# Tasmanian Drug Strategy 2021-2027

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##### Mental Health, Alcohol and Drug Directorate on behalf of the

**Tasmanian Interagency Drug Policy Committee**

## Specific population groups

The harms arising from the use of ATODs are felt across the community and all levels of government.

Some population groups are not inherently more at risk of ATOD use, but may experience greater rates of trauma, discrimination, isolation and other forms of social exclusion that can impact on ATOD use. This strategy acknowledges the increased levels of risks and harms of ATODs use on some specific populations.

**Aboriginal and Torres Strait Islander Peoples**

Cultural dislocation, personal trauma and ongoing stresses of disadvantage, racism, alienation and exclusion can all contribute to heightened risk of ATOD use, as well as mental health problems and suicide. Aboriginal and Torres Strait Islander Peoples experience disproportionate harms from ATOD use which plays a significant role in the disparities in health and life outcomes between Aboriginal and Torres Strait Islander Peoples and non-Indigenous people (IGCD, 2014).

**Children and young people including children whose parents use ATODS**

Parental history of ATOD use is a key risk factor for children's subsequent use, and includes increased risk of developing anxiety, depression, suicide, eating disorders, school absenteeism and failure.

There is an established link between alcohol and illicit drug use with violence, anxiety and depression and suicide among young people (Hall, Patton et al, 2016).

There is also an overlap between young people who experience child protection, youth justice supervision, mental health disorders and problematic ATOD use (AIHW, 2018c).

**People experiencing family violence**

Alcohol is involved in approximately half of family violence incidents reported to police (Miller, et al, 2016).

The Victorian Royal Commission into Family Violence heard that between 50 per cent and 90 per cent of women accessing mental health services and AOD services had been victims of child abuse or domestic violence (State of Victoria, 2016).

**People in or leaving the criminal justice system**

Prison entrants are four times more likely than people in the general population to report illicit drug use (including use of illegal drugs and non-medical prescription medication and volatile substances), with almost two-thirds (65 per cent) having used an illicit drug in the previous year (AIHW, 2019c). In Tasmania, that was 86 per cent.

There is lots of research to show the strong but complex association between ATOD-use and crime and re-offending (Department of Justice, 2017)

**Older people**

Between 1995 and 2010, recent drug use rose among older Australians (60+). Illicit drug use increased among men from 1.8 to 5.5 per cent, mainly due to non-medical use of pharmaceutical drugs. Schedule 8 opioid and benzodiazepine medications are also prevalent among older Australians. Ambulance attendances for alcohol intoxication rose from 3.3 to 8.2 per 10,000 individuals aged 65+ between 2004 and 2008. Those in non-metropolitan areas are also more likely to die from alcohol-attributable conditions (NCETA, 2017).

**People living in rural or remote areas**

Data from the AIHW (2017) indicates that people living in remote areas were more likely than those living in metropolitan areas to have used illicit drugs in the previous 12 months, and to have consumed alcohol in a manner that puts them at long-term risk of harm. Whilst noting data limitations, the National Wastewater Drug Monitoring Program Reports (ACIC, 2020) also supports these findings, with Tasmania having the second highest levels of alcohol consumption in rural areas nationally.

**People with co-occurring conditions**

Estimates (Marel et al, 2016) indicate that 35 per cent of individuals with a substance use disorder (31 per cent of men and 44 per cent of women) have at least one co-occurring affective or anxiety disorders. One-third of people who enter ATOD treatment will have attempted suicide over their lifetime and one in ten will have done so within the previous twelve months (Darke, 2009).

Research out of the USA suggests that people with physical disabilities experience substance use disorders at two to four times the rate of the general population (Chapman and Wu, 2012). Conversely, people with addictions are more likely to become disabled, either through accidental injury or through long-term side effects of substance use.

It is estimated that people with FASD are 19 times more likely to be jailed than those without, and that up to one-third of people in the criminal justice system have undiagnosed FASD.

**People at risk of or experiencing homelessness**

In 2018-19 one in ten people presenting to homelessness services reported having problematic AOD use issue. (AIHW, 2019). In Tasmania in 2018-19, 13.2 per cent of clients of homelessness services reported AOD use.

Clients with AOD use issues presenting to homelessness services received more frequent support (2.9 support periods per client) and for longer duration (89 days) than other clients.

**People from Culturally and Linguistically Diverse communities**

Available data indicates ATOD use is generally lower in CALD communities. However, some CALD communities are at increased risk, and the under-representation could be due to other risk factors such as low English and health literacy, migration stressors, and language and cultural barriers, that prevent access to treatment.



**Lesbian, Gay, Bisexual, Transsexual, Intersex, Queer (or Questioning) +**

People identifying as LGBTIQ+ have relatively higher self-reported rates of substance use (AIHW, 2017) – exceeding alcohol consumption lifetime risk guidelines at 25.8 per cent compared to heterosexual people at 17.2 per cent; exceeding single occasion risky drinking at 52 per cent compared to heterosexual people at 26 per cent; daily smoking at 18.7 per cent compared to heterosexual people at 12 per cent; and recent use of any illicit drug at 41.7 per cent compared to heterosexual people at 14.5 per cent. There is a lack of data on associated harms for LGBTIQ+ people.