

Your Ref:
Our Ref: 871

30 June 2022

Kathrine Morgan-Wicks
Secretary
Department of Health

By email: mhadd@health.tas.gov.au

Dear Secretary,

Tasmanian Drug Strategy 2021-2027 community consultation

Thank you for the opportunity to provide feedback on the draft Tasmanian Drug Strategy 2022-2027 (TDS) as part of the community consultation phase.

This submission builds on the feedback I provided in November 2020 to inform the general direction of the new TDS as part of first phase consultation. In this further submission, I identify additional areas for consideration in finalising the TDS and revisit several observations and suggestions previously provided¹.

My role as Tasmania's Commissioner for Children and Young People is to advocate for the rights and wellbeing of all children and young people in Tasmania generally. Key functions of my role under the [Commissioner for Children and Young People Act 2016](#) (CCYP Act) include researching, investigating and influencing policy development in areas relating to children and young people, and promoting, monitoring and reviewing the wellbeing of children and young people.

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)².

The provisions of the [UNCRC](#) of particular relevance to my consideration of the draft TDS include the rights of the child to:

¹ My response to the Draft Tasmanian Strategy 2021-2027 first phase consultation is provided as Appendix 1.

² *Commissioner for Children and Young People Act 2016* (Tas) s3(1).



- 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);
- protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (Article 19); and
- 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).

Concerns specific to alcohol, tobacco and other drug (ATOD) use and exposure to ATOD use by others are consistent and recurring in my conversations with children and young people. Themes span a broad range of concerns including health literacy, access and availability of ATODs and support for young people and their families seeking assistance to address ATOD use. Young people recognise the ongoing impact to societal participation and the safety of individuals, communities and the population more broadly.

“I want to improve the safety of the community and this to then flow into the rest of Tasmania. I live and go to school in an area where there are a lot of drugs easily available to young people and children and I can see this is a huge safety risk to people I go to school with and my closer friend groups. I want to keep young people safe. I see this is hugely impacting on education and young people’s ability to gain work or finish school. Some people even come to school under the influence of drugs. This is a risk to themselves but also other innocent people and that’s not fair on anyone.” CCYP Ambassador, 2019

Consistent with my functions, my comments below focus on matters with the capacity to affect the rights and wellbeing of children and young people in Tasmania generally. Firstly, I detail several areas that have drawn my attention since the first phase consultation and which I now raise for consideration by the Interagency Drug Policy Committee (IDPC). I then outline several observations originally identified in my first phase response and now presented for further consideration in finalising the TDS. A small number of suggested inclusions and wording changes that would increase representation of children and young people are then detailed for the IDPC’s consideration.

Action Area 3: Tobacco

Include explicit reference to electronic cigarettes (or ‘vapes’) as a method of tobacco use.

I welcome inclusion of continued support for strategies to reduce smoking prevalence in Tasmania as Key Activity 3.1 and in particular, support for [Smoke free Young People 2019-2020](#). The use of electronic cigarettes (or ‘vaping’) is on the rise in Australia, including among young people, and as the evidence base on the health impacts of vaping grows, so does community concern. The most current advice from Australia’s National Health Council clearly states that ‘the vapour from e-cigarette devices can be harmful and there is limited evidence that e-cigarettes are effective at helping smokers quit’³.

³ National Health and Medical Research Council (2022) [CEO Statement on E-cigarettes](#), accessed 29 June 2022.



From 2016 to 2019, electronic cigarette (e-cigarette) use more than doubled among Australians aged 14 or older⁴ and in the year to 2021, more than seven per cent of 15-17 year-olds had used an e-cigarette or vaping device⁵. Results of the 2017 Australian Secondary Students' Alcohol and Drug Survey (ASSAD) show approximately 14 per cent of 12–17 year-olds (2,403 students) reported having tried e-cigarettes⁶. Close to half of these students (48%) said they had never smoked a tobacco cigarette prior to their first vape and of these, around a quarter reported subsequently trying tobacco cigarettes⁷.

