# Tasmanian Drug Strategy 2021-2027

[**director.mhadd@health.tas.gov.au**](mailto:director.mhadd@health.tas.gov.au)

[**www.dhhs.tas.gov.au/drugstrategy**](http://www.dhhs.tas.gov.au/drugstrategy)

## How does the Tasmanian Drug Strategy link in with other Tasmanian strategic policies, initiatives or programs?

Reflecting whole-of-government and a health-in-all policies approaches, the TDS recognises that reducing the risks and harms associated with ATOD use can only be achieved through multi-agency, community and individual collaboration and coordinated approaches. It recognises many other linked strategic policies, initiatives and programs including those identified below:

| Strategic policy, initiative or program | Relevance |
| --- | --- |
| Affordable Housing Strategy 2015-2025, Affordable Housing Action Plan 2019-2023  and  Housing Connect | People experiencing or at risk of homelessness are identified as a specific population group. This includes young people and vulnerable children, people and children escaping family violence and older people. Safe and secure housing is a fundamental causal and consequential factor in ATOD use, treatment and recovery.  Housing Tasmania will be a key partner agency in many of the activities under the TDS. |
| Breaking the Cycle – A Strategic Plan for Tasmanian Corrections 2016-2020 (being updated)  and  Custodial Inspectorate Reports | People in or leaving the criminal justice system are identified as a specific population group, with 86 per cent of Tasmanian prisoners having used an illicit drug in the past 12 months.  Access to services and counselling for ATOD use within the Tasmanian Prison Service and following release is limited. More is needed. The review of Breaking the Cycle provides a further opportunity to examine the nexus between ATOD use and offending and reoffending.  See also the Disability Justice Action Plan 2017-2020 below. |
| Child and Youth Wellbeing Strategy (under development)  and  Strong Families - Safe Kids Implementation Plan 2016-2020 | The Government has announced the development of Tasmania’s first comprehensive, long-term whole of government Child and Youth Wellbeing Strategy for 0 to 25-year-olds, that will focus on the first 1 000 days (pregnancy to two years).  Children and young people, including children of people who use ATOD, are a specific population group and at increased risk of harms.  Domestic violence and parental mental health and substance use are key risk factors for child abuse and neglect.  Addressing risk factors and increasing protective factors and the social determinants that may lead to ATOD use can have a positive influence on the health and wellbeing of children and young people and future ATOD use. |
| Cultural Respect Framework | Advancing cultural respect for Aboriginal people in Tasmania is vital to improving health and wellbeing, which has a consequential influence on ATOD use and harms. |
| Department of Education Child and Student Wellbeing Strategy 2018-2021  and  Department of Education Strategic Plan 2018-2021 | The DoE Strategic Plan seeks to inspire and support all learners to succeed as connected, resilient, creative and curious thinkers.  ‘*Wellbeing means that children and students feel loved and safe, they are healthy, they have access to material basics, they are learning and participating, and they have a positive sense of culture and identity.*’ This definition is based on the Child and Youth Wellbeing Framework.  The DoE Wellbeing Strategy acknowledges a child is influenced by their immediate environment and the possible negative impact on wellbeing of external settings. The TDS also acknowledges the importance of risk and protective factors on wellbeing and ATOD use. |
| Disability Justice Action Plan 2017-2020 | The *Disability Justice Plan for Tasmania* aims to improve recognition and responses to disability across Tasmania’s justice system.  International evidence estimates people with Fetal Alcohol Spectrum Disorder (FASD) are 19 times more likely to be jailed than those without and that up to a third of people in the criminal justice system have undiagnosed FASD. A 2018 study found 36 per cent of 10 to 18-year-olds in the WA Banksia Hill Detention Centre were diagnosed with FASD.  DoJ has flagged FASD as an issue requiring a whole-of-government response and recognises the need to train the prison workforce in its management.  Action 23 of the Plan will consider the national and international research to develop an improved understanding of FASD.  Children with undiagnosed FASD are also being misdiagnosed with other syndromes and/or missing out on access to the NDIS because of a lack of diagnosis.  People with physical disabilities are about two to four times more likely than the general population to experience a substance use disorder. |
