



Promotion, Prevention and Early Intervention

3rd Report

Tasmanian Alcohol, Tobacco and Other
Drug Sector implementation of the
Everybody's Business strategic framework

2019

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Foreword

In recent years the Tasmanian Government has demonstrated a commitment to promotion, prevention and early intervention (PPEI) in the alcohol, tobacco and other drugs (ATOD) area, particularly through the endorsement in 2013 of *Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use*.

As the lead agency for *Everybody's Business*, the Drug Education Network (DEN) is tasked with reporting on progress against the priorities and actions outlined in the Framework.

The current report is the third in the series and although it aims to answer the question: '*How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?*', it is by now generally agreed that the report only tells part of the story.

The number of participants in the survey has declined each year and much of the information is skewed by the inclusion of DEN activity. DEN being specifically tasked to provide ATOD PPEI support in Tasmania.

The focus of the report is purely quantitative and participation in responding to the survey is voluntary, the report tells us very little about gaps or what is working and where; nor does it truly give a clear picture of ATOD PPEI activity in Tasmania.

DEN is proposing a new reporting structure - a different reporting method to give greater transparency to not only the number of PPEI activities but also the effectiveness, spread and gaps in ATOD PPEI activities across Tasmania.

As the final report for the ATOD PPEI Implementation Plan, *Promotion, Prevention and Early Intervention: 2018 report on the Tasmanian Alcohol, Tobacco and Other Drug Sector implementation of the Everybody's Business strategic framework* is provided as mandated. DEN has also developed a companion document – *Qualitative PPEI Report Proposal* -to prosecute a case for mapping ATOD PPEI activity in this state alongside a qualitative report to give a fuller picture of what is happening in this area.

Along with both these reports DEN has provided a summary breakdown of responses to the Framework KPIs across the five action areas from both the mandated PPEI Report and the Qualitative Proposal process.

This work could not have proceeded without the input of the organisations and individuals (listed within the report) who gave their time to provide the information which led to the conclusions DEN has drawn. We thank them and emphasise that where organisations are named in the report as examples of work, we are aware, that of those interviewed many others provide similar programs contextualised to their clients needs.



Shirleyann Varney
CEO
Drug Education Network Inc

Executive Summary

This report is the third and final report for the ATOD PPEI Implementation Plan, *Promotion, Prevention and Early Intervention: 2018 report on the Tasmanian Alcohol, Tobacco and Other Drug Sector implementation of the Everybody's Business strategic framework*.

The report provides a comprehensive overview of Tasmanian PPEI activities, and is three reports in one, seeking to provide the Tasmanian Government, through the Interagency Working Group on Drugs (IAWGD) with:

1. a final progress report against the actions in the PPEI Implementation Plan during 2017-18
2. a high-level quantitative snapshot of PPEI activities occurring across Tasmania during 2017-18, (see over-page)
3. additional insights into the frequency, effectiveness, spread and gaps in PPEI activities across Tasmania through the *Qualitative PPEI Report Proposal*

Within all three reports, there are four key recommendations presented to the Tasmanian Government to progress PPEI into 2018-19 and beyond. These are summarised below:

1. DEN is funded to map ATOD PPEI activity in Tasmania to develop the PPEI Framework and Implementation Plan 2020-2025

DEN proposes that ATOD PPEI is mapped to identify the strategies, policies, initiatives, organisations, and individuals active across sectors in Tasmania.

In order to ensure that policy and actions to support ATOD PPEI can be effective, DEN proposes that before a new Everybody's Business Framework and implementation plan is put in place, we undertake a mapping project to inform future directions for a reviewed PPEI Framework and Implementation Plan and help to inform how to proceed with data collection.

Results from the *Qualitative PPEI Report Proposal* (included in this report) have provided valuable insights into potential focus areas of the new Framework, including:

- A standardised definition of PPEI is agreed and disseminated through the ATOD, government and community sector.
- Tailored services for Tasmanian target populations including LGBTIQ, senior Tasmanians and rural and regional communities.
- More workforce training and resources to assist with clients with co-occurring conditions.
- A framework, in collaboration with other sectors, e.g. Relationships Tasmania's suicide prevention program, to provide ATOD prevention across the 'whole of person-whole of life' continuum.
- Funding to recognise and resource the development and administration of partnerships to make PPEI work sustainable and seamless.
- Improved data collection, monitoring and evaluation of programs that are resourced as discrete items within Tasmanian Government funding agreements.
- PPEI concepts and approaches more explicitly highlighted in the population health framework as critical to best outcomes for all members of the Tasmanian community.
- Provision of funding for Community Engagement Officers to work across the ATOD and CSO sectors to support links to, and collaborations within, communities.

2. The new PPEI Framework and Implementation Plan 2020-2025 is funded to include both quantitative and qualitative reporting

To provide insight into:

- Identifying significant funded or non-funded PPEI activities that currently exist in the Tasmanian community.
- Ascertaining intersectoral action on PPEI activities in relation to PPEI initiatives in Tasmania and recommend to the Tasmanian Government the most appropriate mechanism to drive intersectoral action on PPEI activities in relation to ATODs in Tasmania.
- Determining the evidence base for these funded programs / challenges for the delivery and reported outcomes of these programs.
- Identifying the gaps in ATOD prevention services and make recommendations to address these.

3. The Tasmanian Government support the ATDC's 2019-20 Budget Priority Statement and extend the scope to include PPEI data.

In its 2019-20 Budget Priority Statement ATDC has again nominated a stronger data system as the main priority for the sector. DEN supports ATDC's Budget Priority Statement and recommends that the scope of the work includes access to PPEI data already held by the Department so that it is made available for future PPEI reports. This recommendation is aligned to the Tasmanian Government's position that ***"Given the investment in ATOD Service System reform processes ... it is essential that investment is made in data and information management systems across the entire ATOD sector to enable the collection and analysis of an evidence base."***¹

A snapshot of PPEI activities:

- The majority of PPEI activities were **educational**.
- Mapping the activities against the ATOD PPEI implementation goals showed that the majority of activities were in **information and resources**, followed by **partnerships and collaboration**.
- Mapping the activities against the priority areas of the **Everybody's Business strategic framework** showed that the majority of activities focused on **fostering resilient individuals** and **building an integrated service system**.
- The majority of PPEI activities were held in the **south of Tasmania**, and state wide activities occurred more frequently than activities that only occurred in the north or the north west of the state.
- **Under half (47%) of all activities were targeted towards a specific age group.**
- The majority of age-targeted activities included **young people**.
- Fewer than a quarter of age-targeted activities included multiple ages.
- 89% of the activities were not gender-specific.
- The vast majority of all activities (81%) did not target a specific population group.
- 7% of activities targeted Aboriginal/Torres Strait Islanders (A/TSI).
- 6% of activities targeted Culturally and Linguistically Diverse (CALD).
- 6% of activities targeted Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

¹ Alcohol, Tobacco and other Drugs Council Tasmania Inc. (ATDC) (2018), Budget Priority Statement 2018-2019, p. 10, <http://www.atdc.org.au/wp-content/uploads/2017/12/ATDC-BPS-2018-2019-1.pdf>

Final Progress Report - PPEI Implementation Plan Background Information

Lead Agency

The Drug Education Network (DEN) is the nominated lead agency* to support the implementation of ATOD PPEI initiatives across government agencies and public, private and community sector providers.

As lead Agency, the DEN will:

<p>Coordinate, monitor and report on the activities highlighted in the implementation plan <input checked="" type="checkbox"/></p> <p>First pilot report completed 2016, larger numbers of organisations contacted to take part in 2017. This current report the third in the series is a combination of a qualitative report undertaken through face to face and telephone interviews, and the quantitative report unchanged since 2017. The qualitative reports demonstrates a new reporting structure - a different reporting method to provide more comprehensive insight into the number of PPEI activities as well as the effectiveness, spread and gaps in ATOD PPEI activities across Tasmania.</p>	<p>Develop and maintain a register of PPEI initiatives in Tasmania <input checked="" type="checkbox"/></p> <p>The register was developed 2016 the take up from other organisations has been minimal. The low participation is possibly a reflection of the divergent understanding of prevention and the challenge of organisations being able to categorise an event or initiative as such.</p>
<p>Provide advice with regard to ATOD PPEI initiatives <input checked="" type="checkbox"/></p> <p>DEN has responded to all referrals for service since 2015 in regard to ATOD and other community organisations seeking advice, resources and information regarding and collaborating with PPEI initiatives. DEN continues to provide support when requested. Since July 2016, 261 copies of the “DEN File #13 – Prevention” resource have been distributed.</p>	<p>Develop appropriate resources and deliver training and education about PPEI including the broader social determinates of health and ATOD use to Government agencies and non- government service providers <input checked="" type="checkbox"/></p> <p>PPEI including the broader social determinates of health are integral components of all DEN’s training sessions Specific resources completed in the past 18 months include: Brief Intervention Sector framework for AOD specialist workers http://www.den.org.au/projects/promotion-prevention-early-intervention-pei/#Framework Brief Intervention training for generalist AOD workers and TASTAFE community sector students DEN completed an update of the DEN Prevention File in 2017 to improve the accessibility and readability of the resource for everyone in the community http://interactive.den.org.au/toolbox/Prevention_DENFile2017_Online.pdf</p>

* The ATDC has been identified to lead some specific activities in the plan that fall within the scope of the organisation

Monitoring and Evaluation

<p>Track the PPEI activities and projects undertaken in the ATOD sphere <input checked="" type="checkbox"/></p> <p>Surveys sent out 6 monthly 2016, 2017 annual option available 2017- 2018 as was indicated as a preferred timeline by many organisations.</p>	<p>Capture and disseminate successes <input checked="" type="checkbox"/></p> <p>The communities champion project has been slow to gain momentum and the considerable ethical and stigma related considerations involved. With just four interviews recorded showcasing prevention more broadly in the community. This has led DEN to think of other ways to capture success stories – leading to the qualitative report in 2018 report.</p>
<p>Assess where adjustment to strategies is needed to better meet the goals and objectives of the priority areas <input checked="" type="checkbox"/></p> <p>1. Understanding of PPEI and PPEI reporting in general</p> <ul style="list-style-type: none"> The Everybody’s Business PPEI Advisory Group agrees to a definition of PPEI and this is then disseminated through the ATOD, Government and community sector. <p>2. Data collection</p> <ul style="list-style-type: none"> The 2019-2020 ATDC Budget Priority Statement outlines the initiative needed to deliver on data collection and analysis. In Appendix 1 of this report DEN has proposed a way forward to collect additional PPEI data with a broader, qualitative approach to the annual PPEI report. The PPEI Report 2018 (see Appendix 3) recommends a single data collection tool to enable widespread collection of PPEI activities within the ATOD sector. <p>3. Brief Interventions</p> <ul style="list-style-type: none"> Continued dissemination of the Brief Intervention Sector framework developed in consultation with the Mental Health Alcohol and Drug Directorate (MHADD) and the PPEI Advisory group. BI training for generalist AOD workers is being rolled out by DEN. DEN’s DEC 2019-2020-Budget Proposal is adopted to provide funds to train NDIS workers on general ATOD awareness and relevant Brief Interventions. <p>4. Target Populations</p>	<p>Identify and respond to new issues or opportunities as they arise <input checked="" type="checkbox"/></p> <p>“Ice epidemic” 2017 - 2019 – DEN has responded to response to community concerns in a variety of ways, including; Staff education and training sessions with various community organisations, generalist AOD workers, working in shelters, and residential youth settings, NDIS providers and hosting Community Drug Forums. DEN has convened Community Drug meetings around the state since 2017, in Glenorchy, Launceston, Burnie, Queenstown and St Helens. These meetings brought together local organisations and community members to have discussions, facilitated by Dom Geraghty, Senior Academic at the University of Tasmania & Board Member of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT). The community forum’s have been an opportunity to inform community about PPEI concepts, programs and benefits.</p>

- Tailor services to be delivered to a number of target populations across Tasmania, including LGBTIQ, Tasmania's aging population and rural and regional communities.
 - Provide ATOD PPEI education to the workforce of organisations which already provide services to target groups, e.g. the Migrant Resource Centre and other organisations outside of the ATOD sector.
- 5. Co-occurring disorders**
- Make resources available for training across sectors.
 - Training to be provided for both generalist and specialist staff across the community services sector.
- 6. Transition points**
- Develop a framework, in collaboration with other sectors, e.g. suicide prevention and Relationships Tasmania to provide ATOD prevention across all transition periods.
 - Continue to resource the provision of further education to sectors outside ATOD on the role of primary and early or secondary intervention across the lifespan and across many domains, (e.g. education and community).
- 7. Partnership**
- Resourcing the development and administration of partnerships is needed to make this work sustainable and seamless.
- 8. Evidence base and evaluation**
- Data collection, monitoring and evaluation of programs is costly both in resources and time and needs to be resourced as discrete items within funding agreements.
- 9. Building Social Capital**
- PPEI concepts and approaches need to be more explicitly highlighted in the population health framework as critical to best outcomes for all members of the Tasmanian community.
 - Provision of funding for Community Engagement Officers to work across the ATOD and CSO sectors to support links to, and collaborations within, communities.

Tasmanian ATOD Sector Implementation Plan Timeline

2015 - 2016

- **PPEI Advisory Group (AG) formed. DEN nominated as Lead Agency** for ATOD PPEI in Tasmania.
- **Implementation Plan is launched** in July 2015.
- **Report project scoping begins.**
- **First draft reporting survey is created.** Contains 125 questions across 65 pages to gather all data outlined in the Implementation plan.
- **Draft Reporting Survey is disseminated to AG.** AG expresses concern that survey is too long and provides suggestions for shortening the visual length of the survey. Requests a feedback form process for the next version of the survey.
- **Development for the PPEI website everybodys.business begins.**
- **Adjusted Draft Reporting Survey disseminated to AG with feedback form, based on previous suggestions.** AG decides the long-form survey is not a workable solution.

2016 - 2017

- **Draft Reporting Tool is redesigned** with assistance from experts within the Advisory Group (AG). New tool is based on Microsoft Excel with 16 columns of attributes. A test group within the AG provide feedback and approve the tool for use in the pilot survey.
- **Style template for PPEI Report is designed** with assistance from experts within the Advisory Group.
- **Pilot Reporting Survey begins.** 15 organisations invited to report and 12 provide data for analysis. Issues with data collection and tentative plans for correction are reported to the AG.
- **Community Champions project begins.** Ethics package is drafted and distributed to AG for comment.
- **Everybodys.Business officially launches.** Website is designed as portal for community members and sector workers, to signpost to accurate information about PPEI.
- **Brief Intervention (BI) Framework project begins.**
- **Community Drug Prevention Forums begin across state.**
- **Feedback survey for Pilot Reporting Tool is disseminated to AG.**
- **Community Champions Ethics Package is finalised and distributed.**
- **First PPEI Report Completed.**

2017 - 2018

- **Overhaul of Reporting Tool is undertaken** based on learnings from the Pilot and results from the Feedback Survey.
- **One organisation drops out of reporting.** Three organisations added to the reporting cycle.
- **Tasmanian Brief Intervention Survey is disseminated.** Results published by DEN on www.den.org.au and everybodys.business.
- **Community of Practice commences.**
- **Final reports gathered for the second survey period.** Challenges and issues on reporting methods further discussed with Advisory Group.
- **Second PPEI Report Completed.**

2018 - 2019

- **Third Reporting Tool is disseminated to participating organisations with no changes.** 7 additional organisations invited to participate in reporting.
- **Succession planning for PPEI Implementation Plan (ending June 2018) begins.**
- **Brief Intervention Framework completed and disseminated.**
- **Brief Intervention Scaffold training project development begins.** Scaffold provides a reference document and training in order to support the goals of the Framework.
- **Qualitative PPEI Report project begins.** Additional report will provide additional information for the succession of the PPEI implementation plan.
- **Final reports gathered for third survey period.** Challenges and issues on reporting methods further discussed with Advisory Group with recommendation to focus on data collection methods in succession planning.
- **Final PPEI Report completed.**

Implementation Plan Final Progress Report: Advocacy and Lobbying

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
Goal: 1.1 For the ATOD sector to play a prominent and active role in public debate on alcohol, tobacco and other drug issues							
1.11 Convene public forums and events (e.g. research symposiums, training and information sessions)	Number of events held: <ul style="list-style-type: none"> • By region * <ul style="list-style-type: none"> ○ North: 1 ○ North West: 0 ○ South: 0 ○ East Coast: 0 ○ West Coast: 0 ○ State Wide: 0 *Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'. • By target audience * <ul style="list-style-type: none"> ○ Age Children, 0-11: 0 ○ Age Young People, 12-24: 0 ○ Age Adults, 25-64: 0 ○ Age Older People, 65+: 0 ○ Age All: 0 ○ Gender CisFemale: 0 ○ Gender CisMale: 0 ○ Gender TransFemale: 0 ○ Gender TransMale: 0 ○ Gender NonBinary: 0 ○ Gender All Men: 0 ○ Gender All Women: 0 ○ CALD: 0 ○ ATSI: 0 ○ LGBTI: 0 *Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'. • Per annum: 9 Activities 	Qualitative Report Findings: More events and awareness building need to happen across the across the state, particularly in regional Tasmania. There are target groups across the state who were identified as needing more support and with whom many organisations would like to work. These groups included in particular the LGBTIQ communities which are at high risk of substance use.	Lead Agency: ATDC Stakeholders: DHHS, DEN, TUHSL, UTAS, STOD CSOs, Rural Health Tasmania	Ongoing	O	CF	PA5

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
1.1.2 Formulate and issue position statements	<p>Number of statements issued:</p> <ul style="list-style-type: none"> • By topic <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • Per annum <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> <p>10 data items coded to this activity (shown as provided):</p> <ul style="list-style-type: none"> • Responded to national minimum data set for ATOD and National Quality Framework for ATOD • Written response and committee attendance on all aspects of Siggins Miller Review • Submission of 2019-20 Budget Priority Statement to Treasury • Meeting with Minister Hunt, Federal Minister for Health • Advocacy at National AOD Peaks Network • Various committee representation • Advocacy at National AOD Peaks Network - Sector Capacity Network • ATDC Budget Priority Statement Meeting • Daily social media posts (Facebook, Twitter) • ATDC media appearances 	<p>Qualitative Report Findings:</p> <p>It is clear that the stakeholders believe that every opportunity must be taken to articulate and disseminate evidence for policy positions through submissions, newspaper or journal articles, discussion papers and public awareness programs</p> <p>The ATOD sector and stakeholders outside the sector need to understand the issues relating to substance use which impact on people across the community, e.g. Pill testing</p> <p>It is important that there is a common understanding of ATOD PPEI concepts e.g. a definition of prevention itself</p>	<p>Lead Agency: ATDC</p> <p>Stakeholders: TUHSL, ATOD CSOs, Rural Health Tasmania</p>	Ongoing	O	CF	PA5

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
1.1.3 Collaborate with institutions (e.g. UTAS) to promote and stimulate public awareness and debate	<p>Number of sessions held:</p> <ul style="list-style-type: none"> • By topic <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • Per annum <ul style="list-style-type: none"> ○ 8 Activities 	<p>Collaboration to build public awareness of ATOD issues and harm minimisation initiatives through a number of approaches is regarded as critical.</p> <p>DEN's findings indicate that a standardised definition of PPEI is not widely understood / accepted. We need to agree to a definition of PPEI which can then be disseminated through the ATOD, Government, community sector and the broader community.</p>	Lead Agency: ATDC, UTAS	Ongoing	O	N	PA5
Goal: 1.2. To reduce the stigma and discrimination associated with ATOD use							
1.2.1 Maintain a position statement about stigma and discrimination	<p>Position statement maintained</p> <p>May 2012 – ATDC Stigma and Discrimination Policy Position Paper available at http://www.atdc.org.au/about-us/atdc-position-papers/</p> <p>This position statement is currently in review, to be re-released in August 2019.</p>	<p>Qualitative Report Findings:</p> <p>Stigma and discrimination is still a significant issue impacting on the provision of support and services to people with substance use issues. The sector would like to see continued and expanded work towards the elimination of stigma and discrimination currently endured by people who use substances.</p>	<p>Lead Agency: ATDC</p> <p>Stakeholders: TUHSL, CRG</p>	By June 2016	O	CF	PA3 PA5
1.2.2 Support existing campaigns (e.g. Support Don't Punish), as well as explore and develop new	<p>Number of campaigns supported:</p> <ul style="list-style-type: none"> • By topic <ul style="list-style-type: none"> ○ SmokeFree Young People: 1 ○ FASD Awareness: 1 	<p>Qualitative Report Findings:</p> <p>Continue to support campaigns that promote PPEI and harm minimisation</p>	Lead Agency: DEN	Ongoing	O	CF	PA3 PA5

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
campaigns that address stigma and discrimination regarding ATOD use	<ul style="list-style-type: none"> ○ Support Don't Punish: 1 ○ Organisation Training: 5 ○ Support Roles: 1 ○ Tasmanian Early Intervention Program: 1 ● Per annum: 10 activities 	More effort needs to be put into campaigns to minimise harms caused by alcohol.	Stakeholders: ATDC, TUHSL, CRG, PHN			DEN	
Goal: 1.3 To challenge Tasmania's drinking and drug taking culture							
1.3.1 Develop public education messages about ATOD use and associated risks/harms (such as the dissemination of the NHMRC guidelines for low risk drinking)	Number of public education messages delivered: <ul style="list-style-type: none"> ● By type <ul style="list-style-type: none"> ○ Education: 9 ○ Collaboration: 2 ○ Resource Development: 2 ○ Project: 1 ○ Consumer Engagement Initiative: 1 ● By target audience * <ul style="list-style-type: none"> ○ Age Children, 0-11: 1 ○ Age Young People, 12-24: 0 ○ Age Adults, 25-64: 0 ○ Age Older People, 65+: 1 ○ Age All: 3 ○ Gender CisFemale: 0 ○ Gender CisMale: 0 ○ Gender TransFemale: 0 ○ Gender TransMale: 0 ○ Gender NonBinary: 0 ○ Gender All Men: 0 ○ Gender All Women: 0 ○ CALD: 1 ○ ATSI: 0 ○ LGBTI: 0 	Qualitative Report Findings: Services need to be tailored for and delivered to a number of target populations across Tasmania, including LGBTIQ, Tasmania's aging population and rural and regional communities. The workforce of organisations which already provide services to target groups outside of the ATOD sector, need to be provided ATOD PPEI education across the state.	Lead Agency: DEN	Ongoing	O	CF	PA5
			Stakeholders: DHHS, ATOD CSOs, TUHSL, Rural Health Tasmania			DEN	

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
	<p><i>*Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'.</i></p> <p>Per annum: 16 activities</p>						
1.3.2 Highlight positive role models in the local community	<p>Number of role models identified and stories promoted:</p> <ul style="list-style-type: none"> Via Everybody’s Business website: 0 Via other media channels: 0 Per annum: 3* <p>*3 data items coded to this activity (shown as provided):</p> <ul style="list-style-type: none"> Grandparents Raising Grandkids - table talk Pulse: Goodwood Community Centre parents sessions Cosgrove High School - senior students / harm minimisation sessions 	<p>Qualitative Report Findings:</p> <p>Better wellbeing outcomes, both in the area of PPEI and treatment, as well as lower costs in the long-term, are influenced by the impact of the social determinants of health. Look at providing collaborative, place-based strategies that view vital communities as a key part of health. These strategies strive to not only improve healthcare delivery, but also to promote access to quality education; affordable housing; safe neighbourhoods, healthy food, and liveable-wage jobs. Identify organisational champions within these areas</p>	<p>Lead Agency: DEN</p> <p>Stakeholders: ATOD CSOs, TUHSL, CRG, wider local community organisations</p>	Ongoing	O	N	PA3 PA5

Goal: 1.4 To ensure the responsible sale and supply of alcohol and tobacco

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
<p>1.4.1 Advocate for relevant legislative amendments around sale and supply of alcohol and tobacco. For example:</p> <ul style="list-style-type: none"> Restrictions on promotions in licenced premises that encourage rapid and/or excessive consumption of alcohol Reviewing the legal drinking age Reviewing the legal blood alcohol level to 0.00 Advocating for the reduction of liquor licences issued and restrict those issued for sporting and family events 	<p>Number of submissions and/or briefings to the IAWGD:</p> <ul style="list-style-type: none"> By topic <ul style="list-style-type: none"> Data Unavailable Per annum <ul style="list-style-type: none"> Data Unavailable* <p>*3 data items coded to this activity (shown as provided):</p> <ul style="list-style-type: none"> ATDC Submission to TILES on the Launch of Law Enforcement and Public Health Issues Paper INWAT Newsletter Alcohol Advertising Review Board 	<p>Qualitative Report Findings: Continue this advocacy</p>	<p>Lead Agency: ATDC via IAWGD</p>	<p>Ongoing (and in specific response to legislative review)</p>	<p>O</p>	<p>N</p>	<p>PA5</p>
<p>1.4.2 Support, inform and contribute to relevant legislation, regulatory</p>	<p>Number of submissions and/or briefings to the IAWGD:</p> <ul style="list-style-type: none"> By topic <ul style="list-style-type: none"> Data Unavailable 	<p>Qualitative Report Findings: Continue to support, inform and contribute to this work.</p>	<p>Lead Agency: ATDC via IAWGD</p>	<p>Ongoing (and in specific response to</p>	<p>O</p>	<p>N</p>	<p>PA5</p>

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
frameworks and compliance regimes	<ul style="list-style-type: none"> Per annum <ul style="list-style-type: none"> <i>Data Unavailable*</i> *3 data items coded to this activity (shown as provided): <ul style="list-style-type: none"> Paper delivered for Law Reform Commission on plan for recidivist drink driving Court Alcohol Framework TAS Meeting with Rebecca White - Labour Leader / Politician 			legislative review)			
<p>1.4.3 Maintain a strong focus on frontline policing, including:</p> <ul style="list-style-type: none"> A high visibility approach in and around licencing venues Targeting of underage alcohol-related issues Broader breath alcohol testing 	<p>Number of:</p> <ul style="list-style-type: none"> Liquor Infringement Notices (LINs) issued: 2,060 Secondary supply infringements/charges: 7 RBT statistics <ul style="list-style-type: none"> Random Breath Tests: 478,219 Drink Driving Charges: 2,173 	<p>Qualitative Report Findings:</p> <p>This was not identified as a major priority probably because the ATOD PPEI sector works in the harm minimisation space and is therefore not focused on policing.</p> <p>There could be a stronger relationship between the ATOD sector and police.</p> <p>There is a need for an expanded diversion program and strengthened linkage between drug courts and NGOs in ATOD Prevention and treatment services.</p>	Lead Agency: Tasmania Police Road and Public Order Services (RPOS)	Ongoing	O	N	PA5
Goal: 1.5 To support the creation and maintenance of Drug User Organisations within Tasmania							

