

Everybody's Business

A Strategic Framework for Implementing Promotion,
Prevention and Early Intervention (PPEI) Approaches in
Averting Alcohol, Tobacco and Other Drugs Use

March 2013



Message from the Minister

In recent years, there has been an increasing recognition of the importance of a preventive agenda and there is a groundswell of support for a greater focus and investment in preventive strategies.

Both the Tasmanian and Australian governments have recognised the importance of a preventive health agenda, and have committed to increasing the focus on health and wellbeing, health equity and social inclusiveness approaches to complement the traditional reactive health responses.

The Australian Government's National Health and Hospitals Reform Commission report of 2009 identified the need 'to imbed prevention and early intervention into every aspect of the health system and our lives'. This was followed by the release of the National Preventative Health Strategy which has a strong focus on tobacco and alcohol.

Approximately one in five Tasmanians over the age of 14 drinks at short term risk or high risk levels at least once a month. The same rate of Tasmanians smoke daily or on a regular basis; and about one in eight Tasmanians aged 14 and over have recently used an illicit drug.

The demand for substances and the resulting harm of their use and misuse is a significant burden on the community, impacting on the health and hospitals system, on policing, the judicial system, on the correction system, on workplace productivity, on our roads and streets and in our homes. The effects are also felt in schools with children who smoke, drink and take drugs becoming younger and children are being affected by alcohol, tobacco and other drug use in the family.

Efforts to deal with substance use-related issues have largely been focussed on treating people once they become unwell or when they become a problem. There are laws and significant investment directed at controlling supply and to deal with the harm and impact of substance use, however, not enough is being done to manage the demand aspect.

The development of this alcohol, tobacco and other drugs promotion, prevention and early intervention strategic framework document is an interagency collaboration designed to align with, and complement, a broad range of actions, activities and initiatives planned or underway at the national, state and local level to enable better outcomes for individuals, families and communities who are impacted by the use and misuse of alcohol, tobacco and other drugs.

No single government agency or the Government alone will be able to achieve systematic and cultural change in relation to alcohol, tobacco and other drugs and improve the health and wellbeing of the broader Tasmanian community on its own. The challenge for Government is to provide strategic leadership to ensure a coordinated and systematic approach to achieve the required systematic, cultural and service system changes.

This is a much needed document to help prevent thousands of Tasmanians each year being badly affected by their own or someone else's alcohol, tobacco or other drug use.

Already good work is happening in this space – as evidenced by the examples provided in this document – but too often that good work operates in isolation from other service sectors, disciplines or communities, and far too often that work does not receive the kind of recognition that will build on-going, sustainable and transferable initiatives that will benefit all Tasmanians.

The focus of this document is on developing strategies that will have an impact on reducing demand by addressing a range of social determinants of drug use and other social problems.

I urge all Government agencies, the community services sector and Tasmanian's to support this document. As the name implies, it is all our business to improve the health of Tasmanians. To do this, we must address the complex underlying causes of substance use.



Michelle O'Byrne MP
Minister for Health

March 2013

Message from the Minister	2
1. Executive Summary.....	5
2. Introduction.....	6
2.1 <i>What is promotion, prevention and early intervention?.....</i>	7
2.2 <i>Why have an ATOD PPEI strategic framework?.....</i>	8
3. Key Concepts.....	9
3.1 <i>Developmental health approach</i>	9
3.2 <i>Determinants of alcohol, tobacco and drug use.....</i>	9
4. Tasmanian Perspective	11
4.1 <i>Risk factors – Tasmanian data.....</i>	11
4.2 <i>Challenges for Tasmania.....</i>	12
5. Policy Context.....	15
6. The Priority Areas	16
6.1 <i>Nurturing the Early Years and Strengthening Families</i>	17
6.2 <i>Fostering Resilient Individuals</i>	20
6.3 <i>Building an Inclusive Community</i>	23
6.4 <i>Building an Integrated Service System</i>	25
6.5 <i>Focussing on whole of population approaches.....</i>	27
7. Where to from here?.....	31
8. Governance.....	32
9. Acknowledgements	33
10. Appendices.....	35
Appendix 1 – <i>Promotion, prevention and early intervention agenda: economic consideration ..</i>	35
Appendix 2 – <i>Early intervention and the life course approach</i>	36
Appendix 3 – <i>Further Examples of the range of PPEI Initiatives in Tasmania.....</i>	38
11. References.....	44

I. Executive Summary

The development of an alcohol, tobacco and other drug (ATOD) promotion, prevention and early intervention (PPEI) strategic framework (*Everybody's Business*) is an identified area of action under the Tasmanian Alcohol Action Framework 2010-2015: *Rising Above the Influence*.

Everybody's Business seeks to address the complex underlying causes of substance use by broadening the focus on ATODs 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.

Everybody's Business identifies the priority areas for action by Government, Government agencies, non-government service providers and the broader community and affirms the need to consider the broader social and structural determinants of health, substance use and social inequality identified in other strategies.

The Purpose

Everybody's Business does not attempt to prescribe or set out any specific activities or actions in the PPEI space to address ATOD use per se. Rather, its purpose is to provide a structure to facilitate, inspire and encourage the adoption of evidence-based strategies that deal with the broader social and structural determinants of health and substance use, and builds upon and utilise other preventive strategies.

The Goal

To maximise the investment in initiatives that address the social and structural determinants of health that influence ATOD use.

The Aim

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.

Priorities

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 approaches

2. Introduction

Everybody's Business has been developed by the Inter Agency Working Group on Drugs (IAWGD) on behalf of Government. Core membership of the IAWGD comprises representatives of each of the following government agencies, community sector organisations and peak bodies:

- Health and Human Services (SMHS and Population Health)
- Police and Emergency Management
- Justice
- Education
- Premier and Cabinet (corresponding member)
- Treasury and Finance – a representative from Intergovernment and Financial Policy
- Commissioner for Licensing (Liquor and Gaming Branch)
- The Local Government Association of Tasmania
- The Alcohol, Tobacco and Other Drugs Council (ATDC)
- The Department of Infrastructure, Energy and Resources (corresponding member).

A Reference Group, with broad inter and intra agency and non-government membership was formed to help guide, inform and drive the development of *Everybody's Business*, and to provide strategic direction to the Project Team.

An Evidence Paper and a Discussion Paper were developed to support the development of *Everybody's Business*. These papers are available for download at www.drugstrategy.dhhs.tas.gov.au.

The Discussion Paper and Evidence Paper formed the basis of public consultations and two targeted stakeholder forums, one in the North and one in the South of the State. Further feedback was sought through an on-line survey to provide interested stakeholders with the option of providing either a written submission or simply providing feedback via the survey.

Everybody's Business pulls together the information contained in the Evidence Paper and feedback from the consultations as well as expert advice of the Reference Group.

Over 90 per cent of working age Tasmanians abstain from drinking or drink at a level that is considered to be at low risk of long term harm¹, over 80 per cent are non-smokers and almost 90 per cent do not use illicit drugs¹.

¹ According to the National Health and Medical Research Council (NHMRC) Guidelines there is no safe drinking level. However it recommends healthy men and women not drinking more than 2 standard drinks on any day to reduce the lifetime risk of harm from alcohol-related diseases or injury and not drinking more than 4 standard drinks on a single occasion to reduce the risk of injury from arising from that occasion. For children, pregnant women and breastfeeding mothers, the safest option is not drinking at all.

However, those that do drink at risky levels, smoke and/or use illicit drugs incur a substantial cost to the community. Although the cost of ATOD use to Tasmania is not available, the estimated costs nationally in the 2004-05 financial year is \$56.1 billion, including costs to the health and hospital system, lost workplace productivity, road accidents and crime. Of this, tobacco accounted for \$31.5 billion (56.2 per cent), alcohol accounted for \$15.3 billion (27.3 per cent) and illegal drugs \$8.2 billion (14.6 per cent)².

The level of opioid medication use, such as the use of morphine, oxycodone, methadone and other prescribed medication is also of significant concern in Tasmania. The per capita consumption and prescribing rates of opioid analgesics (pain-killers) are significantly higher than the national average. Deaths in Tasmania associated with opioid abuse, misuse or lifestyle factors around use are significant. There were 302 opioid and other prescription drug-related deaths in Tasmania between 2000 and 2009 compared with 493 road deaths over the same period³.

2.1 What is Promotion, Prevention and Early Intervention?

Promotion, prevention and early intervention is intended to encompass a broad range of activities designed to maximise positive life trajectories for individuals, families and communities through influencing or altering the social, economic, cultural and environmental determinants of health and ATOD use.

PPEI embraces:

- Health promotional approaches that enable people to increase control over, and to improve, their health.
- Preventive strategies that reduce the risk factors and/or enhance protective factors at the whole of population level or target specific population groups according to the level of risks to mitigate problems arising.
- Interventions that are appropriate for and specifically targeting groups of people or individuals considered to be vulnerable and at risk of ATOD use in the short term or later in life.

Everybody's Business advocates a holistic approach that deals with the determinants of health and wellbeing using multiple, complementary evidence-based strategies to promote health and wellbeing at the community and individual level to build on existing strengths and assets and foster participatory processes.

2.2 Why Have an ATOD PPEI Strategic Framework?

There are a range of measures dealing with ATOD use with an element of prevention focus, such as legislative controls, enforcement regimes and education. However, policy responses have predominantly been reactive in nature.

Although there have been substantial efforts on interrupting the supply of drugs and on treating people after they become unwell or have encountered some kind of harm, the attention on the third pillar of the Tasmanian Drug Strategy and the National Drug Strategy, to reduce demand, has been limited. There is a need to shift some of the focus onto strategies that will have a greater impact on demand reduction.

Preventing ATOD use and their related harm by reducing the demand and use is more cost-effective than treating an individual with an established substance use problem. It is much more cost-effective than having police and court resources tied up in responding to or dealing with alcohol or drug induced public disorder or violence, road crashes or domestic disputes. Other benefits of an effective preventive measure include the saving of lives and improvement to the quality of life for many, by avoiding a range of preventable illnesses.

It is difficult to ascertain the true spending on, and benefits of, preventive drug use initiatives in Australia, however, a 2009 cost benefit analysis in the United States of America showed a return of \$18 for every dollar spent on drug prevention programs⁴.

In recent years, both the Tasmanian and Australian governments have recognised the importance of a preventive health agenda, and have committed to increasing the focus on health and wellbeing, health equity and social inclusiveness approaches to complement the traditional reactive responses.

