Submission to Healthy, Active Tasmania 20-Year Preventative Health Strategy 2026-2046 - Attachment One

This attachment collates relevant consultation themes and recommendations made to government by the Alcohol, Tobacco and other Drugs Council Tasmania for the purpose of informing development of the *Healthy, Active Tasmania 20-Year Preventative Health Strategy 2026-2046* and associated strategic action.

This summary is not exhaustive, but provides key recommendations provided during consultation with governments over the past five years.

Theme / Recommendation	Source Document / Consultation
• Drug use is a health issue. • A harm reduction approach is paramount when responding to illicit drug use. • Decriminalisation of drugs for personal use is a strategy for prevention. • Decriminalisation will cement drug use as a health issue, address stigma, encourage equity and access, and improve health outcomes.	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC position statement on decriminalisation. • ATDC position statement on justice and health. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Youth Justice Model of Care.
• Integrate smoking cessation programs into AOD treatment services, as smoking continues to be a significant co-occurring issue in substance use treatment. • Strengthen policies to promote smoking cessation in treatment settings, including the provision of nicotine replacement therapies and other supports.	• ATDC position statement on smoking cessation in AOD treatment. • ATDC focus group contribution to inform the development of the: - Promotion, Prevention and Early Intervention Framework.
• Implement drug-checking services in community settings and at festivals to allow individuals to have drugs tested for harmful substances. • Drug checking reduces harm and prevents drug-related fatalities. • Fixed and mobile site drug checking assists in equity and access, providing brief interventions in services operated by appropriately trained and qualified staff: drug checking sites, much like needle and syringe programs offer further gateways to support for people who use drugs.	• ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC position statement: drug checking saves lives. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model.
• Invest in research on the social and health impacts of illegal and legal drug use to guide evidence-based policy and public health interventions.	• ATDC position statement: drug checking saves lives. • ATDC focus group contribution to inform the development of the:

	- AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework.
• Peer workers are critical to effective treatment and prevention sectors. • Peer workers have been found to support engagement in treatment and support programs, preventing relapse and increasing retention. • Peer workers create psychological safety through consistent support and connection, reducing stigma and normalising client experiences, supporting clients to feel safe to share their stories. • Lack of funding and short-term grants mean most community-managed organisations struggle to recruit and retain peer workers, despite the overwhelming desire for peer workers as a key part of the frontline AOD workforce. • Support the development and expansion of peer worker programmes to improve engagement in AOD services and reduce stigma, particularly in rural and remote areas.	• ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC submission to Our Healthcare Future. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Introduce a Therapeutic Division within the Tasmanian Magistrates Court to offer a health-focused response to individuals with AOD issues within the justice system.	• ATDC position statement on justice and health. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan.
• Increase investment in AOD treatment services within the Tasmanian Prison Service, including expanding in-reach services from the community-managed AOD sector.	• ATDC position statement on justice and health. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework. - Youth Justice Model of Care.
• Reduce barriers to access by improving transportation in regional and rural areas of Tasmania to assist treatment engagement and prevent an increase in acuity.	• ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework.

	- Supporting Young People – AOD Service and Practice Framework.
• Review negative narratives and language to reduce stigma. • There is a strong relationship between stigma, isolation and access to health care. Preventing stigma is a preventative health measure which increases health care accessibility and health equity. • Address stigma and discrimination in healthcare and community settings, particularly in AOD treatment services, to ensure individuals feel safe accessing support and treatment without fear of judgement. • Incorporate lived experience voices into policymaking and service design to reduce stigma and improve service engagement.	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC position paper on stigma and discrimination. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework. - Youth Justice Model of Care.
• Commit to meaningful engagement mechanisms that are inclusive of community and lived experience stakeholders at all stages (including implementation). • Ensure clarity around ongoing consultation, engagement and governance structures. • Fund an independent organisation for people with lived experience to lead meaningful engagement and multi-level system input.	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC submission to Our Healthcare Future. • ATDC's the time is now – business case to State Government. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Ensure clarity around the implementation, monitoring and reporting of progress against strategic goals and actions. • Ensure robust data systems to inform implementation, monitoring and information sharing. • Include measures of system capacity to support recommended strategic action (e.g. the number of staff, withdrawal/detox beds) to understand the system's capacity to respond to the action proposed,	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework.