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (See: ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
<p>1.5.1 Advocate for sustainable funding for consumer driven, peer-based drug user organisations</p>	<p>Funding requested for drug user organisations in ATDC budget priority statement:</p> <p>1 data item coded to this activity (shown as provided):</p> <ul style="list-style-type: none"> Supporting TUHSL and CRG to organise state-wide organisation for AOD Consumers 	<p>Qualitative Report Findings: Peer workers can make a big difference in supporting integration into the community. There are, however, degrees of difficulty in this work due largely to the stigmatisation of people with substance use issues. It is clear that for this work to be truly effective, there needs to be a less judgemental and punitive approach to drug use generally.</p> <p>ATDC is working on a consumer organisation project.</p>	<p>Lead Agency: ATDC</p> <p>Stakeholders: TUHSL, CRG</p>	<p>Annually</p>	<p>O</p>	<p>N</p>	<p>PA3</p>

Implementation Plan Tabled Report: Partnerships and Collaboration

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
Goal: 2.1 To improve strategic linkages within the ATOD sector with external agencies							
2.1.1 Encourage and support awareness of ATOD service providers and programs	Number of: <ul style="list-style-type: none"> • Information sessions facilitated • Bus tours run <ul style="list-style-type: none"> ○ Total: 3 ○ South: 1 ○ North: 1 ○ North West: 1 • Interagency Collaborative Working Group meetings held <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • Register of ATOD PPEI activities completed <ul style="list-style-type: none"> ○ Calendar located at: http://localendar.com/public/PPEITasmania 	Qualitative Report Findings: Increase knowledge of pathways <i>See Information and Resources 3.1.2 Develop mechanisms that will support the work of the Strategic Framework</i> Based on the results of the consultations for this report, DEN has recommended a project to map ATOD PPEI activity in Tasmania to identify the strategies, policies, initiatives, organisations, and individuals active across sectors in Tasmania. The current information at the disposal of the AWGD is insufficient for developing policies or initiatives to support ATOD PPEI. The report also demonstrates how much work is being done outside of the ATOD sector.	Lead Agency: ATDC, DEN Stakeholders: Interagency Collaborative Working Group, AOD EAG, Tasmanian Peaks Network	Ongoing (Interagency Collaborative Working Group to commence June 2015)	O	N	PA4
Goal: 2.2 To build collaborative working relationships within the community which address ATOD use							

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
<p>2.2.1 Develop new, and enhance existing, partnership programs and resources:</p> <ul style="list-style-type: none"> Which promote strong messages around responsible ATOD use and harm reduction Aimed at early interventions and building resilience 	<p>Number of partnership programs and resources in existence:</p> <ul style="list-style-type: none"> By type <ul style="list-style-type: none"> Collaboration (e.g. Working group): 11 ATOD Sector Activity: 19 Education: 8 Community Activity: 7 Training: 6 Project: 1 Resource Provision: 1 Resource Development: 1 Consumer Engagement Initiative: 2 Other: 1 By region * <ul style="list-style-type: none"> North: 8 North West: 2 South: 31 East Coast: 1 West Coast: 0 State Wide: 14 <p><i>*Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'.</i></p> <p>Number of new programs and resources developed:</p> <ul style="list-style-type: none"> By type <ul style="list-style-type: none"> Data Unavailable By region <ul style="list-style-type: none"> Data Unavailable 	<p>Qualitative Report Findings:</p> <p>Most of the participating organisations reported that they worked in collaboration with other organisations, often informally</p> <p>Importantly, cross-sector collaboration allows agencies to better manage the complex needs of clients and provide a more holistic and coordinated service. By working across sectors, ATOD services can contribute to a growing pool of knowledge, expertise, funding, shared referrals and other valuable resources which can improve outcomes for clients.</p>	<p>Lead Agency: DEN</p> <p>Stakeholders: DHHS, Interagency Collaborative Working Group, ATOD CSOs, Rural Health Tasmania, Mental Health Services, LGAT, Sporting Clubs and Associations</p>	<p>Ongoing (Interagency Collaborative Working Group to commence June 2015)</p>	O	N	<p>PA1</p> <p>PA2</p> <p>PA3</p> <p>PA4</p>
<p>2.2.2 Strengthen ATOD capacity within child and</p>	<p>Number of ATOD training/promotion sessions provided:</p> <ul style="list-style-type: none"> By type 	<p>Qualitative Report Findings:</p> <p>PPEI starts in the peri-natal</p>	<p>Lead Agency: DEN</p>	<p>Ongoing</p>	O	N	<p>PA1</p> <p>PA2</p>

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
maternal health and family centres	<ul style="list-style-type: none"> o Education: 5 o Training: 1 • By region * <ul style="list-style-type: none"> o North: 1 o North West: 1 o South: 3 o East Coast: 0 o West Coast: 0 o State Wide: 1 <p><i>*Incomplete data: See PPEI Report pg.28, 'Activities assigned to goals'</i></p> <ul style="list-style-type: none"> • Per annum <ul style="list-style-type: none"> o 6 activities 	<p>years and families and children must be support from the beginning of life to build resilience and awareness and prevent substance use issues in the future.</p> <p>Cross-sector collaboration is a more efficient and effective way of providing services for individuals and/or families with complex needs.</p>	<p>Stakeholders: DHHS, Early Years Providers, Child and Family Centres</p>				PA3
2.2.3 Develop connections with Neighbourhood Houses to strengthen worker capacity regarding ATOD issues	<p>Number of:</p> <ul style="list-style-type: none"> • Neighbourhood Houses visited* <ul style="list-style-type: none"> o Outreach Clinics: 93 Visits o Other Activities: 4 <p><i>*Incomplete Data</i></p> <ul style="list-style-type: none"> • Resources disseminated to Neighbourhood Houses <ul style="list-style-type: none"> o 530 Resources 	<p>Qualitative Report Findings: A key partner in ATOD PPEI initiatives must be the community. Building community capacity to identify and develop inherent strengths in order to respond to complex social problems is an essential step. Neighbourhood Houses are integral to this work and there are a number of programs in partnership focused on PPEI activity.</p>	<p>Lead Agency: ATDC, NHT</p>	<p>By June 2016 and ongoing thereafter</p>	O	PF	PA3 PA4 ATDC Your Call
2.2.4 Support and encourage ATOD organisations to maximise	<p>Number of:</p>	<p>Qualitative Report Findings: Organisations reported that</p>	<p>Lead Agency: ATDC</p>	<p>Ongoing</p>	O	PF	PA4

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
consumer engagement in service planning and delivery	<ul style="list-style-type: none"> • Training/information sessions provided* <ul style="list-style-type: none"> ○ 2 sessions <i>*Incomplete Data</i> • Consumer engagement strategies developed <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • Consumer representatives maintained by ATOD sector or organisations <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> 	<p>they modified or changed their programs based on feedback from end users. It is critical to all those interviewed that the voice of the consumer and their feedback is not considered “less” than that of an external evaluator and that the feedback from consumers is incorporated in service review and development.</p> <p>A co-design approach was championed by some services.</p>	<p>Stakeholders: DHHS, TUHSL, CRG, ATOD CSOs</p>				

Implementation Plan Tabled Report: Information and Resources

Activities	Current Activities	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
Goal: 3.1 To develop a repository of evidence-based resources about PPEI							
3.1.1 Develop and launch an <i>Everybody's Business</i> website and highlight 'champions' in the community	<p>Everybody's Business website developed and launched</p> <p>Website launched 14 Nov 2016, available at www.everybodys.business</p>		Lead Agency: DEN	June 2016	C	N	PA4
<p>3.1.2 Develop mechanisms that will support the work of the Strategic Framework:</p> <ul style="list-style-type: none"> An ATOD PPEI website A register of ATOD PPEI activities across Tasmania Linkages to contemporary evidence-based PPEI resources 	<ul style="list-style-type: none"> ATOD PPEI website developed <ul style="list-style-type: none"> Website available at www.everybodys.business PPEI information available at www.den.org.au/ppei Register of ATOD PPEI activities developed <ul style="list-style-type: none"> Calendar located at: http://localendar.com/public/PPEITasmania <p>Number of:</p> <ul style="list-style-type: none"> Resources provided <ul style="list-style-type: none"> Total Posts: 503 Posts 2017/18: 135 Resources accessed <ul style="list-style-type: none"> Sessions, lifetime: 2,358 Sessions, 2017/18: 1,365 	<p>Qualitative Report Findings:</p> <p>Many of the organisations consulted for this work referred to the challenge of finding a pathway to connect people to the services they need, including psychosocial and recovery services. This is particularly so for regional areas.</p> <p>The proposed mapping project in the Qualitative Report is a potential solution. <i>See response to Partnerships & Collaborations 2.1.1 Encourage and support awareness of ATOD service providers and programs.</i></p>	Lead Agency: DEN Stakeholders: ATDC, ATOD CSOs, TUHSL	June 2016	O/C	N	PA4

Activities	Current Activities	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
<p>3.1.3 Review and disseminate brief intervention tools and programs:</p> <ul style="list-style-type: none"> That the ATOD sector can embrace as part of everyday business Specific to young people Aimed at building resilience and raising awareness of drug harms 	<p>Review of:</p> <ul style="list-style-type: none"> ATOD sector brief intervention model <ul style="list-style-type: none"> Tasmanian Framework released: http://www.den.org.au/projects/promotion-prevention-early-intervention-ppei/#Framework Brief intervention model for young people <ul style="list-style-type: none"> Brief interventions for all groups thoroughly reviewed in Framework writing process: Youth-specific screening tools recommended inside Framework. <p>Number of programs developed aimed at:</p> <ul style="list-style-type: none"> Building resilience <ul style="list-style-type: none"> Data Unavailable* Raising awareness of drug harms <ul style="list-style-type: none"> Data Unavailable * <p>* See PPEI Report Pg. 27, 'Activity Content'.</p> <p>78 data items coded to this activity (summary provided):</p> <ul style="list-style-type: none"> Project: 2 Education: 15 ATOD Sector Activity: 15 Resource Provision: 31 Resource Development: 1 	<p>Qualitative Report Findings:</p> <p>There was some confusion regarding Brief Interventions (BIs), in particular the definition and the recording of BIs when they are part of the initiatives employed by a service. However, all participants agreed that BIs are a useful secondary and tertiary prevention tool.</p> <p>There is clearly a need to continue to disseminate the Brief Intervention Sector Framework developed in consultation with the Mental Health Alcohol and Drug Directorate (MHADD) and the PPEI Advisory group.</p> <p>Provide BI Intervention training for generalist AOD workers (being rolled out by DEN). There are plans for this to be expanded to provide meaningful information and processes in the workers' encounters with clients with substance use issues and represents a step forward in addressing co-occurring disorders.</p> <p>Much of the building resilience work is being done through school programs.</p>	<p>Lead Agency: DEN</p> <p>Stakeholders: DHHS, DoE, ADS, ATOD CSOs, UTAS</p>	<p>June 2016; reviewed/ updated annually thereafter</p>	<p>O</p>	<p>CF</p> <p>DEN</p>	<p>PA2</p> <p>PA3</p> <p>PA4</p>

Activities	Current Activities	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
	<ul style="list-style-type: none"> ○ Training: 2 ○ Consumer Engagement Initiative: 1 ○ Community Activity: 3 ○ Collaboration (e.g working group): 1 ○ Other: 7 						
Goal: 3.2 To adopt a range of evidence-based school drug education							
3.2.1 Develop and provide best-practice ATOD teaching resources for prevention and education	Number of teaching resources developed and circulated: <ul style="list-style-type: none"> ● By topic* <ul style="list-style-type: none"> ○ Development: Moderation of Student Forums ○ Development: Rolling out Staying Safe Forums ○ Development: ‘The Guide to AOD Education [in schools]’ ○ Circulated: 0 ● Per annum* <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> *See PPEI Report Pg. 27, ‘Activity Content’.	Qualitative Report Findings: There is a need for greater and more innovative approaches to prevent and reduce harms caused by substance use and to help build strong, confident resilient individuals and communities are consistently identified as necessary to move forward The reality of negative life experiences which contribute to harmful practices, makes it essential that a whole of person, whole life approach is in place. This recognises the critical role of the social determinants of	Lead Agency: DEN, DHHS, DoE	June 2015; reviewed/ updated annually thereafter	<div style="border: 1px solid black; padding: 2px 10px;">0</div>	<div style="border: 1px solid black; padding: 2px 10px;">CF</div> DEN	PA2

Activities	Current Activities	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
	<p>16 data items coded to this activity (summary provided):</p> <ul style="list-style-type: none"> o Education: 9 o Training: 2 o Resource Provision: 1 o Resource Development: 3 o ATOD Sector Activity: 1 	<p>health in the delivery of effective and respectful service.</p> <p>Continue to support people using substances and their families to address the risk factors that might lead to problematic use before serious harms occur.</p>					
<p>3.2.2 Provide resources within the Principles of Drug Education which facilitate student engagement, building resilience and referral to appropriate support services for young people, their families and communities around ATOD use</p>	<p>Number of resources provided:</p> <ul style="list-style-type: none"> • By topic* <ul style="list-style-type: none"> o Drumbeat: 86 o Alcohol & Standard Drinks: 53 o Tobacco & Smokerlyzers: 1 * <i>Incomplete data. See PPEI Report Pg. 27, 'Activity Content'.</i> • Per annum <ul style="list-style-type: none"> o 140 Resources 	<p>Qualitative Report Findings:</p> <p>There is a significant number of programs aimed at children and young people, but there is insufficient provision of PPEI programs to cover the transition from primary school to high school.</p>	<p>Lead Agency: DEN, DHHS, DoE</p> <p>Stakeholders: TUHL, ATOD CSOs that facilitate information sessions (e.g. Red Cross, YFCC, Anglicare, Salvation Army, Cornerstone, Rural Health Tasmania)</p>	<p>June 2015; reviewed/ updated annually thereafter</p>	O	CF	<p>PA1</p> <p>PA2</p>
<p>3.2.3 Facilitate joint projects between schools and the community to enhance ATOD knowledge</p>	<p>Number of projects facilitated:</p> <ul style="list-style-type: none"> • By topic * <ul style="list-style-type: none"> o College Wellness Expo: 1 o Empowering Youth: 1 o UTAS Education Students: 1 o Year 10 Student Weekend Behaviours: 1 	<p>Qualitative Report Findings:</p> <p>The PPEI 2018 Report noted that in this survey period, the Everybody's Business priority area "Building an inclusive community saw a large</p>	<p>Lead Agency: DEN, DHHS, DoE</p> <p>Stakeholders: ATOD CSOs that facilitate</p>	<p>Ongoing</p>	O	CF	<p>PA1</p> <p>PA2</p> <p>PA3</p>

Activities	Current Activities	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
	<ul style="list-style-type: none"> ○ Methamphetamine Education: 1 ○ Flinder’s Island Aboriginal Association Tailored School Visits: 1 ○ Colony 47 BACKSWING Young program: 1 ● Per annum * <ul style="list-style-type: none"> ○ 7 Projects <p><i>* Incomplete data. See PPEI Report Pg. 27, ‘Activity Content’.</i></p>	<p>increase.” The participants of the interviews conducted for this Qualitative report also named building community as an important element in PPEI activity. Joint school and community programs have been demonstrated to achieve good results, however there are not enough of these.</p>	<p>information sessions (e.g. Red Cross, YFCC, Anglicare, Salvation Army, Cornerstone, Rural Health Tasmania)</p>				

Implementation Plan Tabled Report: Workforce Capacity Building

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
Goal: 4.1 To build the knowledge and capacity of the ATOD sector workforce in PPEI principles and strategies							
<p>4.1.1 Provide training and information sharing within the ATOD sector through events (e.g. research symposiums, workplace exchange programs)</p>	<p>Number of events conducted:</p> <ul style="list-style-type: none"> • By topic* <ul style="list-style-type: none"> ○ Drug Data Information Sessions: 2 ○ ATDC Regional Member Meetings: 3 ○ Peaks Capacity Building Network Meetings: 6 ○ ATDC Roadshow: 3 ○ TOPPS review: 5 ○ ATDC Bus Tour: 20 ○ Interagency Meetings: 15 ○ Dorset Visiting Service Provider Meeting: 3 • By region # <ul style="list-style-type: none"> ○ Data Unavailable <p><i># Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'.</i></p> • Per annum <ul style="list-style-type: none"> ○ 72 events* <p><i>* Incomplete data. See PPEI Report Pg. 27, 'Activity Content'.</i></p> 	<p>Qualitative Report Findings: There is an identified need for access to a pool of knowledge and expertise enabling creative problem-solving to deliver a sense of common purpose, increased evidence-based practice and an increase in staff morale resulting from a decrease in isolation.</p>	<p>Lead Agency: ATDC, DEN</p> <p>Stakeholders: DHHS, UTAS, ATOD, CSOs, Rural Health Tasmania</p>	<p>Ongoing</p>	<p>0</p>		<p>PA4</p>

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
<p>4.1.2 Provide consultancy and training in PPEI to the ATOD sector regarding the incorporation of PPEI programs into current work</p>	<p>Number of events conducted:</p> <ul style="list-style-type: none"> • By topic* # <ul style="list-style-type: none"> ○ Collective Impact Initiatives: 1 ○ Neighbourhood House Presentation: 1 ○ Corrections Presentation: 1 • By region* # <ul style="list-style-type: none"> ○ Data Unavailable • Per annum*# <ul style="list-style-type: none"> ○ Activities: 3 <p><i>* Incomplete data. See PPEI Report Pg. 27, 'Activity Content'.</i> <i># Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'.</i></p>	<p>Qualitative Report Findings: Training needs to be addressed with regards to PPEI, particularly for brief interventions. Just as the mental health sector has rolled out Mental Health First Aid across many sectors in the community, Brief intervention training needs to be provided to all workers who may come in contact with people with substance use issues.</p>	<p>Lead Agency: DEN</p> <p>Stakeholders: TCCI, Worksafe Tasmania, Rural Health Tasmania</p>	<p>Ongoing</p>	<p>O</p>	<p>N</p>	
<p>4.1.3 Advocate for specific funding for PPEI Community Educators within the ATOD sector</p>	<p>PPEI funding requested for ATOD sector in ATDC budget priority statement:</p> <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> <p>3 data items coded to this activity (shown as provided):</p> <ul style="list-style-type: none"> ○ Consultation on budget priorities for the ATOD sector [North] ○ Consultation on budget priorities for the ATOD sector [North West] ○ Consultation on budget priorities for the ATOD sector [South] 	<p>Qualitative Report Findings: Organisations wanted to see stronger advocacy for more resourcing to reach more people. Deficits in full-service provision are mainly due to lack of resourcing, especially for staff development and training, being spread too thinly - often across the whole state - with very little support for outreach and having very little understanding of what other services provide.</p>	<p>Lead Agency: ATDC</p> <p>Stakeholders: DHHS, ATOD CSOs, Rural Health Tasmania</p>	<p>Annually</p>	<p>O</p>	<p>N</p>	<p>PA4</p>

Goal: 4.2 To build the knowledge and capacity of the non-ATOD sector workforce in PPEI principles and strategies

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
<p>4.2.1 Provide training and workforce education specifically promoting PPEI principles and develop PPEI resources to distribute</p>	<p>Number of training sessions conducted/resources distributed on PPEI:</p> <ul style="list-style-type: none"> • By target audience *# <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • Per annum *# <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> <p>26 data items coded to this activity (summary provided):</p> <ul style="list-style-type: none"> • By Type <ul style="list-style-type: none"> ○ Training: 11 ○ Education: 11 ○ ATOD Sector Activity: 2 ○ Resource Provision: 1 ○ Other: 1 • Examples <ul style="list-style-type: none"> ○ Bicultural Health Worker Training ○ Mental Health Nurses Info Session ○ Child Safety Workers Training ○ Ice Training ○ Staff Training (Various) <p><i>* Incomplete data. See PPEI Report Pg. 27, 'Activity Content'.</i> # Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'.</p>	<p>Qualitative Report Findings:</p> <p>It was consistently reported that part of the difficulty related a shortfall of PPEI services, especially to specific groups across the state are workforce issues.</p> <p>For instance, there are many “workforce and sector development needs including the capacity to deliver culturally safe services to Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and intersex (LGBTI) communities.”²</p> <p>Workforce issues identified as impacting on PPEI service provision include:</p> <ul style="list-style-type: none"> • The need for generalist staff to be trained across issues including mental health, cultural safety and brief interventions, to better provide support. 	<p>Lead Agency: DEN</p> <p>Stakeholders: ATDC, DHHS, TCCI, Worksafe Tasmania, Rural Health Tasmania</p>		O	CF	PA4

² Primary Health Tasmania (2017), Alcohol and other Drug Treatment Services for the Tasmanian community including Aboriginal and Torres Strait Islander peoples: Commissioning Intentions Document Version 1.0, p. , <https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/Alcohol-and-other-Drug-Treatment-Services-Commissioning-Intentions.pdf>

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
		<ul style="list-style-type: none"> More specialist staff is required to deal with the complex issues faced by many clients. This includes, for example, a psychiatrist in a rehabilitation residential service to help with diagnosing, treating and referring to the community sector, anyone with mental health problems. 					

Implementation Plan Tabled Report: Communication and Marketing

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
Goal: 5.1 To maximise the use of technology and social media for the exchange of information, online resources and promotion of the PPEI message							
5.1.1 Maintain and promote the <i>Everybody's Business</i> website	Google analytics (17-18 year) <ul style="list-style-type: none"> Users: 1,145 Sessions: 1,365 Pageviews: 1,489 New vs Returning: 92.1% new users Website content audit (every two months) <ul style="list-style-type: none"> 503 posts conforming to Everybodys.Business upload guidelines 	Qualitative Report Findings: DEN remains the lead agency for Everybody's Business and continues to maintain the website.	Lead Agency: DEN	Ongoing	O	N	PA4 PA5
5.1.2 Develop mechanisms for the ATOD sector to obtain and share PPEI information and resources	Number of: <ul style="list-style-type: none"> Topics added <ul style="list-style-type: none"> <i>Data Unavailable</i> Resources accessed <ul style="list-style-type: none"> <i>Data Unavailable</i> Analytics suggest that users existed to linked resources 160 times (1,205 exits on main page) 	Qualitative Report Findings: Continue to improve the coordination of PPEI initiatives across government and across sectors to ensure information is shared. The proposed mapping project will inform on this work. <i>See response to Partnerships & Collaborations 2.1.1 Encourage and support awareness of ATOD service providers and programs.</i>	Lead Agency: DEN Stakeholders: Interagency Collaborative Working Group	June 2016	O	N	PA4 PA5

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
5.1.3 Promote ATOD sector organisations' individual newsletter publications, and social media (e.g. Facebook, Twitter)	Number of: <ul style="list-style-type: none"> • Subscribers to newsletters <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • ATOD organisations with a social media presence <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> 	Qualitative Report Findings: Continue to promote publications and social media	Lead Agency: ATDC Stakeholders: ATOD CSOs	Ongoing	O	CF ATDC	PA4 PA5
Goal: 5.2 To promote recreational, educational and cultural activities to target audiences							
5.2.1 Use age and culturally appropriate methods and channels to deliver responsible ATOD use messages	Number of messages delivered: <ul style="list-style-type: none"> • By topic * <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • Examples: <ul style="list-style-type: none"> ○ Bicultural health worker training ○ Grandparents raising grandkids ○ Teacher PD ○ High School sessions ○ College sessions ○ Brief interventions in community ○ Youth conference ○ Smoke free support resources ○ Drumbeat ○ Health promotion ○ School holiday program ○ Outreach services • By target audience * <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> • By method <ul style="list-style-type: none"> ○ <i>Data Unavailable</i> <p><small>*Incomplete data: See PPEI Report Pg.28, 'Activities assigned to goals'.</small></p>	Qualitative Report Findings: Continue to build relationships with diverse groups Continued collaborations with diverse groups to deliver prevention messages across the spectrum of the Tasmanian community. Continue to translate information into community language. Health literacy initiatives, including the use of Plain English, to continue as a priority.	Lead Agency: DEN Stakeholders: TAC, MRC, ATOD CSOs	Ongoing	O	N	PA2

Activities	Current Activities (Performance Indicators)	Qualitative Report Findings (For more detail go to ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting)	Lead	Timeframe	Activity Status	Specific Funding	Priority Area
	<p>Examples:</p> <ul style="list-style-type: none"> ○ In Person (various) ○ Media appearances ○ Mass media campaigns ○ Resource Provision 						
<p>Goal: 5.3 To promote positive role models through community groups and in community settings</p>							
<p>5.3.1 Highlight champions in the community through the <i>Everybody's Business</i> website and other media channels</p>	<p>Number of role models/champions identified and their stories promoted:</p> <ul style="list-style-type: none"> • Through <i>Everybody's Business</i> website <ul style="list-style-type: none"> ○ Community Champions: 1 • Other media channels <ul style="list-style-type: none"> ○ Community Champions: 1 <p>10 data items coded to this activity (shown as provided):</p> <ul style="list-style-type: none"> ○ Recording Ethics and Susan Ditter @ Working It Out ○ Empowering Youth in TAS (EYinTAS) ○ Bus Tour Setup ○ Community Drug Forum, Burnie ○ Community Drug Forum_Burnie ○ Community Drug Forum Launceston ○ Community Drug Forum Hobart ○ Community Champion Video: Of Dice and Men ○ Create project page for Of Dice and Men ○ Upload & Subtitle Of Dice and Men Video 	<p>Qualitative Report Findings:</p> <p>Continue to identify and highlight champions</p> <p><i>See response to Advocacy and Lobbying 1.3.2 Highlight positive role models in the local community</i></p>	<p>Lead Agency: DEN</p> <p>Stakeholders: ATOD CSOs, TUHSL, PCYC, Local Council Youth Workers, Youth Arc, Sporting teams and clubs, Community groups</p>	<p>Updated monthly</p>	<p>O</p>	<p>N</p>	<p>PA2 PA3</p>



Promotion, Prevention and Early Intervention

2018 report on the Tasmanian Alcohol, Tobacco and Other Drug Sector implementation of the Everybody's Business strategic framework

Acknowledgements

Thank you to the following organisations for completing the survey:

Advocacy Tasmania, the Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC), Anglicare Tasmania, Drug Education Network (DEN), Holyoake Tasmania, Launceston City Mission, Pathways, QUIT Tasmania, The Link Youth Health Service, The Salvation Army Bridge Program, and Youth Family and Community Connections (YFCC).