The most recent data on vaping among Tasmania's young people also dates to 2017 but recent conversations I have had with young people involved in my CCYP Ambassador Program indicate, at least anecdotally, that vaping is growing in popularity among Tasmania's young people. The volume and reach of vaping among young people appear to be increasing, with perceptions of 'coolness' driving uptake across an expanded student population. The following comments from CCYP Ambassadors are representative of feedback received from young people across the state in June 2022 consultations: *"It's cool"; "Only the cool kids do it"; "Even the sporty boys are doing it"; "At parties you get handed it, and you're the cool one, everyone at the party wants to come and talk to you"; "People do it because then all the people will always want to talk to them"*.

Misconceptions that e-cigarettes are 'safer' than traditional cigarettes and are 'only water vapour'⁸ are possibly contributing to increased uptake among young people, including those who historically may have been less likely to try smoking. In our discussions, CCYP Ambassadors spoke of products such as bubble gum and fairy floss flavoured vapes and social media campaigns that clearly target young people. These conversations also indicate that there may be a growing contraband market for vape kits and products, with word of lucrative rackets operating on social media and in Tasmanian schools.

Vaping is explicitly recognised in existing Government strategies, including the [Smoke free Young People 2019-2021 Strategy](#), which identifies the need to better understand awareness and use of e-cigarettes in efforts to normalise being 'smoke free' (Action 3.4⁹), and the [Healthy Tasmania Five-Year Strategic Plan 2022-2026](#) in which the Government commits to funding a *Smoking Prevention Package for Young People* in Tasmania that would include a 'strong focus' on education and action to discourage e-cigarette use¹⁰.

To strengthen existing messaging and recognise the apparent increase in vaping uptake among young people, I suggest e-cigarettes (vapes) are identified as a distinct method of tobacco use in the TDS. This could be achieved by including a definition of 'smoking' that aligns with that used in the *Healthy Tasmania Five-Year Strategic Plan 2022-2026*:

⁴ Lung Foundation Australia (2021) [Fact sheets for educators: Vaping and Young People](#), Lung Foundation Australia, accessed 14 June 2022.

⁵ Australian Bureau of Statistics (2022) [Smoking: 2020-21 financial year](#), accessed 14 June 2022. Note, under-reporting of e-cigarette or vaping use in young people may have occurred because responses were provided by an adult living in the same household (77.3% of people aged 15-17 were reported on by another person in the household).

⁶ Guerin N and White V (2020) [ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances](#), second edition, Cancer Council Victoria.

⁷ Ibid.

⁸ Quit Tasmania (2022) [Mythbusting: e-cigarettes](#), Cancer Council Tasmania, accessed 17 June 2022.

⁹ Action 3.4: Consult with young Tasmanians about their awareness and use of electronic cigarettes, [Smoke free Young People 2019-2021 Strategy](#)

¹⁰ Focus Area 6. Smoke-free communities, [Healthy Tasmania Five-Year Strategic Plan 2022-2026](#)



“Smoking’ in this report refers to the use of cigarettes, e-cigarettes and other tobacco industry products”¹¹.

Action Area 6: Interventions and treatments

Residential rehabilitation services for children and young people including those under youth justice supervision.

There is a clear need to increase access to residential detoxification and rehabilitation services for young people in Tasmania. During consultation for the [Wellbeing Consultation Report](#), children, young people, and their families consistently told me that the health services they need, including drug and alcohol services for young people and their families, are often not readily available or accessible. I have previously drawn attention to the need for improved access to these services, including in my [response](#) to the *Draft for Consultation: Under 16 Homelessness – A Policy Framework for Tasmania: Children and young people under 16 who are alone and at risk of or experiencing homelessness*, in which I stressed the need to improve families’ timely access to therapeutic and trauma-informed support services, including alcohol and other drug services.

