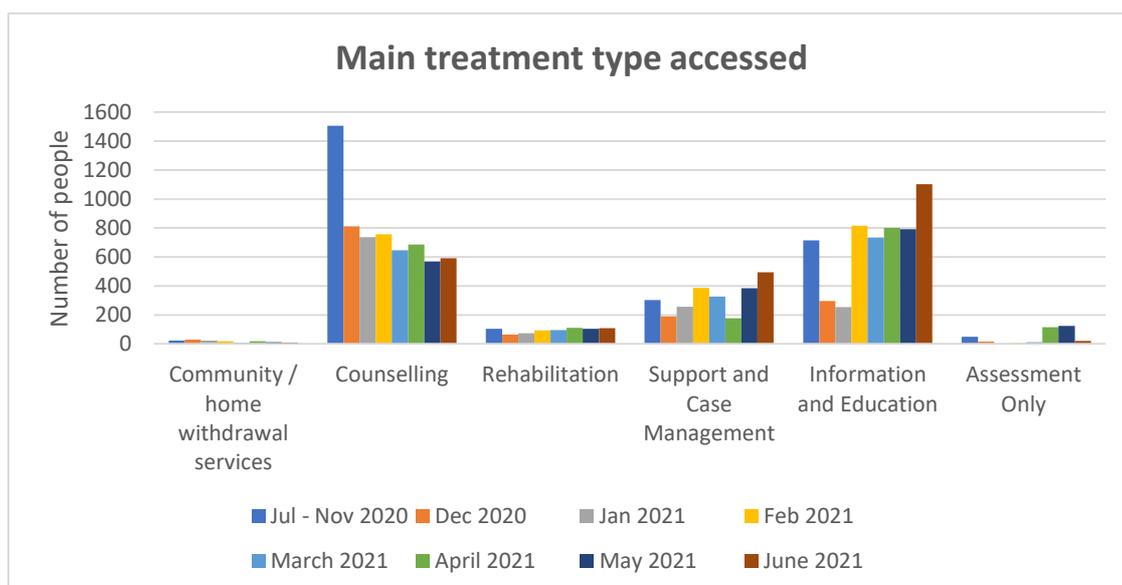
## Tasmanians supported:

- **The number of Tasmanians seeking support has been steadily increasing since February 2021 to June 2021<sup>2</sup>.** Over the past 12 months there were consistently higher numbers of men supported each month.



## Main treatment type accessed:

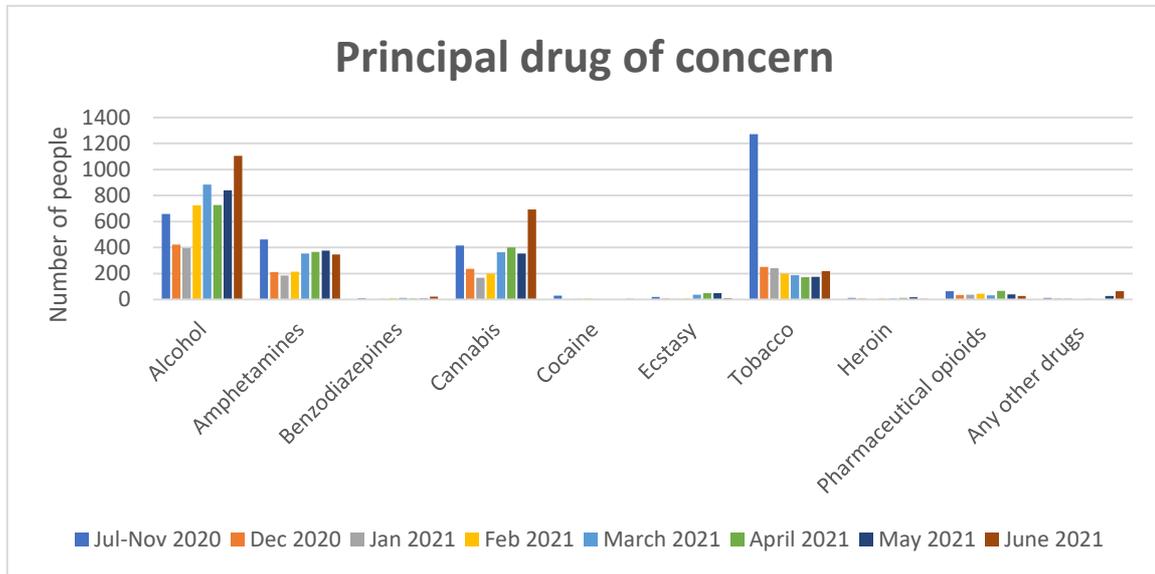
- **Counselling was consistently the main treatment type accessed.**
- The number of Tasmanians accessing residential rehabilitation services remained steady throughout. This information reflects the knowledge that residential beds have been consistently at capacity, with consistent waiting lists over the past 12 months.
- Demand for support and case management has steadily increased, alongside a steep increase in the level of information and education services being delivered.



