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PLANNING, PURCHASING & PERFORMANCE - MENTAL HEALTH, ALCOHOL AND DRUG DIRECTORATE

INTERAGENCY WORKING GROUP ON DRUGS

Tasmanian Government

Tasmanian Drug Strategy 2013-2018 Report on Activities

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Foreword

The Tasmanian Drug Strategy 2013-2018 (TDS) did not seek to establish a new policy direction for Tasmania in response to the use of alcohol, tobacco and other drugs. It sought to build upon previous iterations of the TDS. Its goal remained to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania.

Under its Terms of Reference, the Tasmanian Interagency Working Group on Drugs (IAWGD) is responsible for monitoring drug use trends and harms in Tasmania, and for implementing, monitoring, progressing and reporting on progress of the TDS. The IAWGD determined that a formal evaluation of the current TDS would not be undertaken but tasked the secretariat to collate a desk top review of actions and activities and available data, with input from members agencies.

This report provides a summary of some of the activities that have been undertaken in Tasmania linked to the key priority areas of the TDS. The alcohol, tobacco and other drugs use data section (Appendix 1) provides a summary of data and reports, some of which will be used to inform performance measures, outcomes and data sets for the new TDS.

This report has also been commissioned to assist to inform the development of the new Tasmanian Drug Strategy 2020-2026. As noted in the summary, and conclusions and way forward sections of this report, available data shows some positive and not so positive trends in Tasmania in the use of alcohol, tobacco and other drugs, and the impacts across Government. It also notes some ongoing limitations in access to timely and reliable data.

Ideally the data and other information should be able to tell us what progress has been made to meet the goal and aims of the TDS, and its sub-strategies. The current TDS lacks measures and indicators, and identification of specific and timely data to demonstrate whether activities undertaken have specifically addressed the goal and aims. This will be considered in development of the new TDS in 2020.

The challenge for the IAWGD in the development of the new TDS in 2020 will be to further analyse and consider the implications of the information in this report, to determine which range of activities and initiatives should be maintained and enhanced or what new initiatives need to be explored, and to identify corresponding outcome measures, indicators and data sources.

Regardless of any limitations, this report reflects the ongoing work being undertaken to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania.

Ross Smith

Chair - Interagency Working Group on Drugs

4 December 2019

Background

Consistent with the National Drug Strategy (NDS) and previous iterations, the Tasmanian Drug Strategy 2013-2018 (TDS) maintained the concept of harm minimisation as its underlying concept. This concept is based on reducing the supply, or availability, of alcohol, tobacco and other drugs; reducing demand through prevention, early intervention and treatment; and reducing the harms associated with the use of alcohol, tobacco and other drugs.

The goal of the TDS remained to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania.

The TDS was developed to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania, aiming to:

- Significantly improve the health of Tasmanians by reducing the number of Tasmanians who smoke, drink alcohol at risky levels, misuse pharmaceuticals or use illicit drugs
- Support preventative and developmental health approaches to alcohol, tobacco and other drugs use
- Improve individual and community safety
- Reduce the harms and human, health, economic and social costs associated with alcohol, tobacco and other drugs use
- Improve integration of services across government, non-government, the community and private organisations to better support individuals and families

The priorities for the TDS were to:

- Continue to support initiatives to improve individual and community safety and reduce the human, health, economic and social costs associated with the misuse of alcohol
- Continue Tasmania's commitment to the prevention and reduction of tobacco related harm
- Reduce the supply and use of illegal drugs, both current and emerging, including the use of performance and image enhancing drugs
- Reduce the inappropriate use, supply and diversion of pharmaceuticals
- Support preventative and developmental health approaches to alcohol, tobacco and other drugs use
- Continue to support evidence-based initiatives and programs, including campaigns that address the risks of alcohol, tobacco and other drugs use including risk use practices
- Continue to support, promote and monitor the timely and ongoing development and review of effective legislation and regulation in response to alcohol, tobacco and other drugs use
- Support programs and initiatives to reduce alcohol and other drugs-related violence, including increasing support for frontline workers (eg Police, Ambulance Officers and Emergency Department personnel)
- Strengthen the capacity of the primary health care system in the use of a range of evidence-based screening and brief interventions, to better respond to individuals, families and communities
- Increase the range and availability of, and access to, appropriate services for individuals experiencing problematic alcohol, tobacco and other drugs use including for individuals with diverse, complex and high needs
- Strengthen evidence-based awareness-raising, effective education initiatives and early interventions in a range of targeted settings, population groups and developmental transition points

Summary of findings and discussion

Activities under the key priority areas section of this report provides a summary of activities that have been undertaken in Tasmania linked to the key priority areas of the TDS. Appendix 1 provides Tasmanian alcohol, tobacco and other drugs use data from readily available sources. The summary and analysis of data and trends section below summarises trends from that data which will be considered in development of the new TDS.