The *Reform Agenda for the AOD sector in Tasmania (AOD Reform Agenda)* draws on findings outlined in a 2017 Siggins Miller [report](#), which identified unmet demand for residential rehabilitation services for youth and women with children in Tasmania. *Key Action 4.2* in the *AOD Reform Agenda* - “Consider the specific needs of young people, women and people with children as part of the development of the Residential Rehabilitation Treatment Model and Guidelines for Tasmania” - directly addresses this issue and *Reform Direction 4* identifies the need to better support people in or leaving the justice system as a specific population group.

My [recent response](#) to the *Reforming Tasmania’s Youth Justice System Discussion Paper* specifically identified the need for discrete residential drug and alcohol detoxification or rehabilitation services for children and young people in Tasmania as an important individualised response option in managing escalating harmful behaviour in children and young people, and as such, preventing progression to contact with the youth justice system. Further, I communicated the need for dedicated services as a critical component of a therapeutic model of youth justice. Substance misuse is recognised as a key issue for young people who offend¹² and anecdotally, there is a substantial overlap between offending by young people in Tasmania and the misuse of drugs. One impact of this is that children and young people are remanded in detention to ‘come down’ and ‘dry out’. This is not only inappropriate but dangerous, as young people are detoxing in remand facilities without appropriate levels of medical supervision.

I recognise support for implementation of the *AOD Reform Agenda* as an important inclusion in the TDS (Key Activity 6.1). However, I encourage direct reference in the TDS to the need for discrete residential (and community-based) drug and alcohol services for children and young people, including those in the youth justice system.

¹¹ Ibid.

¹² Sentencing Advisory Council (Tas), *Sentencing Young Offenders* (Research Paper No 6, 2021) 12.



Action Area 7: Evidence-base

Monitoring the impacts of COVID-19 on individual use and exposure to alcohol, tobacco and other drugs (ATOD) among children and young people in Tasmania.

Disruption caused by the COVID-19 pandemic is recognised as both significant and ongoing. In early stages of the pandemic, changes to alcohol and drug use were flagged as a likely outcome of both the pandemic itself and restrictions imposed in efforts to limit COVID-19 spread¹³. National studies¹⁴ confirm changes to alcohol and drug use among adults in the initial stages of the pandemic, with one in five saying their alcohol consumption had increased since the spread of COVID-19 and national wastewater monitoring indicating record high drug consumption¹⁵. While increased alcohol and drug use was clearly not universal and, in many cases, modest, the finding is relevant given substance use in parents and carers remains a risk factor for child abuse and neglect¹⁶. When combined with limitations on social movement in early pandemic response, greater substance use in adults represents potential for increased impacts to children and young people.

Latest data available on ATOD use among young people precedes the pandemic and as such, does not provide insight to pandemic-related change¹⁷. However, while limited, the findings of studies providing insight to the impacts of COVID-19 in Tasmania are emerging. For example, Robinson's 2020 study examining pandemic impacts on unaccompanied homeless children in Tasmania highlighted increased drug and alcohol use among these children during the initial pandemic response period¹⁸. The [Mission Australia Youth Survey 2021](#) (*Youth Survey 2021*) results showed 15.8% of Tasmanian youth surveyed said they consume alcohol and/or other drugs as a way to reduce stress, above the national average (12.1%). While results of the *Youth Survey 2021* are not generalisable to the Tasmanian population¹⁹, they do flag the possibility that substance use *may* have increased among Tasmania's young people in the context of pandemic-related disruption.

Pandemic response to liquor sales is an additional and relevant factor, with many public health advocates concerned that increases in online alcohol sales and home delivery have made underage and excessive consumption more accessible and led to growing alcohol-related harms. Online sales and delivery effectively provide easier access (primary or secondary) to alcohol by young people given regulation challenges.²⁰ I note and support the explicit identification of online liquor sales and delivery as a focus area within Key Activity 2.1 (Develop a new Tasmanian Alcohol Action Plan with a focus on legislation and regulation, restrictions on advertising and promotion, online liquor sales and delivery, price mechanisms, and raising community awareness).

¹³ Australian Institute of Health and Welfare (2022) [Alcohol, tobacco & other drugs in Australia: Impacts of COVID-19 on alcohol and other drug use](#), accessed 21 June 2022.