<sup>2</sup> The number of Tasmanians supported during the July to November 2020 period was high as this figure captures a four-month period.

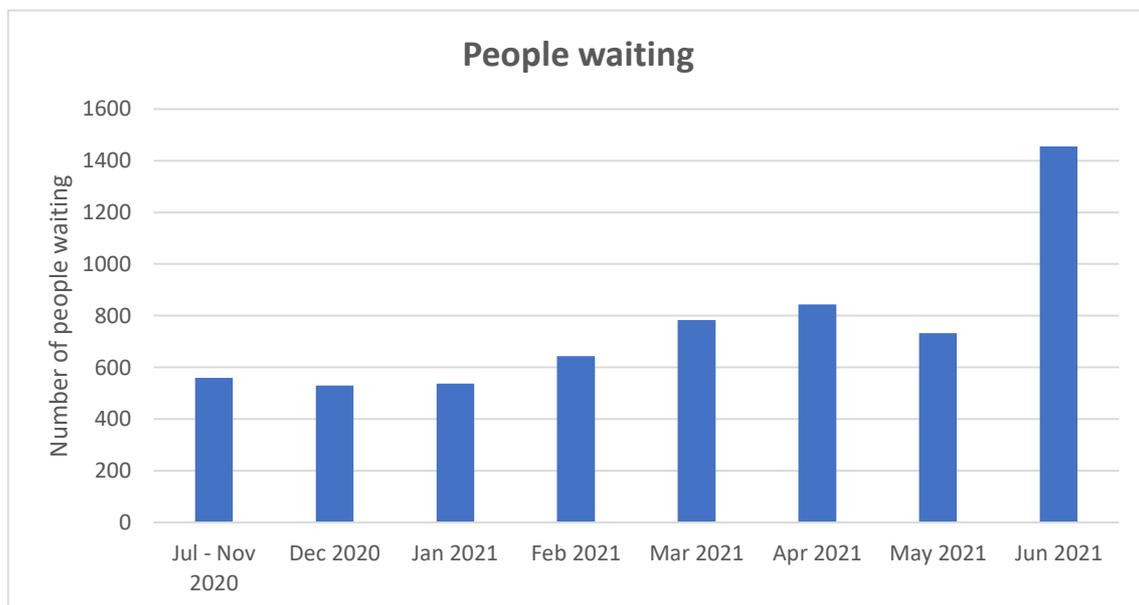
### The principal drug of concern:

- **The principal drug of concern for those seeking support has consistently been alcohol.** Cannabis and amphetamines regularly jostled for second and third place followed by tobacco.<sup>3</sup> Of note is the sharp increase in support for alcohol and also cannabis in June 2021; the largest increase seen since the beginning of this project in July 2020.