There will always be a need for well-resourced, well-trained and well-equipped treatment services. However a balance in investment towards more proactive measures in PPEI activities and a sustainable acute service system is needed.

An ATOD PPEI strategic framework can be an enabling tool to assist Government agencies, private and public health providers, and community sector organisations to take a more preventive health approach and focus within their immediate and obvious areas of responsibility.

Further justification for the need of an ATOD PPEI strategic framework is demonstrated in Appendix I, which discusses further the financial implication of a PPEI approach on services in Tasmania.

3. Key Concepts

3.1 Developmental health approach

Everybody's Business embraces a developmental health approach.

Developmental health looks at the interplay between the cognitive, physical and social development throughout an individual's life course, and how this affects their life outcomes.

Developmental health approaches recognise that any person's life is a pathway of interconnected phases of growth and development, and that there are particular phases such as early childhood, and youth and adolescence where developmental factors lay the foundations for much of a person's social, emotional, health, education and employment outcomes later in life.

For example, in the course of becoming an adult, a person experiences a series of transitions, from home to school, from primary to secondary school, obtaining a driver licence, joining the work force, leaving home, etc. These pathways through life from conception to death are like roads that fork out in different directions and each new experience and relationship marks a crucial transition point.

At each transition point of a person's life, that person is influenced by a range of factors – personal, social, economic and environmental circumstances that help shape their choices. The range of factors can have an immediate effect on that person or it could affect them later in life. The effects can be both positive and negative.



Early intervention in this context means intervention early in the pathway. This may or may not mean early in life.

The developmental health approach is central to public health policy and has been adopted in other preventive social policy including ones dealing with ATOD use.

3.2 Determinants of alcohol, tobacco and drug use

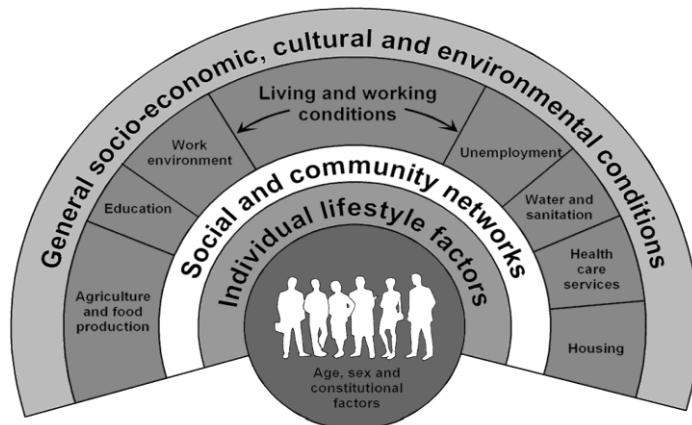
The majority of people do not smoke, drink too much or take drugs because they are ignorant, stupid or bad – rather, it is the combination of the enjoyment, personal experiences and wider social or other environmental factors that shape their choices.

An array of influences – personal, cultural, social, economic, educational, geographic, gendered, historical – shape the decisions that people make and the directions they take in life. Figure 1, over page, illustrates the breadth of individual, social, socioeconomic, cultural and environmental conditions affecting the health of communities and individuals.⁵

These conditions also influence an individual's ATOD use behaviours.

In order to deal with social determinants and the socio-environmental factors that influence ATOD use risk factors, behaviours and harm it is necessary to acknowledge and address the full range of risk and protective factors that influence health and wellbeing at the individual, community and societal levels.

Figure 1: Determinants of health



Protective factors are those which enhance and protect positive outcomes and reduce the likelihood that a problem or disorder will develop.

Risk factors increase the likelihood that a problem or disorder will develop and may exacerbate the burden of existing problems.

A holistic approach is necessary to positively change the way ATODs are viewed and to better align ATOD policy with those mechanisms that address disadvantage, poverty, homelessness and marginalisation. Successfully addressing the complex array of factors that influence health; health inequities and social exclusion should in turn lead to better health and other outcomes.

4. Tasmanian Perspective

4.1 Risk factors – Tasmanian data

The 2010 National Drug Strategy Household Survey report showed that the smoking rate in Tasmania has been declining from 24.4 per cent in 1998 to 22.6 per cent in 2007 and 15.9 per cent in 2010. Of those who reported a change in their smoking behaviour, the increasing cost of tobacco and the perceived effect on personal health and fitness were reported to be the most significant motivating factors for the change.⁶

The National Drug Strategy Household Survey report also showed that smokers were more likely than non-smokers to rate their health poorly, were more likely to have asthma and were more likely to report high or very high levels of psychological distress in the preceding 4-week period.⁷

Similarly, the proportion of Tasmanians who have used illicit drugs in the previous 12 months declined by 2.8 percentage points to 12 per cent, which contrasts the trend nationally. Unsurprisingly, illicit drug users reported higher levels of psychological distress than non-users and the diagnosis or treatment of a mental illness was much more common in those who had used an illicit drug in the last 12 months (18.7 per cent) or in the last month (20.4 per cent) than in those who had not used in the last 12 months (10.8 per cent).⁸

However, the daily drinking rates in Tasmania remained fairly constant at between 6.4 per cent (2010) and 6.8 per cent (2007)⁹.

Tasmania's unique demographic, geographic and socio-economic circumstances pose a number of challenges for addressing the social determinants of ATOD use. A number of risk factors are indicative of and contribute to the level of inequity in Tasmania. These are also known risk factors that contribute to and have a bearing on the level of ATOD use:

- The 2006 Australian Bureau of Statistics (ABS) Socio-economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage indicated that almost a third of Tasmanians (31.9 per cent) lived in disadvantaged socio-economic areas compared to 18.8 per cent nationally¹⁰.
- The Tasmanian homeless population is significantly younger than the Australian homeless population, with 69 per cent of homeless people being aged 34 years or younger in 2006. Almost one third was aged 12-18, 50 per cent higher than the national proportion¹¹.
- Tasmania had the highest crude divorce rate with 2.5 divorces per 1 000 estimated resident population and the highest proportion of all divorces involving children at 52.7 per cent¹².
- In 2011, about one quarter of children (24.5 per cent) under 15 years of age in Tasmania lived in a lone parent family compared to 19.0 per cent nationally, the largest proportion among all states and territories¹³. While in 2010, there were 893 children aged 17 and under in out-of-home care (approximately 7.5 per 1 000 children) and the number is

increasing¹⁴. It was reported during the 2012 Budget Estimates that the number of children in out-of-home care has increased to 1 023.

- There were almost 10 000 notifications being received by Child Protection Services in 2010 regarding vulnerable children being abused, neglected, harmed, or receiving inadequate care. Of which 16 per cent had investigations completed and over 60 per cent of the completed investigations substantiated¹⁵.
- The teenage pregnancy rate in Tasmania was 21.5 per 1 000 teenage girls aged 15 to 19 years, or 357 in 2010 compared to 15.5 per 1 000 nationally¹⁶.
- In 2007, 28 per cent of mothers smoked during pregnancy, well above the national rate of 17 per cent and is the highest among the states and territories. Under 25 years olds made up the largest proportion of mothers who smoked during pregnancy. In 2009, the rate of mothers smoking during pregnancy declined to 23.9 per cent¹⁷.
- In 2009, 11.2 per cent of mothers drank alcohol during pregnancy. However the proportion of women consuming alcohol during pregnancy in all age groups, apart from the 35-39 years age group, is at its lowest level since 2005. There has been a slight increase in alcohol consumption in the 35-39 years group between 2008 and 2009¹⁸.
- Between 1997-98 and 2004-05 the average daily prisoner population increased by 94 per cent, from 269 to 521. This was far greater than the state's population growth, which was only 3 per cent in this period¹⁹.

4.2 Challenges for Tasmania

Socio-economic circumstances

Tasmania has a relatively small, ageing and regionally dispersed population. It has one of the most regionally dispersed population of any state and has the highest proportion of welfare-dependent households of all states and territories at 34 per cent²⁰.

Socio-economic disadvantage has been associated with harm such as foetal alcohol syndrome, alcohol and drug disorders, hospital admissions due to diagnoses related to alcoholism, lung cancer, drug overdoses and alcohol-related assault.

Although the socio-economic status does not in itself represent the level of ATOD use or the associated problems, there is strong link between a person's socio-economic status and their level of health and wellbeing.

The socio-economic status presents a significant challenge in delivering equitable, universal health and human services.

This is compounded by the ever increasing cost of living, which is placing an added burden on Tasmanian households that will have a cumulative effect on an individual's and a family's health and wellbeing. Dealing with increasing cost of living increases the risk of mental health problems such as depression, alcohol use disorders and suicide. Men, in particular, are at increased risk of mental health problems, suicide and alcohol use²¹.

Governance and funding structure

Government administrative arrangements and the way in which funding is allocated at the commonwealth and state level poses a significant challenge in being able to distribute funding in an integrated and holistic approach to effectively address the broader social determinants of health, and by extension, the level of ATOD use.

This challenge is inherent in all complex organisations that deal with diverse functions. Defining the lines of responsibility and assigning accountability parameters essentially divides the organisation into many smaller components that often creates a silo effect. In the case of governments, ministers and agencies have very specific portfolio responsibilities.

However, the specificity of ministerial and agency responsibility can create a silo effect with government ministers and agencies focussing on the areas they are responsible for and for which they are held accountable.

The silo effect impacts on the way that funding is distributed to government agencies and, in turn, to community sector organisations. Such funding arrangements impose highly specific and often restrictive requirements, making them rigid. The inflexibility in the funding arrangements can often impede the recipients' ability to plan for the future, innovate and allocate resources in the most efficient and effective manner.

In addition, the separation of funding and service provision arrangements between the Australian and state governments and across government agencies creates problems and inefficiencies through the lack of coordination and clarity around priorities across the different service settings.

In the ATOD sphere there is a growing recognition of the need for greater integration with references to 'whole of government', 'partnership' and 'collaboration' principles and approaches. However, progress has been somewhat slow. At a national level, the evaluation of the *National Drug Strategy 2004–09* emphasised that while the concept of integration was present, "little work has been undertaken and little has been gained by implementing these principles inter-sectorally between ATOD strategies and other areas of social programming".²²

This is important because many of the social determinants of ATOD use are outside the scope of the ATOD sector. For example, policies and programs that promote the development and enhancement of child and adolescent protective factors. Such activities are usually considered outside the scope of ATOD program funding as the outcomes are not directly and specifically related to the targeted treatment outcomes.