Desktop review of activities

During the period of the current TDS, the Tasmanian Government has supported a number of reviews and legislative and regulatory changes and has provided increased investment in a range of responses and treatment services.

The Activities under the key priority areas section of this report represent information gathered through IAWGD member agencies and activities reported in the IAWGD Annual Reports, available from the Tasmanian Drug Strategy website Tasmanian Drug Strategy (http://drugstrategy.dhhs.tas.gov.au/) It does not represent the breadth of activity that is occurring across Tasmania. Some examples are provided below.

- The 2012 scoping study of the legislation and regulatory regime in Tasmania for dealing with the sale, supply and demand for alcohol which helped to inform the review of the *Liquor Licensing Act 1990*, resulting in the *Liquor Licensing Amendment Bill 2015* and associated *Liquor Licensing Regulations 2016, Liquor Licensing (Fees) Amendment Regulations 2016* and *Liquor Licensing (Infringement Notices) Amendment Regulations 2016*.
- The introduction in 2013 of the Mandatory Alcohol Interlock Program (MAIP) for drivers convicted of repeat or high-level drink driving offences.
- Support for the alcohol simulation modelling project led by the Department of Health Public Health Services with The Australian Prevention Partnership Centre, Sax Institute of New South Wales to develop a simulation model of alcohol use in Tasmania, to forecast the effectiveness of a variety of approaches to reducing alcohol-related harm and explore what combination of interventions is likely to produce maximum community-wide impact.
- The development of the Tasmanian Tobacco Action Plan 2017-2021, and associated activities, and complementary to the Healthy Tasmania Five Year Strategic Plan:
    - Smoke Free Young People Strategy 2019-2021 and working group;
    - No-one Left Behind: An action plan to achieve a smoke free Tasmania 2018-2021 and Smoke Free Priority Populations working group targeting population groups with comparatively high smoking rates;
    - Amendments to the *Public Health Act 1997* with the *Public Health (Healthy Tasmania) Bill 2017* to increase the penalties for the sale and supply of tobacco to a child; permit the Director of Public Health to apply a fit and proper person test on licence holders; and regulation of e-cigarettes including bans on display and advertising and sale to a child; and use in areas required to be smoke free;
    - Increases in licence fees;
    - Increases in smoke-free areas around hospital and schools and their surrounds;
    - Tasmanian prisons became smoke free in 2015 following a staged implementation process; and
    - Delivery of the Smoking Cessation Program brief intervention training to over 5 000 health care workers in public hospitals.