Thank you to the following organisations that reported their PPEI activities in other formats:

The Australian Drug Foundation (ADF), Tasmania Police, and the Department of Education.

All DEN staff members and the Board are acknowledged for their contributions to this work; in particular, Anita Menhofer, Mary-Jane Sieler, Maria Duggan and Zoe Kizimchuk.

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Advance summary

Background

In brief, this report aims to answer the question: ‘How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?’.

As the final report for the ATOD PPEI Implementation Plan, a summary of progress across the 3 year period is located on page 20.

The third survey was completed by a selection of organisations within the Tasmanian ATOD sector. The survey results demonstrate that PPEI activities have occurred across all the sector’s implementation plan goal areas and the key priority areas of the strategic framework. There is evidence of considerable and ongoing activity with a PPEI focus within the Tasmanian Alcohol, Tobacco and Other Drug Sector.

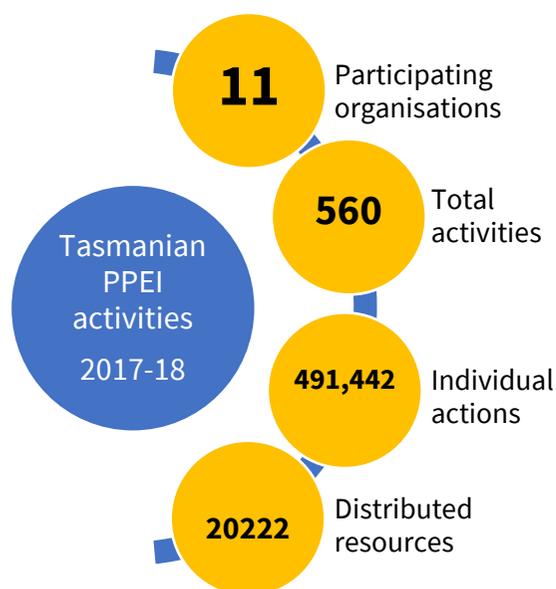


Figure 1: Tasmania PPEI activity overview

Summary of recommendations

1. Conducting a wider consultation during 2019-2020 to map PPEI initiatives over a wider cross-sectorial sample to inform the gaps and opportunities for PPEI in Tasmania
2. A specifically funded ATOD PPEI project is recommended to review and redevelop the ATOD PPEI Implementation Plan in order to further the aims of the Everybody’s Business Strategic Framework, incorporating the data collection and methodology requirements and lessons from the 15-18 plan;
3. A single data collection tool to enable widespread collection of PPEI activities within the ATOD sector. Compulsory reporting on PPEI activities by funding bodies—including, but not limited to, the Department of Health and Human Services (DHHS)—would enable integration and coordination with regular reporting processes.

Key findings

- The majority of PPEI activities were **educational**.
- Mapping the activities against the ATOD PPEI implementation goals showed that the majority of activities were in **information and resources**, followed by **partnerships and collaboration**.
- Mapping the activities against the priority areas of the **Everybody's Business strategic framework** showed that the majority of activities focused on **fostering resilient individuals** and **building an integrated service system**.
- The majority of PPEI activities were held in the **south of Tasmania**, and state wide activities occurred more frequently than activities that only occurred in the north or the north west of the state.
- **Under half (47%) of all activities were targeted towards a specific age group.**
- The majority of age-targeted activities included **young people**.
- Fewer than a quarter of age-targeted activities included multiple age groups.
- 89% of the activities were not gender-specific.
- The vast majority of all activities (81%) did not target a specific population group.
- **7%** of activities targeted Aboriginal/Torres Strait Islander (A/TSI) groups.
- **6%** of activities targeted Culturally and Linguistically Diverse (CALD) groups.
- **6%** of activities targeted Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

Introduction

In July 2015, the Minister for Health, The Honourable Michael Ferguson MP, launched the Alcohol, Tobacco and Other Drugs (ATOD) sector implementation plan for *Everybody's Business: a strategic framework for implementing Promotion, Prevention and Early Intervention (PPEI) approaches*.

The *Everybody's Business: PPEI implementation plan* was developed by the Alcohol, Tobacco and other Drugs Council (ATDC) of Tasmania, working closely with the ATOD sector. The purpose of the implementation plan is to identify priority goals and activities that need to be undertaken to progress the vision of *Everybody's Business*.

An aim of the implementation plan is to draw organisations together—each working to their strengths to create synergy between service providers and, ultimately, create a more efficient sector with better outcomes for clients and the Tasmanian population.

The Drug Education Network (DEN) has been nominated as the lead agency for this project, to support the implementation of the ATOD PPEI initiatives and provide support to the participating organisations.

Purpose

The purpose of this report is to help answer the question:

'How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?'

The report is provided to the Tasmanian Department of Health and Human Services (DHHS) to inform the Interagency Working Group on Drugs (IAWGD).

Background

The *Everybody's Business* strategic framework, which was launched in 2013 by then-Minister for Health, Michelle O'Byrne MP, established a vision to guide the formulation of Promotion, Prevention and Early Intervention (PPEI) activities and actions in Tasmania. *Everybody's Business* advocates a holistic approach that deals with the Social Determinants of Health and Wellbeing using multiple, complementary, evidence-based strategies to promote health and wellbeing at the community and individual level. This framework embraces a developmental health approach that recognises that people's lives are a pathway of interconnected phases.

The consultation process for the strategic framework, which was undertaken by government, government agencies, non-government services and the broader community, identified **five priority areas** for action:

- 1. Nurturing the early years and strengthening families**
- 2. Fostering resilient individuals**
- 3. Building an inclusive community**
- 4. Building an integrated service system**
- 5. Focusing on whole of population approaches.**

Implementing the *Everybody's Business* framework requires a long-term outlook and whole of sector involvement. As a response to the release of *Everybody's Business: a strategic framework*, the Tasmanian ATOD sector released the *Everybody's Business: PPEI implementation plan* (ATOD PPEI implementation plan). The intent of the plan is to further refine and focus the efforts of the sector towards the areas with the highest need.

As the nominated lead agency for this project, the Drug Education Network (DEN) performs the following duties:

- coordinate, monitor and report on the activities highlighted in the implementation plan
- provide advice regarding ATOD PPEI initiatives
- develop appropriate resources and deliver training and education about PPEI—including the broader social determinants of health and ATOD use—to government and non-government service providers
- develop and maintain a register of PPEI initiatives in Tasmania.

Everybody’s Business: ATOD PPEI implementation plan

The ATOD PPEI implementation plan is grouped under five main goals. Each of these goals has been assigned certain activities (see Appendix 2) that have been identified as necessary to achieve the aims of the plan.

Goal 1: Advocacy and lobbying	1.1	For the ATOD sector to play a prominent and active role in public debate on alcohol, tobacco and other drug issues
	1.2	To reduce the stigma and discrimination associated with drug use
	1.3	To challenge Tasmania’s drinking and drug-taking culture
	1.4	To ensure the responsible sale and supply of alcohol
	1.5	To support the creation and maintenance of drug user organisations within Tasmania
Goal 2: Partnerships and collaboration	2.1	To improve links within the ATOD sector with external agencies
	2.2	To build collaborative working partnerships within the community which address ATOD use
Goal 3: Information and resources	3.1	To develop a repository of evidence-based resources about PPEI
	3.2	To adopt a range of evidence-based school drug education
Goal 4: Workforce capacity building	4.1	To build knowledge and capacity of the ATOD workforce in PPEI principles and strategies
	4.2	To build the knowledge and capacity of the non-ATOD sector workforce in PPEI principles and strategies
Goal 5: Communication and marketing	5.1	To maximise the use of technology and social media for the exchange of information, online resources and promotion of the PPEI message
	5.2	To promote recreational, educational and cultural activities to target audiences
	5.3	To promote positive role models through community groups and in community settings

Table 1: ATOD PPEI implementation plan goals

The ATOD PPEI implementation plan activities are aligned to the five main priority areas defined in *Everybody’s Business: a strategic framework*, as shown in Table 2.

		Strategic framework PPEI priority areas				
		Nurturing early years and strengthening families	Fostering resilient individuals	Building an inclusive community	Building an integrated service system	Focusing on whole of population approaches
ATOD sector plan goal areas	Advocacy and lobbying					
	Partnerships and collaboration					
	Information and resources					
	Workforce capacity building					
	Communication and marketing					

Table 2: Implementation plan alignment to Everybody’s Business strategic framework

Report scope

This report aims to answer the question, ‘How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?’

To this end, in 2016 the DEN undertook a pilot survey of select participant organisations across the state. Following the success of the pilot, the survey questions were adjusted and a second round of response collection commenced in December 2016.

This report shows the collected data and key findings from the survey, and briefly explores the relationship between *Everybody’s Business: a strategic framework* and the ATOD PPEI implementation plan.

This report provides a snapshot of activities from a key group of specialist ATOD organisations in the 2017-2018 year, and a comparison to previous periods. It cannot identify wider trends within the ATOD sector, due to the small and targeted sample size. This sample group is not representative of the entire Tasmanian ATOD sector.

Survey reach

Ten organisations responded to the initial pilot survey. The second survey round aimed to extend the survey’s reach to specialist ATOD organisations, including government organisations, in order to gather a clearer picture of the breadth of PPEI activity within Tasmania.

Twenty four organisations were invited to report in the 2016–2017 survey round. Of these, 11 organisations responded. Further information on survey reach can be found in the *Analysis and discussion* section of this report.

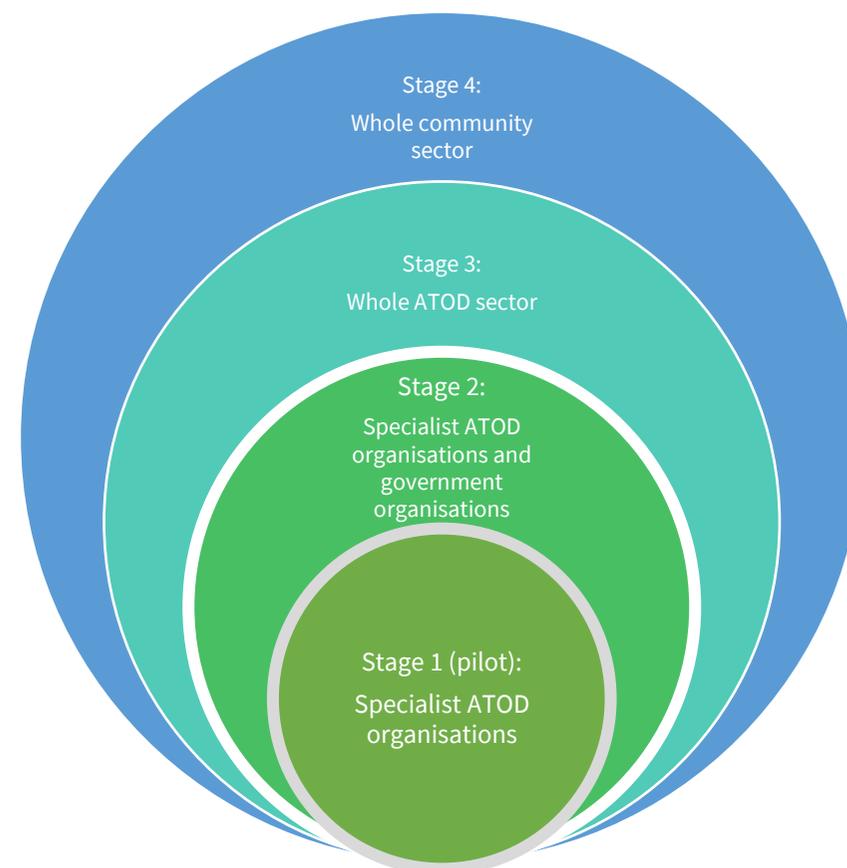


Figure 2: PPEI survey stages

Data definitions

For the purpose of clarity in data collection and interpretation, the survey questions were allocated definitions in instances where the PPEI implementation plan did not provide a definition.

Activity vs Actions

For the purposes of comparison to the pilot survey, lines of data have been defined as Individual activities or Activities. The total number of activities, including multiple sessions, has been defined as Individual actions.

Type

The term ‘type’ was not defined in the ATOD PPEI implementation plan. In the second survey round, continued in the third, the list of available types was expanded to accommodate feedback from the pilot participants. Respondents could choose from the following types:

ATOD sector activity

Collaboration (e.g. working group)

Community activity

Consumer engagement initiative

Education

Project

Resource development

Training

Other

Age groups

For the purposes of this report, the following age groups have been defined:

Child: 0–11 years

Young person: 12–24 years

Adult: 25–64 years

Older person: 65+ years

All ages: 0-65+

Gender

The question of gender in the second and third survey round has changed from the pilot survey, from *Gender* to *Targeted for gender*. This question also changed from an open-ended response to a list selection. These changes were intended to provide more clarity around activities that actively target specific genders, as opposed to activities that include specific genders. Respondents could choose from the following gender targets:

No target

(Cis) Female

(Cis) Male

(Trans) Female

(Trans) Male

Non-binary genders

All men

All women

Regions

The term ‘region’ was not defined in the ATOD PPEI implementation plan. In the second and third survey round, this question was split into *Location* and *Target* region in order to understand where PPEI events are most commonly physically located, as opposed to the regions for which these events are intended. Respondents could choose from the following locations:

North

North West

South

Respondents could choose from the following target regions:

North

North West

South

East Coast

State Wide

National

International

The regions listed in the survey match commonly understood terms used within the Tasmanian ATOD sector.

PPEI Progress 2016–2017

The third survey round covers the period from 1 July 2017 until 30 June 2018.

11 organisations submitted data on their PPEI activities, of which 9 organisations reported using the survey template.

Collectively, the participating organisations conducted 560 activities across 491,442 actions, including brief interventions and policing activities such as random breath tests. These organisations distributed 20,222 resources to the Tasmanian community.

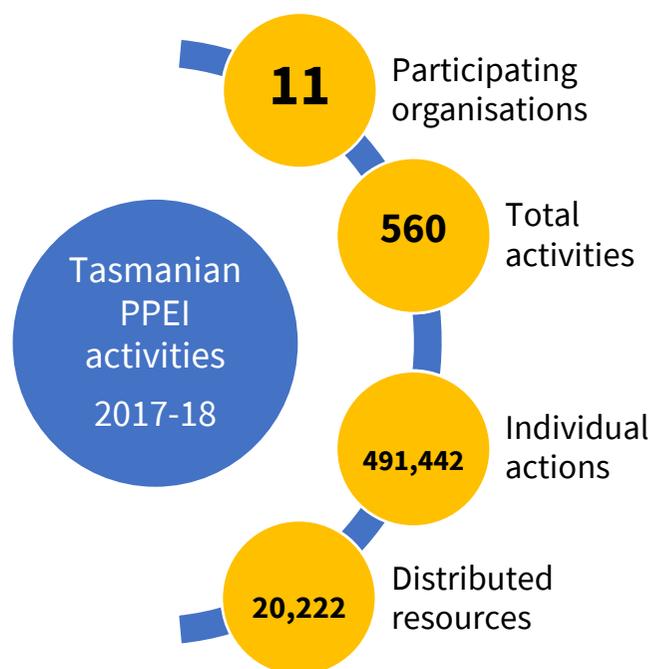


Figure 3: Tasmanian PPEI overview

Key findings

- The majority of PPEI activities were **educational**.
- Mapping the activities against the ATOD PPEI implementation goals showed that the majority of activities were in **information and resources**, followed by **partnerships and collaboration**.
- Mapping the activities against the priority areas of the Everybody's Business strategic framework showed that the majority of activities focused on **fostering resilient individuals** and **building an integrated service system**.
- The majority of PPEI activities were held in the **south of Tasmania**, and state wide activities occurred more frequently than activities that only occurred in the north or the north west of the state.
- **Under half (47%) of all activities were targeted towards a specific age group.**
- The majority of age-targeted activities included **young people**.
- Fewer than a quarter of age-targeted activities included multiple age groups.
- 89% of the activities were not gender-specific.
- The vast majority of all activities (81%) did not target a specific population group.
- **7%** of activities targeted Aboriginal/Torres Strait Islander (A/TSI) groups.
- **6%** of activities targeted Culturally and Linguistically Diverse (CALD) groups.
- **6%** of activities targeted Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

Activity types

Figure 4 shows the breakdown of reported PPEI activities according to type, as defined in *Data definitions*.

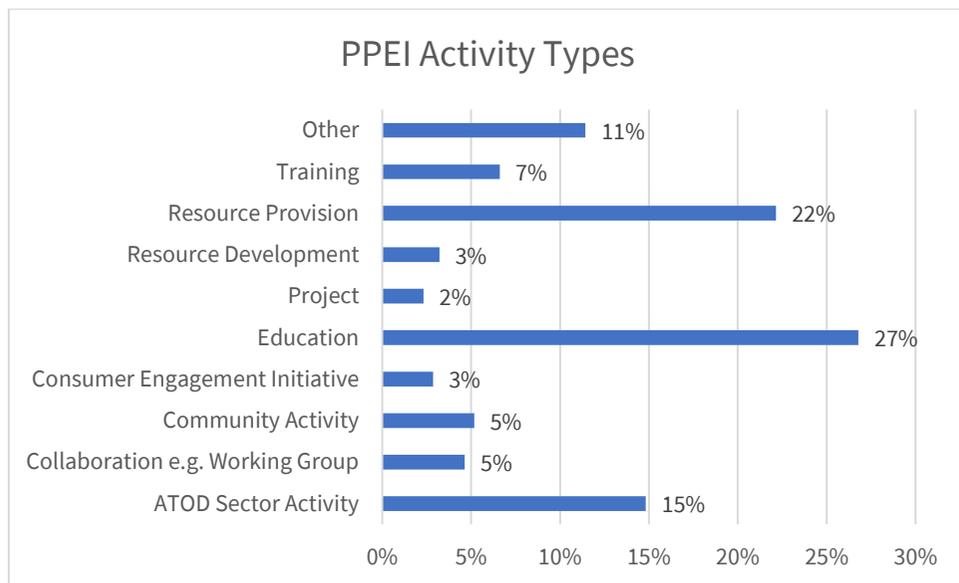


Figure 4: PPEI activity types

- The majority of activities were: Education (27%), followed by Resource Provision (22%)
- The remaining activities were: ATOD Sector Activity (15%), Other (11%), Training (7%), Community Activity (5%), Collaboration (e.g. Working Group) (5%), Resource Development (3%), Consumer Engagement Initiatives (3%), and Projects (2%).

Locations and regions

The second survey round split the original 'region' question into *Location* and *Target region*.

Figure 5 shows the physical location distribution within Tasmanian geographical regions. Figure 6 shows the regions targeted by activities.

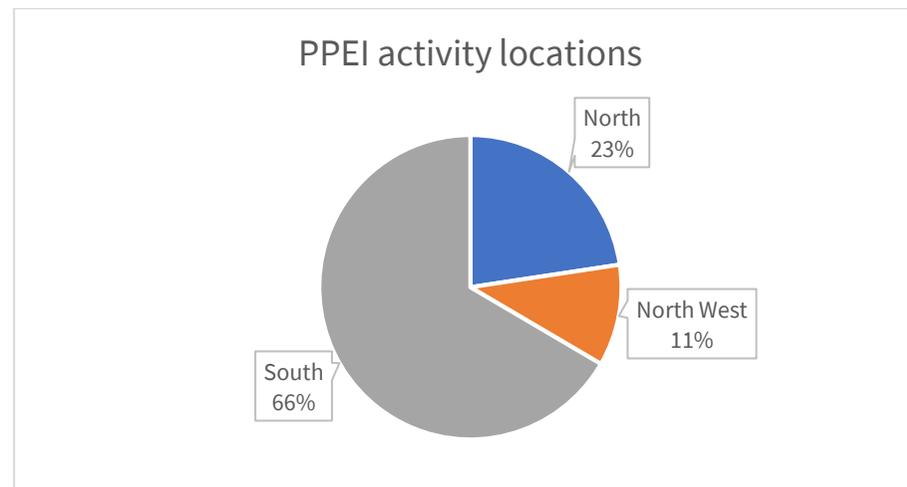


Figure 5: PPEI activity locations and regions

- The majority of activities (66%) were physically located in Tasmania's South.
- The remaining activities were physically located in North Tasmania (23%) and North-west Tasmania (11%).

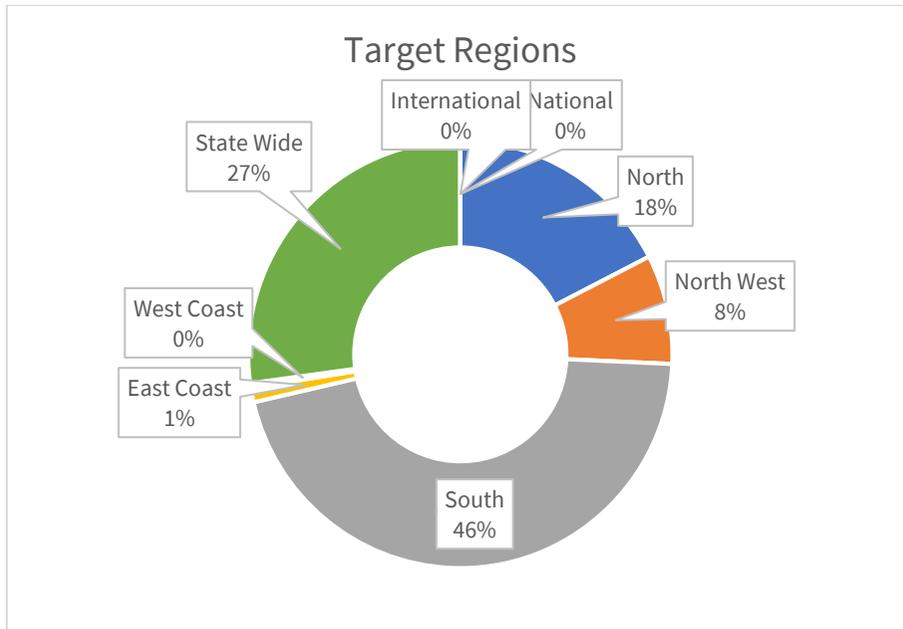


Figure 6: PPEI activity target regions

- The majority of activities were targeted for Tasmania’s South (47%), followed by Statewide (27%).
- North (18%) and North-west Tasmania (8%) were the next most frequently targeted regions.
- The least frequently targeted regions were East Coast (1%), International (0%), National (0%) and West Coast (0%).

Age groups

A little less than half (43%) of all activities were reported as being targeted to a specific age group. Figure 7 shows the distribution of age groups within the reported activities.

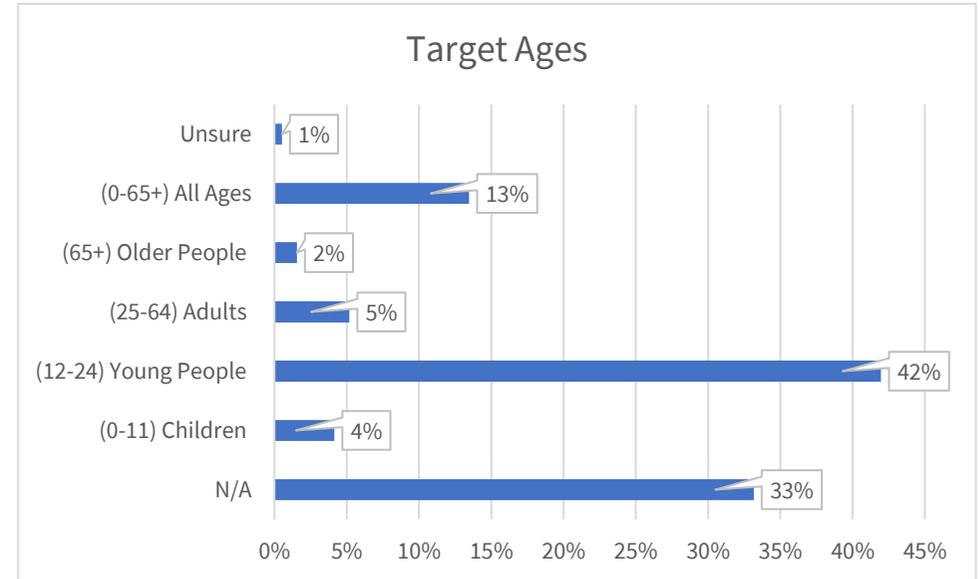


Figure 7: PPEI Target Ages

- The majority of activities (33%) did not report a target age.
- 13% of all activities targeted all ages.
- For activities targeting an age group, Young people (42%) was the most common targeted group.
- Adults (5%) and Children (4%) were the next most common targeted groups.
- 2% of activities in this survey round targeted Older people.

Gender

Figure 8 shows the distribution of specific genders, as targeted by all activities.

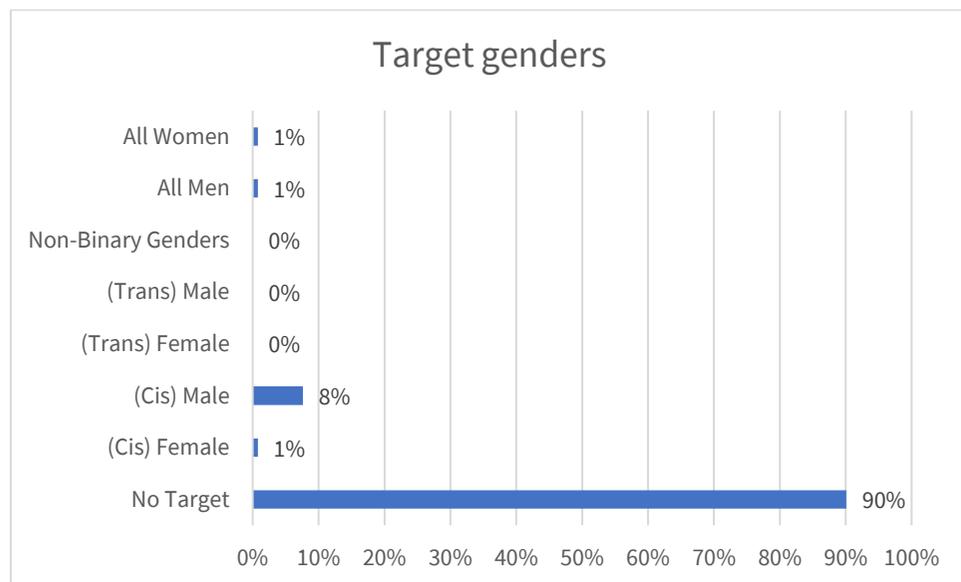


Figure 8: PPEI target genders

- The vast majority of activities did not target a specific gender (90%).
- Where activities targeted a specific gender, (Cis) Men (8%) was most the frequently reported target group.
- Activities targeting (Cis) Women (1%), All women (1%), and All men (1%) were equally represented.
- No reported activities targeted (Trans) Men or (Trans) Women.