Community attitude and perception

ATOD use may contribute to and reinforce social disadvantage experienced by individuals, families and communities.

The community's attitude towards ATOD use is a significant challenge to reducing the demand for ATODs. Generally, the use of ATODs is socially accepted with 45.1 per cent of adults approving regular use of alcohol, 15.3 per cent approve regular use of tobacco, 8.1 per cent approve regular use of cannabis and 22.4 per cent approve the regular use of pharmaceuticals²³.

The level of acceptance and tolerance of ATOD use within the community reinforces the level of drug use within the community.

The 2010 National Drug Strategy Household Survey report indicated that 34.9 per cent of recent and ex-drinkers were supplied their first alcoholic drink by their parents or a relative. Parents and relatives were the main supplier of alcohol to minors. Almost 45 per cent of 12-17 year olds were supplied their first drink by parents or a relative and over 50 per cent of 12-15 year olds usually obtained their alcohol from parents or a relative.²⁴

Friends and acquaintances also played a significant role in supplying alcohol for many drinkers, particularly the younger drinkers, and is the main source of supply of tobacco and most of the illicit drugs for first time use.

People who used illicit drugs generally had more accepting attitudes towards such drugs, and were less likely to support measures to reduce harm. Recent illicit drug users were all more likely to support policies that legalised drugs, and to approve regular drug use, and be less supportive of measures aimed at reducing harm associated with drugs.

However, the community has a low tolerance of ATOD-related problems. Many in the community are unsympathetic to the plight of ATOD users, viewing the problem as something that is self-inflicted or is a personal choice issue. While many ATOD users are in denial about their ATOD use being a problem and unwilling to seek help.

Because of the contested nature of the ATOD issues, public policy is heavily influenced by community opinion, which is often poorly informed (at least in part due to the complexities) and value-laden.

5. Policy Context

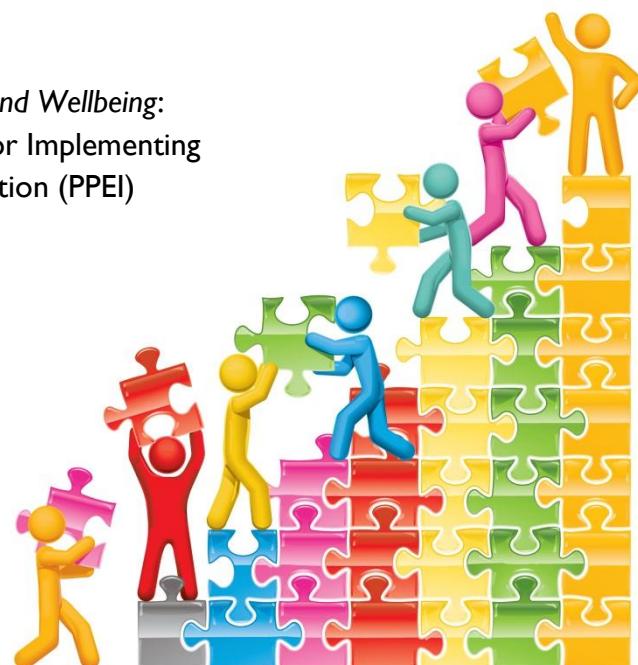
The development of an ATOD PPEI strategic framework is an identified area of action under the Tasmanian Alcohol Action Framework 2010-2015: *Rising Above the Influence*, which include an action to develop and enhance strategies to address social determinants for risky drinking behaviour, including prevention and early intervention strategies and initiatives to identify and address risk factors for harmful alcohol use to mitigate the emergence or escalation of risky drinking behaviours.

Prevention and early intervention are key elements of both the Tasmanian Drug Strategy and the National Drug Strategy as a demand reduction measure. However, there has not been a great deal of emphasis on this aspect of the strategies. The activities dealing with prevention and early intervention of ATOD use have been somewhat ad-hoc and isolated, due in part to the complexity of the concept and in part to the lack of clarity of the required actions.

There is a growing recognition locally and nationally that more emphasis on prevention and early intervention is required. This is reflected in the new iteration of the National Drug Strategy and the National Preventative Health Strategy.

There are numerous other preventive strategies in existence or under development locally and nationally dealing with a range of issues that shares common determinants and intersects with *Everybody's Business*, including:

- The Australian Government's National Preventative Health Strategy – *Australia: the Healthiest Country by 2020*
- *Our Children Our Young People Our Future* - Tasmania's Agenda for Children and Young People
- A Social Inclusion Strategy for Tasmania
- *A Healthy Tasmania: Setting new directions for health and wellbeing*
- *Future Services Directions: A five year plan 2008/09 – 2012/13*
- *Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania*

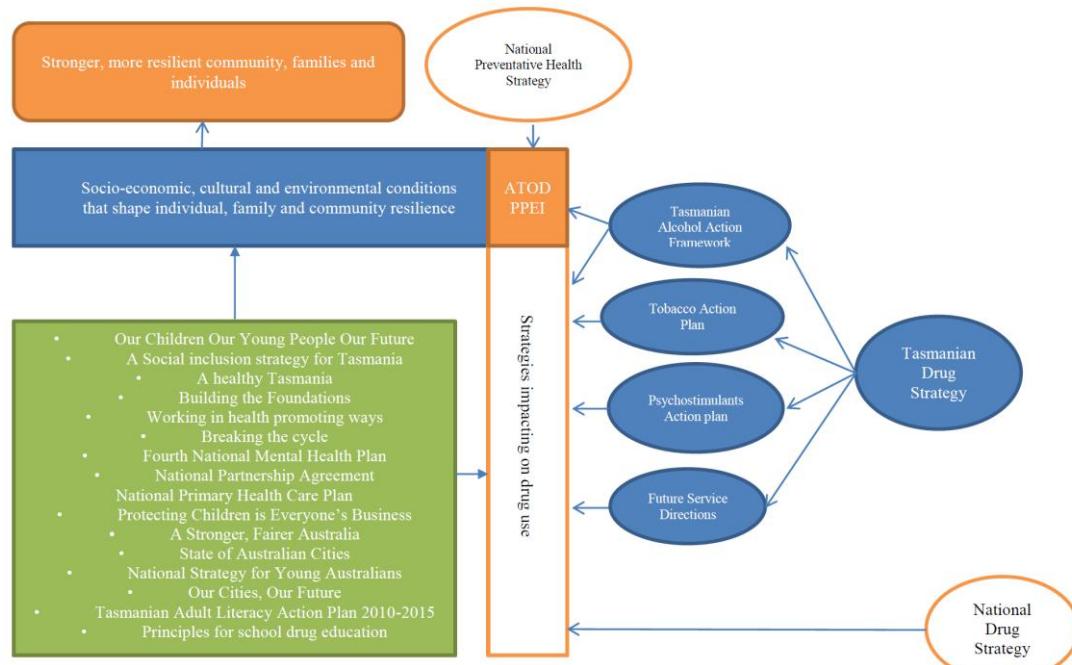


- Working in Health Promoting Ways
- *Breaking the Cycle: A Strategic Plan for Tasmanian Corrections 2011-2020*
- The Fourth National Mental Health Plan and the National Comorbidity Initiative
- National Partnership Agreement on Preventive Health
- National Primary Health Care Plan
- *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020*
- *Principles for school drug education*
- *A Stronger, Fairer Australia*
- *The State of Australian Cities 2010 Report*
- National Strategy for Young Australians
- Our Cities, Our Future - A National Urban Policy for a productive, sustainable and liveable future
- Tasmanian Tobacco Action Plan 2011-2015
- Tasmanian Adult Literacy Action Plan 2010-2015.

The need to address the broader social determinants of health has also been embraced by the community sector. For example, the Tasmanian Council of Social Services Inc. (TasCOSS) and the Australian Health Promotion Association recently published ten fact sheets on the Social Determinants of Health as information tools and to facilitate discussions.

Coordinating PPEI actions across the various strategic documents that focus on the population, community, family and individual will be critical to achieving the desired goal and aims of *Everybody's Business*. Figure 2, below, shows the ATOD PPEI relationship with other key strategic documents.

Figure 2 - ATOD PPEI Strategic Relationships



6. The Priority Areas

Broadening the focus on ATODs beyond the traditional health and law enforcement/justice reactive responses requires a re-focus to address the social and structural determinants of health, as well as a re-focus for services and systems away from ATOD use being seen as ‘an individual with a problem’. The purpose of identifying priority areas is to establish a structure on which PPEI activities can be focussed and for activities to be categorised.

There already exist many PPEI activities, policies and programs at both a state and national level looking at preventive measures to deal with a range of social and health concerns. *Everybody’s Business* does not intend to recreate or repeat the work already underway or under development.

The following identified priority areas seek to establish a broad structure to enable agencies contemplating ATOD use prevention initiatives to be able to tap into activities outside the immediate ATODs sphere, and for agencies to consider the possible consequences of their activities on ATOD use in the community. The aim is for the range of strategies and actions to complement each other and to enable a more collaborative, holistic and system-wide approach to dealing with the broader social determinants of a range of issues, whether that be ATOD use, health, crime, education or social exclusion.

An example is provided under each priority area to illustrate the types of initiatives that have been employed and demonstrate what may be achieved. Additional examples are provided in Appendix 3.

The challenge will be to ensure that existing and new programs or developments including PPEI activities appropriately consider the impact on ATOD demand and use.

6.1 Nurturing the Early Years and Strengthening Families

The first years of life are critical in shaping later development. Early childhood development is a key social determinant of health, and nurturing in the early years is crucial for social, emotional and cognitive development. Effective primary prevention strategies – such as in early childhood can prevent future problems including ATOD use.

Substance use is shaped by human developmental processes from birth and this requires consideration of critical periods in child development; developmental transitions; and the importance of family, community and other social networks in shaping human development.

People are exposed to a range of environments from childhood through to adulthood. These environments all have the potential to influence the individual. No single environment – be it home, school or community – can be the exclusive focus of all prevention efforts.

The overlap between child abuse and neglect, drug and alcohol use, domestic violence and mental disorders is well recognised²⁵. *Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009–2020* acknowledges alcohol and drug misuse (along with other factors) as a risk factor for child abuse and neglect.²⁶

The policy also acknowledges that families in which parents experience these problems often face the broader challenges of exclusion and disadvantage. Further, it identifies a range of other abuse and neglect factors that are common to substance use risk factors: poverty and social isolation; unstable family accommodation and homelessness; poor child and maternal health; childhood disability, mental health and/or behavioural problems; young people disconnected from family, school and community; and past experiences of trauma.