- Tasmania was the first state or territory to introduce real time reporting and thus monitoring of the reportable pharmaceuticals with the introduction of DORA (reportable Drugs and Poisons Information System Online Remote Access) which has been progressively rolled out since 2009. The Tasmanian-based Electronic Recording and Reporting of Controlled Drugs (ERRCD) software system was made available by the Commonwealth to all states and territories in 2013. Real time reporting systems have since been made available in Victoria and the Australian Capital Territory, are under development in Western Australia, Queensland and South Australia, and is being supported federally.
- The introduction in 2015 in Hobart and expansion in 2017 in Launceston of the Salvation Army Street Teams project in partnership with Tasmania Police and the Hobart and Launceston City Councils.
- Legislative and regulatory amendments including:
    - An independent review of Part 9 of the *Crime (Confiscation of Profits) Act 1993* which led to the *Crime (Confiscation of Profits) Amendment Act 2018* which amends Part 9 of the Act. Part 9 of the Act provides for non-conviction based unexplained wealth forfeiture laws;
    - A suite of legislative reforms during 2017-18 aimed at combatting organised crime through increased control over the presence and identification of organised criminal groups including the *Removal of Fortifications Act 2017* to provide for the removal, modification, or fortifications from premises used by organised crime in furtherance of criminal enterprises; the *Police Offences Amendment (Prohibited Insignia) Act 2018* to prevent members of certain organisations from wearing the insignia in public; and amendments to the *Police Offences Amendment (Consorting) Act 2018* to prevent certain convicted offenders from associating with other identified convicted offenders; and
    - The introduction in 2016 of the Controlled Access Scheme to allow access to medical cannabis products under prescription for certain medical conditions.
- Additional funding and the expansion of the Court Mandated Diversion program to 120 places statewide and changes to allow offenders who appear before the Supreme Court to also be eligible for the program.
- The opening in 2015 of a live-in drug and alcohol facility for men, the Apsley Program, with 10-bed capacity to address the biological, psychological and social triggers to help address drug and alcohol use.
- The review into alcohol and drug services and the development of the Reform Agenda for the Alcohol and Other Drug Sector in Tasmania.
- Increased funding into the alcohol and drug sector in Tasmania including for:
    - A new 12-bed residential rehabilitation service in Ulverstone which opened in 2016;
    - 31 additional residential beds in 2018 across the state – 10 in the North, 5 in the North West and 16 in the South; and
    - The Good Sports Enhanced Community Clubs Program and Healthy Sports Grants program.
- The development in 2013 of Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention Approaches in Averting Alcohol, Tobacco and Other Drugs Use and its Implementation Plan in 2015, and the *Everybody's Business* website.

Summary and analysis of data and trends

The use of drugs, including alcohol, tobacco, illicit drugs and misuse of pharmaceuticals causes significant harms to individuals, families and the community. The health harms include increased risk of injuries and deaths, cancers, cardiovascular diseases, liver cirrhosis, mental health problems, and shortened life

expectancy. It also includes economic harms arising from the costs to health, hospitals, law enforcement and justice systems, decreased productivity, associated criminal activity, reinforcement of marginalisation and disadvantage, domestic and family violence and child protection issues. Alcohol and other drug use are also associated with social and health determinants such as discrimination, unemployment, homelessness, poverty and family breakdown.

The data in Appendix 1 and throughout this report show some changes in Tasmania, all of which will be considered in development of the new TDS:

- Tobacco smoking is still the leading cause of preventable death and disease in Australia including in Tasmania. Illnesses associated with long-term smoking kill two in three smokers. An average of 559 Tasmanians die each year from smoking (ABS 2019).
- Most Tasmanians do not smoke. Trend data shows a continued decline over the last ten years in smoking prevalence by Tasmanian adults, from 25 per cent in 2007-08 to 17.6 per cent in 2017-18 (ABS 2019).
- The proportion of people who have never smoked can be used as an indicator of progress to prevent uptake. For young people 12-17, 78 per cent of Tasmanian students had never smoked in 2017, a steady increase from 70 per cent in 2011 (Guerin & Gascoyne, 2019).
- Fewer students drank alcohol in the past month in 2017 than in 2011. In the older age group (16-17) this was down from 64 to 59 per cent, and for the young group (12-15) from 29 to 20 per cent (Guerin & Gascoyne, 2019).
- About half the Tasmanian population still exceed the single occasion risk guideline for consuming alcohol (more than four standard drinks on any one occasion), and this rate has not changed significantly over the last six years (ABS 2019).
- The rate of exceeding lifetime risk (more than two standard drinks per day on average) shows a steady decline, from 21.5 per cent in 2007-08 to 16.7 per cent in 2017-18 (ABS 2019).
- There continue to be steadily decreasing rates of smoking and consuming alcohol during pregnancy. Overall smoking rates have declined from 16.3 per cent in 2012 to 12.8 per cent in 2016. Similarly, drinking alcohol has declined from 9.1 per cent to 4.0 per cent during the same period (Department of Health 2018).
- Treatment data for specialist government and non-government alcohol and other drugs services show some changes in recent years for most common principal drug of concern. Alcohol remains the primary principal drug of concern at around 40 per cent of closed episodes ach year. Amphetamine as the second principal drug of concern has been steadily increasing since 2013-14 when it was 11 per cent of treatment episodes – it is now 23.5 per cent of episodes. During the same period, cannabis has declined from 30 per cent to 19.6 per cent (AIHW, 2019b).
- Tasmania experienced a much lower percentage increase in per capita unintentional drug-induced deaths compared with the rest of Australia between the periods of 2003-2007 and 2013-2017. In Tasmania the increase in opioid-related unintentional deaths was 10 per cent whilst the national percentage increase was 150 per cent; and the rate of deaths per capita in Tasmania for benzodiazepines-related unintentional deaths did not significantly change whilst the national percentage increase was 150 per cent (Penington Institute 2019).
- However, based on the most recent analysis of wastewater, Tasmania had the highest estimated average capital city and regional consumption of oxycodone and the highest estimated average capital city consumption of fentanyl (ACIC, 2019a). Tasmanian regional consumption of oxycodone has only become prominent in the last 12 months. The rate of capital city fentanyl consumption has dropped over recent reports, and regional fentanyl consumption in Tasmania is the lowest of all states and territories.

