Prevention from the perspective of Tasmania's community-managed ATOD organisations

Submission to Healthy, Active Tasmania 20-Year Preventive Health Strategy 2026–2046

June 2025

No Harm, No Discrimination

atdc
Alcohol, Tobacco and other Drugs Council Tasmania

About the ATDC

The Alcohol, Tobacco and other Drugs Council Tasmania (ATDC) is Tasmania's peak body supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug (ATOD) related harm. Our vision is a Tasmania without ATOD related harm or discrimination. As an independent not-for-profit organisation, the ATDC represents a broad range of ATOD community-managed organisations. These organisations provide information and awareness, prevention and early intervention, harm reduction, and specialised treatment and recovery services and programs.

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Traditional and Original Owners

We acknowledge and pay respect to the Tasmanian Aboriginal community as the traditional and original owners, and continuing custodians of the land and we acknowledge their Elders past and present.

Living and Lived Experience

We acknowledge and deeply value the diverse voices and experiences of people with Lived and Living Experience of alcohol and other drugs. We acknowledge that experiences with alcohol and other drug use are unique to everyone. We value the various support networks who stand alongside people within this community, offering care, support, and strength through challenging times.

Stigma and discrimination can affect not only individuals but also the broader community which impact equity, access, and opportunity for all.

We acknowledge and appreciate the significant contributions of Lived and Living Experience Advocates and Peer Workers. Your expertise, passion, and dedication improve the lives of people, families, and the wider Tasmanian community. Together, we honour your essential voice and shared commitment to creating a future where dignity, respect, and understanding are the foundation of every decision that impacts Tasmanians.

Our funders

The ATDC acknowledges the financial and other support provided by the Tasmanian Department of Health and the Australian Government.

Executive Summary

The ATDC thanks the Department of Health for the opportunity to provide a submission to inform long term preventative health strategic action in Tasmania.

Essential considerations

Three themes underpin our recommended preventative health direction; they are essential to taking a health equity approach and are outlined below.

1. *Positive framing:* the ATDC commends the Tasmanian Government's commitment to the Tasmanian ATOD Communications Charter and recommends the application of positive, strengths-based language when referencing ATOD use within the final 20-Year Preventive Health Strategy. Emphasising empowerment and informed decision-making encourages ownership of health outcomes, reduces stigma, and supports wellness and resilience. To ensure consistency with the Communications Charter, the ATDC recommends review of all language in of the final strategy (particularly Focus Area Two).
2. *Context and impact:* in Tasmania, ATODs significantly contribute to preventable harm. Alcohol remains the most common drug of concern, with opioids, amphetamines, and cannabis also presenting substantial challenges. ATOD related harms disproportionately affect disadvantaged populations and create substantial social and economic costs. When determining future priorities and actions associated with the final 20-Year Preventive Health Strategy, the ATDC would expect to see ATOD use in the top key areas of focus for the Tasmanian Government. Further, the ATDC would expect people who use ATODs to be recognised as a priority population and considered as such in Focus Area Five.
3. *Investment in the community-managed ATOD sector:* ATOD focused prevention services exist in Tasmania, and they are effective. Enabling our systems to give people the right care, in the right place, at the right time requires targeted and sustainable investment. Tasmania's community-managed ATOD sector is experiencing financial strain, impacting service capacity. Several services and programs are currently unfunded or being scaled back. Accordingly, the prioritisation of preventative health initiatives focused on ATOD use must be appropriately resourced. Investment in ATOD services yields substantial economic benefit with every dollar spent returning between $7.40 to $27.50 in community savings.

The preventative health action our sector needs

The ATDC recommends the following preventative health action. This action should inform Tasmania's preventative health direction and be addressed in the first associated action plan.

1. Ensure Tasmania has sufficient and sustainable ATOD treatment and prevention services to meet demand and expand services into rural and remote communities.
2. Prioritise funding and implementation of the *Tasmanian Drug Strategy* and the *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*.
3. Adopt a health-centred approach to the prevention of ATOD related harm, including decriminalisation.
4. Strengthen regulation of online alcohol sales and conduct a health focused legislative review.
5. Implement robust data systems to inform evidence-based preventative health action.
6. Ensure strong governance, supported by dedicated ATOD representation and an associated recurrent preventative health budget.

