

30 June 2022

Dr Robyn Greaves
Principal Policy Officer
Mental Health, Alcohol and Drug Directorate
GPO Box 125
Hobart TAS 7001
Via email: mhadd@health.tas.gov.au

Dear Dr Greaves,

Submission to Tasmanian Drug Strategy 2022-2027

I am pleased to provide this submission to the development of the Tasmanian Drug Strategy 2022-2027 (the Strategy) on behalf of Uniting Vic.Tas (Uniting). Uniting is the community services organisation of the Uniting Church of Victoria and Tasmania. Uniting has worked alongside people of all ages in local communities across Victoria and Tasmania since 1881. We work across the full spectrum of community services, intervening early to help people avoid crisis, as well as supporting those who live life at the margins.

We welcome the development of the Strategy and believe it provides an opportunity for the Tasmanian Government to invest in actions that reduce alcohol and other drugs (AOD) use and associated harms and respond more effectively to those impacted. In response to the draft strategy, we call upon the Tasmanian Government to:

- Consider the impact of COVID-19 on AOD use on the number of people seeking support for the first time, the increase in substance use and the complexity of presenting issues for people seeking support.
- Acknowledge the distinct differences between metropolitan and regional Tasmania service needs and embed the actions proposed throughout this submission that respond to the contemporary service needs of Tasmanians.
- Appreciate the impact of the limited service offerings for AOD treatment and support has on the success and timeliness of other interventions, in particular, interventions to support vulnerable Tasmanians.
- Increase the focus on young people and developing the Tasmanian youth AOD impact.

We also seek a strategy that is adequately resourced, clearly defines the roles of government and the community sector, embeds tangible actions and accountability for meaningful outcomes via evaluation of these actions.

Thank you for the opportunity to provide feedback to this important consultation. We would be pleased to provide further input on any of the areas covered in this submission. If you would like more information, please contact Uniting's Advocacy and Public Policy Manager, Thomas Johnson on 0400 315 446 or via email on thomas.johnson@vt.uniting.org.

Yours sincerely,



Jeremy Pettet
Executive Officer, Uniting Tasmania

Submission to the draft Tasmanian Drug Strategy 2022-2027

Our experience

In Tasmania, Uniting provides a range of services, including, parenting support programs, Aboriginal family support programs, youth support, family violence services, TADPAC one of the longest-running disability enterprises in the country, rural mental health support, emergency relief, community meals and financial assistance via our hubs located in Hobart and Bridgewater.

Uniting works alongside families that often present with complex health and social needs. Some have few immediate or extended family supports, limited material resources, are socially isolated and have intergenerational histories of childhood abuse and neglect, family violence, substance use and mental health concerns. Uniting's New Parent and Infant Network (Newpin) is an example of a program designed to support and empower families to break the cycle of neglect and abuse – providing safe, nurturing environments for children. The centre-based program focuses on building parenting skills, highlighting the importance of bonding and attachment between a parent and a child.

In our work, we can draw upon our experience in Victoria in which we work directly with consumers experiencing the effects of alcohol and other drugs (AOD) use, on their path to wellness and recovery. Uniting has a long history as providers of AOD treatment services to both young people and adults. In Victoria, we currently operate residential withdrawal services including two specialist youth withdrawal services, and an Adult and Mother-Baby Withdrawal Service. We also are the provider of a youth residential rehabilitation service in regional Victoria.

We also provide outreach support, counselling, intensive day programs, and a range of forensic services for those involved in the criminal justice system. We provide information, advice, and secondary consultation to other health and welfare agencies who work with clients experiencing AOD issues. We are a leading provider of education and training services for the AOD sector, as a Registered Training Organisation. We provide national recognised competency-based training for the AOD workforce as well as a range of client education courses and diversion programs. This submission is based on our extensive experience in delivering a comprehensive range of AOD treatment and harm reduction services and educational programs.

Our recommendations

We recommend that the Tasmanian Government consider the impact of COVID-19 in the development of the Strategy, with particular attention to the number of people seeking support for the first time, increased substance use and the complexity of presenting issues for people seeking support.

Alcohol and drug use does not exist in a vacuum and is greatly impacted by surrounding social, economic, cultural and political forces. COVID-19 has had a significant impact on people who use substances and on the way AOD services deliver treatment and support. We noted in our Submission to the Victorian Parliamentary Inquiry into the use of Cannabis in Victoria, the changes for our service users have been profound and include:

- Loss of income and unemployment
- Limited and reduced access to health and social support services
- Worsened mental health
- Changes in the drug market

COVID-19 also saw an immediate and profound reduction in support structures that scaffold 'recovery'. All these challenges, and many more, meant our workforce has been tasked with supporting people with their AOD treatment through a period of significant upheaval.