- This is supported by data (ACSQHC, 2019) which shows that Tasmania's age-standardised rate of opioid dispensing in 2016-17 was the highest of all Australian states and territories at 76 353 per 100 000 population compared to the Australian average of 58 595 per 100 000 population, and the age standardised rate of defined daily doses of opioid medicines in Tasmania was also the highest of all states and territories at 25.48 per 1 000 population per day - well above the National rate of 15.39 per 1 000 population per day.
- There are no statistically significant changes in self-reported lifetime use of any illicit drug, from 35 per cent in 2001 to 48 per cent in 2016. Methamphetamine use stayed static at around 5 per cent, noting however that Tasmanian estimates have high standard errors and must be used with caution (AIHW, 2017).
- The prevalence of methamphetamine use appears to have declined nationally at a general population level. While the rates in Tasmania have historically been low, there has been a steady increase in both capital city and regional consumption since the April 2018 Report. Regional consumption remains below the national average, but the capital city site measure has gone above this for the first time in the program's history.
- However, among people who frequently inject drugs in Hobart, use of methamphetamine has remained stable over the past decade, but frequency of use and use of higher purity crystalline methamphetamine has increased (Bucher & Bruno, 2018).
- An increasing trend in the number of offenders detected by police with MDMA (ecstasy) and methylamphetamine was demonstrated during the 2013-2019 period. This trend reflects other National data sets such as the Australian Criminal Intelligence Commission (ACIC) National Wastewater Drug Monitoring Program.

It is also worth noting that the harms arising from the use of alcohol, tobacco and other drugs use including misuse of pharmaceuticals in Tasmania are felt across the community and all levels of government. Examples include:

- Prison entrants are four times as likely as people in the general population to report illicit drug use (including use of illegal drugs and non-medical prescription medication and volatile substances), with almost two-thirds (65 per cent) having used an illicit drug in the previous year (AIHW, 2019c). Substance use is also an ongoing risk factor for recidivism and requires a degree of aftercare and post-release support due to risk of overdose, continued use and returning to the same social environment. AOD use problems can often be made worse because of the imprisonment.
- There is a strong link between substance use and homelessness. Between 2012-13 and 2016-17 almost one in ten people presenting to homelessness services reported having problematic AOD use issue. Around 6 per cent of clients of homelessness services in 2016-17 reported AOD use as the main reason for seeking assistance (AIHW, 2018).
- Alcohol is involved in approximately half of domestic and family violence incidents reported to police (Miller et al, 2016). When considering incidents not reported, alcohol involvement is likely to be higher. The Victorian Royal Commission into Family Violence heard that between 50 per cent and 90 per cent of women accessing mental health services and AOD services had been victims of child abuse or domestic violence (State of Victoria, 2016).

Conclusions and way forward

It is pleasing to note some positive trends in that uptake of tobacco smoking and alcohol use among young people 12-17 (Guerin & Gascoyne, 2019), and more general downward trends in smoking among adults (ABS 2019) and smoking and alcohol use among pregnant women (Department of Health 2018).

Alcohol remains the principal drug of concern for people seeking treatment, with amphetamines now the second-most principal drug of concern (AIHW, 2019b). This should be viewed as positive given that

amphetamine use can impact brain functioning and affect a person's ability to seek and remain in treatment (UnitingCare ReGen, 2014). Similar to all Australian states and territories, rates of medical opioids prescribing and dispensing is high.