¹⁴ [Ibid.](#)

¹⁵ Biddle N, Edwards B, Gray M & Sollis K (2020) [Alcohol consumption during the COVID-19 period: May 2020](#), ANU Centre for Social Research and Methods, accessed 21 June 2022.

¹⁶ Australian Institute of Health and Welfare (2021) [Child protection in the time of COVID-19](#), accessed 23 June 2022.

¹⁷ Australian Institute of Health and Welfare (2021), [Australia's youth: Alcohol, tobacco and other drugs](#), accessed 21 June 2022.

¹⁸ Robinson, C (2020) [#StayHome? The impact of COVID-19 on unaccompanied homeless children in Tasmania](#), Social Action and Research Centre Anglicare Tasmania, accessed 21 June 2022.

¹⁹ Results of the Mission Australia Youth Survey 2021 are not generalisable to the Tasmanian (or national) population due to non-random sampling approach.

²⁰ Alcohol and Drug Foundation (2020), [Online alcohol delivery – cause for concern](#), accessed 21 June 2022.



Given the potential for ongoing COVID-19 related impacts on both ATOD use among children and young people and exposure to the effects of ATOD use by others, I recommend the TDS specifically identifies monitoring these effects as part of Action Area 7: The evidence-base. Notably, including this initiative provides Tasmania with an opportunity to recognise a novel need, clearly absent from pre-pandemic strategies, including the National Drug Strategy.

First phase observations re-presented for further consideration in finalising the TDS

I acknowledge several observations presented in my first phase feedback have been addressed in the draft TDS and appreciate the Interagency Drug Policy Committee's (IDPC) attention to comments provided by myself and other key stakeholders. In particular, I welcome the revised *Principles* which now explicitly identify families (and carers and significant others) in addition to those with lived experience and other people directly affected by ATOD use and harm. For consistency, and to reinforce this recognition, I suggest the expanded principles stated in the summary graphic and in the *Principles* section of the TDS are also reflected in the *Principles and approaches* section. Further, this recognition of family could be underscored by expanding the second *Overarching Strategic Objective* to "Improve individual, family and community safety". I also note reference to the [Tasmania Statement](#) in the TDS *Purpose*, recognising the Government's commitment to collaborate across government and with communities. However, it remains my view that the TDS could be strengthened by a distinct activity in the *Prevention* pillar, that commits to developing or improving cross-agency and community capacity to identify, prevent and minimise ATOD use and related harm.

As identified earlier in this feedback, I also reiterate several comments originally provided as part of first phase consultations. In my view, further consideration and integration of these suggestions could strengthen the overall TDS and build on existing attention to the rights and wellbeing of children and young people. Contextual information for each of these points can be found in my preliminary feedback, provided as Appendix 1:

Vision

Elevated phrasing of the vision statement

A vision statement that focuses on desired outcomes rather than the means through which these outcomes will be achieved, would better align with the strategy's intended purpose as a high level, whole-of-government strategic framework.

Principles

Expansion on how the commitment to participatory processes will be facilitated

In my view, the commitment to engage with people with lived experience, their families and carers and other people directly affected by ATOD use and harm, and to work in partnership, would be enhanced by communicating within the principles, *how* participatory processes will be facilitated. If the means to facilitate participation are not yet decided, there would be merit in adding an action that clearly identifies the need to determine and develop mechanisms enabling participation and collaboration, including those designed specifically for children and young people.



Action Area 7

The voice of children and young people as an evidence-base

An additional activity designed to collect and consider the views and experiences of children and young people, as well as other members of the community, represents a valuable addition to the evidence-base. Such an inclusion would expand and enrich data available for reference in strategic planning, policy development and evaluation of the TDS and connected policies and programs. Further, it would be a direct recognition of the right for children and young people to express their views and have these views considered in matters affecting them.