Introduction

This submission responds to the Discussion Paper *Healthy, Active Tasmania 20-Year Preventive Health Strategy 2026-2046* (HATPHS). The ATDC, representing community-managed ATOD services in Tasmania, appreciates the opportunity to contribute our expertise in evidence-based ATOD prevention and treatment to this consultation process. At the outset of this submission, we acknowledge that ATOD use impacts individuals differently and recognise that some people experience minimal ATOD related effects, while others face significant health and social harm.

ATOD related harms are major social and public health issues with significant costs for individuals, families and the broader community. In 2018, 38% of the burden of disease in Australia could have been prevented by reducing or avoiding our exposure to modifiable risk factors. The risk factors contributing to the most burden were use of tobacco (8.6%), followed by alcohol (4.5%) and illicit drugs (3%)[1] [2].

Positive Framing

The language used in Focus Area Two frames the negative aspects of substance use, highlighting the harms and risks associated with ATOD use. To promote a more positive and empowering approach, the language should be reframed to be more strength-based.

This will promote inclusion, community empowerment and reduce the potential for individuals to perceive or experience stigma.

While this submission primarily responds to Focus Area Two - *'Reduce and eliminate exposure to harmful products and behaviours'*, ATDC advocates for the consideration of ATOD related harm across all proposed focus areas within the final HATPHS. This is because ATOD related harms are prevalent across the lifespan, are exacerbated by health inequity and our physical and online environments and intersect with multiple sectors adjacent to HATPHS strategic action, including youth, housing, justice, disability and mental health. Reducing ATOD related harm can have a tangible impact on intertwined health and social outcomes[3] and is a whole-of-government, whole-of-strategy priority.

Our submission draws on previous papers, resources from sector peak bodies, and consultations with member organisations and individuals with lived and living experience[4].

It is recommended that this submission serves as a foundation for ongoing discussion about ATOD promotion and prevention in Tasmania. Additionally, it is recommended that consideration be given to previous ATOD Sector submissions to the *Tasmanian Drug Strategy 2026-2029*, *Promotion, Prevention and Early Intervention Framework*, and the *Reform Agenda for the Alcohol and other Drugs Sector in Tasmania 2020-2030*. The ATDC welcomes further discussion about specific actions within each submission, for inclusion within the final HATPHS and first four-year action plan.

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[1] *Australian Burden of Disease Study: Impact and causes of illness and death in Australia* 2018, Australian Institute of Health and Welfare, Australian Government, Canberra, viewed 12 May 2025, <Australian Burden of Disease Study 2018>.

[2] This submission primarily focuses on alcohol and illicit substance use due to the tobacco, e-cigarette and prescription medication expertise of other organisations who will respond to this consultation.

[3] For example, in 2022, Tasmania recorded Australia's second-highest rate of ATOD-related ambulance attendances. In this instance, reducing problematic ATOD use leads to a reduction in ambulance attendances which in turn increases ambulance availability (Pennington Institute, 2024).

[4] While this submission platforms the voice of our community-managed ATOD sector, the ATDC strongly advocates for the inclusion of living and lived experience voices in the development and implementation of preventative health initiatives. To this end, we refer the Tasmanian Government to the submission from the ATDC Director of Lived Experience, the content of which is ATDC endorsed.

Preventative health in the community-managed ATOD sector

Tasmania's community-managed ATOD sector is well positioned to address ATOD related harm across the state and is practiced and proven in doing so. ATOD services delivered by community organisations are cost effective (in comparison with treatment and support services offered by government providers) and place based. Our community-managed sector delivers services based on regional knowledge and proximity to the local communities in which they are situated. ATOD community-managed organisations are located across Tasmania - from Smithton, through the northwest coast, in Launceston and in the south and surrounding areas.

Services delivered by Tasmanian community-managed ATOD sector organisations are naturally person centred and holistic and deliver programs that address the social determinants of health. This is demonstrated by many community-managed organisations providing ATOD services alongside and within mental health, housing, justice and financial support systems.

Our sector understands the dual nature of prevention; that minimising harm means intervening in both the early years of someone's life, and in the early stages of a person's chronic health or higher acuity health journey. Our sector works with people who identify with those priority populations highlighted within the HATPHS and our sector works with people who might otherwise have fallen through the gaps of our current healthcare system. Our clients experience intersectional and compounded health inequalities, and they deserve a health system that sees them. A system that provides them the right care, in the right place, at the right time.