As noted in the Report on Activities of the Tasmanian Alcohol Action Framework (TAAF) Tasmanian Alcohol Action Framework 2010-2016 Activities Report (http://drugstrategy.dhhs.tas.gov.au/__data/assets/pdf_file/0006/263913/Tasmanian_Alcohol_Action_Framework_-_Activities_Report_2010-2016.pdf) it was difficult to evaluate or conclusively say that any of the activities had a direct effect on the goal and aims of the TAAF. The same can be said of the TDS activities.

Ideally the data and other information should be able to tell us what progress has been made to meet the goal and aims of the TDS. The current TDS lacks measures and indicators, so making any correlation between the available data and the goal and aims remains tenuous.

Without pre and post evaluation processes or baseline data it is impossible to evaluate the effect, or correlate available data to each aim or any one specific activity. Any movement in the data may not be directly related to a specific action or policy response, and any movement may also reflect actions that have occurred in other policy arenas or changes to operations within specific agencies or program areas. Furthermore, some of the policy outcomes may not be evident in the short and medium term. Also, there remain significant limitations to access to specific and timely data that can reliably demonstrate whether activities undertaken have specifically addressed the goal and aims of the current TDS.

The challenge for the IAWGD in the development of the new TDS in 2020 will be to further analyse and consider the implications of the information in this report, to determine which range of activities and initiatives should be maintained and enhanced or what new initiatives need to be explored, and to identify corresponding outcome measures, indicators and data sources.

As noted earlier, this report has also been commissioned to assist to inform the development of the new Tasmanian Drug Strategy 2020-2026. The information provided in this report including identifying meaningful, relevant and accessible data will be considered in development of the new TDS.

Activities under the key priority areas

The following are examples of activities undertaken under the priority areas of the current TDS:

Continue to support initiatives to improve individual and community safety and reduce human, health, economic and social costs associated with the misuse of alcohol

- Under the Tasmanian Alcohol Action Framework 2010, which pre-dates the current TDS, a scoping study was undertaken of the legislation and regulatory regime dealing with the sale, supply and demand for alcohol and the management of alcohol related harm in Tasmania (Stenning and Associates, 2012) Stenning Report http://drugstrategy.dhhs.tas.gov.au/__data/assets/pdf_file/0008/129842/TAAF_Legislative_Scoping_Study_Final_Report_-_Publication_copy.pdf). The Stenning Report included recommendations which helped to inform the review of the *Liquor Licensing Act 1990* which commenced in 2013.
- The review of the *Liquor Licensing Act 1990* was completed in 2015. The *Liquor Licensing Amendment Bill 2015* amended the *Liquor Licensing Act 1990* to:
    - align it more clearly with the Tasmanian Alcohol Action Framework;
    - make the licensing and permit process more efficient and transparent;
    - improve flexibility and effectiveness in compliance and enforcement;
    - strengthen consumer responsibilities; and
    - provide greater clarity to industry, the regulatory bodies and Tasmania Police.
- The associated *Liquor Licensing Regulations 2016, Liquor Licensing (Fees) Amendment Regulations 2016 and Liquor Licensing (Infringement Notices) Amendment Regulations 2016* commenced on 1 September 2016.
- The Stenning Report also recommended an annual stand-alone report on the impact of alcohol on the public health of Tasmanians. Public Health Services of the Department of Health compiles the Tasmanian Alcohol Data and Trends Reports and associated fact sheets, available from Public Health Services Publications page. The most recent was compiled in 2016 Tasmanian Alcohol Data and Trends Report 2016 (http://www.dhhs.tas.gov.au/publichealth/about_us/publications/epidemiology_publications).
- The Departments of Police, Fire and Emergency Management and Health worked collaboratively on the National Drug Law Enforcement Research Fund (NDLERF) research projects *Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts* (DASHED) research project (Miller et al, 2016) DASHED investigated harms associated with alcohol in the night-time economy in Canberra and Hobart between April and December 2015. The study used a combination of interviews with patrons in night-time entertainment precincts, covert observations in and around licensed establishments, and examination of administrative data sources such as alcohol and substance related ambulance attendances, alcohol related presentations in emergency department, recorded alcohol-related offence data and liquor licence enforcement actions. In Hobart the project was undertaken from 10 pm to 2 am (Friday and Saturday nights) outside entertainment venues, with 738 patrons participating, and almost 150 hours of structured observation in licensed venues.
- The DASHED project reported key findings and made proposals for decreasing alcohol-related harms NDLERF - DASHED Project. (http://113.20.25.135/sites/default/files/publication-documents/monographs/monograph-67.pdf)

The Mandatory Alcohol Interlock Program (MAIP) came into effect on 31 July 2013. The MAIP was developed to help stop drivers convicted of repeat or high-level drink driving offences from driving if they have alcohol in their system. Under the MAIP, a person is required to participate in the MAIP if

they commit one of the following offences:

- a drink driving offence recording a BAC of 0.15 or more
- two or more drink driving offences in a five-year period
- driving under the influence of liquor
- failing to provide a breath/blood specimen for analysis.