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

- **The number of Tasmanians reported as waiting to access services has been steadily increasing since July 2020, with the exception of decrease in May 2021 followed by a sharp increase in June 2021.**

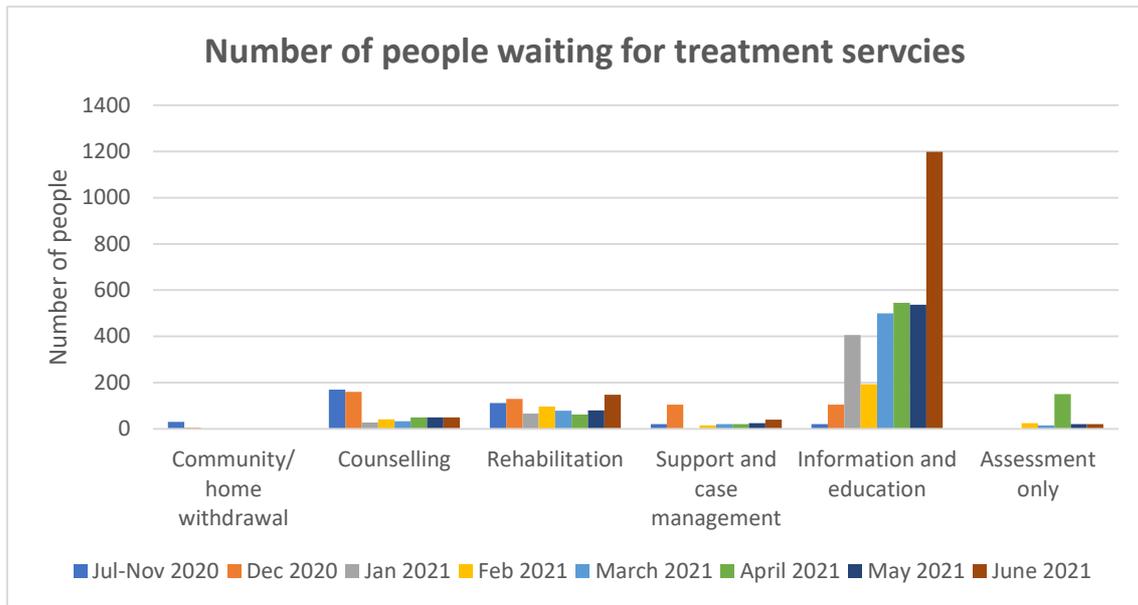


<sup>3</sup> NB: the figure for tobacco is high due to this figure capturing a four-month period.

## What support services are they waiting to access?

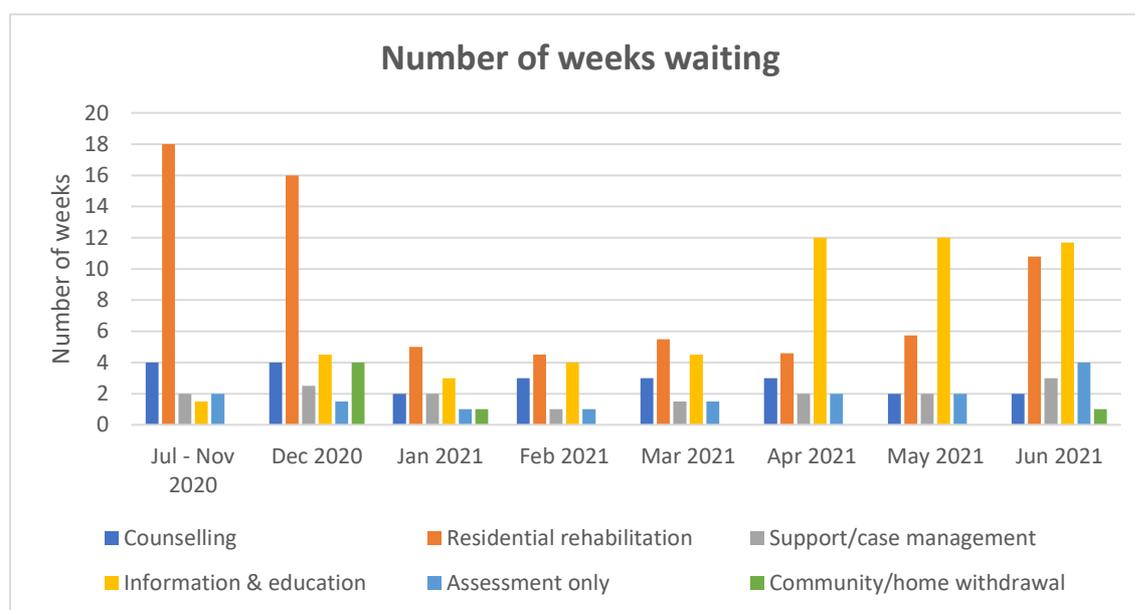
The majority of Tasmanians have been waiting to access information and education programs.