We have seen:

- Reduced access to various AOD treatment options, particularly residential services and other face-to-face treatment options.
- An increase in service demand for forensic populations, reducing capacity to respond to community-based clients.
- An increase in the price, and reduction in availability of certain substances including methamphetamine.
- An increase in alcohol consumption – among existing AOD treatment clients and the community more broadly.
- Increased risk and emerging harms associated with adulteration and substitution of substances.
- A re-presentation of people who had previously accessed AOD treatment and for whom COVID-19 impacted their lives so severely, they experienced relapse.
- Non-residential treatment services holding 'high risk' clients with significant and complex clinical need, due to reduced capacity and longer wait-times for residential services, and reduced capacity for outreach to the most vulnerable in our community.

The impacts of COVID-19 on the mental health of Australians, including those with AOD issues, will be long-lasting. We anticipate a surge in demand for AOD and mental health support as a result of the pandemic. Ensuring services can respond to this increase in demand, both from existing service users, and the broader community, will require government investment and assurance of long-term, sustained funding to meet demand. We have started work at Uniting on tracking the impact of COVID-19 on service provision, including changing models of delivery from face-to-face to telephone and telehealth support and capturing some of the new and emerging issues for our clients.

We recommend that the Tasmanian Government embed the tangible actions proposed in our Submission to respond to the contemporary service needs of Tasmanians, with particular focus given to emerging AOD trends and the distinct differences between metro and regional Tasmania and emerging AOD issues.

Through our direct practice experience, our Practitioners note the impact of the lack of specialised AOD services available in Tasmania, in particular, the lack of services available to regional Tasmanian communities.

Whilst we commend the government's recognition that people living in rural or remote areas are a priority population group for the Strategy, we highlight the de-funding of online mental health services, GP shortages in regional areas and the lack of AOD services available in regional communities. We ask that the Strategy contain regional specific activities to support the distinct set of needs and challenges that exist for regional communities.

When asked about the impact that limited service availability is having on consumers, a Practitioner noted:

"It's hard to actually address those issues when the services are not available. They're very very limited so to be able to actually access them there are long waiting periods. Even when it comes to a GP for referral, there are long waiting periods and most can't afford to see a GP. The other thing I have seen impact down here is the stigma in actually seeking the support. Like, it's one thing for them to actually talk to a family support worker about it, but then to take it to another level."

We welcome the acknowledgement in the Strategy that people living in rural or remote areas were more likely than those living in metropolitan areas to have used illicit drugs in the previous 12 months, to have consumed alcohol in a manner that puts them at long term risk of harm and have the second highest levels of alcohol consumption in rural areas nationally. However, there appears to be a distinct lack of activities to support this, with only two alcohol related actions contained within the Strategy, largely focussed around legislation and regulation (e.g. advertising, online sales of alcohol) and Fetal Alcohol Spectrum Disorder.

Our experience tells us that this is inadequate; we recommend that the Strategy implement nuanced alcohol-related actions to meet the distinct needs of regional communities, with a particular focus on the intersections that exist between substance use, poverty and healthcare access. Uniting sees firsthand the impact of these intersections on the communities of Tasmania and practitioners are reporting a worsening situation for regional consumers, with one Tasmanian staff member commenting:

"There is a massive shortage in Tasmania, but especially regional Tasmania. There are no services available and when there is, there are long waiting periods. After treatment people are released into the community without further supports and they relapse straight away. We have a GP shortage in Tasmania and on top of that, we don't have available Psychologists or Psychiatrists. Tasmania's services have been depleted. During Covid, people were able to claim money back on mental health supports they accessed online. That ended in January this year (2022) and now people who had been relying on online mental health supports all of a sudden stopped because they had to pay upfront for these services. Even for people who could travel there was a six month wait. People end up self-medicating through drugs and we see things get worse."

Another Uniting practitioner highlighted the difficult choice those living in regional communities sometimes have to make when seeking treatment:

"People who want services have to travel interstate. Which means it's a choice between treatment and employment, treatment and support, treatment and stable accommodation. It's a challenge."

People should not have to choose between recovery and their livelihoods and existing support networks. AOD policy and services must be designed in such a way that recovery is easily integrated into a person's life by building upon existing strengths and limiting disruption.

