Tasmanian Drug Strategy 2022-2027:

Response from the ATOD community-managed sector

Position Statement:

We cannot endorse the Tasmanian Drug Strategy 2022-2027 as it stands as we believe that it will not drive the change that the sector, and Tasmanians who need support, require.

It requires further development, and we stand ready to work closely with the State Government to assist in the development of strategy that will lead to meaningful change in how Tasmanians use drugs, how they seek help if they want it, and how the community supports them.

Alison Lai, Chief Executive Officer, ATDC

Opening Statement:

The ATDC welcomes the opportunity to provide a second submission on the Tasmanian Drug Strategy 2022-2027. Our first submission was provided in November 2020 during the first phase of consultation and it is attached in Appendix One. We note that most matters raised in 2020 have not been addressed. As such the comments in our first submission remain relevant and this submission may refer to points already raised.

This development of the Tasmanian Drug Strategy has been over two years in the making, and we understand the impact that COVID-19 has had on the ability for the Tasmanian Government to progress this critical piece of work. The ATDC has welcomed the opportunity to contribute to the Advisory Group overseeing the development of this document and to have the ability to feed into this work as the only non-government representative. However, our experience in this process has amplified our concerns and contributed to our decision to not support this Strategy as it stands.

Our organisation has previously raised concerns regarding the purpose and intent of this Strategy. We raised these concerns during our participation in Advisory Group discussions where we saw representatives reflect the operational viewpoints of their government agencies when contributing to strategic discussions. We believe this has resulted in a document that arguably does little more than mirror the existing work plans of government departments. The Tasmanian Drug Strategy must be a document that can strategically position our community to achieve the outcomes that Tasmanians deserve rather than something that risks maintaining the status-quo.

Our organisation has also previously raised concerns regarding the process of how this Strategy has been developed. A process that has oscillated between being developed with a frenetic pace then to long periods of inaction. This approach has amplified an existing perception that the issue of drug use in our community is not a priority to the Tasmanian Government. The ATDC believes that this issue is also demonstrated through the number of 'plans' referenced within this Strategy that have elapsed or do not exist because they have not been a priority for the government. For example, at the time of writing, our community does not have a current strategy or any active working groups focused on how to respond to alcohol or illicit drug use in our community. Why is this important? More than 80% of Tasmanians over the age of 14 years drink and more than one in six Tasmanian (16%) use illicit substances.[1] Then there is the economic burden on the health system, with alcohol costing government billions of dollars each year.[2]

[1] All Tasmanian stats can be quickly found here: https://www.aihw.gov.au/getmedia/3073d7df-59d4-4013-ba69-dcd84fe02885/aihw-phe-270-fact-sheet-Tas.pdf.aspx

[2] A recent report modelled that alcohol costs the Australian government $67 billion dollars annually. See here: https://ndri.curtin.edu.au/publications-resources/project-reports-and-bulletins/social-and-economic-costs-of-substance-use

The absence of active working groups means that the Tasmanian Government is attempting to develop the Tasmanian Drug Strategy with limited understanding of the current challenges or priorities impacting these areas. Consequently, it is not surprising that this Strategy has been presented with an absence of clear goals in the areas of alcohol consumption or illicit drug use. Alcohol continues to be the number one drug of concern for Tasmanians choosing to seek treatment, yet the Strategy is currently silent on what it is trying to achieve.

This perception has also been emphasised through the lack of resourcing invested into the development of this Strategy, particularly the community consultation approach undertaken. The ATDC will provide expert opinion from the perspective of community-managed organisations delivering programs and services. We are a critical perspective, but we are not the only one.

With an awareness of the consultation processes that have underpinned the development of other important government health strategies (e.g., affordable housing, mental health, suicide prevention etc.) the approach that has been undertaken to develop the Tasmanian Drug Strategy pales in comparison. There have been no regional community consultations, no roundtables of key community and government stakeholders providing their expertise and perspective. No leaders of key government departments sitting in a room with community sector leaders sharing the commitment to drive change in this space. When this concern was raised by our organisation during Advisory Group discussions in 2020, the response at that time was that the manner that consultation was being undertaken was appropriate because it was a 'government document' and the ATDC was expecting too much. We disagreed in 2020 that we were expecting too much, and continue to disagree over two years later.