Specific groups

Figure 9 demonstrates the distribution of specific groups as targeted by all activities.

The vast majority of activities did not focus on Aboriginal/Torres Strait Islander people, Culturally and Linguistically Diverse (CALD), or Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

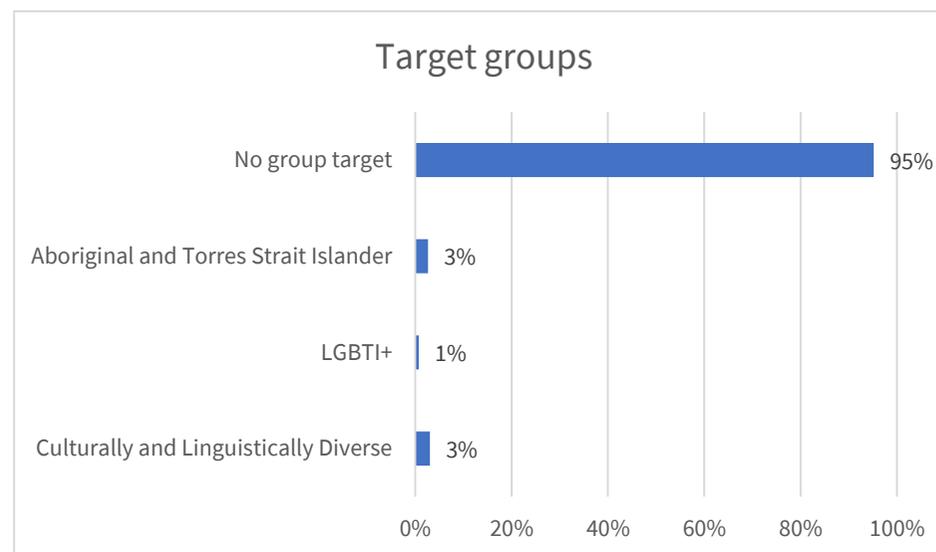


Figure 9: PPEI target groups

- The vast majority of activities did not target a specific group (95%).
- 3% of activities targeted Aboriginal and Torres Strait Islander people.
- 3% of activities targeted Culturally and Linguistically Diverse (CALD) people.
- 1% of activities targeted Lesbian, Gay, Bisexual, Trans, Intersex etc. (LGBTI+) people.

Partnerships

One third (33%) of all activities occurred within a partnership comprising one or more additional organisations. Figure 10 shows partnerships within the PPEI priority areas. Figure 11 shows partnerships within the ATOD PPEI implementation goals. Figure 12 shows the total percentage of activities that occurred within a partnership.

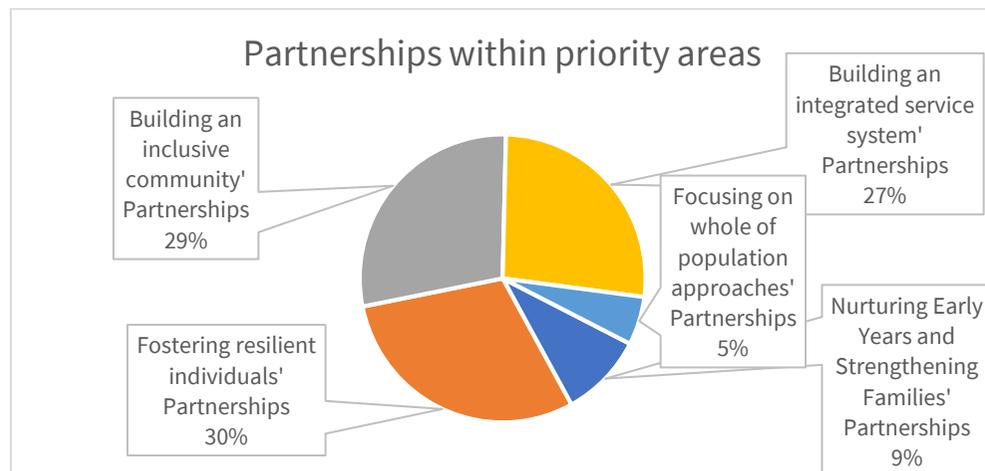


Figure 10: Partnerships within priority areas

- The majority of partnered activities occurred within priority area 2: Fostering resilient individuals (30%), followed by priority area 3: Building an inclusive community (29%) and priority area 4: Building an integrated service system (27%).
- The remaining partnered activities occurred within priority area 1: Nurturing early years and strengthening families (9%) and priority area 5: Focusing on whole of population approaches (5%).

Partnerships within ATOD sector implementation goals

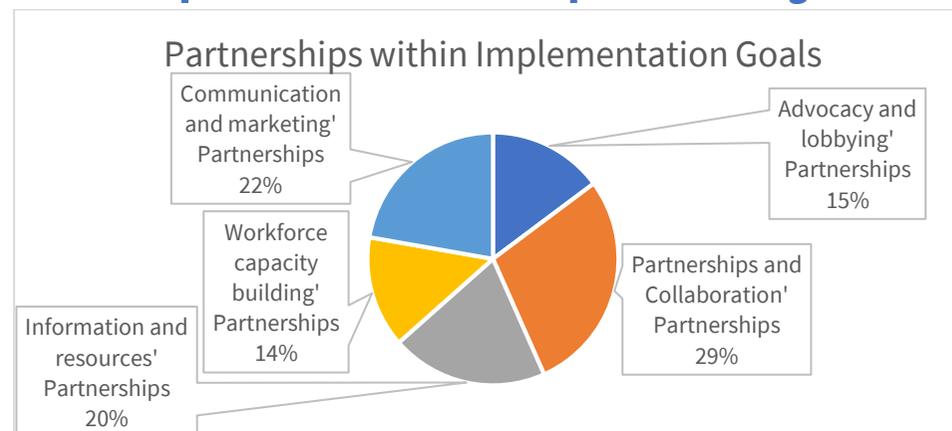


Figure 11: Partnerships within implementation goals

- The majority of partnerships occurred within implementation plan goal 2: Partnerships and collaboration (28%), and goal 5: Communication and marketing (22%).
- The remaining partnerships occurred within goal 3: Information and resources (20%), goal 4: Workforce capacity building (16%), and goal 1: Advocacy and lobbying (14%).

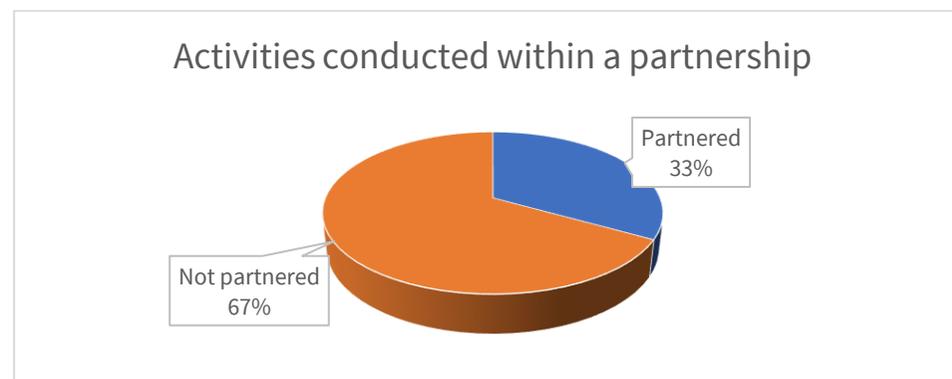


Figure 12: PPEI activity partnerships

Activities within the Everybody’s Business strategic framework priority areas

Figure 13 shows the distribution of activities according to the priority areas described in the Everybody’s Business strategic framework.

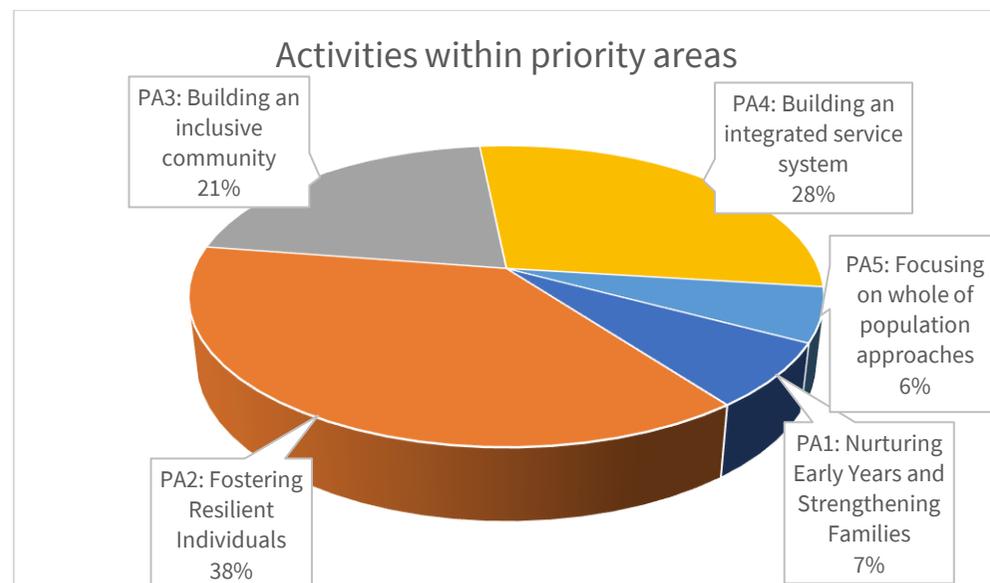


Figure 13: Activities within priority areas

- The majority of activities were within priority area 2: Fostering resilient individuals (37%), followed by priority area 4: Building an integrated service system (29%).
- The remaining activities were within priority area 3: Building an inclusive community (21%), priority area 5: Focusing on whole of population approaches (7%), and priority area 1: Nurturing early years and strengthening families (6%).

Example activities within priority areas (as reported by participating organisations)

Priority area 1: Nurturing early years and strengthening families	Priority area 2: Fostering resilient individuals	Priority area 3: Building an inclusive community	Priority area 4: Building an integrated service system	Priority area 5: Focusing on whole of population approaches
AOD Education	YourCall	‘Research Station’ posters	Drug Data Information Sessions	Social Media posts
School Holiday Program	AOD Web App	UTAS Market Day	ATDC Bus Tour	Meeting with Ministers
Resilience School Programs	Social Media posts	Community Champions project	Dynamic Simulation Modelling (Alcohol) Project	Mass media campaigns
Foster Parents Education Session	AOD Education and Counselling	Inter/National Health Promotion Days (e.g. Overdose Awareness Day)	Interagency Collaborative Forums	Everybodys.Business Website
Community Drug Forums	Relationship therapy	PitStop Program	Organisation Newsletters	Outreach Clinics
Child Safety Workers Training	Alcohol and Other Drugs Outreach Service	ATDC Conference		Resource Development
Healthy Pregnancy	Community Health Promotion			Attendance at festivals and events

Table 3: Example activities within priority areas

Activities within the ATOD PPEI implementation plan

Figure 14 shows the distribution of activities according to the goals of the ATOD PPEI implementation plan.

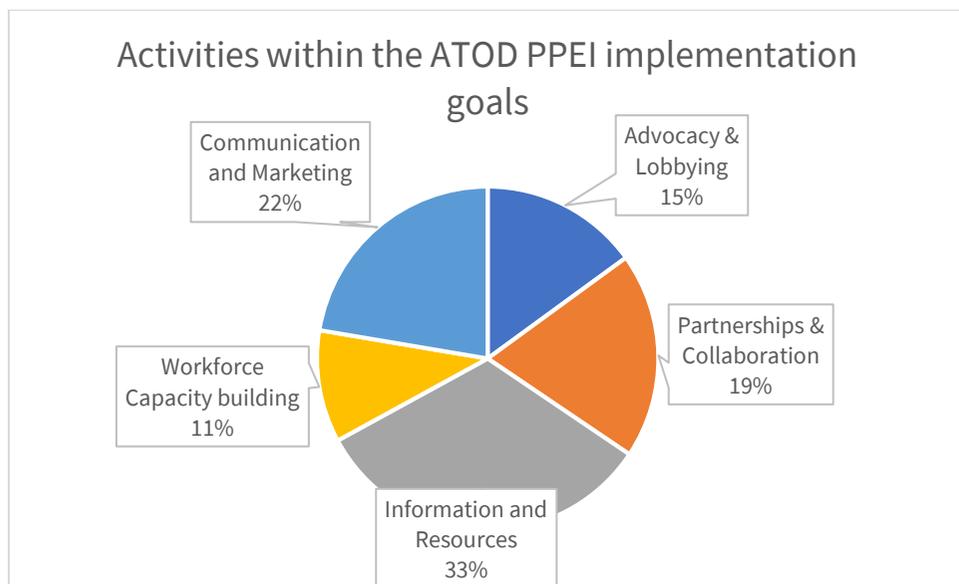


Figure 14: Activities within the implementation plan

The majority of activities were: Information and Resources (33%), Communication and Marketing (22%), and Partnerships and Collaboration (19%), followed by Advocacy & Lobbying (15%) and Workforce Capacity Building (11%).

Example activities within implementation goals (as reported by participating organisations)

Goal 1: Advocacy and lobbying	Goal 2: Partnerships and collaboration	Goal 3: Information and resources	Goal 4: Workforce capacity building	Goal 5: Communication and marketing
Mass media campaigns	Alcohol and Other Drugs Outreach Service	YourCall AOD Web app	Drug Data Information Sessions	QUITline Resources
Tasmanian Youth Conference	Mental health support services	AOD Education	ATDC Roadshow	Inter/National Health Day Promotion (e.g. Overdose Awareness Day)
Community Drug Forums	DRUMBEAT program	Alcohol and Other Drugs Outreach Service	Organisation Newsletters	Website and Social Media
Meetings with Ministers	Brief Interventions and Education in community	School Health Promotion Workshops	Interagency Meetings	School Nurse Training
Submissions to Budget Priorities	Child Safety worker training	QUITline	Worker Training	Community Champion project
Healthy Pregnancy Research	Specialised support groups	Information and Referral	Everybodys.Business Website	Resource Development
Training for family and youth services		Resource Provision		

Table 4: Example activities within implementation goals

Comparisons to Year 1 and Year 2

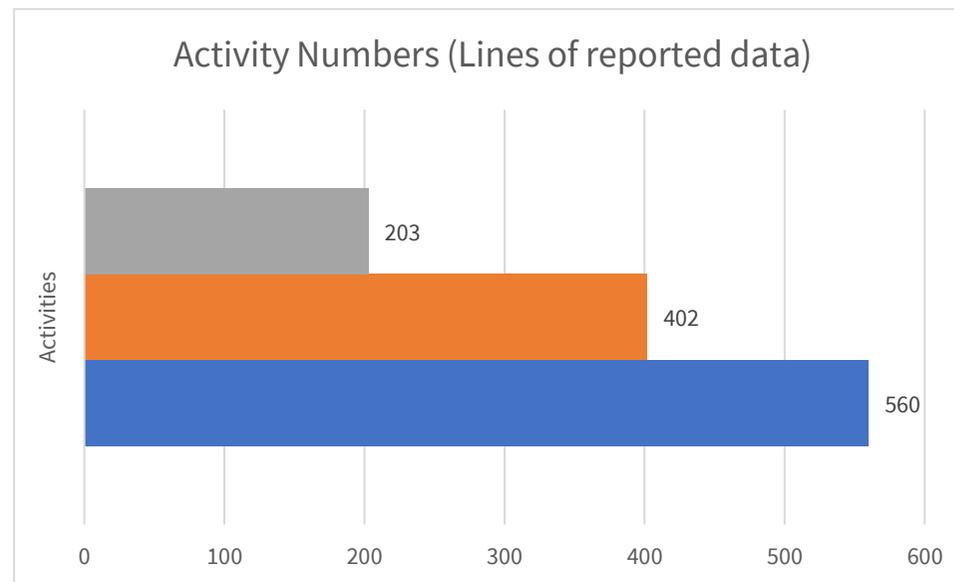
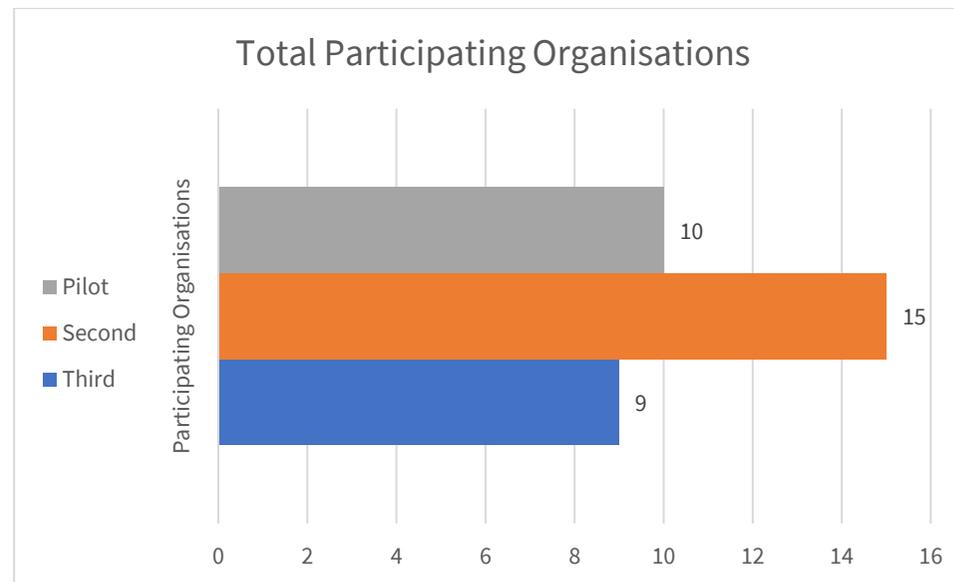
For a number of reasons, it is difficult to compare the results of the pilot survey with the subsequent surveys. The methodology changed significantly between the pilot and later surveys, and the sample group of participating organisations changed—with a number of very specialised services adding emphasis in some statistics that may or may not be more representative of the entire Tasmanian picture.

Differences in analysis

An outline of analysis differences is shown in Table 5.

	Pilot survey	Second survey	Third survey	Change
Participating organisations	10	15	9	Pilot to 2 nd : +50% 2 nd to 3 rd : -40% (Pilot to 3 rd : -10%)
Activities (line of data)	203	402	560	Pilot to 2 nd : +98% 2 nd to 3 rd : +39% (Pilot to 3 rd : +176%)

Table 5: Differences in data analysis



Differences in survey questions

The second and third survey questions were adjusted according to feedback from reporting organisations and the data analysis team. The main differences between the two sets of survey questions are outlined in Table 6.

Pilot Survey Question Options	Second Survey Round Question Options
Activity Type	
Project	ATOD Sector Activity
Education	Collaboration e.g. Working Group
Resources	Community Activity
Event	Consumer Engagement
Other	Education
	Project
	Resource Development
	Resource Provision
Gender	
Open-Ended Response	No Target
	(Cis) Female
	(Cis) Male
	(Trans) Female
	(Trans) Male
	Non-Binary Genders
	All Men
	All Women

Age Range		
Open-Ended Response	N/A	
	(0-11) Children	
	(12-24) Young People	
	(25-64) Adults	
	(65+) Older People	
	(0-65+) All Ages	
	Unsure	
Region (Location/Region)		
North	Location:	Target Region:
South	North	North
North-West	North West	North West South
	South	East Coast
		West Coast
		State Wide
		National
		International

Table 6: Differences in survey questions

Differences in Activity types

Despite a large difference between the survey questions in the pilot and subsequent survey rounds, Education remained the dominant activity type in the PPEI space. Resource Provision was the only activity type to increase from the pilot survey.

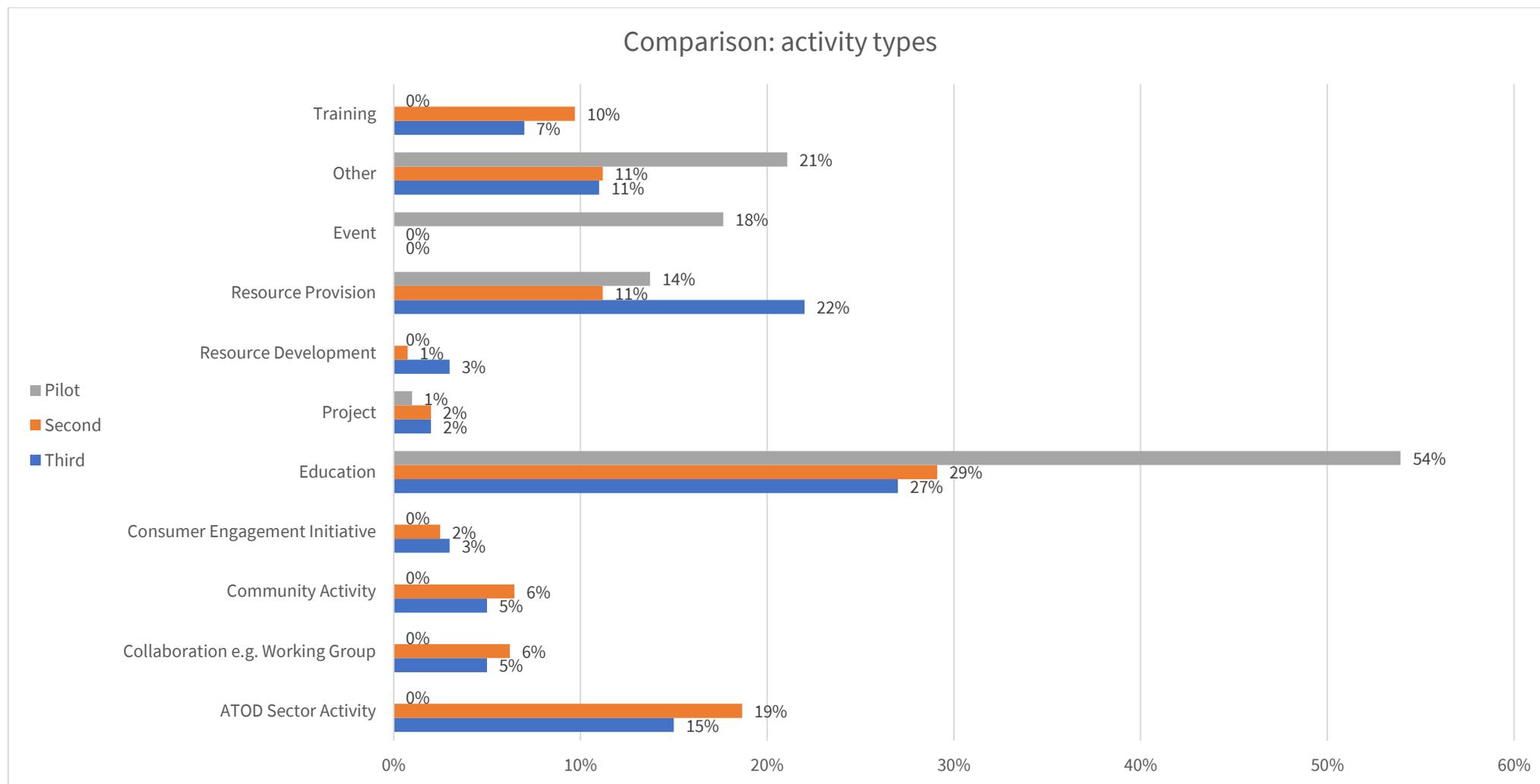


Figure 15: Comparison of activity types

Total partnerships

The percentage of activities within partnerships has decreased from 50% in the pilot survey to 33% in the second survey and held steady at the third survey. This change may be due to the second and subsequent round survey including a clarified definition of the term ‘partnerships’.

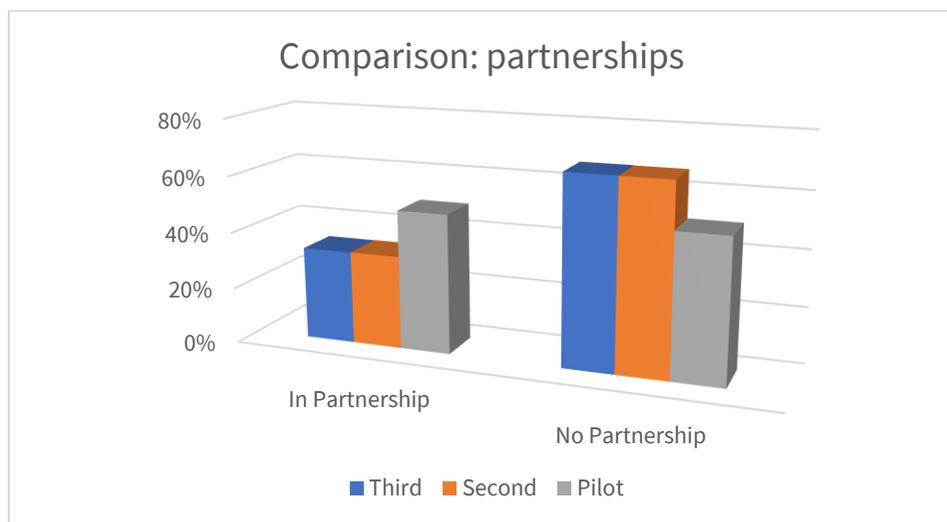


Figure 16: Comparison of partnerships

Targeted age groups

Of those activities targeting a specific age group, Young people continues to be the overwhelming majority target group. There has been a significant decrease in activities reported as targeting Older people. The change in target age ranges may be due to differences in the makeup of participating organisations.