and to guide additional funding required to enhance system capacity. • Where this data does not currently exist, progress new data systems to allow for adequate data collection. • Data and communication systems have a key role to play in integrating our sector.	- Healthy Tasmania Five-Year Strategic Plan. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Address the workforce difficulties experienced by the community-managed AOD specialist sector (inclusive of recruitment and retention).	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Increase the visibility of AOD issues in the wider health workforce. • AOD use sits across all health areas. AOD skills and capability should be included in all health subjects. There is very limited provision of AOD course content in Tasmania and ensuring all health workers have a basic understanding of AODs would reduce discrimination towards people who use AODs, improve pathways across the system and provide better outcomes for clients.	• ATDC submission to Our Healthcare Future. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Implement stricter regulations on the importation, marketing, and sale of e-cigarettes and vaping products to protect public health, especially among young people. • Provide clear clinical guidelines on the use of e-cigarettes in AOD treatment settings, particularly for individuals trying to quit smoking, ensuring that they are used safely and appropriately. • Increase public education on the risks of vaping, focusing on its impact on health, especially among young people, and integrating harm-reduction strategies for current users.	• ATDC position paper on vaping and e-cigarettes. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.

• Allocate appropriate resources to implementing strategic action (including an appropriately resourced project management team to coordinate implementation).	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian AOD Workforce Development Strategy.
• The Tasmanian community-managed AOD sector is shrinking at a time of increasing need (the community-managed AOD sector continues to document an increase in referrals and demand for services). • Increased investment into treatment, prevention and education services is required to meet demand. • Increased investment is required to implement new AOD related strategic action. • While investment in residential rehabilitation has been welcomed and needed, there are many less costly, evidence-based interventions and programs that could also be implemented or extended. For example, the Matrix Program run by The Salvation Army and Holyoake (now The Hive Counselling) day and outreach programs. Both programs operate to keep people out of hospitals through intervening before the problem requires a hospital stay. There are many of these programs conducted in community organisations across Tasmania. • Invest in cost effective, evidence-based programs that work; support programs that address health issues in the community, before they escalate and lead someone to present at a Tasmanian hospital. • Provide more sustainable funding models, such as longer-term (5-year) contracts for AOD services to ensure service availability, stability and long-term planning for service providers.	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC submission to Our Healthcare Future. • ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC submission to National AOD Workforce Strategy Consultation. • ATDC position paper on sustainable funding. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Community education campaigns around alcohol use should be prioritised. • The World Health Organisation and the Organisation for Economic Cooperation and Development have both promoted upstream, preventive interventions to reduce harm from alcohol and tobacco due to their superior cost-effectiveness. Increasing taxes and limiting advertising are two examples of suggested upstream interventions. • The most recent Australian guidelines to reduce health risks from drinking alcohol were released in 2020. The ATDC was disappointed to see that there	• ATDC submission to Our Healthcare Future.

was no public awareness campaign around the changes in the recommended amounts of alcohol that people should consume. This was a missed opportunity to increase the health literacy of individuals and in turn support people to make good choices.	
• Further increase the provision of naloxone in the community. • Currently the State Government provides naloxone free of charge via Tasmanian needle and syringe outlets. • The availability of this drug should be expanded further into the community for free, to relevant target groups. • At a per-unit cost of less than $40, this intervention goes a long way to mitigating the time an individual stays in hospital or the intensity of the effects of an overdose such as avoiding a lifelong disability.	• ATDC submission to Our Healthcare Future. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft.
• Review the Tasmanian Opioid Pharmacotherapy Program Guidelines. • Access to pharmacotherapy for people with an opiate dependence continues to be a pathway blockage in our sector. • This evidenced-based program, if supported adequately, allows people to achieve stability in their lives, gain control of their health, and keeps them out of chaotic drug use patterns. • Improve access to pharmacotherapy treatment and medically supervised detoxification services in underserved regions of Tasmania.	• ATDC submission to Our Healthcare Future. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia.
• Wider operational frameworks across government, private and community sectors or systems to support prevention do not exist. • ATDC urge the State Government to consider ways to embed prevention initiatives and competencies within systems across portfolios, funding and roles. • For example, prevention could be included in accreditation requirements of all health workers. This would support prevention approaches being part of the 'health toolbox' when working holistically with people who present with AOD problems. • Prevention of AOD harm is currently not well funded nor is there a strategic plan or approach. • Investing in prevention contributes to the global aim of hospital avoidance. • There are numerous references in peer-based journals that have evaluated the effectiveness of prevention programs to improve population and treatment outcomes. The case for prevention as cost effective and evidence based as it relates to AODs has been articulated clearly in Tasmania.	• ATDC submission to Our Healthcare Future. • ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan. - Tasmanian AOD Workforce Development Strategy.