We recommend that the Strategy re-instate funding for long-term online mental health and AOD services that would see Tasmanians able to access support from providers across Australia, alleviate pressure from services and burgeoning waitlists, offer accessible services for those who may face barriers in attending a physical access point and lastly, provide an additional option for first-time service users who may feel stigma or shame around their AOD use.

Uniting recognises the importance of specialised services, with Uniting AOD services providing specialised care across Victoria for decades. We are responsive to need whatever life stage our consumers are at. Some examples include our Mother and Baby Withdrawal Unit and our award-winning non-residential rehab program, Catalyst. However, in Tasmania, Uniting faces a significant roadblock in delivering specialist services due to a lack of funding, leaving a considerable gap in AOD support and referral pathways across Tasmania, particularly for methamphetamine users. A Practitioner noted:

"The services that are operating across Tasmania were probably incredibly highly regarded 10 or 15 years ago. Tasmania has got the highest per capita use of ice, and yet, from my understanding the programs on offer in Tasmania are ones that are largely seen as not being particularly effective against the ice."

Whilst methamphetamine use across Tasmania has reduced over the past year, potency and frequency of use has increased, with the Tasmanian Drug Council stating that an average methamphetamine user is consuming the drug once every three days. In 2020-2021, amphetamines were the principle drug of

concern in 24 per cent of closed treatment episodes and 56 per cent of police detainees tested positive to methamphetamine.

"The programs and services cater to the majority always. We have fewer and fewer of these specialised services all of a sudden you say this is a program, that, you know, will target a big program instead of targeting a particular type or drug. Those programs often don't get supported because someone says yeah, but we can only afford the generic option. The one that deals with the majority of the consumers and the majority of the drug issues. Let's go with that because we don't have the capacity to fund the six or seven specialised areas that will cover everyone. So, well fund the one that covers 65% of the problem. That to me seems to be the invariable result."

In response to this emerging service need across the community services sector in Tasmania, CEO of Alcohol, Tobacco and other Drugs Council Tasmania, Alison Lai, has said,

"Crystal methamphetamine or 'ice' remains a significant issue that our treatment services in Tasmania deal with on a daily basis and is second only to alcohol as the principal drug of concern in the state. Almost 1 in 4 people presenting to treatment are seeking support for amphetamine use and our services are reporting significant increased in client complexity and crystal methamphetamine continues to play a large role in this."

This is echoed by Uniting staff who shared the challenges they face in providing effective support for consumers that use methamphetamine:

"We are seeing increased use of methamphetamine in our young parents but we don't have anywhere to refer them to. I don't think anyone would call Tasmanian services contemporary. Tasmania has highest per capita use of ice, but the programs on offer are ones largely seen as ineffective against ice. We still mostly offer programs that are designed to combat opiates which isn't the need. We often have to close clients because we don't have services to refer them onto. We're seeing fewer and fewer specialised services."

There is a lack of nuance contained within the Strategy regarding specialist services or education for methamphetamine, with only three actions related to methamphetamine use listed under Action Area five, illicit drugs; these are to prevent and reduce supply, increase access to safer injecting and overdose prevention. The goal of drug policy should be to reduce drug-related harm.

Uniting is a strong supporter of the Public Health Model for understanding and responding to drug use. This model is based on the philosophy of harm minimisation. This means that we accept that drug use is a reality within our society and that trying to eliminate it is an unreachable goal. The goal therefore is to reduce the harms brought about by certain types of drug use and improve health and social outcomes for individuals and the community as a whole.

We recommend that the Strategy develop innovative, proactive systems that identify and respond to emerging drug trends through education and early intervention.

The lack of actions contained in the Strategy relating to early indication systems contribute to barriers in AOD service delivery by limiting the ability of services to intervene early and respond quickly to emerging drug trends. Without early indicators for emerging drug trends, the AOD space becomes reactive, rather than proactive. Whilst we acknowledge that the Strategy lists 'prevention' as a priority action area, the activities listed relate to increasing protective factors, rather than developing systems that identify AOD areas of need. The National Drug Strategy 2017-2026 identifies that education and early intervention are important factors in reducing harm, both physically and mentally and are more cost-effective than later-stage AOD treatments. We ask for an innovative and collaborative 'early warning' style approach that is vital for driving real change. On the issue of vaping for instance, which appears to be an emerging issue in young people, an early warning style approach could inform an effective, early change that prevents

uptake, increases education surrounding harms and directly addresses an emerging need in the Tasmanian community.

Uniting urges the Tasmanian Government to invest in the creation of specialised services that seek to address increasing levels of changing drug trends and associated harms, particularly for young people and families.