To legally drive, MAIP participants must fit an alcohol interlock from an approved supplier to any vehicles they drive. An alcohol ignition interlock stops a vehicle from being started if the driver has been drinking alcohol - a "Lockout". Interlocks protect road users by ensuring drivers are separating drinking and driving.

- A desktop review of actions and activities under the Tasmanian Alcohol Action Framework was completed by the Alcohol Advisory Group and published on the Tasmanian Drug Strategy website in 2017 Tasmanian_Alcohol_Action_Framework_-_Activities_Report_2010-2016.pdf (http://www.drugstrategy.dhhs.tas.gov.au/__data/assets/pdf_file/0006/263913/Tasmanian_Alcohol_Action_Framework_-_Activities_Report_2010-2016.pdf). That report demonstrates significant engagement of stakeholders, and summarises and includes the range of activities undertaken by many Government agencies, non-government organisations and local councils to address alcohol-related harm within their community.
- The IAWGD supports an alcohol simulation modelling project being led by the Department of Health Public Health Services. The Australian Prevention Partnership Centre, Sax Institute of New South Wales was engaged to develop a simulation model of alcohol use in Tasmania, to forecast the effectiveness of a variety of approaches to reducing alcohol-related harm and explore what combination of interventions is likely to produce maximum community-wide impact. The modelling and a summary report paper will be completed in 2019, to inform the development of a new Tasmanian Alcohol Action Framework in 2020.

Continue Tasmania's commitment to the prevention and reduction of tobacco related harm

- The *Tasmanian Tobacco Control Plan 2017-2021* (Plan) builds on previous iterations and provides direction on ways to reduce tobacco use and its harms through actions by all sectors and levels of government.
- The Plan was developed in 2016 by the Tobacco Control Coalition.
- It has four priority areas; to encourage and help people who smoke to quit for good; to prevent smoking uptake and de-normalise tobacco use; to reduce smoking by high prevalence groups; and to strengthen and integrate the evidence base.
- The Tobacco Control Coalition has established three working groups to implement the Plan:
  - Smoke Free Young People. This working group has developed the *Smoke Free Young People Strategy 2019-2021* to prevent young Tasmanians from taking up smoking and to help those already smoking to quit. It has five key strategic areas: a targeted youth campaign, school-based support and information, normalize being smoke-free, cessation support for young people and adult role modelling. The campaign component of the Strategy uses the *Smoke Free Generation – Be a part of It!* branding including a website.
  - Smoke Free Priority Populations. This working group has developed No One Left Behind: An action plan to achieve a smoke free Tasmania 2018-2021. It targets populations group with comparatively high smoking rates with targeted interventions to support quit attempts. Identified priority populations are pregnant women, middle-aged men, Aboriginal people, people with mental ill-health and on low incomes.

- Tobacco Control Evaluation. The Plan commits to progress reports by the end of 2019 and 2021. This working group is responsible for the development of an evaluation framework to guide the reports which will provide recommendations on where efforts should be focused for the remainder of the Tobacco Control Plan and beyond.