Children from disadvantaged backgrounds and families with high levels of conflict, trauma and abuse may therefore experience less than optimal development of their foundational pathways and skills.

Interventions that can help children overcome learning difficulties, trauma or negative early life experiences are vital. The increasing evidence on the effectiveness of targeted parenting/early infancy programs suggests that supporting parents in their parenting role works in the interests of both parents and children.

Rather than exclusively focusing on the ill effects of substance use, efforts should also be directed at promoting positive actions that individuals can take, such as encouraging positive self-help strategies and coping skills.

Better recognising the role that parents and peers can take in encouraging prevention and early intervention will generate success.

This may need to involve multiple services and interventions. The more complex the problems and issues that people have, the more likely they will need help and support from more than just one service provider or organisation to deal with them.



The Child and Family Centres (CFCs) example clearly demonstrates how different communities are attempting to nurture the young and strengthen families by providing a dedicated space and program to support young children from birth to five years old together with their families in an integrated way that brings health and education services together in centres that are located in regional and disadvantaged locations. Clearly ATOD use is not one of the CFCs' specific goals, however, achieving the CFCs' goals will have a positive and significant impact on the participants that will hopefully translate into fewer demands for ATODs in the future.

Child and Family Centres²⁷

Intent:

To improve the health and wellbeing, education and care of Tasmania's very young children by supporting parents and enhancing accessibility of services in the local community.

Program Overview

Thirteen Child and Family Centres (CFCs) are being set up across Tasmania to cater for children from birth to age 5 and their families.

The goals of the CFCs include:

- Improving the health and educational outcomes for children from birth to five years of age.
- Providing a range of integrated early years services in the local community to support the development of children.
- Building on the existing strengths of families and communities and assist in the educational needs.
- Increasing participation in early years programs.
- Building community capacity by developing partnerships with parents, carers and the community.

The CFCs focusses on the importance of supporting our young children from birth to 5 years old together with their families and do so in an integrated way that brings health and education services together in centres that are located in regional and disadvantaged locations. A major factor underpinning these centres is the collaboration between government and non-government services providers and on responding to child and family needs in an integrated and holistic manner.

The CFCs' underpinning philosophy is one which fully supports and embraces the concept of integration. The integrated service model anticipates that communities are empowered to take a level of control and responsibility for the design, implementation, and governance of the local centre.

The Centres at Beaconsfield, East Devonport, Queenstown, St Helens, Clarence Plains, Chigwell, Burnie, Derwent Valley and Ravenswood are completed, while work on the George Town centre has to commence.

There are also two Indigenous Child and Family Centres operating at Bridgewater (Tagaralia) and Geeveston (Wapraparatee). The Tasmanian Aboriginal Centre also operates the Tasmanian Aboriginal Children Centre to provide long day care for Aboriginal children, counseling and parenting support and information for families.

The program is yet to be evaluated.

Relevance to the ATOD PPEI:

Nurturing the young and providing support to families in a holistic manner helps to establish a positive pathway for the participants that will hopefully translate into fewer demands for ATODs in the future. ATOD services can link their service to the CFCs and also help to promote such services.

6.2 Fostering Resilient Individuals

Resilient individuals are able to adapt to changes and negative events more easily and reduce the impacts that stressors have on their lives – and are less likely to use ATODS in ways harmful to themselves and their community.

While early childhood is a significant period of neurological programming, adolescence is the period during which most drug use commences. Consequently, transitions during adolescent to adult roles are important. Research has identified a number of factors that place individuals, particularly young people, at increased risk of ATOD use.

Youth is a period characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults. In this stage of life, people may be vulnerable to the influences of peer pressure and popular culture, and may be inclined to experiment, push boundaries and take risks that could impact on their immediate and longer term health and wellbeing. Patterns and levels of some risky behaviour differ between young men and young women, with prevalence often being higher among young men.

Although it is illegal to sell alcohol to people under 18 years of age, many young people have access to alcohol before they turn 18. In 2007, the average age at which young men aged 15–24 years said they first consumed alcohol was around 15 years. For young women, the average age for first use of alcohol was around 17 years.²⁸

Intervention therefore does not necessarily have to occur early in life, but rather early in the developmental pathways²⁹. Pathways are marked by critical transition points such as birth, the preschool years, transition from primary to high school and from high school to higher education or employment. It is at these points where the most effective intervention can occur. The education system and schools are vitally important stakeholders in preventive and early intervention initiatives.

Activities promoting positive actions, such as encouraging positive self-help strategies and coping skills, and activities recognising the role of parents and peers are important elements in prevention and early intervention.

Parents also have a great deal of influence on adolescent behaviour and on the choices they make in life, including decisions about ATOD use, both positively and negatively. Parents can and do influence their offspring's alcohol use, especially as a role model and through their supervision and monitoring behaviours, the closeness of their relationships with their children, and through positive behaviour management practices. While parents have a greater influence than many would admit, the peer group, cultural norms, schools and the law also play substantial roles.



Young people in contact with general health or social services should also be given the opportunity to talk about potential substance use issues, mental health problems or general wellbeing concerns. This might not need to be a full ‘screening procedure’, but awareness and support across the community will contribute in manifold ways to aiding early intervention. Those young people who seek help should be provided with interventions that optimise the management of their condition/s, beyond the simple treatment of substance use. Addressing family issues, self-esteem and/or coping skills, assistance with educational/vocational recovery and other life course issues are essential to productive outcomes.

In fostering resilient individuals, the aim is to delay the age at which drug experimentation commences; reduce the number of young people who progress to regular use; and, encouraging current users to minimise or reduce risky patterns of use.

Fostering resilient individuals is not only about interventions and programs for those already seeking help or those deemed vulnerable and at risk. It is about a comprehensive range of programs that also engage others in the community to make healthy choices and to overcome adversity.

Figure 3 identifies some of the risk and protective factors for young people with regards to building resilience and developing a capacity for making more positive choices around ATODs³⁰. It places these factors within the context of community, family, school and peer settings, and demonstrates the necessity of PPEI activities being located and progressed across many different settings and stages of life.

Figure 3: Risk and protective factors for young people

Levels	Risk factors	Protective Factors
Community		
	Availability of drugs	Cultures of cooperation
	Poverty	Stability and connectedness
	Transitions in schooling and into the community	Good relationship with an adult outside the family
	Low neighbourhood attachment and community disorganisation	Opportunities for meaningful contribution
School		
	Poor relationships in school	A sense of belonging and fitting in
	Academic failure, especially in middle years	Positive achievements and evaluations at school
	Early and persistent antisocial behaviour and bullying	Having someone outside your family who believes in you
	Low parental interest in children	Attendance at pre-school
Family		
	History of problematic alcohol and drug use	A sense of connectedness to family
	Inappropriate family management	Feeling loved and respected
	Family conflict	Proactive problem solving and minimal conflict during infancy
	Alcohol/drugs interfering with family rituals	Maintenance of family rituals
	Harsh/coercive or inconsistent parenting	Warm relationship with at least one parent
	Marital instability or conflict	Absence of divorce during adolescence
	Favourable parental attitudes towards risk taking behaviour	A ‘good fit’ between parents and child
Individual/Peer		
	Constitutional factors, alienation, rebelliousness, hyperactivity, aggression, novelty seeking	Temperament/activity level, social responsiveness, autonomy
	Seeing peers taking drugs	Development of special talents/hobbies and zest for life
	Friends engaging in problem behaviour	Work success during adolescence
	Favourable attitude toward problem behaviour	High intelligence (not paired with sensitive temperament)
	Early initiation of the problem behaviour	

The E-LINC Tasmania Case Study, below, is a prime example of a broader initiative that seeks to build resilience of individuals by empowering them with skills and knowledge to navigate through life. Increasing literacy levels helps to break down the barrier to social inclusion and can have positive effects on the individual's health and employment prospects.

The Case Study shows that the initiatives need not be specific to the ATOD space to achieve the desired goals of *Everybody's Business*.

LINC Tasmania – 26TEN Network and Communications Strategy³¹

Intent:

To increase the proportion of Tasmanians with the literacy skills needed to meet the demands of everyday life – in their families, communities and workplaces.

Program Overview:

The *Tasmanian Adult Literacy Action Plan 2010-2015* is being implemented by LINC Tasmania and Skills Tasmania. The three main strategies of the Action Plan are:

- 1 - The establishment of an informal community and workplace network of adult literacy support.
- 2 - The establishment of a state-wide team of literacy coordinators, supported by a pool of trained volunteers, to drive the Adult Literacy Network.
- 3 - The development of key indicators to measure improvements in adult literacy support and outcomes.

The action plan acknowledges a range of existing business, community and government organisations providing literacy support to adult Tasmanians, albeit in a fragmented and uncoordinated way, and calls for greater collaboration and a more systemic approach to meeting the needs of Tasmanians with low literacy skills.

The plan also recognises that encouraging people to get help to improve their literacy skills is often difficult because of the stigma associated with low literacy and the low level of community awareness of the benefits of improved literacy and about how and where to get help.

The LINC Tasmania has established a literacy services team comprising 23 literacy coordinators and approximately 570 volunteer tutors in regional and urban locations across Tasmania.

Work to establish Tasmania's adult literacy network, including LINC Tasmania, and to raise community awareness of adult literacy has commenced. The first phase of this work involved the research and development of an adult literacy brand identity 26TEN.

The second phase of work is now underway to develop a 26TEN partners program and develop and implement a public communications strategy.

26TEN is intended to help build community awareness and understanding of adult literacy with a view to changing attitudes and behaviours over time in a similar way to that achieved through beyondblue's efforts to de-stigmatise mental health, so that more Tasmanians are encouraged to improve their literacy skills and are better able to meet the literacy demands of everyday life.

Relevance to the ATOD PPEI:

Increasing the literacy levels of individuals empowers them with skills and knowledge to navigate through life, opens up opportunities for further study and improve health and employment prospects. ATOD services should be making it a priority to join the literacy network and help to promote the program.

6.3 Building an Inclusive Community

The risk and protective factors that influence ATOD use is prevalent at the individual, community and societal levels. Properly achieving change in relation to people's choices in relation to ATODs will be reliant upon both building and supporting resilience factors, and recognising and addressing risk factors at the broader community level.