Why? While the Tasmanian Government is the custodian of this Strategy, it is seeking to represent the interests of the thousands of Tasmanians who use drugs. These Tasmanians come from all walks of life and how we respond to drug use must be an approach that is developed with community for community. How drugs are used in our community is changing and constantly evolving and our strategies to respond must also evolve and become more sophisticated. Community expectations and attitudes towards drug use have also changed with an increase in support for more health-based policies and responses. Unfortunately, the consultation processes undertaken do not reflect this reality, and consequently the ATDC is not confident that this Strategy accurately reflects the current perspectives or expectations of our wider community and the Tasmanians who seek support and information from our members every day.

As such we, on behalf of our members and the Tasmanians they support we cannot endorse the Tasmanian Drug Strategy 2022-2027 as it stands as we believe it will not drive the change that the sector, and Tasmanians who need support, require. It requires further development, and we stand ready to work closely with the State Government to assist in the development of a strategy that will lead to meaningful change in how Tasmanians use drugs, how they seek help if they want it, and how the community and health system supports them.

In this submission, we have provided additional feedback that builds upon our initial submission in 2020. The provision of this information should not be considered in isolation from this opening statement or taken as endorsement of the Strategy.

Alison Lai
Chief Executive Officer

Consultation Process:

The ATDC undertook consultation with our member organisations, including a group consultation session with representatives from:

- The Salvation Army
- Youth Family and Community Connections
- Circular Head Aboriginal Corporation
- Tasmanian Aboriginal Centre
- Alcohol & Drug Foundation
- Drug Education Network
- Bethlehem House
- University of Tasmania
- Alcohol and Drug Service

The feedback provided in this session is summarised in this submission, which was then distributed to the entire ATDC membership for comment and endorsement. The ATDC is aware of a number of member organisations who will also provide their own submissions.

Overarching Feedback:

ATDC members continued to express concerns about various aspects of the Strategy and have expressed scepticism at whether it will lead to any change across the stated five-year period (2022-2027). The Strategy is framed as a high level, 'whole of government' and 'whole of community sector' strategic framework to guide collaborative action to reduce costs and effects of ATOD use. Unfortunately, it was the collective view that it would not and that a significant rework is required.

Contributing to this concern was the lack of a governance structure to progress the work of the Strategy, and the number of subsequent plans noted in the Strategy that need to be written:

- ATOD Promotion, Prevention and Early Intervention (PPEI) Strategic Framework
- Alcohol Action Plan
- Pharmaceuticals Drugs Misuse Action Plan (noting the concern around the recognised stigmatising language of 'misuse')
- Illicit Drug Action Plan.

Presenting the Strategy in this manner (with reference to 'plans') obscures what the real priorities are. It also creates a perception there aren't any priorities and reduces the capacity of the Strategy to provide the necessary road-map to change or guidance to government departments, community and other stakeholders.

It is also the view of the ATDC membership that:

- The development of the above-mentioned plans will not be achieved within the time period and that this will be a key barrier to the finalisation of these plans, and identification of priority actions
- The Tasmanian Government would not have the capacity to implement any priority actions identified based on the current level of investment and work in this space.

Additionally, in our 2020 submission the ATDC membership expressed concern that the action areas did not cascade logically from the strategic objectives, and also that it is not clear as to what the actionable priorities are. This concern remains and was again raised in our 2022 consultation with members:

> *When submitting a funding submission, it is really hard to see what the government will fund, where it sees the priorities and how we are united as a sector/government and community in general. It is not clear what are we working toward or trying to achieve.*
>
> ***ATOD community manager, June 2022.***

Finally, it was observed that while the Strategy's focus on how to integrate government departments, the framework seeks to affect change in the community. Our members were adamant that this cannot be achieved without involving and working with the community. We have provided suggestions about this aspect below in the '*Implementation, monitoring and reporting'* section.

Aim and Strategic objectives (p3)

There was widespread agreement in the 2020 consultation that the vision, aim and principles of the document were fine as is. There was further discussion in 2022 that the language in the '*Aim'* could be positioned to be more strengths based, and so rather than focusing on harmful effects, change the language to reflect increasing the wellbeing of Tasmanians or similar.

In 2020 we outlined suggestions for rewording of the strategic objectives and provided a rationale for those and believe that the following two suggestions remain highly relevant:

- Make the system highly responsive to the needs of Tasmanians and/or
- Listen to the voices of Tasmanians

Both of the above remain relevant as they reflect the sentiment of the current vision (people….can access support where and when they need it) and the principles (A commitment to engage with lived experience…).