Tasmania's community-managed ATOD sector know how to deliver evidence-based preventative health action that delivers high-impact health outcomes for all Tasmanians. The Drug Education Network (DEN) along with the Alcohol and Drug Foundation are connected to prevention communities of practice and have delivered countless community education campaigns and associated resources and training. For example, in 2023 to 2024 DEN delivered evidence-based, age-appropriate drug education sessions to 3331 students across 43 Tasmanian schools. Youth, Family and Community Connections (YFCC) lead the provision of brief intervention and targeted school and community education in the state's north-west and, along with The Link Youth Health Service in the south are experts in the provision of ATOD early intervention for young Tasmanians. Over July to December 2024 alone, YFCC's Health Promotion Team delivered 120 targeted school-based workshops on topics including safe partying, vaping and alcohol to over 2,500 young Tasmanians. In all instances, demand for these services is increasing and outweighs current service delivery capacity.

ATOD focused prevention services exist in Tasmania, and they are effective. They have been evaluated, and they are scalable. These services have in depth knowledge of the drivers required to increase health literacy in local communities and of the community awareness activities relevant to minimising ATOD related harms before they occur.

Within this context, we welcome, and encourage, a further opportunity to discuss the community-managed ATOD sector's role in supporting implementation of the HATPHS and associated action plans.

Action one: address alcohol, tobacco, and other drug harms in Tasmania with sustainable investment

Like other regions in Australian, Tasmania faces significant challenges related to ATOD harms. ATOD related harms are inclusive of mental illness, infectious disease, overdose, injuries, cancers, and cardiovascular and liver disease. These harms impose substantial costs on communities and individuals[5] and can be prevented by investing in specialist AOD treatment.

In 2022-23, alcohol was Tasmania's primary drug concern (51% of episodes followed by amphetamines (21.5%) and cannabis (16.9%))[6]. In 2022, Tasmania recorded Australia's highest opioid dispensing rate, increasing associated risks of unintentional overdose[7]. In 2023, Tasmania recorded 29 unintentional drug-induced deaths, disproportionately impacting men aged 40-60 and those in poverty, alongside Australia's second-highest rate of ATOD-related ambulance attendances (912.6 per 100,000 people) [8, 9].

The intersectional nature of ATOD use and experiences that impact social determinants of health is well documented[10]. For example, in 2019, people entering prison were more than four times as likely to report illicit drug use in the preceding 12 months as people in the general community (73% and 17%, respectively)[11]. ATOD use issues use can also be a contributing factor in homelessness (and/or can develop while experiencing homelessness)[12]. In 2021-22, around 23,400 specialist homelessness services clients in Tasmania (or 8.6% of all clients) were clients who experienced problematic ATOD use[13]. Within this context, access to ATOD harm minimisation and treatment services acts as a prevention initiative which stands to intervene before ATOD related harm (inclusive of life events that impact on our social determinants of health) occurs. Provision of accessible ATOD treatment services is also significantly more cost effective than other interventions (for example, the annual cost of detaining someone in one of Tasmania's secure facilities is $173,857 compared to the annual cost of $26,133 to support someone to change their ATOD use via residential treatment[14]).

We know that around 35,000 Tasmanians need specialist ATOD treatment annually[15]. We also know that around 70,000 Tasmanians need an ATOD brief intervention annually[16]. In early 2025, national research by the University of New South Wales highlighted that only 30-48% of ATOD treatment seeking Australians receive necessary care. This figure, conservatively applied to the Tasmanian context, suggests approximately 18,200 to 36,400 Tasmanians are not receiving the specialist ATOD