| Healthy Tasmania  and  The Tasmania Statement: *Working Together for the Health and Wellbeing of Tasmanians.*  and  Health Literacy Action Plan 2019-2024  and  Working in Health Promoting Ways | Healthy Tasmania, the Government’s preventive health plan is under review. At present, it includes tobacco. The review provides the opportunity to make sure alcohol and other drugs are also included.  Community information (including a focus on ATOD promotion, prevention and early intervention) is action area 1 of the TDS. This includes increasing ATOD-health literacy across the whole population and within identified specific population groups. |
| Reform Agenda for the Alcohol and Other Drug Sector in Tasmania (waiting release) | Implementing the Reform Agenda is a specific activity under the TDS and is the primary plan for the ATOD treatment sector. |
| Rethink Mental Health: Better Mental Health and Wellbeing: A long-term plan for mental health in Tasmania 2015-2025  and  The Mental Health Integration Taskforce Report 2019 and Government Response – Mental Health Reform Program | People with a co-occurring ATOD and mental health issues are identified in the TDS as a specific population group, and in the AOD Reform Agenda (above). |
| Road Safety Strategy 2017-2026 | Alcohol is one of the leading contributing behavioural factors associated with road crashes in Tasmania.  Recidivist drink drivers pose a specific health and economic risk to the community, and research confirms the social and economic costs arising from road trauma involving repeat drink drivers. Between 2014-15 to 2016-17, of the total of 45 880 defendants found guilty of driving offences in Tasmania, 6176 were found to be driving under the influence of alcohol or other substances. |
| Safe Homes, Safe Families. Tasmania’s Family Violence Action Plan 2015-2020 | People experiencing family violence are a specific population group. Alcohol and drugs are a significant risk factor. As noted in the Action Plan, in 2013-14 Tasmania Police attended 2 378 family violence incidents, in which alcohol or drugs were involved in over 700.  In 2018-19, Tasmania Police attended 3 573 family violence incidents. The offender was affected by alcohol or drugs in over 900 of those incidents. |
| Strong Families - Safe Kids Implementation Plan 2016-2020 | “*Child Safety and Wellbeing is Everyone’s Business*”  Children and young people including those whose parents use ATOD are identified as a specific population group. |
| Strong, livable communities. Tasmania's Active Ageing Plan 2017-2022  and  Tasmania’s Active Ageing Plan Implementation Strategy 2019-20 | Older people are a specific population group and are at increased vulnerability to alcohol-related harms including falls, diabetes, cardiovascular disease, cancers, liver disease, mental health problems, early onset dementia and the brain injury. The increasing proportions of risky and high-risk drinkers among Australians aged 50 years and over is relatively small but is increasing.  Neither the Active Ageing Plan nor the Department of Communities Implementation Strategy mention the increased risk of ATOD use including risks from increased or inappropriate pharmaceutical use but both should do so. |
| Women’s Health Strategy  and  Health and Wellbeing of Women 2020-2026 (under development) | Good physical and mental health and wellbeing of women is influenced by many factors including socioeconomic circumstances such as housing, education, and employment; physical environments; adverse childhood events; culture, family responsibilities; sex, gender and sexuality; individual biology; and access to quality healthcare programs and services. Those same factors influence ATOD use.  Women are more at risk of family violence. Women often use and respond to ATOD differently and can have unique obstacles to accessing and responding to treatment including being unable to access childcare, financial issues or being prescribed treatment not adequately tested on women.  Women are also more likely to experience social stigma and discrimination due in part to gender bias. Women entering treatment suffer high rates of domestic violence, mental health issues, complex family/childhood trauma, physical and sexual abuse, economic hardship and pregnancy and childcare issues. |
| Youth at Risk Strategy 2017 | Overlaps exist among young people who experience child protection, youth justice supervision, homelessness, mental health disorders, and problematic use of alcohol and other drugs. From 1 July 2012 to 30 June 2016, of young people under youth justice supervision 33 per cent also received an AOD treatment service at some point during the same four-year period, compared with just over one per cent of the general Australian population of the same age. Compared with the general Australian population of the same age, young people under youth justice supervision were 33 times as likely to receive an AOD treatment for cannabis, 27 times as likely to be treated for alcohol, and more than 50 times as likely to be treated for amphetamines.  As noted under the Disability Justice Action Plan 2017-2020, a 2018 study found that 36 per cent of 10 to 18-year-olds in the WA Banksia Hill Detention Centre were diagnosed with FASD.  Action 23 of the Youth at Risk Strategy is “*Strengthen access to holistic youth focused AOD treatment options*”, which fits with the AOD Reform Agenda. |