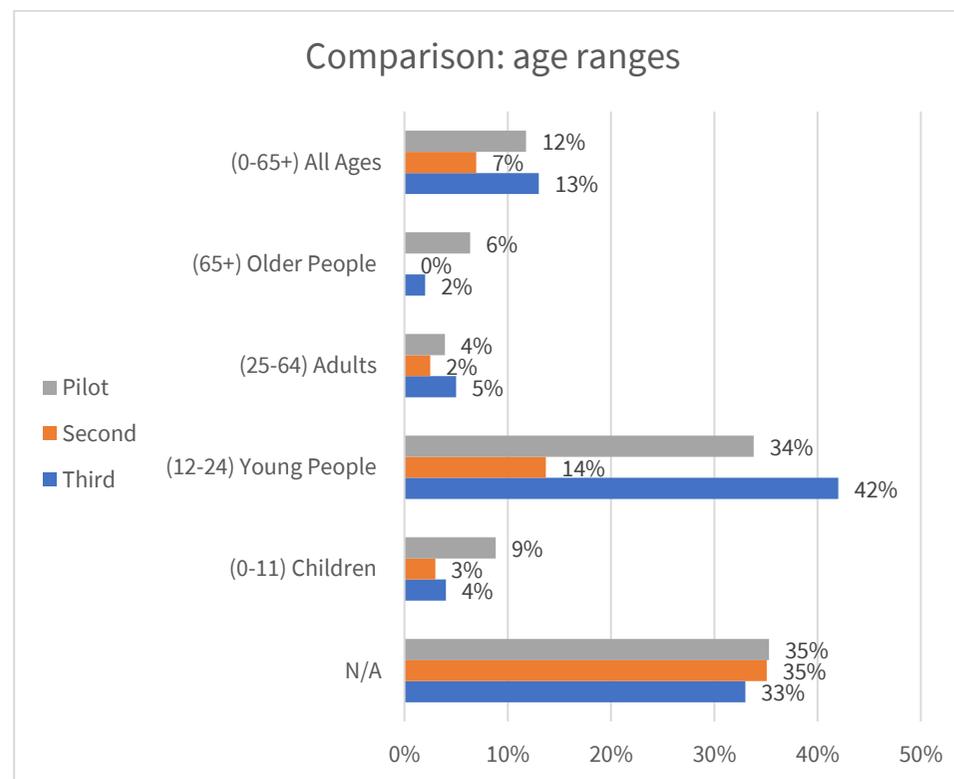


Figure 17: Comparison of age ranges

Targeted genders

Due to differences in question methodology, answers from the pilot and subsequent surveys have been grouped into four categories: No target, Other genders (including Non-binary and Other responses), Male genders (including Cis and Trans men) and Female genders (including Cis and Trans women). There has been a significant increase in reported activities targeting male genders, and this increase continued across all three reporting periods. These changes may be explained by the addition of specific participating organisations, some of which include male-gender-only services.

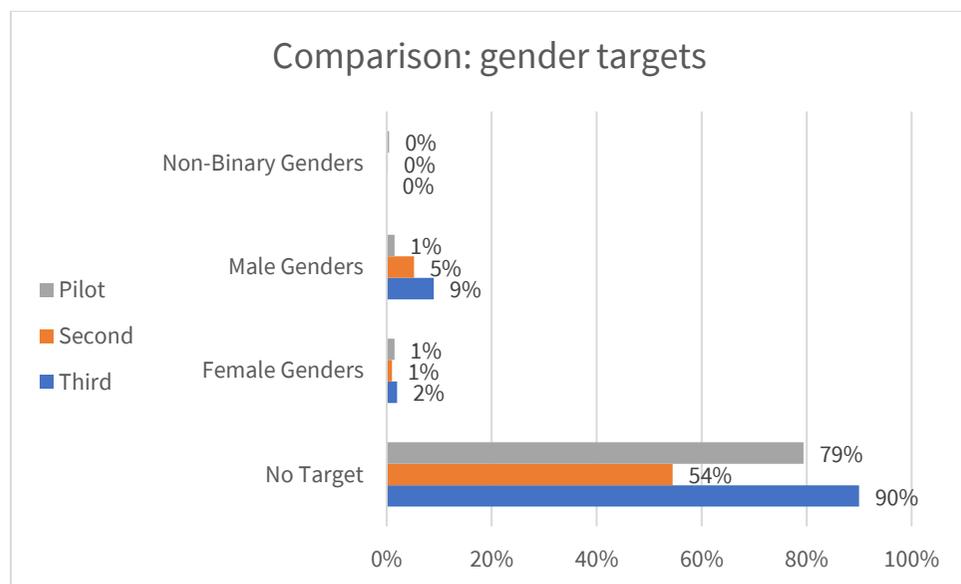


Figure 18: Comparison of gender targets

Targeted groups

A decrease in targeted activities across all specific groups was reported. A small change to the questions surrounding target groups occurred between the pilot and subsequent surveys, which may explain the decrease in reported targeted activities.

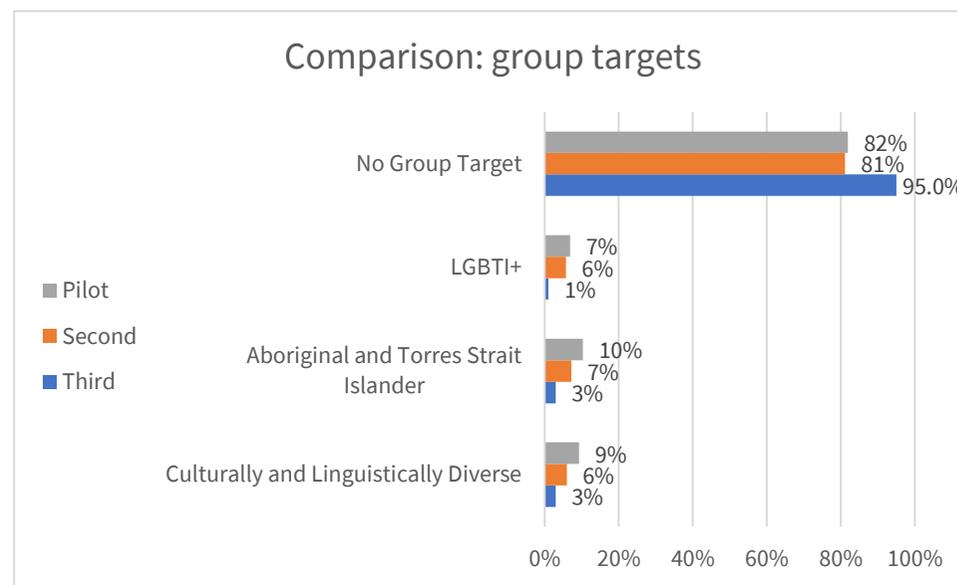


Figure 19: Comparison of target groups

Priority areas

Focus in the PPEI priority areas has shifted from a strong focus in Building an integrated service system and Focusing on whole of population approaches, to a slightly more even spread with some emphasis on Fostering resilient individuals. In the third survey period, Building an inclusive community saw a large increase. These changes may be the result of changes in participating organisations.

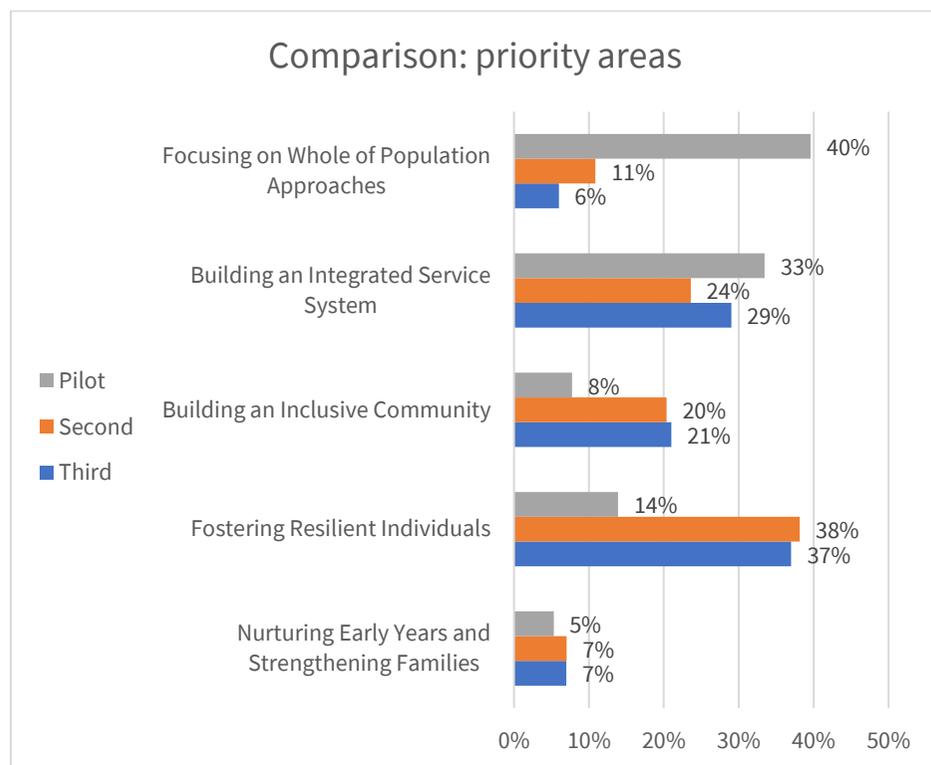


Figure 20: Comparison of priority area emphasis

Implementation goals

Focus inside the implementation goals has shifted from a very strong focus on Advocacy and lobbying to a more even spread. An increase occurred each year in Information and Resources and Communication and Marketing, a decrease occurred in Workforce Capacity Building, and a decrease in Advocacy and Lobbying occurred between the Pilot and Second survey but held steady between the Second and Third surveys.

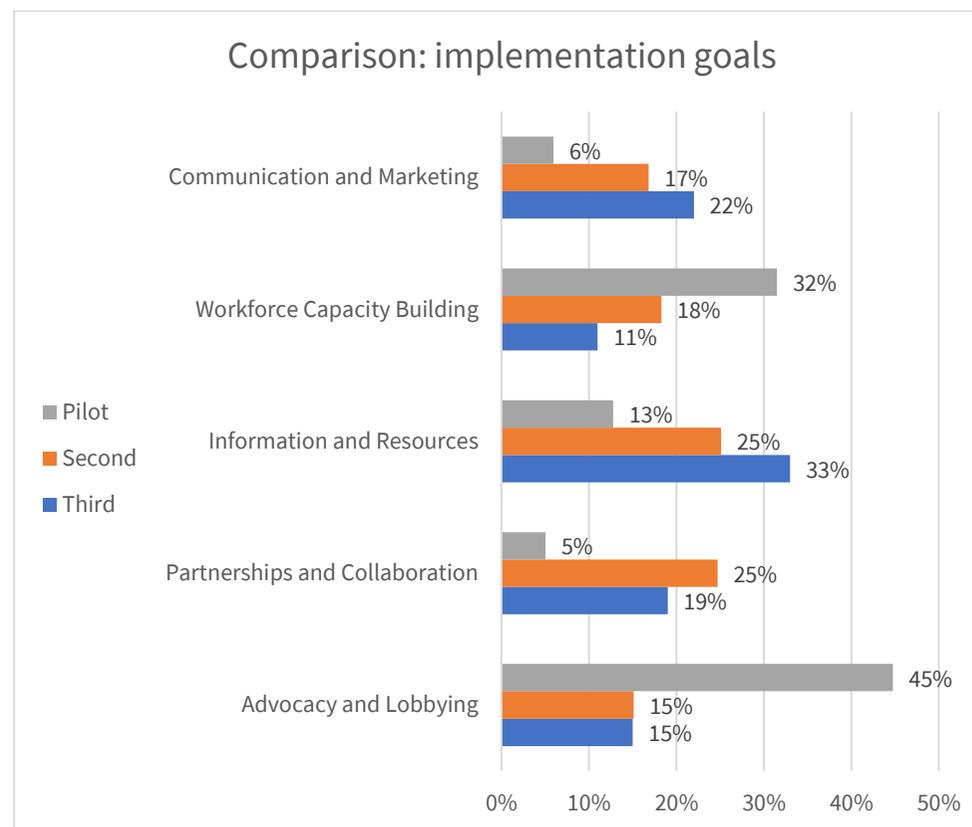


Figure 21: Comparison of implementation goal emphasis

Analysis and discussion

Challenges and decisions regarding the pilot survey

Reach

Reporting PPEI activities to the Drug Education Network (DEN) is strictly voluntary; most organisations do not have PPEI reporting as a requirement of their funding. In addition, reporting requirements and methodology vary widely between organisations. Lack of a standard reporting system within the wider community sector places a burden on organisations and causes a reluctance to engage in further reporting. A number of organisations declined to report in this period, citing that their current data collection methods do not enable reporting on PPEI outcomes or simply failing to respond to requests for data. DEN has attempted to address the issue of reporting fatigue by reducing the work required from each participating organisation to the minimum possible contribution, however, reporting on PPEI activities remains a considerable task for each organisation.

Software restrictions

The Tasmanian community sector does not have a standardised reporting system. No existing databases or reporting systems are widely adopted within the sector, and organisations have broad differences in computer literacy and software compatibility. The creation of an online database or other custom solution is out of scope for the current PPEI Implementation Plan.

The Microsoft Excel survey sheet has been refined according to feedback and results from the pilot survey.

Microsoft Excel is a suboptimal survey tool. Excel has many limitations, including the inability to hold multiple pieces of data within a cell, and to allow users to add and remove data points as required, without a certain level of skill in using the software. These limitations have necessarily affected the type and quantity of data collected for this report.

Data interpretation

Activity Content

Each iteration of the survey captured a 'description' or 'title' for activity items. This field, paired with the Activity Type field, provided the information about the content of the activity being reported. Some respondents used this field to describe the activity in full detail, however, more commonly respondents filled this field with program titles or very short descriptions. As this field was entirely open-ended, content varied widely across organisations, which had significant impact on the assignment of activities to PPEI goals. See *'Activities assigned to goals'* (pg 28).

Type of activity

The pilot survey provided five 'type' options for activities: Project, Education, Resources, Event and Other. Based on feedback and limitations of the pilot survey, the type options were adjusted. Most notably, the open-ended cell 'Other' was omitted, allowing respondents to select this option but not offer clarification on their choice. The options presented to respondents were:

- ATOD Sector Activity
- Collaboration e.g. Working Group
- Community Activity
- Consumer Engagement Initiative
- Education
- Project
- Resource Development
- Resource Provision
- Training
- Other

No definition was provided for these options. Due to software restrictions (Microsoft Excel), the survey did not allow for an activity to be assigned multiple types.

Partnerships

A definition of partnerships was not provided in the ATOD PPEI implementation plan, and was therefore not defined in the pilot survey. For the purpose of the first pilot report, both types of partnership have been counted simply as 'partnerships'.

A leading question including a definition of partnerships was provided in the second and third surveys, as shown below, in order to correct this issue:

Partnership question hover-over text: 'Was this activity delivered or developed in collaboration with another organisation?'

Activities assigned to goals

In an effort to reduce the burden on volunteer reporting organisations, respondents were not asked to assign their activities to a listed goal in this first survey. The pilot survey was analysed by a single staff member making decisions based on the following hierarchy:

Specific activity (e.g. 3.1.3, 5.2.1) > Specific topic area (e.g. 5.1, 5.2) > Overarching goal (e.g. Goal 1, Goal 3)

The hierarchy resulted in some activities not being assigned to the overarching goal that would seem immediately apparent.

With an increase in participating organisations and the original analyst staff unable to process the full set of data, it was necessary to increase the number of staff working on assigning activities and analysing results. While this was important for ensuring data could be processed within deadlines, difficulties in KPI interpretation became apparent in multiple areas. These discrepancies have been adjusted as far as timelines would allow.

Activity counting

In an attempt to reduce reporting fatigue for organisations, the pilot and second surveys each included a 'number' column, allowing organisations to report that a particular activity was repeated more than once. The pilot survey did not define the column, resulting in the column being used for different data types, including participant numbers. This resulted in data from the 'number' column being disregarded.

In the second survey, this column was defined as 'session number'. However, in the second survey, some organisations reported several thousand sessions for particular activities. As the nature of the activities was not equal—e.g. a random breath test compared with a counselling session—the data analysis team had concerns about the validity of priority area and goal weighting. This was exacerbated by some organisations preferring to include multiple lines of data, rather than making use of the session number column. In addition, some organisations preferred simply to leave this column blank – these items were given a default value of '1'.

PPEI activity summary

This report details the results from a survey of a selected group of non-government Alcohol, Tobacco and Other Drug (ATOD) organisations and their progress in the ATOD PPEI implementation plan. This report does not attempt to, and cannot, report on the progress of the wider Tasmanian ATOD sector, nor any trends within it. However, it is noted that the results of the pilot group may show some indication towards general trends.

Within the third survey round, 11 participating organisations achieved 560 activities across 491,442 individual actions. The majority of activities occurred within the following priority areas: 2: Fostering Resilient Individuals, 4: Building an integrated service system, and 3: Building an inclusive community. The majority of activities fell within the following implementation plan goals: 2: Partnerships and collaboration, and 5: Communication and Marketing.

Every individual priority area and implementation goal KPI was represented within the data. This clearly demonstrates a strong inclination among the Tasmanian AOD sector to achieve within the PPEI space.

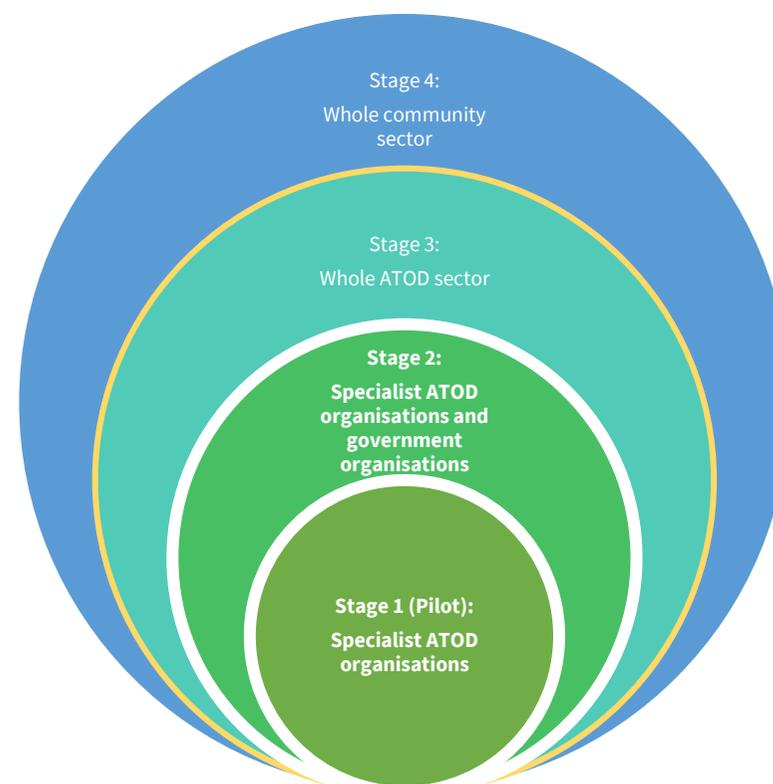


Figure 22: Stages of PPEI survey rollout

Moving forward

everybodys.business

The everybodys.business website was launched late 2016, and so far contains more than 500 individual service websites, screening tools, research papers, fact sheets, and other resources.

Extended PPEI Report

The ATOD PPEI Implementation Plan and resulting report ran over three years. During this time, alongside the successes of the sector, many challenges were faced by the PPEI advisory group, and the PPEI lead agency in following and specifically reporting around the plan. Out of these challenges we have learned much about which components of the implementation plan have not been successful and how this may be improved in the future. To consolidate these learnings and facilitate the PPEI Strategic Framework moving forward, an Extended PPEI report has been developed which outlines some additional information from the participating organisations and next steps for PPEI reporting in Tasmania.

Recommendations

1. Conducting a wider consultation during 2019-2020 to map PPEI initiatives over a wider cross-sectorial sample to inform the gaps and opportunities for PPEI in Tasmania
2. A specifically funded ATOD PPEI project is recommended to review and redevelop the ATOD PPEI Implementation Plan in order to further the aims of the Everybody's Business Strategic Framework, incorporating the data collection and methodology requirements and lessons from the 15-18 plan;
3. A single data collection tool to enable widespread collection of PPEI activities within the ATOD sector. Compulsory reporting on PPEI activities by funding bodies—including, but not limited to, the Department of Health and Human Services (DHHS)—would enable integration and coordination with regular reporting processes.

Appendices

Appendix 1: ATOD PPEI implementation plan goal and activity list

Advocacy and lobbying

Goal: 1.1 For the ATOD sector to play a prominent and active role in public debate on alcohol, tobacco and other drug issues

1.1.1 Convene public forums and events (e.g. research symposiums, training and information sessions)

1.1.2 Formulate and issue position statements

1.1.3 Collaborate with institutions (e.g. UTAS) to promote and stimulate public awareness and debate

Goal: 1.2 To reduce stigma and discrimination associated with ATOD use

1.2.1 Maintain a position statement about stigma and discrimination

1.2.2 Support existing campaigns (e.g. Support Don't Punish) as well as explore and develop new campaigns that address stigma and discrimination regarding ATOD use

Goal: 1.3 To challenge Tasmania's drinking and drug-taking culture

1.3.1 Develop public education messages about ATOD use and associated risks/harms (such as the dissemination of the NHMRC guidelines for low risk drinking)

1.3.2 Highlight positive role models in the local community

Goal: 1.4 To ensure the responsible sale and supply of alcohol and tobacco

1.4.1 Advocate for relevant legislative amendments around sale and supply of alcohol and tobacco. For example:

- restrictions on promotions in licensed premises that encourage rapid and/or excessive consumption of alcohol
- reviewing the legal drinking age
- reviewing the legal blood alcohol level for driving to 0.00
- advocating for the reduction of liquor licenses issued and restrict those issued for sporting and family events

1.4.2 Support, inform and contribute to relevant legislation, regulatory frameworks and compliance regimes

1.4.3 Maintain a strong focus on frontline policing, including:

- a high visibility approach in and around licensed venues
- targeting of underage alcohol-related issues
- broader community activity, such as random and targeted breath alcohol testing

Goal: 1.5 To support the creation and maintenance of Drug User Organisations within Tasmania

1.5.1 Advocate for sustainable funding for consumer driven, peer-based drug user organisations

Partnerships and collaboration

Goal: 2.1 To improve strategic linkages within the ATOD sector with external agencies

2.1.1 Encourage and support awareness of ATOD service providers and programs

Goal: 2.2 To build collaborative working relationships within the community which address ATOD use

2.2.1 Develop new, and enhance existing, partnership programs and resources:

- which promote strong messages around responsible ATOD use and harm reduction
- aimed at early interventions and building resilience

2.2.2 Strengthen ATOD capacity within child and maternal health and family centres

2.2.3 Develop connections with Neighbourhood Houses to strengthen worker capacity regarding ATOD issues

2.2.4 Support and encourage ATOD organisations to maximise consumer engagement in service planning and delivery

Information and resources

Goal: 3.1 To develop a repository of evidence-based resources about PPEI

3.1.1 Develop and launch an Everybody's Business website and highlight 'champions' in the community

3.1.2 Develop mechanisms that will support the work of the strategic framework:

- an ATOD PPEI website
- a register of ATOD PPEI activities across Tasmania
- aimed at building resilience and raising awareness of drug harms

3.1.3 Review and disseminate brief intervention tools and programs:

- that the ATOD sector can embrace as part of everyday business
- specific to young people
- aimed at building resilience and raising awareness of drug harms

Goal: 3.2 To adopt a range of evidence-based school drug education

3.2.1 Develop and provide best-practice ATOD teaching resources for prevention and education

3.2.2 Provide resources within the Principles of Drug Education which facilitate student engagement, building resilience and referral to appropriate support services for young people, their families and communities around ATOD use

3.2.3 Facilitate joint projects between schools and the community to enhance ATOD knowledge

Workforce capacity building

Goal: 4.1 To build the knowledge and capacity of the ATOD sector workforce in PPEI principles and strategies

4.1.1 Provide training and information sharing within the ATOD sector through events (e.g. research symposiums, workplace exchange programs)

4.1.2 Provide consultancy and training in PPEI to the ATOD sector regarding the incorporation of PPEI programs into current work

4.1.3 Advocate for specific funding for PPEI Community Educators within the ATOD sector

Goal: 4.2 To build the knowledge and capacity of the non-ATOD sector workforce in PPEI principles and strategies

4.2.1 Provide training and workforce education specifically promoting PPEI principles and develop PPEI resources to distribute

Communication and marketing

Goal: 5.1 To maximise the use of technology and social media for the exchange of information, online resources and promotion of the PPEI message

5.1.1 Maintain and promote the everybody's.business website

5.1.2 Develop mechanisms for the ATOD sector to obtain and share PPEI information and resources

5.1.3 Promote ATOD sector organisations' individual newsletters, publications, and social media (e.g. Facebook, Twitter)

Goal: 5.2 To promote recreational, education and cultural activities to target audiences

5.2.1 Use age and culturally appropriate methods and channels to deliver responsible ATOD use messages

Goal: 5.3 To promote positive role models through community groups and in community settings

5.3.1 Highlight champions in the community through the everybody's.business website and other media channels

Appendix 2: Survey reporting tool – further explanation

Click here to return to Data entry sheet

Regions	North	South	North West
	Akaroa	Abels Bay	Abbotsham
	Alanvale	Acton Park	Aberdeen
	Alberton	Adventure Bay	Acacia Hills
	Ansons Bay	Albion Heights	Acton
	Avoca	Allens Rivulet	Alcomie
	Badger Head	Alonnah	Ambleside
	Banca	Andover	Arthur River
	Bangor	Antill Ponds	Bakers Beach
	Beaconsfield	Apollo Bay	Barrington
	Beaumaris	Apslawn	Beulah
	Beauty Point	Apsley	Black River
	Beechford	Arthurs Lake	Boat Harbour
	Bell Bay	Austins Ferry	Boat Harbour Beach
	Bellingham	Baden	Brittons Swamp
	Ben Lomond	Bagdad	Broadmeadows
	Binalong Bay	Bagdad North	Brooklyn
	Birralee	Barnes Bay	Bungaree
	Bishopsbourne	Barretta	Burnie
	Blackstone Heights	Battery point	Calder
	Blackwall	Bellerive	Camdale
	Blackwood Creek	Berriedale	Camena
	Blessington	Bicheno	Castra
	Blue Rocks	Birchs Bay	Cethana
	Blumont	Black Hills	Chasm Creek
	Boobyalla	Blackmans Bay	Christmas Hills
	Bracknell	Bonnet Hill	Claude Road
	Branxholm	Boomer Bay	Cooee
	Breadalbane	Bothwell	Corinna
	Bridgenorth	Boyer	Couta Rocks
	Bridport	Bradys Lake	Cowrie Point
	Burns Creek	Brandum	Cradle Mountain

Age Groups	For the purpose of this report, the following age groups have been defined: <div style="text-align: center;"> Child: 0-11 years Young Person: 12-24 years Adult: 25-64 years Older Person: 65 + years </div>
Non-Binary Genders	Gender identities that are not exclusively masculine or feminine.
(Cis) Female	
(Cis) Male	A person who identifies with their birth assigned sex e.g. ciswoman, cisman
(Trans) Female	In addition to including people whose gender identity is the opposite of their assigned sex (trans men and trans women), it may include
(Trans) Male	people who are not exclusively masculine or feminine (people who are genderqueer, e.g. bigender, pangender, genderfluid, or agender).
CALD	People who are culturally and linguistically diverse.
ATSI	A person of Aboriginal or Torres Strait Islander descent, who identifies as being of Aboriginal or Torres Strait Islander origin.
LGBTI	People who are lesbian, gay, bisexual, trans, and/or intersex.