Proposed enhancements through revised language and expanded inclusions

- To address the inherent challenge in acknowledging all possible overlaps and combinations of circumstances experienced by children and young people, I suggest expansion of the following introductory sentences under *Priority population groups* (p.13) as identified in italics:

'While not exhaustive in their identification, this strategy acknowledges the increased levels of risks and harms of ATOD use on some specific populations.'

'The TDS also acknowledges there are increased chances of a person, including children and young people, being included in more than one of the identified priority population groups and at increased risk of harm from ATOD use.'

- Additional dot points providing core statistics specific to children and young people are added to each of the breakout boxes providing key statistics on alcohol, tobacco, prescribed drugs and illicit drug use in Tasmania (pp. 9-10).
- Include explicit reference to the impacts of exposure to second-hand smoke in the *Rationale for Action Area 3: Tobacco, Prevent and minimise tobacco use*, and in particular the damage of this exposure to children and young people.
- Add the Australian Secondary School Students' Alcohol and Drug (ASSAD) survey as a data source in *Table 1. TDS indicators and data sources(s)*.

Finally, as indicated earlier in this feedback, I endorse support for implementation of the *AOD Reform Agenda* identified as Key Activity 6.1 in the TDS. *Key Action 4.1* of the *AOD Reform Agenda* - "Work with the youth sector to review, develop and implement a Youth Framework for the AOD sector including treatment service specifications and program guidelines and specific consideration of a developmentally appropriate approach for young people with co-occurring issues" – is directly relevant to the overarching strategic objectives and priority population group inclusions of the TDS. It is unclear to me how (or if) the *Youth Framework for the AOD sector* has been progressed. I would welcome inclusion of a specific



action to support implementation of *Key Action 4.1* of the *AOD Reform Agenda* in the final TDS.

Conclusion

Once again, I welcome the development of the Tasmanian Drug Strategy 2022-2027 and appreciate the opportunity to comment on the consultation draft. Noting the TDS includes actions to develop or redevelop a number of associated plans, such as Key Activities 1.1 (Redevelop *Everybody's Business: A Plan for Implementing Promotion, Prevention and Early Intervention (PPEI), Approaches in Averting Alcohol, Tobacco and Other Drugs Use 2013 (ATOD PPEI)* and Implementation Plan), 2.1 (Develop a new Tasmanian Alcohol Action Plan), 2.2 (Develop and implement a Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan), 4.1 (Develop a Pharmaceutical Drugs Misuse Action Plan) and 5.1 (Develop an Illicit Drugs Action Plan)²¹, I take this opportunity to express my interest in providing input to these activities to ensure matters with the capacity to affect the rights and wellbeing of children and young people in Tasmania are considered.

Please do not hesitate to contact either myself or the Director – Office of the Commissioner (ph: 03 6166 1361) 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 *The Hon Jeremy Rockliff, Minister for Health and Minister for Mental Health and Wellbeing*
The Hon Nic Street, Minister for Community Services and Development
The Hon Roger Jaensch MP, Minister for Education, Children and Youth
Michael Pervan, Secretary, Department of Communities Tasmania

²¹ Note Key Activities 2.1, 2.2, 4.1 and 5.1 abbreviated in body text, expanded text follows: Key Activity 2.1: Develop a new Tasmanian Alcohol Action Plan with a focus on legislation and regulation, restrictions on advertising and promotion, online liquor sales and delivery, price mechanisms, and raising community awareness; Key Activity 2.2: Develop and implement a Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan in response to the National FASD Strategic Action Plan; Key Activity 4.1: Develop a Pharmaceutical Drugs Misuse Action Plan with a focus on opioid prescribing, overdose prevention, benzodiazepine prescribing, pain management, supporting prescribers and pharmacists, legislation and regulations, and data, research and evaluation; Key Activity 5.1: Develop an Illicit Drugs Action Plan with a focus on disrupting, dismantling, preventing and reducing supply in Tasmania; overdose prevention, e.g. access to naloxone and Festival Guidelines; safer injecting and prevention of blood-borne infections, e.g. Needle and Syringe Programs.