People experiencing multiple disadvantages often have increased levels of depression and other mental health issues, ATOD use, higher levels of domestic violence and other criminal and antisocial behaviour, lower education and employment, inadequate income that results in diminished access to affordable and appropriate housing and transport, and increased geographic and/or social isolation³².

Individuals, families and communities that experience multiple disadvantages often live in areas that lack transport networks, recreational facilities and healthy, cheap food supplies. These areas are associated with high crime rates and low levels of disposable incomes, low levels of employment and economic activity, less community facilities, and some have lost industries and experience declining populations as people leave to find lifestyle and employment opportunities elsewhere.

As the interplay of social determinants is complex, no single predominant predictive factor for ATOD use can be isolated.

However, the more protective factors and fewer risk factors there is, the likelihood of problems developing is reduced.

Although it can be difficult to isolate risk or protective factors for particular behaviours, certain protective factors – i.e. close links to peers, family and school – are commonly associated with lower levels of substance use, suicide, depression and other problems.

It is therefore critical to build an inclusive community. Socially inclusive communities and resilient individuals and families are less likely to engage in substance misuse. Socially inclusive communities help to build individual resilience and provide the necessary support to help individuals cope and adapt to changes and negative events more easily.



Resilient and inclusive communities are characterised by strong social networks and work together to support individuals who may need assistance. They also promote good decision making and safe and healthy lifestyles. Crucially, supportive and informed families and communities can prevent the uptake of problematic ATOD use, identify ATOD use in its early stages, as well as help individuals to access, and maintain treatment. A resilient community will support people to avoid relapse and help them reconnect with the community.

Programs focussing on fostering and nurturing strong social networks that promote safe and healthy lifestyles and work together to support individuals who may need assistance helps build resilient communities.

As the majority of protective and risk factors for ATOD use reside outside the ATODs sphere and the health sector, efforts to reduce demand on ATODs requires sustained participation and commitment across all levels of government, multiple sectors and the community.

The comprehensive approach to reducing tobacco related harm by the Tasmanian Aboriginal Centre in Aboriginal Community Controlled Health Service is an excellent example of a community recognising a problem, taking action, and achieving real change. The example provided below, demonstrates that strong leadership and an engaged community will lead to positive outcomes.

A Tobacco Control Success Story from the Aboriginal Health Service in Tasmania³³

Intent:

To create an environment within the community that supports quit attempts and reduce smoking rate.

Program Overview:

It has long been acknowledged that tobacco is a large (but reversible) contributor to poor health outcomes and health inequity in (but not limited to) Aboriginal communities.

Recognising that the reasons behind high rates of smoking in Aboriginal Communities are varied and complex, the TAC has taken a comprehensive approach to reducing tobacco related harm. Evidence-based tobacco control measures were adapted for use within the context of an Aboriginal Community Controlled Health Service. They created a strong policy framework to support tobacco free environments supported by a range of complementary programs, such as the healthy lifestyle, diabetes and exercise programs, and integrated tobacco cessation focus into all health promotion and clinical programs whether they are generalist, or focused on specific areas, such as pregnancy support, youth or chronic conditions.

Cessation support is also linked to prevention of uptake, and to care for people with tobacco related disease.

Since 2002, the great work at the Tasmanian Aboriginal Centre has produced significant and sustained reductions in tobacco consumption in the Tasmanian Aboriginal community. Clinical surveys by the Tasmanian Aboriginal Health Service have shown the number of current smokers declined over 40 per cent from 2002 to 2009.

The TAC attributes the success of this program and its sustainability to:

- The program being community controlled and run, and is based on the needs of the community, flexible, confidential, easy to understand, non-judgmental, delivered in a safe environment and free.
- Having a strong relationship with and support from Quit Tasmania.
- Having a good referral system between the clinic and support groups.
- The sharing of success stories and using ‘Buddy’ programs.
- Linking smoking with other sickness in the community.
- Good leadership.

Relevance to the ATOD PPEI:

By engaging with the community and establishing necessary structures, the community is able to take ownership and generate the desired outcomes.

6.4 Building an Integrated Service System

ATOD use is a complex issue that spans right across the Tasmanian community and impacts upon the work of all government, non-government and community services. All Tasmanian services feel the weight of substance use, whether directly or indirectly. It is not only specific ATOD-related services that experience pressure and the burden. There is pressure on child protection, housing, mental health and employment services; police, courts, prisons, hospitals, GPs, schools, local governments, private business and so on.

Moreover, the complexity of the determinants and factors that shape ATOD use presents a huge challenge for services right across all service systems. A better understanding of the complexities that drive people’s choices and behaviours will improve not only ATOD service design and delivery, but also those other service responses that seek to promote more healthy lifestyles or positive behaviours and deal with the consequences of unhealthy lifestyles or negative behaviours.



One crucial way to achieve this is to increase the level of consumer engagement in the social service and health settings to better understand client's needs and shape responses in ways that work.

However, the more complex the problems and issues that people have, the more likely they will need help and support from more than just one service provider or organisation to deal with these. Service integration is therefore integral to delivering effective services to deal with multifaceted problems dealing with the complex relationships between individuals, households and their personal networks.

An effective, integrated service system that recognises the nature of people's problems and provides tailored, flexible and holistic services with multiple entry points through which people can enter the service system, is a must. This requires governments, service providers and community groups to develop collaborative working arrangements and partnerships, and find different ways to manage resources. It involves challenging assumptions about substance use, their context and engaging constructively with the broader service system.

A whole-of-system focus on those individuals and families already in contact with 'the system' across multiple services is required to deal with the complexity and scope of people's needs.

There already exist many PPEI activities, policies and programs at both a state and national level looking at preventive measures to deal with a range of social and health concerns. They are often isolated from other PPEI efforts, or are disconnected from other strategies.

Although the primary focus of each strategy may be different, the fundamental need to address the social and structural determinants of health; health inequities and social inclusiveness is evident across all strategies and all of which impact upon substance use.

Effective interagency collaboration and interagency leadership is critical to ensure that the ATOD PPEI is appropriate and complements the work of other existing Strategies.

Successful integration must also involve clear and consistent funding, information sharing and referral arrangements.

The way in which funding is disbursed and the way policies are developed will need to be reviewed to allow for a greater level of flexibility and consideration of the ramifications on the broader social determinants.

The example over page demonstrates how Government agencies and the different services can work together.

Working Together: Inter-Agency Support Teams³⁴

Inter-Agency Support Teams (IAST) are non-statutory committees based in local communities throughout the State. IASTs bring together relevant State and local government service providers to work collaboratively in developing practical, multi-agency responses to support children, young people and their families with multiple and complex problems. The IASTs focus on children and young people aged 5-17 years of age.

The Department of Police and Emergency Management (DPEM) is the lead agency for the Program and other key participating agencies include the Department of Education (DoE), the Department of Health and Human Services (DHHS) - Youth Justice, Child Protection, Housing Tasmania, Child and Adolescent and Mental Health Services (CAMHS), Alcohol and Drug Service (ADS) and local government. Some non-government organisations also participate in the Program.

The IASTs seek to avoid duplication, identify and respond to gaps in service delivery, and assist in providing a tailored response to the specific needs through coordinated service delivery. There are 22 Teams operating across Tasmania. In 2011-12, 373 juveniles were supported through IASTs, with 99 retired from the program during the reporting period.

In 2012, a review of IASTs conducted by DPEM supported that the IAST model was delivering a number of effective outcomes including:

- Positive interventions for young people and their families.
- Improved collaboration, coordination and information sharing between agencies.
- An increased number of young people re-engaging with education and being diverted from the criminal justice system.

DPEM is currently working with other stakeholders to strengthen partnerships and consider improvements for the future operation and sustainability of the Program.

Relevance to the ATOD PPEI:

By working together, service providers are able to achieve results more effectively.

6.5 Focussing on whole of population approaches

Population approaches are strategies by which systems seek to improve outcomes for a population as a whole. It involves an understanding of the problem and identifying the causes or factors that affect the broadest segment of that population.

It is widely accepted that the more universal interventions targeting the whole of population are generally more effective and less costly to implement than those measures targeting high risk groups and individuals. This was noted by the National Preventative Health Taskforce in its review of the evidence *Preventing alcohol-related harm in Australia: a window of opportunity*. The taskforce found that the most cost effective interventions are:

- Regulating physical availability
- Taxation and pricing

- Marketing and promotion³⁵

Taxation and pricing control is one of the most effective mechanisms for reducing the harm associated with alcohol and tobacco use and abuse, particularly amongst young people and those in lower socio-economic groups.

Pricing has been successfully used as a demand management tool in many industries. Simplistically, as price goes up demand falls. The extent of the change in demand depends on the price elasticity of the product in question and is subject to a range of factors such as the nature of the product, the opportunity for product substitution, the perception of the product (individual desire), available funds, etc.

Regulating availability or supply reduction strategies, however, would need to be managed carefully and be employed in conjunction with other strategies such as pricing and/or a social marketing campaign to ensure the level of demand does not increase as a result of the restrictions.

A combination of strategies is necessary, as has been demonstrated in the two examples below, which shows how the Government has successfully applied the whole of population approach through a combination of strategies to reduce the smoking rate and to tackle drink driving in Tasmania.



Building on our Strengths: Legislative Change to Reduce the Use of Tobacco³⁶

The smoking rate declined in recent years due to a range of activities such as increased taxation resulting in increased prices of tobacco products, strengthened legislation and a strong, consistent and persistent social marketing campaign to make smoking less attractive as well as the adoption of early intervention programs in health settings.

Early tobacco control only banned the Tobacco sale of cigarettes to children less than 16 years of age under the *Police Offences Act 1934*. A consistent and continued raft of legislative reform has taken place to control tobacco in Tasmania from 1997.

The *Public Health Act 1997* imposed bans on tobacco advertising, the sale of cigarettes to children under 18 years of age and display restrictions in retail shops.

Further sale and display restrictions in retail shops were introduced in 1999 and a tobacco licensing system was introduced in 2000 with funding for enforcement activity to ensure retailer compliance with the *Public Health Act 1997*.

Workplaces and enclosed public places, including areas such as shopping centres, restaurants, factories, hospitals, corridors and toilets became smoke-free in 2001.

In November 2003, graphic health warning notices became mandatory in shops that displayed tobacco products.

In 2005 gaming areas, nightclubs and 50 per cent of outdoor dining areas became smoke-free and inside liquor venues, such as pubs and hotels, became smoke-free in 2006.