Priority populations (p3)

Consideration to the inclusion of 'pregnant women**.**

Action Areas (p3-4)

Regarding Action Area 1.4 and the part in bold -"*Ensure all Tasmanian schools access and use developmentally appropriate evidence-informed alcohol drug education, information, including* ***information about alternatives to the use of medication."***

There was uncertainty as to what this meant in respect to alcohol, tobacco or other drug use.

Action Area 5 – Illicit Drugs (p19)

"However, illicit drug use causes its own set of harms, including overdoses and deaths, criminal activity, drug-induced or drug-exacerbated mental health disorders, and the transmission of blood-borne viruses through sharing of injecting equipment."

This section inaccurately implies that illicit drugs cause crime. Whereas the criminalisation of illicit drugs causes the crime. This must be addressed.

It was observed that Action Areas 5.1-5.3 are almost totally directed at reducing "crime". Our members maintain that drug use is a health issue and that a harm reduction approach is paramount when responding to illicit drug use. We acknowledge the role of police in reducing supply (in line with national policy) but the actions to address illicit drugs in the Strategy are largely concerned with this aspect.

We believe this is a good example of one area of the Strategy that is underdeveloped and contingent on an illicit drugs plan being produced to then see where harm reduction/health responses feature as a part of the government's wider strategy to reduce the harm associated with illicit drugs.

Action Area 7 – the evidence base (p20-21)

This Action Area was seen to not be in alignment with national and international developments and policies in alcohol, tobacco and other drugs. The example of decriminalisation as a policy advancement that is supported by evidence was provided. We would welcome our 2020 suggestion for the inclusion of an action to commit to a review of national and international alcohol, tobacco and other drug policy so to ensure that Tasmania's drug policies are contemporary and evidence informed.

Alcohol, tobacco and other drugs use in Tasmania (p9-10)

There was concern that the statistics in this section set a negative narrative and perpetuate stigma. One member representative urged caution that the manner that this information is being presented to a community that is already impacted, may reduce their sense of empowerment.

Implementation, monitoring and reporting (p21)

This section currently focuses on the Tasmanian Drug Strategy Advisory Group only and is largely retrospective in its focus. We strongly urge that this section provides some direction of how implementation, monitoring and reporting would occur. This could include:

- Information on consultation, engagement, and governance structures.
- ATOD sector committees and working groups to support the progression of the work. Acknowledging that further mechanisms are required should be articulated here as a priority.
- A commitment to engagement mechanisms that are inclusive of community and lived experience stakeholders at all stages (including implementation). In the 2022 consultation process, there was concern around how the community managed sector and people with lived experience would contribute to the work outlined in the Strategy.
- A commitment to co-design (beyond consultation) articulated as an aspirational goal to underpin processes linked to the Strategy where appropriate.

The ATDC recommends that people with lived experience be brought into this process immediately. In the meantime, the ATDC has been providing support to a cohort of lived experience advocates to submit their own response to the 2022 consultation process, and we welcome their perspective.

Indicators and data sources (p22-3)

Table 1 was observed to be lacking key information. For example "*Indicators of individual and community safety*" does not provide indicators that detail the safety of the individual using drugs.

The inclusion of measures regarding system capacity to support the person was also recommended (e.g., the number of staff, withdrawal/detox beds are two examples provided by a member representative) as useful information to assess the progress around the capacity of treatment services to respond to alcohol, tobacco and other drug harm. In the cases of where these statistics do not currently exist, it was suggested that a robust data system should be progressed.

Missed Opportunities

This section provides examples of priorities, that our members believe should be referenced in the Strategy, which would create systemic and meaningful change. The purpose of listing them here is to show examples of the sort of work that we believe would make change for Tasmanians.