Data Entry | **Further Explanation**

Appendix 3: Activity count – 3rd Survey - overall

Total participating organisations	11
Total reported activities	560
Total partnerships	105
Total reported actions	491,442
Total distributed resources	20,222

Activities within priority areas

Priority area	Activities	Sessions	Note
Priority 1: Nurturing Early Years and Strengthening Families	61	3,345	
Priority 2: Fostering Resilient Individuals	331	8,469	
Priority 3: Building an Inclusive Community	184	2,283	
Priority 4: Building an integrated service system	252	797	
Priority 5: Focusing on Whole of Population approaches	52	482,745	Number inflated by Police activity

Partnerships within priority areas

Priority area	Partnerships	Note
Priority 1: Nurturing Early Years and Strengthening Families	21	
Priority 2: Fostering Resilient Individuals	66	
Priority 3: Building an Inclusive Community	63	
Priority 4: Building an integrated service system	59	
Priority 5: Focusing on Whole of Population approaches	12	

Activities within implementation goals			
Implementation goal	Activities	Sessions	Note
Goal 1: Advocacy and Lobbying	131	480,576	<i>Most activities fell within 1.3.1, 1.1.2, 1.2.2, and 1.1.1</i>
Goal 2: Partnerships and Collaboration	169	1,703	<i>Most activities fell within 2.2.1 and 2.1.1</i>
Goal 3: Information and Resources	285	7,364	<i>Most activities fell within 3.1.3 and 3.2.2</i>
Goal 4: Workforce Capacity Building	92	164	<i>Most activities fell within 4.1.1 and 4.2.1</i>
Goal 5: Communication and Marketing	195	2,417	<i>Most activities fell within 5.2.1 and 5.3.1</i>

Partnerships within implementation goals		
Implementation goal	Partnerships	Note
Goal 1: Advocacy and Lobbying	50	
Goal 2: Partnerships and Collaboration	96	
Goal 3: Information and Resources	68	
Goal 4: Workforce Capacity Building	48	
Goal 5: Communication and Marketing	75	

Appendix 3: Activity Count – specifics

Activities and their Physical Location

Physical location	Activities	Note
North	105	
North West	50	
South	309	

Activities and their Target Location

Target Region	Activities	Note
North	97	
North West	46	
South	254	
East Coast	6	
West Coast	2	
State Wide	151	
National	0	
International	0	

Activities per Target Group

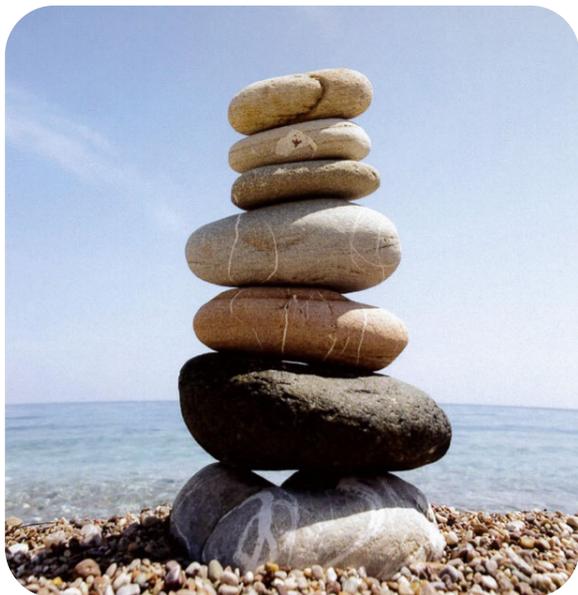
Target Group	Activities	Note
CALD	17	
ATSI	15	
LGBTI	4	

Activities per Target Age

Target Age	Activities	Note
Children	8	
Young People	81	
Adults	10	
Older People	3	
All Ages	26	

Activities per Target Gender

Target Gender	Activities	Note
No Target	118	
Cis Female	1	
Cis Male	10	
Trans Female	0	
Trans Male	0	
Non-Binary Genders	0	
All Men	1	
All Women	1	



**Alcohol, Tobacco and Other
Drugs (ATOD), Health
Promotion, Prevention and
Early Intervention (PPEI)
Activity in Tasmania:**

**A Qualitative Approach
to Reporting**

PPEI is a... human rights issue

The United Nations calls on jurisdictions to “Ensure that the human rights of people who use drugs are not violated by providing access to justice (including through legal services), prevention, treatment and other social services.”¹ The UN Convention on the Rights of the Child recognises a child’s right to grow up in a drug-free environment as a human right (UN Office of the High Commissioner Human Rights 1990). Evidence shows that supporting families through early intervention by reinforcing strong family bonds and proactive parenting is critical to achieving the best outcomes for children.¹

PPEI is a... cross-sectoral issue

Everybody’s Business: A Tasmanian alcohol, tobacco and other drugs promotion, prevention and early intervention strategic framework seeks to address the complex underlying causes of substance use by broadening the focus on ATOD beyond traditional health and law enforcement/justice responses and education initiatives. It establishes a vision to guide the formulation of prevention and early intervention activities and actions in Tasmania, advocating strategies and approaches that cut across multiple sectors.

PPEI is a... community issue

PPEI strategies and activities are designed to maximise wellbeing and positive life trajectories for individuals, families and communities through influencing or altering the social, economic, cultural and environmental determinants of ATOD use. PPEI activities are funded to both reduce the costs and harms of ATOD use and to maximise the health and potential of all Tasmanians. They may be broad-based efforts directed at mainstream populations; or interventions that target specific population group(s).

¹ UNAIDS (2016), *Do No Harm: Health, Human Rights and People Who Use Drugs*, p.8, <http://www.unaids.org/en/resources/documents/2016/do-no-harm>

² For example: Ann Roche et al, (2015) *From policy to implementation: child and family sensitive practice in the alcohol and other drugs sector*, ANCD research paper (Online); no. 28, National Centre for Education and Training on Addiction <http://nceta.flinders.edu.au/files/3614/0894/8514/EN553.pdf>

Preface

The Drug Education Network (DEN) is the lead agency for Everybody's Business which was developed by the Inter-Agency Working Group on Drugs (IAWGD) on behalf of the Tasmanian Government. Everybody's Business is a strategic framework for ATOD PPEI in Tasmania and as such, the objectives of this *ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting* project align to the aims and priorities of the framework.

Everybody's Business aims to:

- Improve the coordination of PPEI initiatives across government and across sectors to ensure the potential impacts on the use of ATODs are appropriately considered
- Reduce the uptake of ATOD use in Tasmania
- Reduce the harms associated with ATOD use and misuse in Tasmania.³

The priorities of Everybody's Business are:

1. Nurturing the Early Years and Strengthening Families
2. Fostering Resilient Individuals
3. Building an Inclusive Community
4. Building an Integrated Service System
5. Focussing on Whole of Population Approaches⁴

Working closely with DEN on this project is the PPEI Advisory Group which is scheduled to meet quarterly to progress the goals and activities of the PPEI Implementation Plan. An aim of the implementation plan is to draw organisations together—each working to their strengths to create synergy between service providers and, ultimately, create a more efficient sector with better outcomes for clients and the Tasmanian population. The PPEI Advisory Group is currently looking to expand its membership to include more organisations within and beyond the AOD sector.

³ Tasmania, DHHS (2013), *Everybody's Business: a Tasmanian alcohol, tobacco and other drugs promotion, prevention and early intervention strategic framework*, https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0017/211265/ATOD_PPEI_FINAL_220313.pdf

Why we need to adopt a qualitative approach to reporting on ATOD PPEI

One of the recommendations of the PPEI Report 2018 was to conduct a wider consultation during 2019-2020 to map PPEI initiatives over a wider cross-sectoral sample to inform the opportunities for, and gaps in, PPEI in Tasmania. This "Qualitative Approach Report" is intended to demonstrate how a more comprehensive approach to data collection, which includes a qualitative perspective, can build a more meaningful evidence base to assist Government agencies, private and public health providers, and community sector organisations (CSO) to take a more preventive health approach and focus within their immediate and obvious areas of responsibility and to inform a consistent cross-sectorial approach.

The purpose of qualitative research is to explore, illustrate, and/or give rich and detailed information about particular instances. PPEI is not easy to quantify. There is no cohesive definition of Prevention, for example. Also, merely enumerating instances of PPEI activity does not provide insight into whether this activity is well-directed, adequate or achieving its objectives. This "Qualitative Approach Report" demonstrates that the figures provided in the PPEI Report 2018 are not necessarily providing a clear picture of ATOD PPEI activity in Tasmania.

For instance, it was found that there is a disconnect between the high number of Brief Interventions reported and a common understanding of Brief Interventions that are being quantified.

⁴ Tasmania, DHHS (2013), *Everybody's Business*

This report found that a qualitative approach not only offers a deeper understanding, with the ability to explore topics in more detail but it can also facilitate unprompted and valuable responses, which allow for testing issues (without the bias outcome which prompts can deliver) and it can help generate ideas for improvements in the delivery of ATOD PPEI initiatives.

However, while the qualitative data provide a deep understanding of survey responses, statistical analysis can provide detailed assessment of patterns of responses. DEN proposes that the Everybody's Business PPEI report moving forward should deliver a mix of qualitative and quantitative data. Because the Department of Health collects data on its funded services, the quantitative data can be supplied to Everybody's Business by the Department and this data can be used to augment a qualitative approach conducted by DEN.

The proposed survey will investigate ATOD PPEI activity across sectors, most of which are not funded by the Department which would suggest that some qualitative questions would need to be part of the surveying of these non-ATOD sectors and organisations. This proposal would require 2 surveys – one for the ATOD sector and one for those outside the sector.

It is important to capture this information because:

- This kind of investigation across sectors will help identify opportunities for collaboration which would otherwise be obscured by siloing.
- Apart from the investment in well-resourced, well-trained and well-equipped treatment services, a balance in investment is needed towards more proactive measures in PPEI activities. This report will go beyond listing PPEI initiatives to begin to demonstrate the state of PPEI in Tasmania by identifying what is working and how it is working and what the gaps are.
- PPEI is a proven effective and economical way to minimise harm, reduce substance use and improve the physical and mental wellbeing of the whole community, however initiatives and programs must be based on robust evidence to achieve the goals of being both effective and economical. This work will highlight the evidence-base and efficacy of programs to assist funders and program managers to make informed decisions on services, initiatives and programs.
- The PPEI Report 2018 also recommends a specifically funded ATOD PPEI project to review and redevelop the ATOD PPEI Implementation Plan in order to further the aims of the Everybody's Business Strategic Framework, incorporating the data collection and methodology requirements and lessons from the 2015-18 plan. This will inform and support the new proposed qualitative PPEI report process.

Executive Summary

This *ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting* project is intended to demonstrate how a more comprehensive, qualitative PPEI report can provide the kind of meaningful information to inform decision-makers and funders, drive desired change and help providers better tailor their approach. This is particularly pertinent at this stage with the AOD Sector Framework development and the Tasmanian Drug Strategy under review.

There is a large body of evidence relevant to PPEI activities which demonstrates that it extends far beyond alcohol, tobacco and other drugs into broader issues of social inequity, such as social inclusion, disadvantage, fairness, community development, health promotion, criminal justice, amongst many others. It is also clear that ATOD interventions do not exclusively occur within a clearly defined ATOD service sector.

Recommendations Moving Forward

1. DEN is funded to map ATOD PPEI activity in Tasmania

DEN proposes that ATOD PPEI is mapped to identify the strategies, policies, initiatives, organisations, and individuals active across sectors in Tasmania.

In order to ensure that policy and actions to support ATOD PPEI can be effective, DEN proposes that before a new Everybody's Business Framework and implementation plan is put in place, we undertake a mapping project. Mapping is a useful process both for the definition of relevant policy and the identification of effective measures in support of ATOD PPEI. It will inform future directions for a reviewed PPEI Framework and Implementation Plan and help to inform how to proceed with data collection moving forward. By demonstrating what ATOD PPEI activities are provided in Tasmania, where and by whom, this mapping exercise will allow for an informed decision on ongoing data collection and which areas and sectors need to be targeted for this work.

2. A new ATOD PPEI action plan is developed and the annual ATOD PPEI Report is developed from a quantitative to a qualitative study with dedicated funding for this approach

The *ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting* specifically to provide insight into:

- Identifying significant funded or non-funded PPEI activities that currently exist in the Tasmanian community.
- Ascertaining intersectoral action on PPEI activities in relation to PPEI initiatives in Tasmania and recommend to the Tasmanian Government

the most appropriate mechanism to drive intersectoral action on PPEI activities in relation to ATODs in Tasmania.

- Determining the evidence base for these funded programs / challenges for the delivery and reported outcomes of these programs.
- Identifying the gaps in ATOD prevention services and make recommendations to address these.

It is envisioned that if this work is supported into the future, a new survey process will be designed based on the learning from this current work to deliver meaningful qualitative data to sit alongside the quantitative data already provided to the Department.

3. “Given the investment in ATOD Service System reform processes ... it is essential that investment is made in data and information management systems across the entire ATOD sector to enable the collection and analysis of an evidence base.”⁵

In its 2018 Budget Priority Statement ATDC has again nominated a stronger data system as the main priority for the sector. DEN supports ATDC's priority statement and recommends that access to PPEI data already held by the Department is made available for future PPEI reports.

Recommendations following the key themes uncovered by the ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting

- A standardised definition of PPEI is agreed and disseminated through the ATOD, government and community sector.
- Tailored services for Tasmanian target populations including LGBTIQ, senior Tasmanians and rural and regional communities.
- More workforce training and resources to assist with clients with co-occurring conditions.
- A framework, in collaboration with other sectors, e.g. Relationships Tasmania's suicide prevention program, to provide ATOD prevention across the 'whole of person-whole of life' continuum.
- Funding to recognise and resource the development and administration of partnerships to make PPEI work sustainable and seamless.
- Improved data collection, monitoring and evaluation of programs that are resourced as discrete items within Tasmanian Government funding agreements.
- PPEI concepts and approaches more explicitly highlighted in the population health framework as critical to best outcomes for all members of the Tasmanian community.
- Provision of funding for Community Engagement Officers to work across the ATOD and CSO sectors to support links to, and collaborations within, communities.

⁵ Alcohol, Tobacco and other Drugs Council Tasmania Inc. (ATDC) (2018), Budget Priority Statement 2018-2019, p. 10, <http://www.atdc.org.au/wp-content/uploads/2017/12/ATDC-BPS-2018-2019-1.pdf>

Where our work is taking us

Greater and more innovative approaches to prevent and reduce harms caused by substance use and to help build strong, confident resilient individuals and communities are consistently identified as necessary to move forward. In light of the inescapable realities of negative life experiences which contribute to harmful practices, it is sensible to try to prevent problematic substance use, rather than detect and punish it. The organisations who participated in this study are working towards:

- More collaborative, cross-sectorial approaches at all levels of prevention.
- A whole of person, whole life approach which recognises the critical role of the social determinants of health in the delivery of effective and respectful services.
- Supporting people using substances and their families to address the risk factors that might lead to problematic use before serious harms occur.
- Providing interventions and programs which are culturally respectful and safe, and which are underpinned by trauma informed care.
- Working towards the elimination of the stigma and discrimination currently endured by people who use substances.

Early intervention, as research has consistently demonstrated, is cost effective and transforms lives for the better. The importance of early intervention cannot be overstated and in the area of ATOD, an appropriate health system response with family and community involvement is far more effective in addressing substance use issues than the criminal justice system.⁶ It is clearly a strong theme in responses by participants in this work that PPEI needs to be better resourced to ensure the health and wellbeing of all Tasmanians moving forward.

⁶ Penington Institute (2017), *A community controlled approach to problematic ice use*, p. 13

ATOD PPEI Activity in Tasmania: A Qualitative Approach to Reporting

A major aim of any health system is to prevent disease and other ill health and injury and to maintain health—not just to treat illness—so that people remain as healthy as possible for as long as possible. This approach includes a focus on the quality and timeliness of health care received, including preventive health care such as screening and immunisation. However, as health is not merely the absence of disease, our health system also plays a vital role in positively influencing our health status by building social and physical environments that support health and promote healthy behaviours.⁷

Background

It is encouraging that the current work in progress on the “Reform Agenda for Alcohol and Drug Services in Tasmania”⁸ has set out some reform goals that directly address many of the issues identified in this consultation by survey participants and interviewees reporting on their PPEI programs and interventions.

The reform agenda notes that, “Whilst the primary focus of this Reform Agenda is on the treatment service system, health promotion and prevention, and brief interventions and harm reduction are key aspects of the continuum of care model underpinning this Reform Agenda.”⁹

DEN would like to highlight, in particular, the following sections of the Reform Paper:

Reform direction 6: Maintain a focus on promotion, prevention and early intervention

Rationale: A 2009-cost benefit analysis showed a return of \$18 for every dollar spent on drug prevention programs (US Department of Health and Human Services, 2009), which is likely to be an underestimate. There is limited research to date specific to Australia, but a 2009 project and report (National Centre in HIV Epidemiology and Clinical Research (2009) on the net population benefits of needle and syringe programs found for every \$1 invested in ATOD treatment, society gains \$7. *Everybody's Business, A Strategic Framework for Implementing Promotion, Prevention and Early Intervention Approaches in Averting Alcohol, Tobacco and Other Drugs Use* (ATOD PPEI Framework) was developed in 2013 to provide a focus on the social and structural determinants of health that influence ATOD use.¹⁰

⁷ AIHW (Australian Institute of Health and Welfare) (2018), *Australia's health 2018*, Australia's health series no. 16. AUS 221, Canberra: AIHW, <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>

⁸ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), Mental Health, Alcohol and Drug Directorate Department of Health, p. 1,

https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0020/350534/Reform_Agenda_for_AOD_Services_-_Consultation_Draft_FINAL_3.pdf

⁹ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), p. 14.

¹⁰ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), p. 14.

Interventions to reduce ATOD related harm can be broadly categorised as promotion and prevention activities and drug treatment services, but many of the government and non-government specialist service providers include health promotion and prevention, harm reduction and brief interventions as part of the services they deliver and in the context of other treatments and programs.¹¹

The reform goals for this reform direction include:

- Maintain an equal focus on population level health promotion and the social determinants of health
- Maintain an equal focus on promotion, prevention and early intervention activities and actions to prevent or alleviate the harms from ATOD use
- Improve ATOD assessment and the provision of brief interventions and early referrals across a range of settings
- Build capacity to implement a range of evidence informed PPEI activities
- Build the capacity across all government and non-government ATOD service providers to implement evidence-informed health promotion and prevention, and brief intervention and harm reduction activities.¹²

A range of other Tasmanian Government preventive policies and strategic frameworks identify priorities that share health determinants and intersect with the work of the ATOD sector and beyond identified in this report.

These include:

- Tasmanian Alcohol Action Framework: Rising Above the Influence 2010-2015
- Tasmanian Drug Strategy 2013-2018
- Tasmanian Tobacco Control Plan 2017-21
- Healthy Tasmania Five Year Strategic Plan July 2016
- Five Year Strategic Plan for increasing the health and wellbeing of children and young people.
- Rethink Mental Health: Better Mental Health and Wellbeing: A long-term plan for mental health in Tasmania 2015-2025
- Tasmanian Suicide Prevention Strategy (2016-2020)
- Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020) Taking Action
- Tasmania's Primary Prevention Strategy to Reduce Violence Against Women and Children 2012-22
- Healthy Tasmania: Setting new directions for health and wellbeing
- Everybody's Business: A Tasmanian Alcohol, Tobacco and Other Drugs Promotion, Prevention and Early Intervention (PPEI) Strategic Framework
- Tasmanian Child and Youth Wellbeing Framework 2017
- Strong Families, Safe Kids Implementation Plan including the Student Wellbeing Initiative
- Respectful Schools and Workplaces Framework

For more detailed background information see Appendix 2: Context

¹¹ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), p. 14.

¹² *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), p. 15.

What do we mean by Promotion, Prevention and Early Intervention (PPEI)?

PPEI strategies and activities are designed to maximise wellbeing and positive life trajectories for individuals, families and communities through influencing or altering the social, economic, cultural and environmental determinants of ATOD use. PPEI activities are funded to both reduce the costs and harms of ATOD use and to maximise the health and potential of all Tasmanians. They may be broad-based efforts directed at mainstream populations or interventions that target specific populations group(s).

Promotion

Promotion can also be referred to as primary prevention (see below) as it works to protect people from developing ATOD-related problems. Promotion strategies can include informing people about the effects and the harms associated with the use of ATOD, changing laws and regulations that govern sales of alcohol and tobacco, providing positive role modelling of ATOD use, helping people to reduce stress in their lives and improve their wellbeing in general, and developing safe environments that reduce the risk of ATOD use.

Prevention

Preventive strategies “seek to enhance protective factors and/or reduce risk factors. Risk factors increase the likelihood of high-risk behaviours, which often result in negative outcomes. Protective factors, on the other hand, lower the probability of high-risk behaviours and promote positive outcomes. Prevention is critical in the reduction of negative impact and outcomes associated with substance use and it has been shown that consistent, relevant messages to young people about substances is a strong prevention initiative.

Effective prevention routinely repeats the same key messages, delivered by multiple messengers—peers, parents, schools, and the community. The primary goal of prevention is to delay or prevent the onset of substance use and/or misuse. There are many protective factors, including but not limited to strong family bonds and proactive parenting, which increase the probability that substance use / misuse will be delayed.”¹³

It is important to note here that family refers not only to the traditional nuclear model of family but includes single parent families, extended families, families headed by same sex couples, blended and stepfamilies, and families where children are raised by their grandparents or other relatives.

Early Intervention

Early intervention is included in the scope of prevention and it begins at the very start of life with perinatal, parenting and family programs. However, early intervention also involves focusing on persons that have experimented with substances but are not severely dependent and also early intervention in the prevention of relapse of those who have a history of dependency. Early intervention is in fact a continuum along a person's lifetime, a strategic activity within the risk-focused prevention framework where individuals at risk are identified, observed, assessed, and referred to intervention and/or treatment, as necessary.

PPEI is not only important for enhancing protective factors and/or reducing risk factors for individuals. It has a positive impact on whole families and communities.

¹³ *Substance Use Best Practice Tool Guide* (2016), Tennessee State Government, Division of Clinical Leadership in Collaboration with the Division of Substance Abuse Services,

https://www.tn.gov/content/dam/tn/mentalhealth/documents/FINAL_Prevention_Early_Intervention_Module.pdf

For example:

- Many studies (cross-sectional and longitudinal) have found that parental tobacco use is linked with higher rates of child and adolescent smoking initiation, escalation to regular smoking and smoking into adulthood.¹⁴
- Research also shows that children with parents who are substance users - alcohol or drugs - are more likely to try alcohol or drugs and develop alcoholism or drug addiction. In 2016, researchers from Harvard Medical School announced new findings that children whose parents (or caregivers) misuse alcohol—or use, produce or distribute drugs—face significantly higher risks of medical and behavioural problems, including substance use.¹⁵

...and harm minimisation / reduction

The Alcohol Tobacco and Other Drug Association ACT makes the valid point that “Drugs and drug use are facts of life that cannot be eliminated, however the harms associated with them can be substantially reduced. Harm reduction is one of the three pillars of the Australian and ACT drug strategies. Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs by people unable or unwilling to stop. The defining features are the focus on the reduction of harm (rather than on the elimination of drug use itself) and the focus on people who continue to use drugs.”¹⁶

¹⁴ M Scollo & M H Winstanley (2018), Tobacco in Australia: Facts and issues, Melbourne: Cancer Council Victoria, <http://www.tobaccoinaustralia.org.au/chapter-5-uptake/5-7-the-home-environment>

¹⁵ Vincent C Smith & Celeste R Wilson (2016), Families Affected by Parental Substance Use: Clinical Report, Pediatrics, *American Academy of Pediatrics*, <http://pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1575>

¹⁶ ATODA (2016), *Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016–2017—An independent expert paper for the ACT Primary Health Network's Baseline Needs Assessment*, ATODA

Governments, too, have referred to the harm minimisation approach as a key approach to improving the wellbeing of the individual and to the community as a whole. The Australian Department of Health has described harm minimisation as aiming to address alcohol and other drug issues by “reducing the harmful effects of alcohol and other drugs on individuals and society. Harm minimisation considers the health, social and economic consequences of ATOD use on both the individual and the community as a whole. It has been a key policy of Australian state and federal governments since the 1985 launch of the National Campaign against Drug Abuse and the subsequent National Drug Strategy.”¹⁷

In its Reform Agenda Consultation Paper, the Tasmanian Department of Health states, “The terms promotion, prevention and early intervention often overlap. Generally, in the context of ATOD use issues, the focus is on prevention and early intervention to prevent uptake and reduce the harms associated with ATOD use, as well as a focus on the reduction of harms associated with ATOD use ... In the context of ATOD treatment, health promotion can also include providing information and advice to a person to minimise the harms from ATOD use.”¹⁸ This makes it clear that PPEI goes hand in glove with harm minimisation.