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[5] *Health in Tasmania: Primary Health Tasmania Health Needs Assessment 2025-2028* 2024, Primary Health Tasmania, Hobart, viewed 12 May 2025, <Health in Tasmania>.
[6] *Alcohol and other drug treatment services in Australia Annual Report* 2024, Australian Institute of Health and Welfare, Australian Government, Canberra, viewed 12 May 2025, <Alcohol and other drug treatment services in Australia annual report>.
[6] *Tasmanian Drug Strategy 2024-2029* 2024, Department of Health, Tasmania, Hobart, viewed 12 May 2025, <Tasmanian Drug Strategy>
[7] *Opioid medicines dispensing, all ages, from 2016–17 to 2020–21* 2022, Australian Commission on Safety and Quality in Health Care (ACSQHC), ACSQHC, Sydney, viewed 12 May 2025, <Opioid medicines dispensing, all ages, from 2016–17 to 2020–21>.
[8] *Australia's Annual Overdose Report 2024*, Penington Institute, Melbourne, viewed 12 May 2025, < Annual-Overdose-Report-2024>.
[9] Ibid.
[10] See a full discussion of such across pages 19 to 22 of the Tasmanian Drug Strategy.
[11] *National Drug Strategy Household Survey* 2019, Australian Institute of Health and Welfare, Australian Government, Canberra, viewed 12 May 2025, <National Drug Strategy Household Survey 2019>.
[12] *Tasmanian Drug Strategy 2024-2029* 2024, Department of Health, Tasmania, Hobart, viewed 12 May 2025, <Tasmanian Drug Strategy>
[13] *Specialist Homelessness Services Annual Report 2021–22* 2022, Australian Institute of Health and Welfare, Australian Government, Canberra, viewed 12 May 2025, < Specialist homelessness services annual report 2021–22>
[14] *The Case for a Health Focused Response to Drug Use in Tasmania's Legal System* 2023, Community Legal Centres Tasmania (CLCT), CLCT, Hobart, viewed 12 May 2025, <The Case for a Health Focused Response to Drug Use in Tasmania's Legal System>
[15] *Investment in the alcohol and other drugs sector in Tasmania 2023*, 360Edge, Tasmanian Government, Hobart, viewed 12 May 2025, < Tasmanian investment in alcohol and drug sector summary report 2023>.
[16] Ibid.

care and intervention they need. Intervention that could prevent increases in acuity and in co-occurring social and structural harm that impacts on the health outcomes of vulnerable Tasmanians.

Access to specialist ATOD treatment and prevention services in Tasmania is difficult and issues of access are exacerbated by regionality. This longstanding issue has been recognised by decision makers, strategic planners and independent consultants across years of ATOD sector consultation and review (see for example, the *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*, the *Tasmanian Drug Strategy 2026-2029*, and the *360 Edge Investment in the Alcohol and Other Drugs Sector in Tasmania - Final Report*).

Access is a structural health issue. Access to appropriate treatment enables tertiary prevention action and access to appropriate brief intervention and screening enables secondary prevention action. Accordingly, the ATDC is supportive of strategic enablers that address the structural determinants of health and improve access; this includes contemporary and sustainable funding models and targeted investment.

Investment in community-managed ATOD services yields substantial returns: every dollar spent on specialist ATOD treatment saves up to $7.40, and ATOD harm reduction investments save up to $27.50[17]. Sustained funding for harm reduction and specialist treatment services is critical to mitigating ATOD related harm and should form an essential component of the final HATPHS.

The ATDC recommends immediate and sustainable investment in community-managed prevention and treatment services (including investment to facilitate service expansion into rural and remote communities).

Action two: prioritise funding and implementation of the Tasmanian Drug Strategy and the Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania

Both the HATPHS and the *Long-Term Plan for Healthcare in Tasmania 2040* link ATOD related action to the implementation of the *Tasmanian Drug Strategy (2024-2029)* (the TDS) and the *Reform Agenda for Alcohol and Other Drugs Sector in Tasmania (2020-2030)* (the Reform Agenda). However, neither instrument is appropriately funded to deliver the health outcomes the Tasmanian Government has committed to within.

In 2022, $7.4 million was committed over two years to implement the Reform Agenda. This funding was primarily allocated to the delivery of government-led pilot services. In 2024, the budget to progress Reform Agenda implementation was reduced by 25% and allocated in its entirety to the maintenance of the aforementioned pilot services, leaving most outstanding Reform Agenda action unfunded. Further, no additional resources were committed to the implementation of the TDS. This means that, despite being referenced in two key Tasmanian long term health strategies, neither instrument is appropriately funded for implementation.

This significant under-resourcing has stalled critical primary, secondary and tertiary preventative health action and delayed systemic improvements. Five years into a ten-year agenda, stakeholders report growing consultation fatigue coupled with little to no tangible reform impact for people seeking specialist ATOD support. This has been driven by delays in implementing existing strategies and insufficient resourcing to match priorities.

[17] *Understanding the Cost of Addiction in Australia* 2022, Rethink Addiction and KPMG, Rethink Addiction, Victoria, viewed 12 May 2025, <Cost_of_addiction_design.pdf>.