- Funding an independent organisation for people with lived experience (Reform Direction #1 in the Reform Agenda for Alcohol and other Drugs). This organisation would have a wide impact including providing meaningful outcomes across many of the focus areas in this Strategy (including the ability to feed advice into the development of documents such as this Strategy).
- Increased investment into treatment and education services to meet demand. The Siggins Miller 2017 report estimated around 6,000 Tasmanians want treatment but cannot access it. The Strategy does not reference the need for increased access.
- The prevention of alcohol, tobacco and other drug (ATOD) harm in Tasmania. Preventing ATOD harm should be a critical component of this Strategy and is a high priority for community managed ATOD sector. It is currently not funded nor is there a strategic plan or approach. The ATDC is aware that the Drug Education Network and the Alcohol and Drug Foundation are intending to submit a response to this process to provide further detail on this area. We support their comments.
- A commitment to reviewing the current drug legislative frameworks, including but not limited to cannabis (e.g. the increase in medicinal cannabis and the decriminilisation of drugs for personal use). Doing so will cement drug use as a health issue, address stigma and improve health outcomes as demonstrated by the evidence from many jurisdictions.
- Improve vertical and horizontal integration. This is mentioned in the Reform Agenda and is relevant as to how the ATOD specialist sector integrates with other sectors (both in government and the community). For example, beyond the ATOD specialist sector, a focus on General Practitioners would make a huge difference, as this group were identified as delivering the majority of ATOD services in the 2017 Siggins Miller report. As the peak body representing the community-managed sector, we regularly hear that access to GPs and mental health practitioners can be very difficult and impinge on outcomes for Tasmanians.
- More clarity on the links and synergies between the Strategy and the wider health reforms occurring through Our Healthcare Future and A Healthy Tasmania, with the purpose of ensuring visibility of ATOD priorities in those documents (enabling ATOD community-managed to access future funding rounds).
- A commitment to addressing the workforce difficulties experienced by the community-managed ATOD specialist sector.

APPENDIX ONE: ATDC Submission to the Tasmanian Drug Strategy consultation, November 2020

Tasmanian Drug Strategy 2021-2027 Summary Paper:

Response from the ATOD community sector

Our consultation process

The ATDC scheduled a one hour, group consultation session via Microsoft Teams, held on November 16 2020. Alison Lai, Dan Vautin and Jackie Hallam guided the participants through the four consultation questions[3].

Attending the session were representatives from the following organisations:

- Pathways Tasmania
- TasCAHRD
- Anglicare Tasmania
- Holyoake
- Alcohol & Drug Foundation
- Drug Education Network
- The Hobart Clinic
- The Link Youth Health Service
- Bethlehem House

Email correspondence was also received from:

- Launceston City Mission
- The Salvation Army
- Youth Family and Community Connections

General Summary

There was widespread agreement that the vision, aim and principles of the document were fine as is.

Most of the discussion focused on the 'Strategic Objectives' and 'Action Areas' sections of the Tasmanian Drug Strategy (TDS) summary paper, and more specifically on Action Area 1 (prevention) and Action Area 6 (interventions and treatment).

The TDS was acknowledged as a 'whole of government' and 'whole of community sector' strategic framework, with the *Reform Agenda for Alcohol and Drug Services in Tasmania* being a distinct document specifically geared to guide collaborative action and activities across the ATOD treatment sector in Tasmania. Understandably, as nearly all attendees are providers of specialist AOD, some of the discussion centred on prioritising actions in the AOD Reform Agenda and making them more visible in the TDS Action Areas.

[3] *Members were also encouraged to submit their own written feedback on behalf of their organisation if they wished.*

		Responses or comments
1.	Do you agree with the general vision, aim and principles? If not, what would you prefer as the vision, aim and principles and why?	There was general agreement that that these sections of the document were satisfactory.
2.	The identified strategic objectives underpin the TDS and will be used as the indicators for implementation, using high-level indicators and data sources such as prevalence and trends data, patterns of use, presentations etc. The indicated individual targeted action plans under the activities will identify additional specific outcome measures and indicators. Are these overarching strategic objectives sufficient to measure the identified vision and aim. Are there any other objectives you think should be included, and if so, why?	There were suggestions that some of the strategic objectives could be reworded in order to logically flow from the vision, aim and principles. **Current strategic objectives recommended for rewording:** • Improve integration of strategic policy responses across Government • Improve integration of treatment responses • Support preventative and developmental approaches (NB: the term developmental approaches needs defining) Suggestions for rewording are below: • Improve integration of strategic policy responses that drive outcomes in the government, community, and private sectors. While the TDS is geared towards coordinating the efforts of different government agencies, it is also seeking to coordinate activity and deliver outcomes across the Tasmanian population. Community and private providers of AOD services are instrumental in reduction of health harms, delivering a significant portion of treatment interventions across the state, and thus are subject to the actions flowing from strategic policy responses. Rewording this objective in this way would better enable measurement of the reduction of "health costs" as noted in the 'Aim'. It also suggests that policy development is necessarily inclusive of these sectors. • Make the AOD system highly responsive to the needs of Tasmanians. By rewording in this way, we ensure that the system is accountable to those who use it. As a consequence, there is a greater onus on listening to those who use the services as well as ensuring that services are geared towards the needs of priority populations. It also responds directly to the wording in the Vision "*...where people can ... access support where and when they need it*" and also to the Principles where it states "*A commitment to listen to the people who are directly affected...*" • Prevent the uptake and delay the first use of alcohol and other drugs. This is a suggestion for rewording. There was a lot of discussion about the 'prevention' area during these consultations and it's recommended more time is spent on finalising the wording of this objective and associated action