In 2007 the sale of split packet cigarettes was banned and in 2008 smoking in cars where children (under the age of 18) are present became illegal.

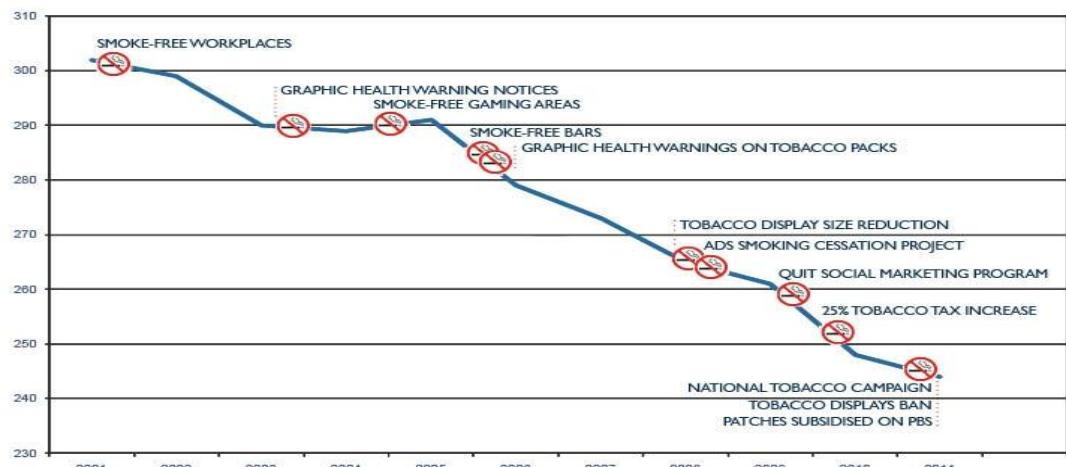
Further reform has continued. In 2011, the Tasmanian Government introduced a package of reforms, including: banning smoking in all outdoor dining areas; banning smoking near playgrounds and in all pedestrian malls, bus malls and covered bus shelters; banning the display of cigarette packets and cartons in specialist tobacconists; restricting the use of traditional cigarette vending machines; and confiscating cigarettes and tobacco products from children by approved officers.

The Building on our strengths legislative changes continue the consistent combination of whole of population approaches to reducing tobacco use and preventing tobacco related harm. The graph on the next page (Chart 1), showing the Tasmanian expenditure on tobacco products, ably demonstrates the influence of such consistent whole of population approaches on the prevention agenda³⁷.

Chart 1: Tobacco reform - Impact on tobacco spending

How much Tasmanians spend on tobacco (\$m)

(Source: Australian Bureau of Statistics)



Drink Driving Countermeasures and Random Breath testing (RBT)³⁸

The range of drink-driving countermeasures include mass media campaigns, random breath testing and reducing the legal blood alcohol content (BAC) limit for driving. Evidence suggests that mass media campaigns are most effective when combined with other strategies to minimise alcohol abuse, particularly with random breath testing.

Random breath testing is a major traffic enforcement and deterrent strategy used by Tasmania Police to assist in reducing the number of serious injury crashes and fatalities. Random breath testing is supplemented by regular district-based high-visibility operations and Road Safety Task Force operations.

The intervention is equitable given that all drivers have a chance of being stopped for a random breath test. The evidence base for this intervention is reasonably solid with cost effectiveness assessment results suggesting good value for money in the majority of cases.

Acceptance by the Australian public of the 0.05 BAC limit and the 'don't drink and drive' message demonstrate the effectiveness of drink driving counter-measures. Figure 4, below, shows that whilst the number of breath tests conducted has increased the percentage of offenders subsequently charged has reduced, with the exception of 2009-10³⁹

Figure 4: Drink Driving Random Breath Test Tasmania

	RBTs – Number Conducted	Numbers Exceeding Prescribed Limit	RBTs – Per Cent Charged
2003-04	438,326	3,943	0.90
2004-05	478,672	4,046	0.85
2005-06	608,471	4,132	0.68
2006-07	702,362	4,426	0.63
2007-08	679,632	4,865	0.72
2008-09	678,140	4,563	0.67
2009-10	613,945	5,120	0.83

Countering Drug Driving⁴⁰

In 2010, amendments to the *Road Safety (Alcohol and Drugs) Act 1970* were introduced to increase the penalties for drug-driving in Tasmania, in-line with penalties imposed for drink driving offences. Importantly, a person who commits any alcohol or drug driving-related offence is now deemed to have committed a subsequent offence, if that person has previously been convicted for either offence.

7. Where to from here?

In order to assist and encourage agencies to embrace and adopt a more preventive approach to their service delivery, the IAWGD, through the Department of Health and Human Services will determine a lead body to support the implementation of ATOD PPEI initiatives across Government agencies and public, private and community service providers. A key component will be using and feeding into other existing preventive strategies, and governance process, such as the work of the Health and Wellbeing Advisory Council.

1. The lead body will:
 - a) Assist in determining the necessary processes for implementation of *Everybody's Business*, including feeding into existing Government processes, committees and forums. In determining the implementation processes, the lead body will also establish appropriate indicators against which the actions to achieving the goal of *Everybody's Business* can be measured.
 - b) Coordinate the implementation, monitoring and reporting of *Everybody's Business* as determined under (a) above.
 - c) Provide advice with regard to ATOD PPEI initiatives.
 - d) Develop and maintain a register of PPEI initiatives in Tasmania, focusing on actions that address the five priority areas.
 - e) Coordinate, where appropriate, PPEI actions across various linked strategic documents to ensure the ATOD PPEI activities complement other similar activities.
 - f) Develop appropriate information and delivering training about *Everybody's Business* including the broader social determinant of health and ATOD use to Government agencies and non-government service providers.
2. The lead body will also undertake to work with the IAWGD and government agencies to:
 - a) Explore opportunities to streamline the governance and funding systems with a view to improve coordination of activities and funding between different levels of government and between Government agencies to ensure 'best fit' of strategic policies and activities.
 - b) Explore opportunities for a collaborative approach to promote healthy lifestyles and choices, incorporating issues specific to ATODs and reducing the stigma and discrimination experienced by people with an ATOD-related problem.
 - c) Review Government processes to ensure the links between the broader social determinants of health and ATOD use are considered in the development of all Government policies and planning. Work of a similar nature has been identified under the Building the Foundation for Mental Health and Wellbeing Strategic Framework.

8. Governance

The IAWGD will be responsible for the overall implementation of *Everybody's Business* and the reporting of progress to Government through the Minister for Health.

The lead body will provide advice to the IAWGD with regard to the implementation of *Everybody's Business* and on how to progress its aims.

At the end of each financial year, the lead body will furnish a report to the Department of Health and Human Services on the progress of implementation and the extent of its work to increase focus on PPEI initiatives across Government and non-government agencies.

The Annual Report will include wherever possible information about its activities for the financial year, income and expenditure associated with the ATOD PPEI work and any measurable outcomes, including measures against available key indicators.

The Department of Health and Human Services will brief the IAWGD before September each year on the progress of implementation and uptake of a PPEI approach in Tasmania.

The IAWGD will seek to undertake a formal evaluation of the effectiveness and usefulness of this Strategic Framework within 5 years after its release.

9. Acknowledgements

Many groups and individuals contributed to the development of *Everybody's Business* and their contributions are much appreciated.

The IAWGD provided oversight and direction throughout the project. It is comprised of representatives from:

- Department of Health and Human Services (Statewide and Mental Health Service and Population Health)
- Department of Police and Emergency Management
- Department of Premier and Cabinet (Corresponding member)
- Department of Treasury and Finance (Intergovernment Financial Policy)
- Department of Education
- Department of Justice
- Department of Infrastructure, Energy and Resources (Corresponding member)
- Commissioner for Licensing
- Local Government Association of Tasmania
- Alcohol, Tobacco and Other Drugs Council of Tasmania (ATDC)
- Social Inclusion Unit (Corresponding member)

The following people provided input into the ATOD PPEI Reference Group at various stages of the project:

- Sylvia Engels - DHHS - SMHS Policy Development Unit
- Kris McCracken - DHHS - SMHS Policy Development Unit
- Paul Tchia - DHHS - SMHS Policy Development Unit
- John Alderdice - DHHS - Alcohol and Drug Services
- Cecile McKeown - DHHS - Population Health
- Annette Davey – GP Tasmania / Tasmanian Medicare Local
- Ian Bell- DHHS - Community and Rural Health Reform
- Pip Leedham - DHHS - Community and Rural Health Reform
- Rosie Crumpton-Crook - DHHS - Children and Family Services
- Robyn Yaxley - Department of Justice
- Deb Salter - Department of Police and Emergency Management
- Ivan Zwart - Local Government Association of Tasmania
- Dr Katrina Stephenson - Local Government Association of Tasmania
- Kate Hiscock - Local Government Association of Tasmania
- David Owen - Advocacy Tasmania
- David Daniels - Drug Education Network
- Ronnie Voigt - Drug Education Network
- Rebecca Moles - DPAC – Community Development Division
- Anthony King - DPAC – Community Development Division
- Bruce Mansfield - Department of Education
- Nikki Mann – Department of Education
- Elisa Buggy - Alcohol, Tobacco and Other Drugs Council

- Ella Haddad - Alcohol, Tobacco and Other Drugs Council
- Jann Smith - Alcohol, Tobacco and Other Drugs Council

Special acknowledgement to Mr Kris McCracken (formerly of DHHS) who was instrumental for pulling together all the preliminary research, consultation and drafting of *Everybody's Business*.

10. Appendices

Appendix I – Promotion, prevention and early intervention agenda: economic consideration

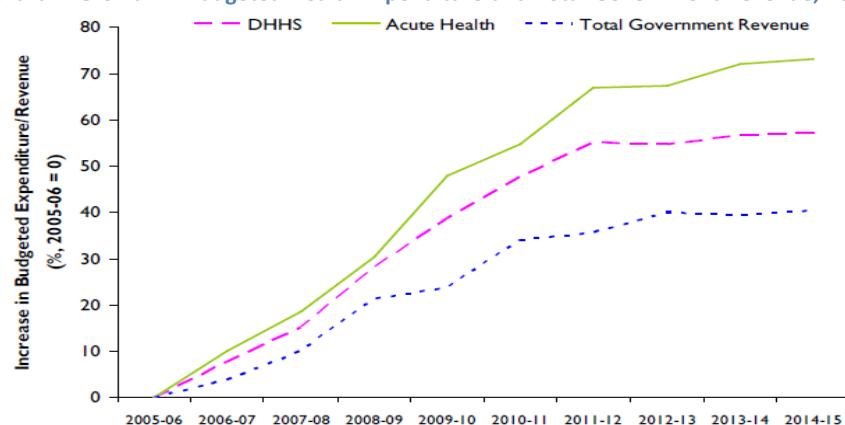
The majority of Tasmanians drink in moderation, are non-smokers and do not use illicit drugs. Over 90 per cent of working age Tasmanians abstain from drinking or drink at a level that is considered to be at low risk of long term harm, over 80 per cent are non-smokers and almost 90 per cent do not use illicit drugs⁴¹.