The TDS and Reform Agenda outline a number of important primary and secondary preventative health initiatives including the development of an ATOD Promotion, Prevention and Early Intervention Framework for Tasmania. It is unclear whether funding has been allocated to the implementation of this Framework. The ATDC advocates for dedicated ATOD specific funding and action to implement this Framework within the first HATPHS Action Plan.

The Reform Agenda also includes a number of important tertiary prevention initiatives including the reconfiguration of the service system to meet treatment gaps and work to address the needs of people who experience co-occurring ATOD use and mental ill health, young people who use ATODs, women and people with children, people in or leaving the justice system, older people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and people who identify as lesbian, gay, bisexual, transexual, intersex, queer/questioning, and/or asexual. Addressing Tasmania's ATOD treatment gaps (particularly in the context of priority population need) ensures access to services and is a priority tertiary prevention action. The ATDC advocates strongly that these community members must not be left behind in a whole of government prevention approach.

Tertiary prevention

Referral to available and accessible ATOD treatment is tertiary prevention and prevents further, more acute, ATOD related harm. This includes preventing the level of acuity in existing ATOD use conditions (inclusive of relapse and overdose prevention and needle and syringe programs to prevent transmission of blood borne viruses) and in related chronic health conditions (many of which are exacerbated by ATOD use). In this sense, prevention and treatment are complementary and should be considered in tandem when planning strategic action.

The community-managed ATOD sector remains strongly committed to implementation of the TDS and Reform Agenda. ATDC welcomes the inclusion of the TDS and Reform Agenda in the HATPHS but advocates for urgent and sustained investment in the implementation of the strategic action contained in each to ensure meaningful preventative health action for Tasmanians impacted by ATOD related harm.

The ATDC recommends urgent and sustained investment to rebuild stakeholder confidence and achieve the preventative health outcomes prioritised within the TDS and Reform Agenda.

The ATDC advocates for the inclusion of urgent tertiary prevention action within the first Preventative Health Strategy Action Plan to enable this recommendation.

Action three: adopt a health-centred approach

Tasmania has an opportunity to take a health equity approach to supporting people who use ATODs by aligning Tasmanian drug policy with contemporary evidence and community expectations and decriminalising possession of small amounts of illicit substances for personal use.

Decriminalisation is a tertiary (and in some instances, secondary) prevention action and reduces ATOD related harm for people who currently use ATODs by diverting them from the justice system to the health system.

A 2017 University of Tasmania study estimated criminalisation of drug use costs Tasmania $301.73 million annually, whereas decriminalisation could save around $35 million per year (adjusted for

inflation), or approximately $737 million over 20 years[18, 19]. Beyond economic benefits, decriminalisation significantly reduces stigma; a major barrier to health equity and to help seeking. Criminal penalties cause harm and can significantly impact social determinants of health. They exacerbate marginalisation and hinder recovery, especially for individuals facing mental health issues, homelessness, or blood-borne viruses.

Public sentiment strongly favours decriminalisation. Sixty-nine percent of Tasmanians surveyed by the ATDC oppose criminal penalties for personal cannabis possession and over 85% support a decriminalisation model like that in the Australian Capital Territory (ACT) for all illicit substances[20].

Decriminalisation is not the same as legalisation. At the centre of a health focused decriminalisation model is referral to treatment and support, alongside fines and cautions (see further information about decriminalisation in the ATDC's 'Decriminalising personal drug use' position paper).

Approximately 80,000 Tasmanians aged 14 years and older reported illicit drug use in 2022–23[21]. Further, close to half of the population (14 years and over) have used cannabis at least once in their lifetime. Current laws have the potential to criminalise substantial numbers of the population, raising questions about fairness and practicality of enforcement under the *Misuse of Drugs Act 2001 (TAS).*

Jurisdictions like the ACT have decriminalised personal drug possession, redirecting individuals toward health services. Other states are implementing diversion and drug-checking programs (see further information about drug-checking in the ATDC's 'Drug checking saves lives' position paper), demonstrating a national shift to health-based, evidence-informed responses.

The TDS (action 7.4) supports community consultation to inform strategic reforms. Given strong public backing and clear economic and health benefits, progressing decriminalisation aligns with the goals of both the TDS[22] and the proposed HATPHS, enabling our systems to give people the right care, in the right place, at the right time and improving our environments for health and wellbeing.

The ATDC advocates for decriminalisation which represents a pragmatic, cost-effective, and compassionate policy shift. By transitioning to a health-centred model, Tasmania can reduce stigma, alleviate pressure on the justice system, divert people to the health system sooner and improve access to support services - ultimately enhancing community wellbeing and safety.