"We do see a lot of it (intersections) in the pregnant young parents' program. Most young parents who come through have family violence, mental health and drug and alcohol issues."

Uniting sees the very real impact of the harms associated with AOD use and lack of prompt and/or specialised services. This impacts success in the interventions we are trusted with supporting. As two Practitioners noted:

"In the parenting programs we can work with the parents around parenting while they're still experiencing the alcohol and drug issues, or the mental health issues, but it can get to the point where we have no choice but to close with them before those things have even been addressed."

"It's hard to actually address those issues when the services are not available. They're very very limited so to be able to actually access them there are long waiting periods. Even when it comes to a GP for referral, there are long waiting periods, and most can't afford to see a GP. The other thing I have seen impact down here is the stigma in actually seeking the support. Like, it's one thing for them to actually talk to a family support worker about it, but then to take it to another level."

We ask that there is an increased focus in the Strategy on young people and developing the Tasmanian youth AOD sector.

There is a distinct lack of youth-specific AOD services across Tasmania, particularly for young people under eighteen years seeking withdrawal or rehabilitation services. Young people have distinct service needs and present with vulnerabilities that can make them unsuited to adult services. In Victoria, Uniting is the service provider for two residential youth withdrawal services and a youth rehabilitation service in regional Victoria. Our experience in working with young people using substances highlights the importance of youth-focussed interventions and services that are: accessible, flexible, holistic, person-centred, relationship-based, strengths-based, family-inclusive and developmentally appropriate. Interventions in this space must focus on the safety, health and wellbeing of young people and consider the young person in the broader ecological context of their family and community.

The biopsychosocial approach is key to this work. It recognises young people, and the challenges they face, are shaped by a complex interaction between biological, psychological and social factors and dimensions. It places the young person firmly in a broader social and systemic context and recognises that while challenges associated with AOD use may be the reason a young person comes into contact with AOD services, these issues are not the sole focus of 'the work' with young people. They may not be the most immediate and pressing need and they may not be the first thing to focus on. As our Senior AOD Youth Outreach Worker reflects:

"Half the work is about lived experiences, talking about the situations and environments young people are in...the whole emphasis is on minimising harm, but [also] learning through their own experiences and not just being told by adults what's the right thing to do" The therapeutic approach across our youth programs is derived from a range of therapeutic traditions, integrating elements of cognitive behavioural therapy, family therapy and client-centred counselling including strengths-based approaches.

Long waiting lists for mental health services and the lack of AOD options for young people in Tasmania has seen young people seek treatment interstate, away from their families and loved ones, perhaps in a

place they have never been before. This is both expensive and largely inaccessible for young people, as one of our support workers at a Melbourne based youth withdrawal service told us:

"We had a young person fly up from Tasmania to attend our detox service because of the lack of options available to them in Tasmania. It would have been difficult for this young person to detox at home due to their mental health and high levels of substance use. Young people really benefit from the 24/7 support our withdrawal services offer, especially when withdrawal brings up past trauma. It is not unusual to have parents, grandparents or young people themselves phone our service to ask if we accept referrals from Tasmania. This young person was fortunate that their parents were able to afford the flights, but most families don't have the financial means to travel interstate for the services they need."

When asked about the youth AOD sector in Tasmania, a Uniting practitioner told us:

"There is an expectation for young people to fit into the adult sector. They just aren't appropriate for adult services, there's a lot of risk, particularly young people with vulnerabilities. We don't have any youth-specific AOD services. We have some great youth mentoring programs, but they don't meet the need. It is not uncommon these days to leave work and see a group of 10-12 year olds drinking at the bus stop. It's come right down into the much younger age group. It's almost like the community has given up and there's nothing there to help these kids."

The intersections that exist between youth services and societal change are profound; youth AOD services provide early intervention that improves health outcomes, economic and social costs for future generations and seeks to disrupt generational substance use and trauma by stopping the cycle.

Good practice in responding to young people therefore includes a broad range of activities, including:

- building rapport and developing a culture of trust and transparency with young people
- supporting clients and families/carers throughout the stages of change, including pre-treatment, during treatment and post-treatment
- liaising between relevant integrated medical and social services with a responsive step-up, step-down approach to support client goals
- co-ordinating care and establishing wrap-around support via linkages with other health and social services e.g. housing, education, employment and social supports.

Our practice experience points to a significant need in this area and we call on the government to work closely with young people and their families to adequately address the unmet demand. We call upon the Tasmanian government to embed actions into the Strategy that increase focus on young people and contribute to the development of a youth AOD sector in Tasmania.