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Ms Sylvia Engels
Manager, Policy Development
Mental Health, Alcohol & Drug Directorate
Department of Health
sylvia.engels@health.tas.gov.au

Dear Ms Engels

Draft Tasmanian Drug Strategy 2021-2027 – 1st Phase consultation

Thank you for the opportunity to provide input on the general direction of the new Tasmanian Drug Strategy (TDS) as part of the first phase consultation, and for giving me additional time to provide comment.

The Consultation Paper states that the purpose of the TDS is to provide the higher-level whole-of-government and whole-of-community strategic framework to guide collaborative action and activities across agencies and organisations in response to alcohol, tobacco and other drugs (ATOD) use and harms in Tasmania. Its purpose is to also provide a guide for other agencies and organisations to consider the impacts of ATOD use and harm in their strategic policy responses.

I note that the Interagency Drug Policy Committee and the Minister for Mental Health and Wellbeing (the Minister) have agreed to a two-phase consultation process, to be led by the TDS Advisory Group. This first phase of consultation is with identified key internal relationship stakeholders on the general directions of the new TDS, as reflected in the TDS Summary Paper. Feedback from the first consultation process will inform the final content of the consultation draft TDS. I understand that a public consultation phase will be undertaken in the first half of 2021 following approval of the consultation draft by the Minister.

The role of the Commissioner for Children and Young People (Tas)

The office of Commissioner for Children and Young People is established under the *Commissioner for Children and Young People Act 2016* (CCYP Act). The Commissioner's functions include:

- (a) advocating for all children and young people in the State generally;
- (c) researching, investigating and influencing policy development into matters relating to children and young people generally;
- (d) promoting, monitoring and reviewing the wellbeing of children and young people generally;
- (e) promoting and empowering the participation of children and young people in the making of decisions, or the expressing of opinions on matters, that may affect their lives;



- (f) assisting in ensuring the State satisfies its national and international obligations in respect of children and young people generally; and
- (g) encouraging and promoting the establishment by organisations of appropriate and accessible mechanisms for the participation of children and young people in matters that may affect them.

In performing these and other functions under the CCYP Act, I am required to:

- do so according to the principle that the wellbeing and best interests of children and young people are paramount; and
- observe any relevant provisions of the United Nations *Convention on the Rights of the Child* (UNCRC).¹

The provisions of the UNCRC which are particularly relevant to my consideration of the draft TDS include the rights of the child to:

- protection from the illicit use of drugs, and the use of children in illicit production and trafficking of drugs (Article 33);
- the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health (Article 24);
- express their views freely in all matters affecting them, and their views being given due weight in accordance with their age and maturity (Article 12); and
- protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (Article 19).

Comment

Consistent with my functions, my comments below focus on matters that have the capacity to affect the rights and wellbeing of children and young people in Tasmania. Noting there will be a second consultation phase in the first half of 2021, my comments are preliminary in nature and are not intended to be exhaustive.

1. Do you agree with the general vision, aim and principles? If not, what would you prefer as the vision, aim and principles and why?

- ***Vision and Aim***

The Vision for the TDS which is included in Attachment 1 of the Consultation Paper (Attachment 1) is: *A Tasmania where people make healthy choices when it comes to alcohol, tobacco and other drugs use, and can access support where and when they need it.*

The Aim is: *To prevent and reduce the health, economic and social costs and harmful effects of alcohol, tobacco and other drugs use in Tasmania.*

Because the TDS is intended to be a high-level whole-of-government and whole-of-community strategic framework, I believe its Vision could be phrased at a higher level with a greater focus on desired outcomes (rather than mentioning the means of achieving those outcomes). For example, the vision of Victoria's 2013-2017 plan to reduce the drug and alcohol toll was: "That all Victorians lead

¹ Section 3(1) of the *Commissioner for Children and Young People Act 2016* (Tas)



safe, healthy and fulfilling lives free from the harm associated with misuse of alcohol and drugs”.² Similarly, the aim for the National Drug Strategy 2017-2026 (the National Strategy) is: “To build *safe, healthy and resilient* Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities”.

I also note that the aim of the National Strategy includes explicit mention of families and communities, as well as individuals, viewing people as living within an eco-system of families and communities.³ This is of particular relevance to children and young people.

- ***An additional Principle about community involvement***

The Principles included in Attachment 1 are: *A commitment to listen to people who are directly affected by ATODs use and harms, to build upon and use data and the evidence, and to continue to support the National Drug Strategy harm minimisation approach and actions under the three pillars of supply, demand and harm reduction.*

I note that that the TDS is described as a being a “whole-of-community strategic framework”. However, there is no explicit mention of communities or community organisations in the principles as drafted. I would encourage the inclusion of an additional Principle regarding community involvement.

For example, the National Strategy includes a Strategic Principle of “partnerships” and incorporates a commitment to implementing the National Strategy via partnerships between governments, families and local communities, as well as between government agencies and between government and non-government organisations.⁴ The National Strategy also includes a focus on community engagement and partnerships to assist with developing, implementing and evaluating initiatives such as community-level prevention programs; culturally appropriate ATOD information resources; and harm reduction efforts in local communities.⁵

- ***Implementation of the Principles***

I note that the principles in the draft TDS include a commitment “to listen to people who are directly affected by ATODs use and harms”. I welcome this commitment, however, it is not immediately apparent from the draft TDS how these participatory processes will be implemented.