The ATDC also advocates for the inclusion of urgent tertiary prevention action within the first Preventative Health Strategy Action Plan to enable this recommendation.

Action four: strengthen regulation of alcohol sales and mitigate emerging harms

The HATPHS identifies several environmental determinants of health, highlighting consideration of both our natural and built environments as a key area of focus (Focus Area Three). The ATDC advocates for greater consideration of density and location (both physical and online) of liquor

[18] *The Case for a Health Focused Response to Drug Use in Tasmania's Legal System* 2023, Community Legal Centres Tasmania (CLCT), CLCT, Hobart, viewed 12 May 2025, <The Case for a Health Focused Response to Drug Use in Tasmania's Legal System>.
[19] Based on CPI inflation from July 2017 to December 2024, and the Reserve Bank of Australia achieving its target inflation of 2.5% per annum (between 2% and 3%).
[20] *EMRS Omnibus Survey 2023*, Alcohol, Tobacco and other Drugs Council Tasmania (ATDC), ATDC, Hobart, viewed 12 May 2025, <EMRS-research-decrim-Feb-2023.pdf>.
[21] *National Drug Strategy Household Survey 2022-23* 2024, Australian Institute of Health and Welfare, Australian Government, Canberra, viewed 12 May 2025, <National Drug Strategy Household Survey 2022–2023>.
[22] *Tasmanian Drug Strategy 2024-2029* 2024, Department of Health, Tasmania, Hobart, viewed 12 May 2025, <Tasmanian Drug Strategy>.

outlets as an environmental factor within this context. This approach is consistent with both the *National Preventative Health Strategy 2021-2030* and the *National Alcohol Strategy 2019-2028*.

Tasmania urgently needs legislative and regulatory reform to address risks from rapid online alcohol sales. Current frameworks under the *Liquor Licensing Act 1990 (TAS)* - last reviewed in 2017 - are outdated and inadequately manage the rapid rise of instant delivery platforms (some of which enable alcohol deliveries within 30 minutes). Online sales lack robust safeguards, exposing communities to preventable harm.

Key regulatory gaps include a lack of licensing requirements (online retailers are not assessed for community impact, trading suitability, or adherence to harm-minimisation strategies), inadequate safety protocols (delivery personnel typically lack training in age verification, intoxication assessment, and safe refusal of service), and weak marketing controls (online platforms are not mandated to display sufficient health warnings or restrict promotions targeting high-risk groups). These gaps starkly contrast with regulated physical outlets adhering to Responsible Service of Alcohol standards, age checks, and location-based licensing.

Tasmania's 14-day[23] approval process for liquor licensing is also the shortest turnover time for community consultation of any State or Territory in Australia. This window of time is important because it ensures that the community has sufficient time to respond and have a say where alcohol is made available in their communities.

Tasmania can adopt best practice from other jurisdictions, including balanced licensing approval processes, mandatory licensing for online retailer's contingent on effective harm reduction strategies, enhanced delivery safeguards and advertising restrictions that minimise harm and maximise visible health warnings online.

The ATDC further highlights an opportunity for Tasmania to align with both national and global best practice. At the national level, the ATDC supports adoption of the alcohol policy achievements outlined within the *National Preventative Health Strategy 2021-2023*[24] and advocates for the replication of these within the forthcoming *Tasmanian Alcohol Action Plan*; the development and funding of which should be an immediate action within the HATPHS Action Plan.

Internationally, the World Health Organisation's *Best buys and other recommended interventions for the prevention and control of noncommunicable diseases* recommend strategies such as increasing alcohol taxes to curb excessive consumption, implementing comprehensive advertising bans and restricting retail availability by limiting trading hours[25]. The ATDC advocates for these strategies to be considered within a health-focused legislative review of the *Liquor Licensing Act 1990 (TAS)* and in ongoing strategic planning for alcohol focused preventative health action in Tasmania.