• There are various levels/types of prevention initiatives that can be undertaken to prevent AOD related harm, some considered upstream (e.g. increase taxes) and others downstream (e.g. treatment programs).	
• Improve vertical and horizontal integration. • Integrate AOD services with broader health and social support systems, including mental health, housing, and community services, to address the complex needs of individuals. • Encourage cross-sector partnerships between the AOD sector, healthcare, housing, education, and justice to improve outcomes and foster a more cohesive service delivery system.	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC position paper on integration. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Healthy Tasmania Five-Year Strategic Plan.
• Ensure that action to underpin new strategic direction and reform does not rely purely on further planning and/or the creation of more documentation.	• ATDC submission to inform the development of the Tasmanian Drug Strategy.
• Ensure clear linkages between identified priority populations and actions for implementation. • Specific population groups in Tasmania experience a compounding inequity based on multiple risk factors and intersectional stigma. • Each priority population requires tailored approaches to support individual treatment, reduce harms associated with AOD use, and health and prevention programs that reduce the uptake and use of AODs. Individuals may also identify with multiple priority populations, which further amplifies their barriers to engaging in treatment or support. • There is no community-managed residential secular AOD treatment service in Tasmania. This presents a challenge to certain population groups such as those from the LGBTIQA+ community, Aboriginal and Torres Strait Islanders and CALD communities including international students and refugees. *(The ATDC notes that many non-secular organisations in Tasmania provide exceptional support to people seeking help for their AOD use, however, we also recognise that there is still a gap for those who have been traumatised by past institutional abuse).* • Create a diversity and inclusivity framework for Tasmania. Such a framework to support inclusion across priority populations. Community-managed AOD services in Tasmania have an appetite to provide these services, but it must be supported by funding and appropriate frameworks.	• ATDC submission to inform the development of the Tasmanian Drug Strategy. • ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC position paper on inclusivity and diversity. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Not all areas in Tasmania enjoy equity in accessing services (i.e. rural and remote areas).	• ATDC submission to inform the development of the Tasmanian Drug Strategy.

• People in rural and promote parts of Tasmania, face a lack of services to support both their mental health and to support their service needs around AOD use. • Increase investment in community-managed AOD services, particularly in rural and remote areas, to reduce service gaps and ensure timely access to treatment. • The current funding provided does not reflect the higher costs associated with providing services to rural and regional Australia, a key concern in Tasmania which has a disperse population. • The lack of funding required to meet the needs of frontline service providers means that people are not accessing treatment when and where they need it. • Access to critical primary health services (e.g. GPs) for all Tasmanians, and especially those in regional and rural Tasmania, reflect similar challenges nationwide, with many people unable to access timely treatment for mental and chronic health conditions, which often feed the use of AODs • ATDC member organisations across Tasmania serving regional, rural and remote areas regularly report challenges in finding 'AOD-friendly' primary health services (e.g. GPs, psychologists, and psychiatrists) that provide non-judgemental and non-stigmatising physical and mental health support to people who use AODs.	• ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC submission to Our Healthcare Future • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Across the lifespan, people face a lack of services to support both their mental health and to support their service needs around AOD use. • For young people, an identified priority population, who need supervised detoxification or residential treatment, there are almost no services available in Tasmania.	• ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia. • ATDC submission to the Reform Agenda for the AOD Sector in Tasmania: Consultation Draft. • ATDC focus group contribution to inform the development of the: - AOD Reform Agenda Implementation Plan. - Promotion, Prevention and Early Intervention Framework. - Tasmanian Drug and Alcohol Service Planning Model. - Tasmanian AOD Workforce Development Strategy. - Tasmanian AOD Service Delivery Framework. - Supporting Young People – AOD Service and Practice Framework.
• Increased client complexity, much of which has its roots in poverty and trauma, remains a key driver towards AOD use and harms in many parts of Tasmania as it does nationally. Around 30% of Tasmanians live in the least socio-economically advantaged quintile. • Tasmania faces significant social determinants that drive AOD use.	• ATDC submission to Our Healthcare Future. • ATDC submission to the Standing Committee on Health, Aged Care and Sport inquiry into the health impacts of AODs in Australia.

• The state has some of the highest levels of intergenerational trauma in Australia, influenced by family violence, child abuse, and neglect. Unemployment rates, particularly in regional areas, further compound the problem, contributing to cycles of poverty, along with low education completion rates. • These statistics are linked to increased vulnerability to AOD use, and such use is often employed by individuals as a coping mechanism for unemployment, trauma, poverty and disadvantage. • Improving AOD services for people who live in Tasmania requires addressing these underlying factors with targeted funding, enhanced workforce support, and comprehensive care models that prioritise accessibility in rural, regional and remote areas.	