However, those that do drink at risky levels, smoke and/or use illicit drugs incur a substantial cost to the community. Although the cost to Tasmania of ATOD use and misuse is not available, estimates nationally shows that the ATOD use and misuse in the 2004-05 financial year cost Australia \$56.1 billion, including costs to the health and hospital system, lost workplace productivity, road accidents and crime. Of this, tobacco accounted for \$31.5 billion (56.2 per cent), alcohol accounted for \$15.3 billion (27.3 per cent) and illicit drugs \$8.2 billion (14.6 per cent)⁴².

There are a range of measures with a preventive element to deal with ATOD use, such as legislative controls and enforcement regimes. However, policy responses in relation to ATODs have predominantly been reactive in nature. While there have been substantial efforts on interrupting supply and on treating people after they become unwell or have encountered some kind of harm, the attention on the third pillar of the Tasmanian Drug Strategy and the National Drug Strategy, to reduce demand, has been limited. This Strategic Framework seeks to shift some of the focus onto strategies that will have an impact on reducing demand.

Preventing ATOD use and their related harm is more cost-effective than treating an individual with an established substance use problem. It is much more cost-effective than having police and court resources tied up in responding to or dealing with alcohol or drug induced public disorder or violence, road crashes or domestic disputes. It is certainly more cost effective than the human cost associated with having to bury someone because of an alcohol or tobacco related death.

Chart 2: Growth in Budgeted Health Expenditure and Total Government Revenue, 2005-06



The financial consideration is particularly important in light of the State's financial pressures. As an example of the financial implication, Chart 2 shows the projected growth in budget spending in terms of the total Department of Health and Human Services and acute health services expenditure against the growth in total Government revenue⁴³.

Health spending accounted for 25 per cent of Tasmania's General Government spending in 2007-08⁴⁴. However, if no action is taken to address the continuing growth in health spending and the decline in revenue growth, health spending will consume the entire State Budget within a few decades⁴⁵.

The financial ramifications are further magnified considering the impact of drug and alcohol use and misuse on key Government services such as policing and the criminal justice system, not to mention the demand on non-Government services.

Although the total spending on ATOD services account for only a small portion of overall health spending, the potential benefit of reducing the alcohol tobacco and other drug use is significant, extending well beyond ATOD services funding.

Alcohol, tobacco and other drug use and misuse is a significant preventable health risk factor. Reducing substance use and misuse in Tasmania would reduce the risk of preventable diseases and illnesses affecting demand for certain health services⁴⁶.

It is difficult to ascertain the true spending on ATOD prevention initiatives in Australia, however, a 2009 US cost benefit analysis showed a return of \$18 for every dollar spent on drug prevention programs⁴⁷.

Consolidating on the upstream preventive efforts can help reduce personal, family and community harm, allow better use of limited resources, generate substantial economic benefits, and produce a healthier workforce.

In recent years, both the Tasmanian and Australian governments have recognised the importance of a preventive health agenda, and have committed to increasing the focus on health and wellbeing, health equity and social inclusiveness approaches to complement the traditional reactive health responses.

There will always be a need for well-resourced, well-trained and well-equipped treatment services. However a balance in funding towards more proactive measures in PPEI activities and a sustainable acute service system is needed.

Appendix 2 – Early intervention and the life course approach

The broad social determinants of health and wellbeing have a cumulative effect upon the probability of developing more harmful risk-taking behaviours that both heighten one's probability of disease (i.e. smoking or drinking alcohol at risky levels), or damage their ability to maximise their capacity (i.e. incomplete educational attainment, involvement in criminal behaviour, or accident and impairment). The determinants are embedded in social as well as personal histories. That is to say that the decision to use or not use ATOD is developed over the life course in specific social settings.

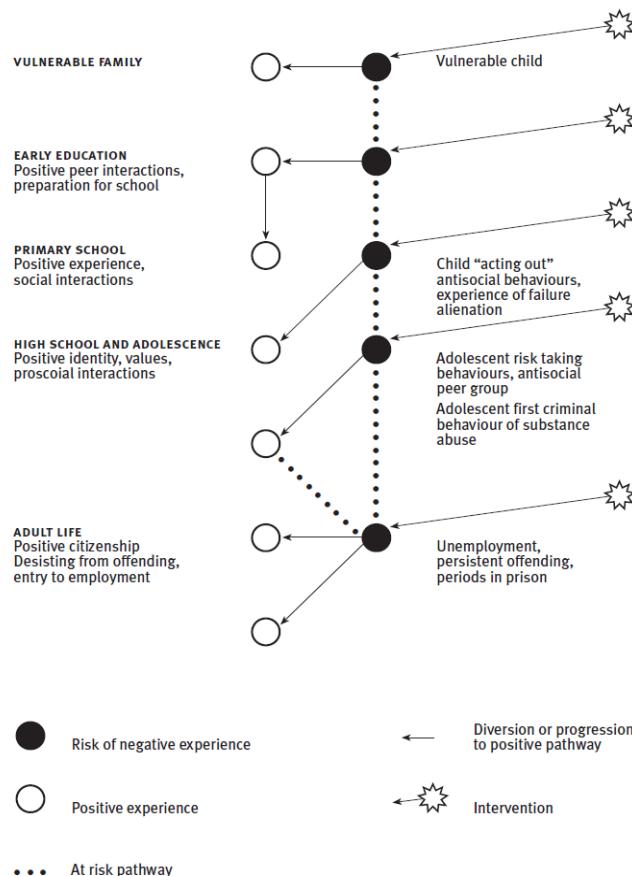
The risks are most pervasive at critical points of a person's development and tend to cluster at when people experience a change in their role or status, in expectations and responsibilities. These transition points – or at least those beyond childhood – are also those where individuals are at highest risk of developing ATOD use problems.

Research shows that critical transition points include early childhood and going to school for the first time; the transition to adulthood; leaving school or college; moving out of the family home; becoming a parent; becoming unemployed; leaving prison, hospitals or hostels – especially after a significant length of time or period of 'cycling in and out' – and retirement.

At these times people may experience a mismatch between their needs and the care, support and resources available to help them. They can be more vulnerable in their relationships as well as physical, mental and emotional resources, which weaken their capability to adapt to their changing needs⁴⁸.

The transition points provide an opportunity for intervention and support to mitigate the risk factor and/or to build protective factors, to engender a more inclusive community where individuals and communities are empowered and resilient. Figure 5 shows some of the interventions at each transition point from a crime prevention perspective⁴⁹. As noted in Figure 5, schools and the education system is a key transition point and is an important avenue for intervention. The interplay of the multitude of factors is both variable and complex and should not be taken simply as a direct cause and effect relationship.

Figure 5: Crime prevention early intervention programs in Australia



In order to deal with social determinants and the socio-environmental factors that influence ATOD use risk factors, behaviours and harm it is necessary to acknowledge and address the full range of risk and protective factors that influence health and welfare at the individual, community and societal levels.

Protective factors are those which enhance and protect positive outcomes and reduce the likelihood that a problem or disorder will develop.

Risk factors increase the likelihood that a problem or disorder will develop and may exacerbate the burden of existing problems.

Appendix 3 – Further Examples of the range of PPEI Initiatives in Tasmania

Nurturing the Early Years and Strengthening Families

The Tasmanian Perinatal Depression Initiative⁵⁰

The Australian Government, in collaboration with all state and territories, has developed a national initiative to improve the prevention and early detection of antenatal and postnatal depression, and to provide better care, support and treatment for expectant and new mothers experiencing perinatal depression. This initiative will be adapted to each local setting.

The Tasmanian project targets families with complex care issues, many of whom experience problems related to ATOD use. Essential to achieving change in this area will be the successful screening and establishing of pathways of care for women at risk of/or experiencing perinatal depression and the effects of this on their partners, and children.

At the heart of this project is building sustainable and collaborative relationships across a wide range of stakeholders to enhance both the screening of women and follow up care for all Tasmanian mothers, infants, fathers/partners and families up to the age of two years.

Incorporating ATOD use screening into this project will result in earlier intervention and more effective treatment, and contribute to empowering parents to sustain their ability to parent effectively and reduce the exposure of their children to both mental health and ATOD use risk factors.

Helping Families in Need: Kids in Focus⁵¹

Kids in Focus (KIF) is a federally funded initiative delivered in all states and territories. In Tasmania, KIF is managed by Anglicare and operates as a State-wide program. The program engages with families where substance use has been identified as impacting on the capacity of parents/ caregivers to provide a safe and supportive environment for their children.

KIF provides support and early intervention utilising a range of proactive service models including: intensive and therapeutic family support in the home within a case management model; practical skill development, therapeutic interventions and counselling to children and families to directly address substance use behaviours and enhance parenting ability; a strengths approach through practical support and skill development to improve social and

life skills, such as health, familial relationships and service access; assistance with community engagement to facilitate sustainable and strong support systems; assessment of needs and case plan development to assist families to meet their goals; and coordinated and supported referral to further services if required.

These interventions respond to the needs of children, parents and care givers to promote wellbeing and safety and improve developmental outcomes by increasing parenting capacity, helping parents and carers build healthy relationships with children and providing safe family environments. The program works intensively with families in the early stages and then reduces support as parents develop and sustain their ability to parent effectively.

Fostering Resilient Individuals

Intervening Early: Support in Schools⁵²

The Tasmanian Support in Schools Project is a partnership between the Tasmanian Department of Education; Youth and Family Focus; Community Connections Inc; and Alcohol and Drug Services to provide in-school support from a worker with an ATOD-focus operating on an outreach basis within the school environment.