- Information and education saw a steady increase of people waiting throughout this period, with a steep rise in June 2021 (with almost 1,200 people waiting).
- All other services, including counselling and residential rehabilitation have experienced some fluctuation in numbers but have maintained relatively steady numbers over time.



## How long are the waiting lists?

- Waiting times for counselling services have remained between two and four weeks throughout.
- All residential rehabilitation services (3) have consistently had waiting lists that have fluctuated from 16-18 weeks initially, down to under 6 weeks with a trend upwards to almost 11 weeks over the past three months.
- Waiting times for community managed organisations providing information and education services has increased, particularly in the last three months, where the waiting time remained stable at around 12 weeks.<sup>4</sup>



## What was the impact on community-managed services and worker well-being?

- Community-managed organisations responded to COVID-19 by adapting their service delivery with the implementation of telephone and online options that allowed increased numbers of staff members to work from home. Flexible appointment times were increased, alongside improved collaboration with other services.
- While most organisations initially reported high levels of employee stress and anxiety, these numbers decreased throughout the course of this reporting. Initial responses reported high levels of concern regarding worker well-being, an increase in staff protective behaviours and difficulties recruiting new staff. However, these concerns have reduced considerably, which appears to have occurred as a result of services becoming accustomed to changes put in place.
- The majority of community-managed organisations believe they had been effective in responding to the pandemic and that they were prepared for any future disruptions due to COVID-19.

<sup>4</sup>It is important to note that one organisation has been reporting particularly long waiting times, contributing to the overall increased wait for information and education service.

## Differences between community managed and government ATOD services

Information provided by the Tasmanian Department of Health, indicates that:

- Counselling was the main treatment type accessed through the public Alcohol and Drug Services (ADS). This is consistent with the experience of the community-managed sector.
- Opioid replacement therapy was the next most accessed treatment by those accessing ADS services (noting this is not a treatment service available in the community-managed sector).
- While alcohol was the principal drug of concern for Tasmanians accessing community managed organisation, nicotine was the principal drug of concern for Tasmanians accessing ADS services (consistent with the scope of services provided through the public system).
- There were more men than women accessing services in the public system, consistent with the community-managed sector.
- For those accessing services through the ADS, pharmacotherapy services had the longest waiting times and the highest amount of people waiting for services – noting that these numbers have been decreasing over the past six months (from 102 in December to 44 in June with waiting lists down from 326 days to 180 days).

## The lived experience viewpoint

ATDC coordinates a network of Tasmanians with lived experience of ATODs. The feedback from four individuals was captured and shared regularly throughout the series of monthly reports.

The lived experience viewpoint continues to demonstrate that the pandemic has had an impact on all Tasmanians. Outbreaks in other states, closed borders, as well as changes in access to services and changing costs of illicit substances have all had an impact.

Recurring suggestions regarding government priorities included increasing the availability of services (e.g. hiring more staff), with a focus on counselling and mental health support services and increasing access to pharmacotherapy treatment (e.g. suboxone). There was also strong support for increasing the voice of people with lived experience in all aspects of ATOD care and recovery.

## Additional research and information

The ATDC has continued to review additional research and information available in relation to the impact of COVID-19 on the ATOD sector, and individuals impacted by ATODs – with five key insights:

- Retail alcohol sales were above trend throughout the pandemic in Tasmania and nationwide.
- There was a noted increase in alcohol consumption during the pandemic for particular groups of people, including women aged 36-50 years, males who had lost their jobs or had reduced working hours, and people experiencing psychological distress.
- Increases in ATOD use was reported and attributed to COVID-19.
- There was an identified increase from the community-managed ATOD sector regarding individuals presenting with ATOD concerns alongside significant and complex co-occurring mental health conditions.
- There was a continued increase in Tasmanians seeking telephone or online support – with calls from Tasmania to the National Alcohol and Other Drug Hotline in 2021 already exceeding 2020 (noting that this upward trend commenced in 2020, with 420 calls made overall in 2020, compared to 266 in 2019).