Finally, the ATDC advocates for consideration of alcohol impacts and intersectionality within the final HATPHS. For example, the link between alcohol accessibility and family/domestic violence is well-established[26]. The ATDC supports the 2024 National Cabinet commitment to jurisdictional alcohol

[23] Noting the current State Government proposal to further shorten this period to 10 days.
[24] *National Preventative Health Strategy 2021-2023* 2021, Department of Health, Australian Government, Canberra, viewed 12 May 2025, <National Preventive Health Strategy 2021-2030>.
[25] *'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases* 2017, World Health Organisation (WHO), WHO, viewed 12 May 2025, <Best buys short report>.
[26] Foundation for Alcohol Research and Education (FARE) 2025, *Family violence: why is this important,* FARE, viewed 24 March 2025, <Family violence | FARE>.

law review to mitigate gendered violence and enhance community safety[27] and recommends consideration of national precedent within Tasmania's final 20-year Preventative Health Strategy.

The ATDC recommends that the Tasmanian Government adopt a preventative health focus to review and modernise the *Liquor Licensing Act 1990 (TAS)* to close regulatory loopholes, reduce alcohol related harms, uphold public health priorities and improve our environments for health and wellbeing.

The ATDC also advocates for immediate action to develop and implement Tasmania's Alcohol Action Plan, as mandated within the Tasmanian Drug Strategy 2024-2029 and associated implementation plan.

Action five: establish robust data systems as the foundation for a 20-year preventative health strategy

The ATDC supports the prioritisation of data and evaluation to enable long-term preventative health action. Within this context, effective data collection, sharing, and analysis is vital. At a service delivery level, modern integrated data systems enable care coordination, outcome evaluation against baseline data, workforce planning, and service design. At a whole of government level, integrated data systems enable data driven decision making (and would greatly enhance the capacity of existing governance bodies including the Interagency Drug Policy Committee to both make strategic decisions and to signal immediate harm). We cannot understand and realise the full prevention and treatment potential of our services without it.

In recognition of the enabling value of data and evaluation, in 2021, the Tasmanian Government and Primary Health Tasmania commissioned the ATDC to produce an options paper outlining recommendations for facilitating improved data-systems to strengthen ATOD data sharing and decision making in Tasmania. In March 2022, the ATDC presented 204 evidence-based recommendations to improve data systems across the ATOD Sector, citing successful models like Housing Connect's Specialist Homelessness Information Platform to do so. The ATDC Data Sharing Options Paper was strongly supported by stakeholders who consistently highlight data limitations as a major barrier to prevention and treatment service delivery, evaluation and innovation.

Investing in a robust data system for the ATOD Sector progresses strategic action under both the TDS and the Reform Agenda and will enhance client-centred care by facilitating seamless information sharing, improving coordination and reducing service duplication. It will promote evidence-based decisions and offer real-time metrics for effective resource allocation and data-driven decision making. A robust data system will also support evaluation by establishing clear benchmarks to track progress toward harm reduction and health equity goals.

Accordingly, the ATDC advocates for consideration and implementation of the ATDC Data Sharing Options Paper. The ATOD Sector is well sized and positioned to trial and evaluate a new data system roll out to inform long-term health prevention action. Starting data-related preventative health action in the ATOD Sector is manageable, scalable, addresses key health inequities and progresses action to support prevention activity for three of Tasmania's top contributors to disease burden (tobacco, alcohol and illicit drug use[28]). Further, implementing data-related preventative health

[27] Foundation for Alcohol Research and Education (FARE) 2024, *FARE welcomes National Cabinet decision to act on alcohol to help prevent gendered violence,* FARE, viewed 24 March 2025, <FARE-WELCOMES-NATIONAL-CABINET-DECISION>.
[28] *Australian Burden of Disease Study: Impact and causes of illness and death in Australia* 2018, Australian Institute of Health and Welfare, Australian Government, Canberra, viewed 12 May 2025, <Australian Burden of Disease Study 2018>.

action in the ATOD Sector supports the progression of current *TDS Implementation Plan One* initiatives, including the development of an early warning drug alert system.

If elements of this activity are to be incorporated into the development of a Central Intake and Referral System (CIRS) for Tasmania's Mental Health and ATOD Sectors, the ATDC calls for urgent sector consultation to inform project development and detailed explanation as to how the CIRS model will address the recommendations provided to Government within the Data Options Paper. Due to lack of ATOD Sector consultation on this project to date, it is unclear how the CIRS model will meet the needs of the ATOD Sector, as outlined in the Data Options Paper.

To enable the strategic action outlined within the HATPHS as it relates to the ATOD Sector in Tasmania, the ATDC urges the Tasmanian Government to prioritise review and implementation of the ATDC Data Options Paper with a view to establish a robust data system for Tasmania's ATOD Sector.