	areas (with further advice sought from specialist prevention organisations). **<u>Additional Strategic Objectives for Inclusion:</u>** • Reduce stigma and discrimination '*Reducing stigma and discrimination'* will directly impact help seeking as noted in the vision enabling people to "*access support where and when they need it.*" Commentary from this consultation was strong on adding stigma and discrimination as a strategic objective. • Listen to the voices of Tasmanians '*Listen to the voice of Tasmanians'* reflects the vision as well as the principles. Measurement against this strategic objective would include examining consumer engagement by services as well as the development of a peer workforce for our sector. Moreover, this reinforces the (long-standing) overarching goal of achieving funding for an independent consumer organisation. Both of the above suggestions were considered relevant to getting the input of the different priority groups and also broad enough to be relevant to most action areas.
3. The TDS will focus its action areas on the four main drug types – alcohol, tobacco, pharmaceutical drugs, and illicit drugs - as well as increasing community information to increase the understanding of the drivers of ATOD-related risk and harms (community information); expanding access to best-practice interventions and treatment services (intervention and treatment); and building the evidence-base to support strategic planning, policy development and evaluation (evidence-base). Is there any other high-level action area you think should be added, and if so, why?	There was general agreement that the categories of Action Areas did not adequately flow from the strategic objectives. Further comments provided below.

4.	The activities under each action area are broad and have been limited to no more than three. Are there any specific activities you think should be included, and if so, why?	**Action Area 1 (Community Information)** appears largely concerned with activities related with the area of prevention. There was agreement that this area could be reworked. The discussion highlighted the point that the opportunities in the 'prevention' area are broader than currently articulated. However, this section points to a redeveloped PPEI plan. So, it was difficult to see exactly what activities will occur under this area over and above Activity 1.3 where it discussed school-based programs. Over the last 2 years, culminating with the Prevention Mapping exercise for MHADD, DEN has drilled down into the definition of prevention to illustrate the broader initiatives and programs that fit into this definition. This work will inform the redeveloped PPEI plan and can also inform the activities in this Action Area. There was discussion about strengthening protective factors (reducing risk factors) and a reference to addressing the social determinants of health (there was agreement that these are critically important to have in a Tasmanian Drug Strategy). Generally, it was felt that more time needed to be dedicated to determining the priorities in the area of prevention in the TDS. The DEN and the ADF will be submitting their own submissions geared to responding to this area in more detail. One attendee noted: "*It appears to miss many opportunities around prevention - community information is only one component of this - and the activities under this are very limited. It misses reduction of stigma / discrimination as an example here.*" Another suggestion was: "*Suggest replace Community Info with 'Prevention'. Would also suggest the plan should encourage and support place-based planning and prevention strategies, such as local government health and wellbeing plans, to enable communities to address their local issues with community-led solutions.*" **Action Area 6 (Interventions and Treatment).** Goals to reform the ATOD specialist system (as articulated in the Reform Agenda), such as 'an integrated service system' was seen as a higher priority than 'supporting access to drug diversion programs' or adding extra counsellors to the Tasmanian Prison Service (TPS). This is not to say that those two latter goals are not important, they are. Attendees at the consultation, the majority of who manage ATOD services, were strong in suggesting that some discrete activities from the Reform Agenda should be articulated here as priorities. One attendee noted an inconsistency: "*Question 3 specifically talks about expanding access to evidence based best practice interventions, but this isn't an activity".* There was discussion on funding mechanisms, with respect to both appropriate levels of funding and the duration of funding contracts for organisations. This was mentioned by attendees as a high priority