A comprehensive definition of PPEI?

PPEI is relevant across the lifespan, despite often being considered as most relevant to young people. A concept readily accepted amongst ATOD services

Monograph Series, No.3. Canberra, Alcohol Tobacco and Other Drug Association ACT, p. 29, https://www.chnact.org.au/sites/default/files/Monograph_3_Strengthening_Specialist_ATOD_Treatment_Support_Needs_Priorities_ACT.pdf

¹⁷ Australian Department of Health, *Harm minimisation*, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front9-wk-toc-drugtreat-pubs-front9-wk-secb-drugtreat-pubs-front9-wk-secb-2-drugtreat-pubs-front9-wk-secb-2-1>

¹⁸ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), Mental Health, Alcohol and Drug Directorate Department of Health, p. 1, https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0020/350534/Reform_Agenda_for_ATOD_Services_-_Consultation_Draft_FINAL_3.pdf

in Tasmania is that PPEI encompasses every stage in the continuum of care which “presents a unique opportunity to enhance a person’s quality of life at any age, and all stages are addressed in a healthy community. Substance use disorders, like heart disease and Type II diabetes, are lifestyle-related health problems which all have behavioural and genetic factors that influence how these problems develop in individuals. A public health approach, which presents solutions to all factors that influence a health problem, is a natural fit for lifestyle related health problems. The public health approach uses prevention, intervention, and treatment to deal with these health problems.”¹⁹

A Scottish literature review notes that, “There is no commonly accepted definition of ‘drug prevention’ in Europe. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) define this as: any policy, programme, or activity that is (at least partially) directly or indirectly aimed at preventing, delaying or reducing drug use, and/or its negative consequences such as health and social harm, or the development of problematic drug use. This applies to all psychoactive substances, both legal and illegal. Drug prevention activities can target whole populations, subpopulations, or individuals and may also address common factors that reduce vulnerability to drug use or which promote healthy development in general.”²⁰

Underpinning DEN’s service provision is the philosophy that prevention must incorporate a holistic view and involve the whole of person, across the whole of life. This definition of prevention goes beyond the focus on what is addressed through dedicated ATOD services and engages with broader community issues, framed within the wider context of social and economic determinants of health and wellbeing. While issues such as social marginalisation, access to housing and good food and education are very

likely to be significant drivers for harmful alcohol and drug use, it is not within the scope of this report to investigate these social and economic determinants but the report will attempt to link prevention activity to wider activity aimed at reducing inequality, tackling poverty, providing secure housing and access to education and meaningful employment. This report will also attempt to address ATOD prevention actions which cover targeted interventions in Tasmania’s hardest to reach communities.

¹⁹ Health Foundation of Greater Cincinnati. (2010), Supporting Community-Based Substance Abuse Prevention. Cincinnati, OH, p. 8, <https://www.interactforhealth.org/docs/Supporting%20Community-Based%20Substance%20Abuse%20Prevention.pdf>

²⁰ Fran Warren (2016), ‘What works’ in drug education and prevention? Edinburgh, Scottish Government, p. 9, <https://www.gov.scot/publications/works-drug-education-prevention/>

What we heard

The PPEI 2018 Report specified that within the third survey round, 11 participating organisations achieved 560 activities across 491442 individual actions. The majority of activities occurred within the following priority areas: 2: Fostering Resilient Individuals, 4: Building an integrated service system, and 3: Building an inclusive community. The majority of activities fell within the following implementation plan goals: 2: Partnerships and collaboration, and 5: Communication and Marketing. Every individual priority area and implementation goal KPI was represented within the data. This clearly demonstrates a strong inclination among the Tasmanian AOD sector to achieve within the PPEI space. This Qualitative Approach Report found that, generally, although this is the case, there are areas where services are thinly spread which translates to an uneven and, at times inadequate, provision of PPEI programs. Having a figure for the number of activities does not give an accurate indication of whether the PPEI work is successful, or delivered, where and when required across the state, or even if the activity is what is required in any given place at any given time.

The work for the Qualitative Approach Report included a new survey which was distributed in December 2018. This survey was aimed at:

- Those participants who had returned the original survey, asking them to complete a second survey as well - sent to nine organisations. We received two responses.
- Those participants who had not completed the original survey – sent to ten organisations.
- Those organisations who were identified as important to a broader perspective on ATOD PPEI in Tasmania.

In an effort to secure a good outcome, it was decided to organise interviews with a number of stakeholders which turned out to be the most effective way of gathering the information identified by the second survey. The organisations who responded to the second survey and those interviewed for this report are:

- Alcohol Tobacco and Other Drug Council (ATDC)
- Australian Drug Foundation (ADF) – Good Sports
- Australian Drug Foundation (ADF) – LDAT program
- Clarence Community Health Centre - Needle and Syringe Primary Outlet
- Drug Education Network Inc.
- Glenorchy City Council, Community & Strategy
- Holyoake Tasmania
- Kentish Regional Clinic, Sheffield Cores Program
- Launceston City Mission (Missiondale)
- The Link Youth Health Service Inc.
- Mental Health Council Tasmania
- Mission Australia
- Neighbourhood Houses Tasmania
- Northern Suburbs Community Centre, Launceston
- OzHelp Tasmania Foundation
- Pulse Youth Health Service
- Quit Services Tasmania
- Rural Alive and Well Inc.
- St Helens Neighbourhood House
- The Salvation Army
- Tasmanian Police
- Youth Network of Tasmanian (YNOT)
- Youth Family and Community Connections
- Youth Family and Community Connections -Devonport HUB Committee

A number of conclusions resulting from interviews and the responses to the second survey round included:

1. Understanding of PPEI and PPEI reporting in general

One of the issues with the identification of prevention strategies is that most ATOD services are funded to provide treatment and are therefore often compelled to subsume their prevention initiatives within their treatment models or do the work “*off the side of the desk*”. Furthermore, according to Jackson and Shiell, “We also suspect, but as yet have no evidence to support the idea, that the choice of funding mechanism (how money is allocated to whom for prevention) is an important determinant of the overall efficiency of the prevention spend. The funding model is not just a neutral way of distributing resources from government to providers of preventive health services. The different mechanisms employed may have a siloing effect such that channelling resources down one route will favour some forms of preventive health activity and not others. Since the choice of mechanisms seems to be largely based on history, the favoured activities need not be the most cost-effective or equitable. This issue warrants further consideration.”²¹

Our findings indicate that a standardised definition of PPEI is not widely understood / accepted. There were several instances during the course of the consultations where it became clear that programs and initiatives not named by those responding to the survey or in interviews, on further research were discovered to clearly fit the PPEI model as described earlier in this report.

It is evident that some organisation providing treatment do not have an understanding of prevention as an integral part of treatment programs and outreach programs. This means that many prevention initiatives have been

missed in the reporting. Nonetheless, programs including the Salvation Army Bridge program, whose State manager was interviewed for this report, do collaborate with a number of community services including with housing and family support programs to assist people leaving treatment to maintain their health and wellbeing.

However, there is clearly a need for all stakeholders, especially those within the ATOD sector, decision makers and funders to be on the same page with the definition and scope of PPEI activity.

2. Data collection

As part of the findings from the original PPEI 2017-2018 report, it was recommended that “*A single data collection tool would enable widespread collection of PPEI activities within the ATOD sector, provide insight into similar activities in the wider community sector, highlight synergistic activities and possible partnerships, and provide a full picture of PPEI implementation. Compulsory reporting on PPEI activities by funding bodies—including, but not limited to, the Department of Health and Human Services (DHHS)—would enable integration and coordination with regular reporting processes.*”

Indeed, of those people interviewed for this report those who are funded by the Health Department (formerly DHHS) referred to data collection as burdensome given that they are required to provide two sets of numbers – one to the Department and one for the PPEI report. They felt that a reporting mechanism which covered all the relevant information would be a step forward and away from unnecessary duplication and follow-up.

²¹ Hannah Jackson & Alan Shiell (2017) *Preventive health: How much does Australia spend and is it enough?* Canberra: Foundation for Alcohol Research and Education, p. 37, http://fare.org.au/wp-content/uploads/Preventive-health-How-much-does-Australia-spend-and-is-it-enough_FINAL.pdf

There is also the issue of inconsistency and non-comparability in data collection. ATDC notes that “Given the investment in ATOD Service System reform processes ... it is essential that investment is made in data and information management systems across the entire ATOD sector to enable the collection and analysis of an evidence base.” In their current Budget Priority Statement ATDC has nominated a stronger data system as the main priority for the sector.

ATDC made the point that, *“Aside from providing data back to government for reporting requirements, this data is not analysed or shared in a timely and meaningful way back to those organisations or the broader alcohol, tobacco and other drug sector. Data provided to the government can take up to two years to be provided back and returned in a format that is not always useful for the Tasmanian community sector to make informed decisions on resource allocation or service planning and improvement. Consequently, this information is also not being used to guide alcohol and other drug policy and strategy development or to help organisations respond to emerging and current drug issues in their communities ... This makes it very difficult for service providers to provide effective case management across services, and makes it exceptionally difficult for funders to make effective resourcing decisions across different services providers, types and locations. Decisions on alcohol, tobacco and other drug services in Tasmania are being made without current or relevant data.”*²²

ATDC notes that there is “a potential project opportunity to fund a collaboration across government, community and UTAS to fix the issue.”²³

Participants in the process for this Qualitative Report emphasised that data needs to be shared in order to deliver the best outcomes and that timely data

sharing must be at the core of managing successful integrated community initiatives. Progressing shared community health goals requires communication across all partners on developments toward shared measures of health. With regard to PPEI data, and in response to stakeholders’ comments on the inefficiency of the current process, DEN proposes that a new data collection tool is developed to encompass PPEI activity as part of comprehensive ATOD data required by the Department. The responsibility for this work should sit with the Department alongside a complementary annual qualitative report based on a series of semi-structured interviews and, where applicable, focus groups, undertaken by DEN as lead agency of Everybody’s Business to support the implementation of ATOD PPEI initiatives across government agencies and public, private and community sector providers. This would be based on the work which led to the current Qualitative Report and would provide a much more meaningful overview of PPEI activity in Tasmania.

3. Brief Interventions

One of the areas where there is some confusion is that of brief interventions. In its definition of Brief Intervention, the *Tasmanian Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* states that, “Early (or brief) interventions can have some overlap with indicated prevention but also include earlier treatment based on screening and assessment to identify people at an early stage of potentially harmful ATOD use.

Brief interventions often consist of informal counselling and providing information on the types of harms and risks associated with ATOD use (which can also be a health promotion initiative).²⁴

²² Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC) (2018), *Stronger Data Better Outcomes: Budget Priority Statement 2019-2020*, p.5.

²³ Alcohol, Tobacco and other Drugs Council of Tas Inc. (ATDC) (2017), *Budget Priority Statement 2018-2019*, p. 10, <http://www.atdc.org.au/wp-content/uploads/2017/12/ATDC-BPS-2018-2019-1.pdf>

²⁴ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), Mental Health, Alcohol and Drug Directorate Department of Health, p.2, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0020/350534/Reform_Agenda_for_ATOD_Services_-_Consultation_Draft_FINAL_3.pdf

DEN has suggested that,
*“Using brief interventions as an opportunistic tool to support people to discontinue or reduce their alcohol, tobacco, and other drug use, reinforces other interventions and promotion campaigns. Due to their nature, brief interventions can be delivered within the community if provided by trained staff.”*²⁵

There are organisations who are very well aware of the importance of providing brief interventions within the spectrum of ATOD treatment and support, including as a prevention tool. Pulse Youth Health in Glenorchy informed DEN that they use the Department of Health system of barcode scanning to log each incident of brief intervention. However, similarly to PPEI in general, brief interventions are very often part of an organisation's process but not recognised as such by workers. Many employees of community services conduct what we would define as brief interventions without acknowledging or understanding that this is what they are doing. Where they are recorded it is unclear whether they are indeed Brief Interventions. At times measurement systems can corrupt definitions as people strive to meet KPI measures.

It is precisely this issue of understanding and training that needs to be addressed with regards to brief interventions. Just as the mental health sector has rolled out Mental Health First Aid across many sectors in the community. Brief intervention training needs to be provided to all workers who may come in contact with people with substance use issues. In one sense it is not as important to list the numbers of brief interventions conducted. This may not even be feasible given how organic and opportunistic the occasion of brief interventions may be. But it is critical to know that this is part of the suite of

interventions able to be provided by workers who encounter people with substance use issues in the course of their work. And also, to know that they are trained.

The PPEI Advisory Group has supported and endorsed the Brief Intervention Sector Framework created by DEN as directed by the Department and the PPEI Advisory Working Group. This document, alongside a skills-based training manual, “The Scaffold”, is now the basis for training across sectors to ensure that all workers who potentially come in contact with people with substance use issues are able to provide advice, information, support and referral. DEN has also made a submission to government for funding to provide ATOD training – in the same vein as Mental Health First Aid - across the NDIS workforce. This increasingly casualised workforce will be critical in prevention and early intervention regarding ATOD issues for many of our society's vulnerable persons.

4. Target Populations

The Tasmanian Reform Agenda for Alcohol and Drug Services names as reform goals:

- To ensure population groups identified at higher risk of ATOD-related harm can access appropriate treatment and support when and where they need it
- To ensure all ATOD service providers provide appropriate evidence-informed, culturally aware and respectful services to address the needs of any identified specific population group

²⁵ DEN & The ATOD PPEI Advisory Group (2018), *Tasmanian Alcohol, Tobacco and Other Drug (ATOD) Brief Intervention Framework*, http://interactive.den.org.au/toolbox/TasmanianATODBriefInterventionFramework_2018.pdf

- To better integrate with other non-ATOD specialist services such as prison services, children and youth services, homelessness services and education²⁶

Target populations can be divided into a number of sub-groups including occupational, diverse communities, socioeconomic and geographical. On the whole, Tasmania has a strong foundation of PPEI and harm reduction services, but there are clearly limited approaches and insufficient reach across sub-populations and geographic areas.

With regard to target populations, the PPEI Report 2017-2018 found that:

- The vast majority of all activities (81%) did not target a specific population group.
- **7%** of activities targeted Aboriginal/Torres Strait Islander (A/TSI) groups.
- **6%** of activities targeted Culturally and Linguistically Diverse (CALD) groups.
- **6%** of activities targeted Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

According to Primary Health Tasmania in their commissioning intentions paper for the ATOD sector, "Workforce and sector development needs including the capacity to deliver culturally safe services to Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and intersex (LGBTI) communities."²⁷

These are all objectives shared by the ATOD sector representatives accessed for this report. Their common explanation for any deficits in this work was lack of resourcing, especially for staff development and training, being spread too thinly, often across the whole state, with very little support for outreach and having very little understanding of what other services do which requires a better communication framework.

It was also consistently reported that part of the difficulty related the lack of PPEI services to specific groups across the state are workforce issues. For instance, according to Primary Health Tasmania there are many "workforce and sector development needs including the capacity to deliver culturally safe services to Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and intersex (LGBTI) communities."²⁸ There was a named difficulty for regional areas in getting specialist services on site – once a month for some services and none for others. Workforce issues identified as impacting on PPEI service provision include:

- The need for generalist staff to be trained across issues including mental health, cultural safety and brief interventions, to better provide support.
- More specialist staff is required to deal with the complex issues faced by many clients. This includes, for example, a psychiatrist in a rehabilitation residential service to help with diagnosing, treating and referring to the community sector, anyone with mental health problems.

²⁶ *Reform Agenda for Alcohol and Drug Services in Tasmania Consultation Draft* (2018), Mental Health, Alcohol and Drug Directorate Department of Health, p. 1, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0020/350534/Reform_Agenda_for_ATOD_Services_-_Consultation_Draft_FINAL_3.pdf

²⁷ Primary Health Tasmania (2017), *Alcohol and other Drug Treatment Services for the Tasmanian community including Aboriginal and Torres Strait Islander peoples: Commissioning Intentions Document Version 1.0*, p. ,

<https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/Alcohol-and-other-Drug-Treatment-Services-Commissioning-Intentions.pdf>

²⁸ Primary Health Tasmania (2017), *Alcohol and other Drug Treatment Services for the Tasmanian community including Aboriginal and Torres Strait Islander peoples: Commissioning Intentions Document Version 1.0*, p. , <https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/Alcohol-and-other-Drug-Treatment-Services-Commissioning-Intentions.pdf>

With regard to targeting geographically regional areas, the majority of PPEI activities were found to be held in the south of Tasmania. One interviewee claimed that services targeting the LGBTIQ communities were “Hobart-centric”. And although in the PPEI Report 2017-2018, it was found that state-wide activities occurred more frequently than activities that only occurred in the north or the north west of the state, many responding organisations referred to the number of services which claimed to provide outreach but in fact did very little in that area. There is some evidence that outreach programs are not reaching many of those most marginalised by geography and this approach needs to be reviewed. Some organisations commented on their desire to provide more state-wide services but being unable to do so, due to lack of resourcing. The Pulse Youth Health interview, for example, highlighted the difficulty of reaching across the state. A whole day is lost if a staff member goes to make a presentation on request from a regional school. It was pointed out that at one time Pulse ran a Roadshow with four workers from four organisations. A collaborative approach with a pool of workers from a number of organisations taking turns to travel to regional centres might be a way to address the need in the future.

A Scottish government report makes the point that “*Poverty and inequality is arguably the most significant underlying cause of problematic alcohol and drug use. Evidence shows that problematic use is far more prevalent in areas where there are low employment opportunities, few community amenities, poor personal resources and weak family and social bonds. Tackling these wider inequalities can play an important part in reducing problem alcohol and drug use, while at the same time, tackling problem substance use can also have a significant impact on inequalities in Scotland.*”²⁹ This is certainly the case in Tasmania and requires greater geographic coverage of PPEI interventions, especially in low socio-economic areas.

In terms of occupational groups, the reporting was limited to Tasmania Police who provide training to police recruits and construction industry training, mainly to apprentices, provided by Ozhelp at TAFEs across the three regions. It was identified that there is no longer funding for mentors to support the apprentices themselves and it is increasingly hard to access apprentices with the increase in workplace-based apprenticeships and the reluctance of employers to release apprentices for this training. There is also a lack of this training for non-construction trades apprentices.

By far the greater number of PPEI activity reported was directed at children and young people. 90% of the activities documented in the 2017-2018 PPEI report were not gender-specific although research indicates that the psychological, social and physical contexts of substance use and disorders are quite different for women as opposed to men. There remains a need for more research on sex/gender differences which looks at the spectrum of sex and gender identification and how this can impact on working effectively with people across domains of health generally and in the ATOD area in particular to provide best practice prevention and early intervention.

During interviews for this Qualitative Report we did learn that there are target groups across the state who were identified as needing more support and with whom many organisations would like to work. These groups included in particular the LGBTIQ communities which are at high risk of substance use. In discussions with CORES, it was noted that in the north-west members of the LGBTIQ communities were not receiving the support they need and that the bulk of support came from within the LGBTIQ community itself. In terms of suicide prevention, the core business of CORE, the same sex marriage debate has retraumatised many vulnerable people some of whom have resorted to self-medication with drugs and alcohol and self-harm.

²⁹ Fran Warren (2016), *What works' in drug education and prevention?* Edinburgh, Scottish Government, p. 34, <http://www.gov.scot/Publications/2016/12/4388>

Increasingly, the ageing baby boomer cohort is being identified as at risk of substance use issues, particularly with opioids and alcohol. An English report makes it clear that there are “chronic health problems of an aging cohort of opioid users. It is felt that core services must remain responsive to these changing demographics and patterns of use, principally this older cohort, local patterns in drug-related deaths and the ever-changing challenges of new psychoactive substances and patterns of drug use. The importance of rolling out the use of naloxone in preventing deaths is evident.”³⁰ DEN is investigating the need to address this older cohort and deliver PPEI initiatives directly to them.

The Alcohol Tobacco & Other Drug Association ACT (ATODA) maintains that the “*most appropriate specialist ATOD intervention for ‘hard-to-reach’ at-risk sub-populations may be interventions and types of engagement that reduce ATOD related harms and provide supported referrals to specialist ATOD treatment and support services. Harm reduction strategies are essential components of any modern and evidence based ATOD treatment program, policy and system. Harm reduction strategies have a strong evidence base and are cost effective. People who use drugs engage well with harm reduction interventions delivered using peer-based approaches.*”³¹

³⁰ State of the Sector 2017: Beyond the Tipping Point (2017), London, Adfam, p. 8, http://www.recovery-partnership.org/uploads/5/1/8/2/51822429/state_of_the_sector_2017_-_beyond_the_tipping_point.pdf

³¹ ATODA (2016), *Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016–2017—An independent expert paper for the ACT Primary Health Network’s Baseline Needs Assessment*. ATODA

5. Co-occurring disorders

Most participants interviewed named co-occurring disorders as a significant area for improvement with a large number of their clients having both ATOD and mental health issues. It has been recognised that “*co-occurring mental health disorders are common in people with alcohol and other drug use disorders, with estimates that 35% of individuals with a substance use disorder have at least one co-occurring affective or anxiety disorder. Mental and behavioural disorders are a very common comorbidity for hospitalisations of drug-related principal diagnosis, which represents 31% of all such separations.*”³²

In the report *Tasmanian Drug Trends 2017*, Bruno, Lusk and De Angelis noted that:

- Half of the Illicit Drug Reporting System (IDRS) participants self-reported experiencing a mental health problem in the past 6 months. This is similar to rates over the past five years of IDRS samples. In 2017, two-thirds of those reporting a mental health problem had attended a mental health professional; this is a reduction from rates in 2013 and 2014 where three-quarters had accessed mental health treatment
- While these mental health problems typically related to high-prevalence conditions such as anxiety and depression; psychoses and traumatic stress conditions were reported in particularly high rates (20% of those with mental health conditions respectively)

Monograph Series, No.3. Canberra, Alcohol Tobacco and Other Drug Association ACT, p. 29, https://www.chnact.org.au/sites/default/files/Monograph_3_Strengthening_Specialist_ATOD_Treatment_Support_Needs_Priorities_ACT.pdf

³² Primary Health Tasmania (2017), *Alcohol and other Drug Treatment Services for the Tasmanian community including Aboriginal and Torres Strait Islander peoples: Commissioning Intentions Document Version 1.0*, p. , <https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/Alcohol-and-other-Drug-Treatment-Services-Commissioning-Intentions.pdf>

- Using a validated measure of psychological distress, more than half of the IDRS sample scored in the 'high' or 'very high' categories, indicative of the need for professional help. This is substantially higher than rates in the general population (one in 10)³³

This consultation process has highlighted that people with complex needs are not being fully provided with the kind of supports necessary to help them in their recovery journey. These supports include preventative measures such as targeted and integrated services, assertive aftercare and targeted promotion which destigmatises both mental ill-health and substance use. There are services that do some work in this space, including The Bridge in the south and Youth Family and Community Connections (YFCC) in the north-west. However, the same English report referred to above makes the point, which is equally valid here, that "There is a mixed picture on progress in joining up services needed by people with multiple needs. Progress is both spurred on by the need to spend less and also hampered by the withdrawal under pressure into policy silos. Managing dual diagnosis is highlighted as particularly problematic."³⁴ Given the increasing discourse around breaking down silos this is one area that should be prioritised for resources.

6. Transition Periods

Recovery is a goal of many of the organisations interviewed but this is not recovery within the medical paradigm. Increasingly recovery within the ATOD sector refers to "*enabling and supporting individual recovery journeys, while creating environmental conditions that enable and support a 'social contagion'*"

³³ R Bruno, B Lusk & O De Angelis (2018), Tasmanian Drug Trends 2017. Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trends Series No. 185*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales, p. 6, <http://www.drugtrends.org.au/reports/tas-idrs-2017/>

³⁴ State of the Sector 2017: Beyond the Tipping Point (2017), London, Adfam, p. 8, http://www.recovery-partnership.org/uploads/5/1/8/2/51822429/state_of_the_sector_2017_-_beyond_the_tipping_point.pdf

of recovery, in which recovery is transmitted through supportive social networks and dedicated recovery groups, such as mutual aid."³⁵

In the interviews conducted by DEN evidence was presented regarding prevention and treatment programs that address practical recovery needs—such as childcare, money management, housing, and job assistance. The US Substance Abuse and Mental Health Services Administration (SAMHSA) has established recovery support systems to "*promote partnering with people in recovery from mental and substance use disorders and their family members to ... promote individual, program, and system-level approaches that foster health and resilience ... increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community.*"³⁶ SAMHSA demonstrates that this is essential to effective prevention initiatives, and to treatment that works, promoting recovery from mental and/or substance use disorders.

Recovery is a long-term process with a need for continuity of care for people re-entering the community after treatment. In Tasmania, the importance of ensuring transitional support for those leaving prison by establishing through-care has been recognised as a key factor in meeting the reintegration needs of prisoners. However, there remains limited provision for continuity of drug and alcohol treatment and support from prison to the community with linkages only available for the Holyoake program provided in minimum security and to services offered by the Salvation Army, an organisation that works very effectively to span ATOD and community sector issues. However, greater through-care needs to be put in place to address the treatment and psychosocial needs of short-term prisoners, as well as providing support to

³⁵ David W Best & Dan I Lubman (2012), The recovery paradigm A model of hope and change for alcohol and drug addiction, Reprinted from *Australian Family Physician* Vol. 41, No. 8, <https://www.racgp.org.au/download/documents/AFP/2012/August/201208best.pdf>

³⁶ SAMHSA (2019), Recovery and Recovery Support, <https://www.samhsa.gov/find-help/recovery>

longer term prisoners as they transition into the community. As Makkai has observed, “*effective crime strategies will ultimately fail if they do not include pre- and post-release intervention programs designed to reduce the likelihood of re-offending among prisoners.*”³⁷

And although the PPEI Report captured the significantly large number of programs aimed at children and young people, there is insufficient provision of PPEI programs to cover the transition from primary school to high school. DEN is a major provider of training for teachers, and has been working with teachers and schools around the state for over 30 years and recognises the kinds of barriers that schools face in the delivery of Alcohol, Tobacco and Other Drug (ATOD) education at the primary school level. For various reasons, including lack of ATOD PPEI trained teachers, many primary schools provide minimum, or indeed, no ATOD-related education to their students. From a PPEI perspective it is critical to start with children of younger ages.