Action six: establish strong governance foundations and dedicated prevention funding streams

The ATDC supports the prioritisation of strong leadership and governance and clear and transparent reporting to enable long-term preventative health action. Further, the ATDC advocates for the articulation of specific governance structures to guide promotion and prevention strategic action. We encourage the Tasmanian Government to outline plans within the HATPHS to build the foundations of a well-funded and governed promotion and prevention system with dedicated sector streams (for example, ATOD, mental health, and suicide prevention) and supported by a clearly defined recurrent line item in forthcoming state budgets. This will ensure prevention is not an afterthought but an essential, complementary pillar alongside treatment - driving better outcomes, reducing future demand on services, and delivering long-term value for the Tasmanian community.

The first step in this process is further consultation with ATOD sector participants about the funding allocation and governance structures required for the Tasmanian ATOD Sector context.

The ATDC recommends that the Tasmanian Government outline plans within the HATPHS to build the foundations of strong preventative health governance, supported by dedicated ATOD representation and an associated recurrent preventative health budget.

Our policy contribution

Tasmania's community-managed ATOD sector has consistently demonstrated its commitment to working with people experiencing complex and co-occurring conditions and recommending solutions to the challenges they face. Key examples of the sectors' contribution to policy development and strategic planning initiatives include:

- *2015: Review of Alcohol and Drug Use and Service Responses in Northwest Tasmania*
- *2017: Tasmanian Alcohol and Other Drug Service System Framework*
- *2018-2020: Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania, 2020-2030*
- *2019: Dynamic Alcohol Modelling Simulation*
- *2022: Our Health Care Future*
- *2022: 360Edge Investment in the Alcohol and Other Drugs Sector in Tasmania - Final Report*
- *2022: Healthy Tasmanian Five-Year Strategic Plan, 2022-2026*

- *2023: Implementation Plan for the Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*
- *2024: Tasmanian Drug Strategy, 2026-2029*
- *2024: Promotion, Prevention and Early Intervention Framework*
- *2024: AOD Service Delivery Framework*
- *2024: Supporting Young People – AOD Service and Practice Framework*
- *2024: Youth Justice Model of Care*
- *2025: Tasmanian Drug and Alcohol Service Planning Model*
- *2025: AOD Workforce Development Strategy*

The community-managed ATOD sector has provided significant insight and suggested many preventative health solutions within the work listed above. Given these consultations were detailed (and in many instances, recent), the ATDC would expect that this feedback is reviewed and considered in the development of Tasmania's final 20-Year Preventative Health Strategy and associated action plans. *Attachment One* of this submission serves to support this process.

The ATDC welcomes further discussion of the recommendations contained within both this submission, and those listed above. After years of recommending health solutions that address ATOD related harm in Tasmania, this is an opportunity to create preventative health action that is meaningful for people in Tasmania who use ATODs, and the services who support them.

Conclusion

Tasmanians who want to reduce ATOD related harm deserve access to support where and when they need it. Early referral to treatment and support is a vital tertiary prevention measure but relies on service accessibility and availability. It is cost effective, affords health equity and keeps people out of our acute health systems. To this end, the success of our preventative health systems in Tasmania should be measured by the number of people we can help to stay out of our hospitals, not by the number of people we can fit into them. Ensuring availability of community-manged ATOD treatment services is an urgent preventative health priority for Tasmania.

Prevention requires sustained investment, clear policy direction, and collaborative, evidence-based action. The ATDC emphasises the critical need to adequately resource community-managed ATOD services, implement existing strategic frameworks comprehensively, and adopt progressive, health-centred approaches such as the decriminalisation of personal substance use. Addressing regulatory gaps and establishing robust, integrated data systems will ensure Tasmania is equipped to proactively respond to current and emerging ATOD challenges.

Moving forward, it is essential that Tasmania's preventive health strategies remain grounded in genuine collaboration with community-managed ATOD services and people with living and lived experience. Community-managed ATOD services provide vital health opportunities for marginalised Tasmanians; people in our community who deserve a health system that prioritises their health and wellbeing. This is an opportunity to ensure that no Tasmanian is left behind.

The ATDC remains committed to working alongside the Tasmanian Government and our sector partners to realise the full potential of Tasmania's 20-Year Preventive Health Strategy.

Attachment One

- *A summary of key ATDC preventative health recommendations to State Government – June 2025*