	that would make a definite impact on the sustainability and effectiveness of services. Reform to funding mechanisms is referred to repeatedly in the AOD Reform Agenda. The group felt that this should be elevated and articulated as a high priority in the TDS. Additionally, funding mechanisms also falls under the goal of 'an integrated service system' in the AOD Reform Agenda (Reform Direction 2), so elevating 'an integrated service system' to a priority could incorporate reform to funding mechanisms (which was seen as having a major impact on the quality and effectiveness of alcohol and other drug services into the future). A focus on co-occurring conditions in this Action Area, especially in light of COVID19, was seen as being a very high priority that should be elevated to an Action Activity. Some activity to support a skilled workforce was also considered a high priority that should be elevated to an Action Activity for this section. The development of a peer workforce would fit under this identified activity, noting that this initiative is occurring in other jurisdictions and seen as a critical component of wrap-around service provision. **Additional Action Area:** Funding of an independent consumer organisation should be a high priority as it sits across all action areas. Noting that this is articulated in the AOD Reform Agenda but seen as a high priority for the ATOD sector and considered an Action Area that should be highlighted in the TDS. **Additional Comments:** - There was concern that the AOD Reform Agenda was two years old by the time it was officially launched. This is the key document referred to as the Action Activity for Intervention and Treatment.
5. Any other comments you may wish to provide.	Additional comments provided from participants included: • A focus on families and carers was seen as missing • Add LGBTQI to the priority populations • Pharmacotherapy waitlists is considered a very high priority to be addressed There were suggestions about how the document was structured and if it flowed logically, and these are discussed below.

Other observations from the consultation session

While the following observations fall outside the framework of the consultation questions, these were observations from the group:

- The *Tasmanian Drug Strategy 2021-2027 Summary Paper* could be strengthened through providing a clearer direction for how the TDS, led by government, will deliver outcomes for the Tasmanian community. At this stage, looking at the information in the summary paper, it was not clear what the key priorities are. This is partly due to the inclusion of plans (all in different phases of development, review, or completion) under each Action Area, a point which is discussed further below.
- There was general concern around funding/capacity of the government/community and private sectors to respond to the actions and activities listed.
- There was a strong desire to see the intended 'outcomes' of the TDS articulated.
- One observation from the discussion concerned the structure and flow of the summary paper.
    - One suggestion was to have the Action Areas directly cascade from the Strategic Objectives. There was a concern that, as is, the Action Areas are a combination of broad plans and then quite specific actions. Including unwritten plans limits the visibility of where the government sees the TDS taking Tasmania forward. It felt appropriate that the Action Areas would identify high level priorities rather than identify those plans that would be written later to identify those priorities.
    - The reliance on plans as the activities that underpin the action areas creates a perception that the Tasmanian Government doesn't actually know what its strategy / priorities are. This results in a sense of no real leadership being taken or defined.
    - As noted above in response to Question 4 - it was suggested that there are some actions 'buried' in some of the written plans (e.g. the AOD Reform Agenda) that are a greater priority than some of the specific activities currently listed under the Action Areas. There was a suggestion to put the 'plans' into their own row, this would allow three key actions/themes in each Action Area to be identified and prioritised. Table 1 shows an alternate layout.
    - As noted above in Question 4 - 'Interventions and Treatment (6) 'an integrated service system', and a highly skilled workforce (as articulated in the AOD Reform Agenda) were seen as having greater importance than reviewing the IDDI.
    - Some reflected that they did not see a link between the priority populations and then the actions. Again, this is a visibility issue. This may well be addressed in the upcoming plans, yet to be written.
    - It may be useful to number the strategic objectives to assist in linking them to the action areas further in the document.

Table 1. Suggestions for flow, linking strategic objectives to action areas and activities

Strategic objectives (*these have been devised quickly and are merely suggestions*)	1.0 Prevent the uptake and delay first use of AODs	6.0 Tasmanians can access an AOD system that is highly responsive to their needs
Action Area	Prevention	Intervention and treatment
Plans	PPEI (to be redeveloped)	Reform Agenda (complete)
Three key priorities	Increase health literacy in the community. Ensure all Tasmanian schools access and use developmentally appropriate evidence-informed school drug education. Strengthen protective factors through place-based, evidence informed community programs.	Integration of the ATOD treatment and support system. Sustainable funding streams matching community need and of suitable duration. Developing and maintaining highly skilled workforce across the ATOD sector.

Please note that where we have suggested examples that these have been quickly devised and are merely examples only.

We acknowledge that this is the first of two consultation stages, and we thank the Tasmanian Government for the opportunity. We look forward to contributing further.