



working it out

Tasmanian Drug Strategy  
Submission Nov 2020

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

There are a number of mixed messages in these statements.

The strategy aims to have 'a high-level focus on actions and activities that **prevent** and reduce the risks and harms associated with ATOD ...' and recognise that 'social determinants of health and many social, socio-economic, cultural and environmental conditions ... play a significant factor in individual drug use and recovery'. Similarly, in some of the 'summary boxes' relating to at risk population groups and relevant government strategies, reference is made to the broader societal issues that underpin ATOD use:

- Affordable Housing Strategy – 'Safe and secure housing [or lack thereof] is a fundamental causal and consequential factor in ATOD ...'
- Cultural Respect Framework – 'advancing cultural respect for Aboriginal people in Tasmania is vital to improving health and wellbeing, which has a consequential influence on ATOD use and harm.'
- Aboriginal and Torres Strait Islander People – 'Cultural dislocation, personal trauma and ongoing stresses of disadvantage, racism, alienation and exclusion call all contribute to heightened risk of AOTD....'
- Women's Health Strategy and Health and Wellbeing of Women – outlines a range of ways in which women are impacted by broader social conditions.

However, the Vision statement does not address these underlying, systemic causes of inappropriate ATOD use in any way. It instead focuses on individual choices. If we do not start with a broader systemic premise, no matter how large this is to tackle, then we will continually be fixing the outcomes, not the causes and will be continually putting the burden of 'choice' and 'recovery' on the individual not the broader society in which we all live.

A vision framed around creating a fair and just society, which provides a safe and inclusive space for everyone, is fundamental to making significant inroads into ATOD issues.

It would also align more strongly with the Aim – which does focus on prevention. At present the only strategies this document has in that space are community education and legislative restrictions of supply and advertising. There is not one activity that addresses broader issues.

**2. The identified strategic objectives underpin the TDS and will be used as the indicators for implementation, using high-level indicators and data sources such as prevalence and trends data, patterns of use, presentations etc. The indicated individual targeted action plans under the activities will identify additional specific outcome measures and indicators. Are these overarching strategic objectives sufficient to measure the identified vision and aim. Are there any other objectives you think should be included, and if so, why?**

As above, activities which look at broader social issues and environmental factors should be included here. This could be achieved by framing a key strategic objective around ensuring all State Government population group and/or relevant issue-based frameworks, policies, initiatives or programs acknowledge and take action around broader social determinants that impact ATOD behaviours.

**The TDS will focus its action areas on the four main drug types – alcohol, tobacco, pharmaceutical drugs and illicit drugs - as well as increasing community information to increase the understanding of the drivers of ATOD-related risk and harms (community information); expanding access to best-practice interventions and treatment services (intervention and treatment); and building the evidence-base to support strategic planning, policy development and evaluation (evidence-base). Is there any other high-level action area you think should be added, and if so, why?**

This is very much focused on individual responses either in prevention or management of ATOD issues. None address underlying causal factors.

**3. The activities under each action area are broad and have been limited to no more than three. Are there any specific activities you think should be included, and if so, why?**

**4. Any other comments you may wish to provide.**

LGBTIQ+ people are named up in the Population Group Fact Sheet summaries. However, the issues the LGBTIQ+ community face in terms of ATOD use are not framed in the broader cultural context in which they sit.

The higher levels of ATOD use among LGBTIQ+ people has been closely tied to minority stress (Meyer 2003), a framework which emphasizes both social/environmental and internal stressors in influencing minority health disparities, including substance use (Goldbach et al., 2014; Kidd et al., 2018).

These social/environmental and internal stressors arise from a range of historic and ongoing factors found within families, schools, workplaces, health services and the broader community which include stigma, rejection, prejudice, stereotyping, legal and cultural discrimination, demeaning, derogatory or othering views and attitudes and violence.

**NOTE**

While LGBTIQ+ people are named in the Population Group Fact Sheet, unlike every other group so named, they do not appear in the Strategy summary page itself.

Similarly, the State Government's Whole-of-Government Framework for Lesbian, Gay, Bisexual, Transgender and Intersex Tasmanians is missing from the list of related strategic policies, initiatives or programs.

## References

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