In comparison, supporting community engagement in identifying and responding to ATOD issues is a priority under the National Strategy. Evidence informed approaches relevant to this national priority include a commitment to “establishing mechanisms for community and stakeholder engagement as part of policy and program development, implementation and evaluation” (p. 22). I would strongly encourage consideration of a more explicit approach to engaging with the Tasmanian community – and specifically children and young people – as part of the TDS.

By way of example, I refer you to the Victorian Alcohol Strategy and its Alcohol Cultures Framework which outlines approaches to including children and young people in community partnerships for

² Victorian Government. (2013). *Reducing the alcohol and drug toll: Victoria's Plan 2013-2017*. http://fileservver.idpc.net/library/Summary_victoria%E2%80%99s_plan_2013%E2%80%932017.pdf

³ *National Drug Strategy 2021-2026*. (2021). https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf, p.1

⁴ *National Drug Strategy 2017-2026*. (2017). https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf

⁵ *National Drug Strategy 2017-2026*. (2017). https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf, p.22



designing and delivering responses to alcohol related harms.⁶ (See also my comments at section 4 below about the draft TDS Action Area of “Evidence-base”.)

2. Are these overarching strategic objectives sufficient to measure the identified vision and aim. Are there any other objectives you think should be included, and if so, why?

- ***Include mention of families in a Strategic Objective*** – Consideration could be given to the inclusion of “families” in the Strategic Objective: “Improve individual and community safety”.

3. Is there any other high-level action area you think should be added, and if so, why?

- No comment.

4. Are there any specific activities you think should be included, and if so, why?

- ***Activities focused on children and young people***

I welcome the inclusion of several activities in the draft TDS to address ATOD use and related harms for children and young people including: 1.2. - A whole of government Work Plan to improve ATOD health literacy; 1.3 - School drug education information and resources; 2.2 - Development and implementation of a FASD Action Plan; and 3.1 - Support for Smoke-Free Young People 2019-2022.

I also welcome the inclusion of Key Action 4.1 under the *Reform Agenda for the Alcohol and other Drugs Sector in Tasmania* – “Work with the youth sector to review, develop and implement a Youth Framework for the AOD sector”.

In addition to the focus on improving ATOD health literacy noted in activity 1.2, I would encourage a focus on developing or improving cross-agency and community capacity to identify, prevent and minimise ATOD use and related harm. In my view, this would serve to complement other activities and actions under the TDS and related reforms including the development of the Youth Framework for the AOD sector.

- ***Action Area of “Evidence-base: build the evidence-base to support strategic planning, policy, development and evaluation”***

I note there are two actions listed for this Action Area which focus on improving the collection and sharing of quantitative administrative data. I would also encourage the inclusion of an additional activity designed to collect and take into account the experiences and views of children and young people, as well as other members of the community, to support strategic planning, policy, development and evaluation of the TDS.

As noted by the European Monitoring Centre for Drugs and Drug Addiction, listening to the voices of children is useful for developing and implementing drug strategies, because: “research that focuses on the meanings and perceptions of drug and alcohol use from the perspective of children whose lives are in some ways exposed to these substances offers a way to understand their needs and to plan appropriate interventions”.⁷ (Refer also to my comment above about greater engagement with children and young people.)

⁶ *Alcohol Cultures Framework*. (2019). <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-cultures-framework>

⁷ European Monitoring Centre for Drugs and Drug Addiction. (2010). *Children’s Voices: Experiences and perceptions of European children on drug and alcohol issues*. p.3. https://www.emcdda.europa.eu/attachements.cfm/att_102555_EN_TP_ChildrenVoices.pdf



5. Any other comments you may wish to provide

- **Specific population groups** – I am pleased to note that children and young people, including those whose parents use ATODs, are included as a specific population group. While the draft TDS acknowledges an overlap between the experience of child protection, youth justice supervision, mental health disorders and problematic ATOD use, there is no explicit recognition of the unique experiences of children and young people within other specific population groups (e.g. those who are homeless, exposed to family violence, are living in out-of-home care or are in contact with the youth justice system). Children and young people in each of these groups can also be significantly affected by the harms of alcohol, tobacco and other drugs (ATOD) use, whether as a result of their own use, or that of a family member or friends. Further consideration could be given to how the needs of specific population groups of children and young people could be better recognised in the TDS.

In conclusion, I welcome the development of the Tasmanian Drug Strategy 2021-2027 and look forward to reading and commenting on the consultation draft of the TDS in 2021. In the meantime, please do not hesitate to contact Isabelle Crompton, Senior Policy and Programs Officer (ph: 6166 1368), in the first instance if you would like to discuss or clarify any of my comments above.

Yours sincerely

Leanne McLean

Commissioner for Children and Young People

cc *Hon Jeremy Rockliff MP, Minister for Mental Health and Wellbeing*
Hon Roger Jaensch MP, Minister for Human Services
Hon Sarah Courtney MP, Minister for Health