The National Institute on Drug Abuse (NIDA) publication, *Principles of Substance Abuse Prevention for Early Childhood*³⁸ looks at research on early childhood risk and protective factors and notes that a child's first eight years are critical for substance use prevention. It offers research-based principles that affect a child's self-control and overall mental health, starting during pregnancy through the eighth year of life. It recognises that while substance use generally begins during the teen years, it has known biological, psychological, social, and environmental roots that begin even before birth.

Overall, with regard to ATOD training across all levels of schooling, the quality of substance use education and local practice in education needs to be made more consistent throughout Tasmania.

³⁷ Tasmania, Sentencing Advisory Council (2017), Mandatory Treatment for Alcohol and Drug Affected Offenders: Research Paper No.2, page 36, https://www.sentencingcouncil.tas.gov.au/__data/assets/pdf_file/0016/400147/SAC-Research-Paper-No.-2-Mandatory-treatment-for-alcohol-and-drug-affected-offenders.pdf

People face transition points throughout their lives – divorce, bereavement, job loss amongst others. These are all periods of increased vulnerability and services need to be able to identify risks and support people through difficult times. This is the kind of work done by Rural Alive and Well (RAW) in Tasmania with rural and regional people. However, all areas of the community services sector need to form part of this healing supportive collective – child services, mental health services, Neighbourhood Houses, disability and others. Many of them do but more is required and part of that involves awareness building. Something DEN is ideally equipped for.

7. Partnership

Most of the participating organisations in this work reported that they worked in collaboration with other organisations, often informally. In some places, there is a compelling reason for collaborative work. In the north-west, for example, YFCC has stated that organisations have no choice but to work together across sectors as there is significant need and service providers in the NW told us they are not able to meet the demand on their own. The PPEI Report 2017-2018 found that mapping the activities against the ATOD PPEI implementation goals showed that the majority of activities were in information and resources, followed by partnerships and collaboration.

It is widely accepted that cross-sector collaboration is a more efficient and effective way of providing services for individuals and/or families with complex needs. Importantly, cross-sector collaboration allows agencies to better manage the complex needs of clients and provide a more holistic and coordinated service. By working across sectors, ATOD services can contribute

³⁸ Elizabeth B Robertson, Belinda E Sims, and Eve E Reider (2016), *Principles of Substance Abuse Prevention for Early Childhood*, National Institute on Drug Abuse (NIDA), p.3, <https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index>

to a growing pool of knowledge, expertise, funding, shared referrals and other valuable resources which can improve outcomes for clients.

A key partner in ATOD PPEI initiatives must be the community. Building community capacity to identify and develop a community's inherent strengths in order to respond to complex social problems is an essential step. For example, Suicide Prevention Tasmania has put in place a process to deliver Community Action Plans and Local Drug Action Teams - funded by the Federal Government and administered by Alcohol and Drug Foundation (ADF) to support communities to work together to prevent and minimise the harm caused by alcohol and other drugs. There are also a number of consultation processes by many other agencies, including local government youth advisory groups, that can support positive actions in dealing with health and social wellbeing issues including those related to substance use.

The Bouverie Centre and the Victorian Responsible Gambling Foundation names the benefits of collaboration as:

For clients

- A more responsive service with the capacity to address a range of inter-related issues
- Increased accessibility to services
- Decrease in service overlap and the need for clients to repeat information
- An easier and more efficient pathway through services

For agencies

- Improved accountability and more efficient distribution of resources
- More efficient cross-sector communication pathways
- Achieving continuity of care
- Ensuring responsibility and accountability
- Co-ordinating the planning and delivery of resources for the benefit of service users

For practitioners

- Access to a pool of knowledge and expertise enabling creative problem-solving
- An increase in staff morale resulting from a decrease in isolation
- A sense of common purpose
- Improved cross-sector communication.³⁹

8. Evidence base and evaluation

A major issue in monitoring and reporting on ATOD PPEI strategies is that it is difficult to determine how we know we are making a difference. There are some obvious success stories including declining smoking rates which have clearly resulted from ongoing PPEI measures. There are many indicators of 'what works' and these come from research and the evaluations of individual programs. As well as understanding 'what works' and does not work in prevention, it is also important to consider the differential effects of programs in population subgroups – 'what works' for whom.

³⁹ The Bouverie Centre and the Victorian Responsible Gambling Foundation
<https://responsiblegambling.vic.gov.au/documents/119/Practice-guidelines-A4-FA-WEB.pdf>

The organisations interviewed by DEN did on the whole rely on an evidence base for their programs but this was not the case entirely. Sometimes it was a question of relying on a trusted person or organisation, for example an organisation that had already run the program in another jurisdiction and which had already tested the efficacy of the intervention. As some participants noted, it does not go without saying that if a program works in one place it will automatically work in another. Programs need to be tested through evaluation by end users.

All organisations reported that they modified or changed their programs based on feedback from those end users. It is critical to all those interviewed that the voice of the consumer and their feedback is not considered “less” than that of an external evaluator. One participant felt that relying too much on the external evaluation of a program is a mistake. For a start, programs are dynamic, and one evaluation does not take into account changing knowledge, communities and practice.

Some organisations were able to have their programs independently evaluated but this was too costly an exercise and so was not able to be undertaken by most organisations. All the programs which were delivered to groups of people, for example training sessions, were evaluated by the participants or users of the service.

9. Building Social Capital

The ATOD PPEI implementation plan activities are aligned to the five main priority areas defined in *Everybody's Business: a strategic framework*. The majority of partnered activities occurred within priority area 2: Fostering resilient individuals (30%), followed by priority area 3: Building an inclusive community (29%) and priority area 4: Building an integrated

service system (27%). The PPEI 2018 Report noted that in this survey period, the Everybody's Business priority area “Building an inclusive community saw a large increase.” And, indeed, in the interviews conducted for this Qualitative report, the participants also named building community as an important element in PPEI activity.

Addressing today's most pressing challenges requires developing the capacity to work collaboratively and to effectively work across sectors. DEN was informed that these issues are often approached with piecemeal and even siloed solutions, and with efforts (however passionate, intense, and even exhausting) that aren't sufficient to address the problems at the scale at which they exist. Many service providers are working on PPEI initiatives off the side of their desks. Those consulted for this report agreed that better wellbeing outcomes, both in the area of PPEI and treatment, as well as lower costs in the long-term, are influenced by the social determinants of health. As a result, leaders across sectors could look at providing collaborative, place-based strategies that view vital communities as a key part of health. These strategies strive to not only improve healthcare delivery, but also to promote access to quality education; affordable housing; safe neighbourhoods, healthy food, and liveable-wage jobs. This work is contingent on partnering with the community and in Tasmania is happening with the Neighbourhood and Community Houses network, the Local Drug Action Teams and local government.

Neighbourhood Houses reported that they were embedded in their communities and provided safe and supported spaces for all members of the community but were not service providers so were reliant on having services they can refer to. There is a dearth of services, especially in regional communities like those on the west coast. This lack of services, no backup and the expectations of funders and others that Neighbourhood Houses can provide all that is asked of them as pathways into the community has led to burn-out and “capacity building” fatigue. DEN was informed that more service outreach needs to be made available in regional areas; more practical training, for example in de-escalation techniques, and more resources to enable

Houses to take on their work, for instance the employment of a Community Engagement Officer. The other issue that was mentioned as a barrier to community engagement and prevention work was the fact that too many pilot programmes that showed promise have been subsequently shelved.

Recently DEN, in partnership with UTAS, Cancer Council, Royal Flying Doctors and Glamorgan Spring Bay Council completed a Tobacco Free Communities program to assist community members to give up smoking by providing incentives in the form of vouchers to local businesses. These were provided and managed through local participating pharmacies. The result has been an astonishing 43% success rate after 3 months. This project included relationship building by the project officer, visiting participating businesses and people every time the opportunity allowed. Interestingly, the Neighbourhood Houses managers interviewed for this report also named this as one of the important but neglected parts of having community organisations run programs in the Houses. They believe part of the resourcing for projects should be quarantined to allow this kind of relationship building to occur. At this grassroots, community level, this is a very important element of collaboration.

The Drug Action Teams represent local government, the primary care trust (PCT), health, social and law enforcement agencies, local drug treatment providers, service users and carers. They work with the community to identify key issues and strategies to tackle drug supply, crime and disorder, to provide interventions in schools and to produce an annual community action plan. One example is the Northern Suburbs Community Centre adventure playground supporting young people with trauma histories to learn about healthy good risk-taking, building resilience and growing confidence.

A very important player in the area of building social capital is local government. Glenorchy City Council is one example of the kinds of community programs which support community building in the local area. The Council

aims to create an age-and diversity friendly community that provides opportunities for people to be included, feel safe, have a healthy lifestyle, and to take part in activities that help them to be active and positive as they age. It embeds the principle in all its initiatives and events. For example, the Glenorchy Youth Task Force (GYTF) is involved in issues affecting young people, focusing on promoting a positive image of young people in the community, addressing issues such as community safety and youth health and wellbeing (including drug and alcohol use, body image and positive mental health).

ATDC is in the process of developing a consumer support group. Consumer support groups are important but Another area that helps build social capital is consumer engagement and the development of the peer workforce. Peer based recovery support has been a growth area in the Australian mental health sector with peer-led groups providing recovery support. In the ATOD arena there could be work for peers in improving the uptake of aftercare support for offenders on their release from prison; smoothing consumer pathways into support groups, training and education; and helping them find new social networks and connection within the community.

Peer workers can make a big difference in supporting integration into the community. There are, however, degrees of difficulty in this work due largely to the stigmatisation of people with substance use issues. According to the Social Action and Research Centre (SARC), *“those with alcohol problems have been especially active in the drug user involvement movement where there is more likely to be an infrastructure for participation. They are also more willing to identify as a substance user and acquire leadership roles possibly because they do not have to contend with prohibition and the difficulties which can accompany identifying as a user of illicit drugs.”*⁴⁰ It is clear that for this work to be truly effective, there needs to be a less judgemental and punitive approach to drug use generally.

⁴⁰ *Voices on choices: working towards consumer-led alcohol and drug treatment* (2010), The Social Action and Research Centre, Anglicare Tasmania, p. 21,

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Appendix: Context

International

An Australian report from 2017 by Jackson and Shiell referred to England as the only OECD country amongst those examined as having “institutional structures in place both for assessing the cost-effectiveness of preventive interventions (through NICE) and for monitoring the effectiveness of spending on prevention through Public Health England’s Public Health Outcomes framework. The latter is especially notable for including an extensive array of indicators on the impact that preventive spending is having on exposure to the broader social determinants of health. The feasibility of transferring such initiatives and adapting them to the Australian context also warrants examination.”⁴¹

Notably, the Jackson and Shiell report demonstrates that Australia spends less on preventative health than similar countries, including Canada, the UK and New Zealand.

In 2015, the United Nations General Assembly agreed on Sustainable Development Goals which “include new targets to achieve universal health coverage, to end the epidemics of HIV and tuberculosis, to combat hepatitis, and to strengthen the prevention and treatment of drug dependence by 2030.” The UN went on to note that, “The world will struggle to achieve these goals unless substantially greater investments are made in the health of marginalized populations such as people who use drugs.”⁴² It was noted that there is a general global failure to “protect the health and human rights of people who use drugs.” The UN called for the global adoption of a people-centred, public health and human rights-based approach to drug use – a course of action “to treat people who use drugs with dignity and respect; to provide them with equal access to health and social services; to greatly reduce the harms of drug use; and to contribute to the end of the AIDS epidemic and the achievement of the Sustainable Development Goals.”⁴³

According to Degenhardt *et al*, among young people globally “Alcohol causes most health burden in eastern Europe, and illicit drug burden is higher in the USA, Canada, Australia, New Zealand, and western Europe. Large gaps exist in epidemiological data about the extent of drug use worldwide and much of what we know about the natural history of substance use comes from cohort studies in high-income countries undertaken decades ago, which hinders effective global policy responses. In view of the global epidemiological transitions from diseases of poverty to non-communicable diseases, the burden of disease and health risks among adolescents and young adults is likely to change substantially, in ways that will no doubt see substance use playing an increasingly large part.”⁴⁴

⁴¹ H Jackson & A Shiell (2017), *Preventive health: How much does Australia spend and is it enough?* Canberra: Foundation for Alcohol Research and Education, p. 37, http://fare.org.au/wp-content/uploads/Preventive-health-How-much-does-Australia-spend-and-is-it-enough_FINAL.pdf

⁴² UNAIDS (2016), *Do No Harm: Health, Human Rights and People Who Use Drugs*, p.5, , <http://www.unaids.org/en/resources/documents/2016/do-no-harm>

⁴³ UNAIDS (2016), p. 1

⁴⁴ Louisa Degenhardt, Emily Stockings, George Patton, Wayne D Hall & Michael Lynskey (2016), The increasing global health priority of substance use in young people, *The Lancet Psychiatry*, [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(15\)00508-8/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00508-8/fulltext)

Australia

There is evidence suggesting a strong case can be made for increasing spending on preventive health initiatives in Australia. The Jackson and Shiell report referred to above forms this conclusion based not “from comparing levels of spending among jurisdictions within Australia, or between Australia and selected OECD countries”, but on “on evidence from studies examining the cost-effectiveness of preventive health interventions. This evidence shows that the health of Australians could be improved both by reconfiguring existing preventive health activities, and by increasing spending on those activities shown to be the most cost-effective.”⁴⁵

Jackson and Shiell report that major issue in trying to ascertain the level of funding prevention in the ATOD sector in Australia is that, “despite the best efforts of the AIHW to standardise methods, there remain differences in the way jurisdictions account for some aspects of prevention and public health more generally, which reflect differences in the way that public health is funded, organised or delivered. In some Australian jurisdictions, services which would elsewhere be provided by the health department, are delivered through local government or state and territory departments other than health. This spending may not necessarily be reflected in the health accounts. Problems also arise in accounting for block funding that is provided to cover a multitude of activities that include prevention, such as grants to community health agencies that jointly cover services such as home nursing and health education. Some jurisdictions will account for all of this spending under one heading – say community health; others will use a rule of thumb to apportion the total spend to the different composite activities. Differences in practice distort comparisons among jurisdictions in a way that we have not been able to disentangle for this report”.⁴⁶

It appears that a significant amount of funding is spent at the punitive end of drug control rather than the prevention side. A recent Penington Institute report noted that, “Australia’s current approaches to tackling drug problems are set out in the National Drug Strategy which focuses largely on supply reduction through the operation of Border Protection, police and the criminal justice system tackling criminal trafficking gangs. Prevention, early intervention and health care strategies continue to be only a small part of the strategy.”⁴⁷

The same report describes the limited success of law enforcement and “its failure to effectively prevent problematic drug use with adverse health, social and economic consequences that are increasingly felt by many communities across Australia.”⁴⁸

⁴⁵ Jackson & Shiell, p. 37.

⁴⁶ Jackson & Shiell, p. 20.

⁴⁷ *A community controlled approach to problematic ice use* (2017), Melbourne, Penington Institute, p. 8, 8, <http://www.penington.org.au/wp-content/uploads/2017/02/A-community-controlled-approach-to-problematic-ice-use-Jan-2017.pdf>

⁴⁸ *A community controlled approach to problematic ice use* (2017), p. 9.

Burden of disease

In the most recent analysis of burden of disease in Australia, the AIHW report *Australia's Health 2018*, it was noted that:

“Alcohol and harmful drug use contribute substantially to the health burden in Australia, both on their own as dependency disorders, and as risk factors for other diseases and injuries. Together, alcohol and harmful drug use were responsible for 6.7% of the total disease burden in Australia in 2011, of which three-quarters was experienced by males. Alcohol and harmful drug use were responsible for 4.5% (6,660) of deaths and a higher proportion of years of life lost (8.1%) due to the relatively young age at which these deaths occurred. These estimates are based on analysis of the combined impact of both risk factors, adjusted for the interaction between them.”⁴⁹

It was also found that,

“...the lower the socioeconomic area, the higher the rate of burden attributable to alcohol use. The lowest socioeconomic area experienced rates of burden attributable to alcohol use that were 1.9 times those of the highest socioeconomic area. There was also a clear pattern of increasing attributable burden with increasing remoteness, with Very remote areas experiencing 2.4 times the rate of burden attributable to alcohol use as Major cities.”⁵⁰

Furthermore, the report stated that

“Alcohol use was linked to 26 diseases or injuries (which included alcohol use disorders): 11 types of injury (including suicide and self-inflicted injuries, road traffic injuries—motor vehicle occupants, homicide and violence, and accidental poisoning), 6 types of cancer (including liver, breast, and mouth and pharyngeal cancer), 4 cardiovascular diseases (including stroke, coronary heart disease and hypertensive heart disease), alcohol dependence, chronic liver disease, epilepsy, lower respiratory infections, and pancreatitis. Alcohol use was responsible for 4.6% of the total disease burden in Australia in 2011, of which three-quarters (73%) was experienced by males.”⁵¹

The report also found that illicit drug use – including opioids (such as heroin and prescription opioids), amphetamines, cannabis, cocaine and other illicit drugs, as well as unsafe injecting practices—was linked to 13 diseases and injuries including drug use disorders, chronic liver disease, hepatitis B, hepatitis C, liver cancer, suicide and self-inflicted injury, human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), accidental poisoning, road traffic injuries—motorcyclists, road traffic injuries—motor vehicle occupants, depressive disorders, schizophrenia, and anxiety disorders. Overall, illicit drug use was responsible for 2.3% of the total burden of disease and injury in Australia in 2011, of which three-quarters (75%) was experienced by males.⁵²

⁴⁹ AIHW (2018), p. 192

⁵⁰ AIHW (2018), p. 193

⁵¹ AIHW (2018), p. 192

⁵² AIHW (2018), p. 193

Together, alcohol and illicit drug use were responsible for 6.7% of the total disease burden in Australia in 2011, of which three-quarters was experienced by males. Alcohol and illicit drug use were responsible for 4.5% (6,660) of deaths and a higher proportion of years of life lost (8.1%) due to the relatively young age at which these deaths occurred. These estimates are based on analysis of the combined impact of both risk factors, adjusted for the interaction between them. 192

Broader societal and economic impacts

The broader societal and economic impacts—such as antisocial behaviour, crime, productivity losses, costs associated with health care and law enforcement, and harm to families and communities—are difficult to measure. However, in its 2018 report, AIHW refers to a number of studies which demonstrate that alcohol and substance misuse, “present many risks of immediate and chronic harm to the individual and their families, bystanders and the broader community. Immediate consequences include antisocial behaviour and exposure to violence (including domestic and family violence), traffic accidents, injury, poisoning, crime and trauma.”⁵³

It has been found that a high proportion of smokers also drink alcohol in risky quantities (49% exceeded the lifetime or single-occasion risk guidelines in 2016) and use illicit drugs (36% had used at least one illicit drug in the previous 12 months). Risky alcohol consumption and illicit drug use are both risk factors that increase the likelihood of a person developing a disease or health disorder,⁵⁴ apart from the impact on families and society in general.

Tasmania

The most recent National Drug Strategy Household Survey found that:

- “Although use of illicit drugs increased in Tasmania from 12.0% in 2010 to 17.4% in 2016, which is now higher than the national average (15.6%)”, there was no change in use of any illicit drug in the previous 12 months.”⁵⁵
- “When it comes to tobacco use, the least improvement between 2001 and 2016 occurred in Tasmania (from 21% to 16.9%), which also has the second highest smoking rate after the Northern Territory (18.5% in 2016).”⁵⁶ In fact, Tasmania was found to have the highest proportion of people in their 20s, 30s and 40s who smoked daily.

⁵³ AIHW (2018), p.192.

⁵⁴ AIHW (2018), p.201.

⁵⁵ Australian Institute of Health and Welfare (AIHW) (2017), *National Drug Strategy Household Survey 2016: detailed findings*, Drug Statistics series no. 31. Cat. no. PHE 214, Canberra: AIHW, p, 89, <https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/contents/table-of-contents>

⁵⁶ AIHW (2017), p. 85.

- “Across all jurisdictions, people in their 20s were more likely to drink 5 or more standard drinks at least once a month, ranging from 33% in the Australian Capital Territory to 53% in Tasmania.”⁵⁷
- “People living in Tasmania and Queensland had the highest proportion of people in their 20s who had recently used an illicit drug (33% for both) while people in the Australian Capital Territory had the lowest (22%). Across all jurisdictions, there were very few significant changes by age group except for people aged 60 or older living in Tasmania, which considerably increased from 3.7% in 2013 to 10.1% in 2016. Although the increases were not significant, there were consistently higher rates of illicit drug use reported among people in their 40s in 2016 than in 2013, for all jurisdictions.”⁵⁸
- “Nationally, recent use of meth/amphetamines significantly declined between 2013 and 2016, but the decline was only significant in New South Wales with the proportion of people reporting they had used meth/amphetamines in the previous 12 month halving from 1.4% to 0.7%. This was much lower than in all other jurisdictions. People living in Western Australia (2.7%), Tasmania (2.1%) and South Australia (1.9%) all reported higher rates than the national average of 1.4%.”⁵⁹

A study that looked at the use of alcohol, tobacco and over-the-counter substances and illicit substances among Tasmanian secondary school students in 2014 reported that students were asked to indicate if they recalled receiving any lessons on illicit drug use during the previous school year (2013). Students selected from the response options of: no lessons, part of a lesson, one lesson, or more than one lesson. Around half (49%) the 12- to 15-year-olds and three-quarters (76%) of the 16- and 17-year-olds had received at least part of a lesson about illicit substances in the previous school year. Older students were more likely than younger students to report receiving at least part of a lesson in the previous school year (2013).⁶⁰

The most recent Penington Institute Annual Overdose Report stated that, “*the per capita death rate for accidental drug-related death has risen nationally over the past 15 years. However, there is variation in this trend at the jurisdictional level: South Australia and Tasmania saw only small increases, whereas accidental drug-related deaths in Western Australia nearly doubled.*”⁶¹

A recent report noted that, “*The Tasmanian alcohol and other drug treatment services sector is relatively small with a limited number of service providers. For example, access to withdrawal management services is limited to the State Government via Alcohol and Drug Services or via private hospitals (The Hobart Clinic and St Helen’s Private Hospital). There are also limited providers of residential rehabilitation programs, which are provided via the funded community sector through The Salvation Army’s Bridge Program and Launceston City Mission at Missiondale or via inpatient stays at a private mental health care facility.*”⁶²

⁵⁷ AIHW (2017), p. 89.

⁵⁸ AIHW (2017), p. 90.

⁵⁹ AIHW (2017), p. 92.

⁶⁰ Tahlia Williams, Katherine Scalzo (2016), *The use of alcohol, tobacco and over-the-counter substances and illicit substances, among Tasmanian secondary school students in 2014 and trends over time*, Centre for Behavioural Research in Cancer, Cancer Council Victoria, p. 50, http://www.cancertas.org.au/wp-content/uploads/2016/06/ASSAD-2014_Tasmania_alcohol-tobacco-illicits_FINAL.pdf

⁶¹ Penington Institute (2018), *Australia’s Annual Overdose Report 2018*, Melbourne: Penington Institute, p. 35, <http://www.penington.org.au/australias-annual-overdose-report-2018/>

⁶² *Alcohol and other Drug Treatment Services: for the Tasmanian community including Aboriginal and Torres Strait Islander peoples Commissioning Intentions Document Version 1.0* (2017), Primary Health Tasmania, p. 23, <https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/Alcohol-and-other-Drug-Treatment-Services-Commissioning-Intentions.pdf>

The same report made the important point that “*the organisations within the sector provide prevention messages and use screening and early intervention approaches. However, these approaches vary from organisation to organisation and across target groups (e.g. youth, adult, women etc.). There are currently only two Aboriginal Community Controlled Health Organisations (ACCHOs) providing alcohol and other drug services due to low organisational workforce availability and funding levels.*”⁶³ The Tasmanian alcohol and other drugs (ATOD) sector has been constructively engaging in process to develop the Tasmanian Alcohol and Other Drugs Service System Framework, which is a key action under the North West Drug Review. As part of this process, Siggins Miller consultancy was commissioned to produce a report titled “*A single Tasmanian alcohol and other drugs (ATOD) service system framework*”.

The findings and comparisons made in the Report are based on the Drug and Alcohol Service Planning (DASP) population modelling, as well as available data and input from the ATOD sector. Further work is now being undertaken to understand how the findings may apply to the Tasmanian context and whether it correlates with the experiences of ATOD organisations, service providers and consumers.

There is, however, very little reference to PPEI in this work. The Siggins report notes that “*In terms of other service elements (e.g. after-care), the information available does not allow for analysis of current allocations and activities against the service elements and care packages identified in the DASP. For example, it is impossible to discern the proportion of resources that went to psychosocial interventions, screening and brief intervention, or case management for clients receiving pharmacotherapy. Likewise, for services delivered by the NGO grants, there is no ability to accurately distinguish the proportion of funding allocated to the different service activities undertaken by an organisation, nor was that in scope for this project.*”⁶⁴

The Siggins Miller report did indicate that “*There was agreement between both consumers and service providers that there is a need for improved integration and communication between service providers, particularly between government and non-government services. Integration with housing, employment, and the criminal and justice system were also identified as in need of improvement. Integration with mental health services was identified to be a key challenge across all consumers’ focus groups and regional consultation workshops, particularly for consumers with mental health issues who are not eligible for public specialised mental health services.*”⁶⁵ This is an area that requires attention across the spectrum, including in the provision of PPEI within the continuum of ATOD support.

Using the information from DEN reports and other similar documents and what is collected in this current work, the Qualitative Report will endeavour to convey the existing information that the Siggins Miller report failed to identify in their report. In particular to illustrate a whole of person, whole of life approach.

⁶³ *Alcohol and other Drug Treatment Services: for the Tasmanian community including Aboriginal and Torres Strait Islander peoples Commissioning Intentions Document Version 1.0* (2017), p. 23,

⁶⁴ Siggins Miller (2017), *A single Tasmanian alcohol and other drugs (ATOD) service system framework: Final Report*, Tasmania, Department of Health and Human Services (now Department of Communities Tasmania), p. 4, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0019/340129/Final_Report.pdf

⁶⁵ Siggins Miller (2017), p. 8.