For one day a week, the workers engage with students developing relationships and providing counselling, advice and information. The school's support team identify individual students or groups that might benefit from the project. Students identified are often those who will not continue education post-Year 10, and statistically at higher risk of having or developing ATOD-related problems. The opportunity to develop relationships with support services at this point is significant, as it allows those services to intervene early and address problems as they emerge, rather than wait for a crisis point.

In this way, the project better enables the CSOs to engage in early intervention within a school setting, and allows each school access to specialised ATODs knowledge to help students most at risk. This is of even greater importance in rural and remote communities, where access to services is limited and there are inadequate public transport options.

SNAP! ‘Social norms’ strategies for minimising alcohol-related harm among rural youth⁵³

The Social Norms Analysis Project (SNAP) was conducted by the University of Tasmania and a range of project partners during 2006 and 2007. SNAP was the first major Australian trial of a Social Norms approach to health promotion, and was tested in two rural municipalities in Tasmania.

The project was underpinned by work in the social sciences that demonstrates the powerful nature of the perceptions of what others think and do. Social Norms interventions seek to identify and correct any misperceptions that exist among the target group, so that the social environment can become more supportive of safe (and non-) consumption of alcohol.

The project identified the existence of considerable misperception among the target group across a range of areas. Students underestimated the proportion of those who drank once a

month or less, while they overestimated the proportion drinking once or twice a week or more.

This is important because there is a strong relationship between perceptions of frequency of drinking among peers and self-reported frequency of drinking. A similar relationship is apparent with respect to drunkenness.

The evaluation results of SNAP lend weight to the argument that the Social Norms approach is an effective model for alcohol health promotion, which is compatible with the harm minimisation focus of the Australian ATODs policy framework, and could usefully be applied to a range of other health and social issues.

Intervening Early: the Tasmanian Early Intervention Pilot Program⁵⁴

In March 2008 the Australian Government announced a new national strategy to address binge drinking among young Australians. Part of this response includes the Early Intervention Pilot Program (EIPP) to be undertaken in each state and territory.

EIPP targets young people (under the age of 18) who have come into contact with police through an episode involving alcohol, and provides an alcohol diversion option to young people who have committed alcohol offences in a public place in relation to possession, consumption and intoxication.

EIPP aims to divert young people participating in underage drinking activities from the criminal justice system through a partnership between Health and Police, helping young people at risk of alcohol harm to move from engagement with police, and into the health system where services exist to help encourage them to rethink their behaviours.

Building an Inclusive Community

Achieving Cultural Change – Good Sports⁵⁵

Good Sports is an initiative of the Australian Drug Foundation that began in 1996 to assist in shifting the binge drinking culture in community sports clubs. Expanding from an initial pilot, it is now a national program that engages more than 3,500 sporting clubs across Australia, including 200 clubs in Tasmania.

Developed to reduce alcohol-related problems such as drink driving, violence and assault; change the behaviour of players, supporters and members of community sporting clubs; and increase the viability and impact of sporting clubs in their communities, the program helps clubs to change their culture. Good Sports creates sustainable change in sporting clubs by enabling them to form more responsible systems and practices for managing alcohol making community sporting clubs safer environments.

BighART⁵⁶

BighART is a non-profit organisation established in 1992 in Tasmania to run projects that empower communities to change through the arts.

BighART began working with young people and families in Burnie who were experiencing trauma and disadvantage, to bring to light the hidden social costs of the economic crisis. After listening to locals, the company began piloting task-focused, long-term projects with those at risk. BighART provided new opportunities for the people of Burnie to participate socially and economically, creating art of high quality that also helped promote the city.

BighART's first project was made with a group of young offenders to develop a performance, GIRL. It told the story of a fragile young woman's descent into the juvenile justice system. The behaviour of participants changed as the project provided them with an engaging, productive alternative to crime.

Results of the first BighART project were acknowledged and presented in many crime prevention forums nationally, influencing other crime prevention initiatives for young people.

Since 1992, BighART's programs have assisted over 6 500 people experiencing severe disadvantage in 32 communities across Australia, helping them to make sustained changes in their lives.

Two of the more recent BighART Tasmanian projects are Drive and Smashed.

Drive is an educational resource for young men. It is a film that tackles the issue of needless deaths of young men in car crashes linked to drug and alcohol abuse. The making of the film involved input from young men in the community and friends and families of those who had died.

Smashed challenges young people on the North West Coast of Tasmania to tackle the issue of youth binge drinking through a community based media project. The project is a response to the strong need for a culturally desirable and generation-relevant education strategy around binge drinking.

The workshop-based project offers year 9, 10 and 11 students the opportunity to be trained to work with other youth in the community to produce short films examining the issue of youth binge drinking.

BighART is made up of community builders, field workers, researchers, artists, arts workers, and producers.

Building an Integrated Service System

The A B Cs of Smoking Cessation⁵⁷

The DHHS Smoking Cessation Program is centred on bringing about a cultural change whereby the provision of a brief smoking cessation intervention is a routine component of care across all Tasmanian healthcare sectors.

In achieving this, the program provides education to health professionals based on the ABC approach to brief intervention, developed by the New Zealand Ministry of Health. The ABC approach is a quick and easy guide to delivering smoking cessation advice and support to people who smoke.

Once trained, health professionals will have the knowledge, confidence and skill to provide advice and support to their patients on quitting, including:

- A. How to ASK their patients about their smoking.
- B. How to provide BRIEF, personalised advice to their patients on the health benefits of quitting smoking.
- C. Offering and arranging the available CESSATION treatment options including the medications and specialist cessation service providers in Tasmania.

Training on the ABC is delivered by Clinical Nurse Specialists based in each of the major hospitals across Tasmania. The program recently implemented an online e-learning tool which mirrors the ABC training.

The introduction of this technology has been designed to give all health professionals, regardless of location, access to consistent and contemporary best-practice information on smoking cessation interventions. This will significantly impact on smokers who want to quit as this type and level of smoking cessation service has not previously been offered in Tasmania.

Illicit Drug Diversion Program⁵⁸

The Department of Police and Emergency Management, Department of Health and Human Services and a number of community sector organisations have worked closely to provide opportunities for minor drug offenders to address their drug use issues through the Tasmania Illicit Drug Diversion Initiative (IDDI) program.

The successful IDDI program allows police officers to use their discretion to provide a caution or divert low-level or first time drug offenders found using or possessing small quantities of illicit drugs or pharmaceutical drugs being used for non-medicinal purposes, to health services to receive education, counselling or appropriate treatment.

The Tasmanian IDDI framework uses existing police discretion and 'Commissioners Instructions' to allow Tasmanian Police to divert eligible offenders to education, assessment and treatment as an alternative to progressing through the court system.

In support of this, the Alcohol and Drug Services provides and manages service agreements with seven community sector organisations to provide varying levels of interventions under the IDDI program.

The IDDI began in 2000. Up to December 2011 over 15 000 Tasmanians have been cautioned and/or diverted into treatment for minor drug offences, mainly for cannabis use.

Court Mandated Diversion Program⁵⁹

The Court-Mandated Diversion (CMD) program was introduced to break the drug-crime cycle by involving offenders in treatment and rehabilitation programs and provide alternative pathways for offenders through increasing their access to community based drug, alcohol or other welfare services. The CMD is administered by the Department of Justice and

supported by DPEM and DHHS. In relation to service integration the CMD Program has been largely successful in achieving the following short term outcomes:

- Relapse prevented or delayed
- Offenders address criminogenic drug treatment needs
- Services work together effectively
- Services achieve best practice
- Courts have more options to respond appropriately to drug using offenders.

The CMD commenced in Tasmania as a trial in July/August 2007. Within the first three years of CMD (from July 2007 to Jun 2010) there were 337 people diverted to CMD. There were 53 offenders on CMD around the state as at March 2012.

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Message from the Minister

In recent years, there has been an increasing recognition of the importance of a preventive agenda and there is a groundswell of support for a greater focus and investment in preventive strategies.

Both the Tasmanian and Australian governments have recognised the importance of a preventive health agenda, and have committed to increasing the focus on health and wellbeing, health equity and social inclusiveness approaches to complement the traditional reactive health responses.

The Australian Government's National Health and Hospitals Reform Commission report of 2009 identified the need 'to imbed prevention and early intervention into every aspect of the health system and our lives'. This was followed by the release of the National Preventative Health Strategy which has a strong focus on tobacco and alcohol.

Approximately one in five Tasmanians over the age of 14 drinks at short term risk or high risk levels at least once a month. The same rate of Tasmanians smoke daily or on a regular basis; and about one in eight Tasmanians aged 14 and over have recently used an illicit drug.

The demand for substances and the resulting harm of their use and misuse is a significant burden on the community, impacting on the health and hospitals system, on policing, the judicial system, on the correction system, on workplace productivity, on our roads and streets and in our homes. The effects are also felt in schools with children who smoke, drink and take drugs becoming younger and children are being affected by alcohol, tobacco and other drug use in the family.

Efforts to deal with substance use-related issues have largely been focussed on treating people once they become unwell or when they become a problem. There are laws and significant investment directed at controlling supply and to deal with the harm and impact of substance use, however, not enough is being done to manage the demand aspect.

The development of this alcohol, tobacco and other drugs promotion, prevention and early intervention strategic framework document is an interagency collaboration designed to align with, and complement, a broad range of actions, activities and initiatives planned or underway at the national, state and local level to enable better outcomes for individuals, families and communities who are impacted by the use and misuse of alcohol, tobacco and other drugs.

No single government agency or the Government alone will be able to achieve systematic and cultural change in relation to alcohol, tobacco and other drugs and improve the health and wellbeing of the broader Tasmanian community on its own. The challenge for Government is to provide strategic leadership to ensure a coordinated and systematic approach to achieve the required systematic, cultural and service system changes.

This is a much needed document to help prevent thousands of Tasmanians each year being badly affected by their own or someone else's alcohol, tobacco or other drug use.

Already good work is happening in this space – as evidenced by the examples provided in this document – but too often that good work operates in isolation from other service sectors, disciplines or communities, and far too often that work does not receive the kind of recognition that will build on-going, sustainable and transferable initiatives that will benefit all Tasmanians.

The focus of this document is on developing strategies that will have an impact on reducing demand by addressing a range of social determinants of drug use and other social problems.

I urge all Government agencies, the community services sector and Tasmanian's to support this document. As the name implies, it is all our business to improve the health of Tasmanians. To do this, we must address the complex underlying causes of substance use.



Michelle O'Byrne MP
Minister for Health

March 2013