- The Tobacco Control Plan complements measures highlighted in the Healthy Tasmania Five Year Strategic Plan which also addresses tobacco use. This include a commitment to effective levels of social marketing, targeted quit campaigns, strategies to help pregnant women quit, increased licence fees, penalties for the supply of tobacco to a child, the regulation of electronic cigarettes and support for activities that address the illicit tobacco trade.
- Key achievements over the last five years include:
  - Additional funding per annum to increase social marketing.
  - The *Antenatal Carbon Monoxide (CO) Opt-Out Referral* project within the Midwifery Group Practice in southern Tasmania. This project incorporated routine CO breath testing as part of antenatal care by midwives to increase the identification of pregnant women that smoke, referral to smoking cessation support and smoke free outcomes.
  - The *Public Health Act 1997* was amended with the *Public Health (Healthy Tasmania) Bill 2017* that commenced on 26 November 2017. The news laws increased the penalty for the sale and supply of tobacco to a child; permit the Director of Public Health to apply a fit and proper test on licence holders and require licensees to report sales volume data. The new laws also regulate electronic cigarettes by requiring retailers to have a licence to sell, bans on display and advertising, sale to a child and use in areas required to be smoke free.
  - The *Public Health (Tobacco Seller's Licence) Regulations 2009* were amended to increase the fee for a tobacco seller's licence to $731.34 from 1 January 2017 and to $1132 per licence from 1 January 2018. The first fee increase has led to an 8 per cent decrease in the number of tobacco retailers in Tasmania. FTE staffing in the Department of Health increased by 1.7 FTE to educate retailers on the new laws.
  - An online licensing for tobacco sellers is being developed. This will improve compliance monitoring and enable collection of information from tobacco retailers on the number of products they sell. This will provide information of where smokers are that will help us to understand where to target actions locally.
  - Smoke Free Environments project commenced in 2019 to increase smoke free areas around hospitals and schools and their surrounds.
  - Prisons became smoke free from 1 February 2015 following a staged implementation process
  - Tobacco control compliance monitoring. Ongoing activities include inspecting retailer compliance with display and advertising laws and controlled purchase operations for the sale of tobacco to children. Complaints relating to smoke free areas are investigated and smoke free public events are administered and a licensing scheme to sell tobacco and electronic cigarettes is operated with annual fees and applications.
  - Quit Tasmania website was redeveloped to make it more responsive on all devices, including smartphones and tablets.
  - The Quit Social Marketing Program continues to use television as the primary and most effective medium to highlight messages about the health risks of smoking and the need to quit however in recent years, the delivery of campaign messages has adapted to changing communication formats and expanded to include digital and social media.
  - The Smoking Cessation Program provides brief intervention training to over 5000 health care

workers in public hospitals each year. This is to ensure all patients are asked about smoking status and provided with appropriate support as a routine part of health care. The program also provides some support for patients through clinics in each of the main public hospitals.

Reduce the supply and use of illegal drugs, both current and emerging including use of performance and image enhancing drugs; and reduce the inappropriate use, supply and diversion of pharmaceuticals

- The *Australian Criminal Intelligence Commission (ACIC) Illicit Drug Data Report 2017-18* (ACIC, 2019b) showed both the number and weight in grams of amphetamine type stimulants (ATS) seizures in Tasmania between 2016-17 and 2017-18 had decreased by an average of 19.7 per cent. Tasmania reported the greatest percentage increase in the number of ATS arrests in 2017-18 of 8 per cent.
- Likewise, the number and weight of cannabis seizures had also decreased by 19.9 per cent over the same period, and Tasmania also recorded the greatest percentage increase in the number of cannabis arrests of 9.0 per cent.

DORA (reportable Drugs and Poisons Information System Online Remote Access)

- Tasmania was the first state or territory to introduce real time reporting and thus monitoring of the reportable pharmaceuticals such as Schedule 8 medications including opioids (eg morphine and oxycodone) and benzodiazepines (eg alprazolam and diazepam) being dispensed in Tasmanian pharmacies. DORA (reportable Drugs and Poisons Information System Online Remote Access) has been progressively rolled out since 2009 to facilitate a secure 24 hrs/day online remote access system for real time data information relating to patients prescribed/seeking reportable medications.
- DORA has reported over 3 million dispensing events involving high risk narcotic medicines in Tasmania.
- It is estimated from 2007-2016 that 90 per cent of overdose deaths in Tasmania were attributable to prescription medicines. The largest contributor to medication-related deaths in Tasmania is prescription opioid analgesics. Tasmania's per capita death rate from prescription opioids was approximately 30 per cent above the national average between 2002 and 2006 and changed to approximately 27 per cent below the national average between 2012 and 2016 (Penington, 2019).
- However, the Tasmanian rate of opioid dispensing in 2016-17 at 76 353 per 100 000 population was the highest of all Australian states and territories and well above the Australian average of 58 595 per 100 000 population. The age standardised rate of defined daily doses of opioid medicines in Tasmania was 25.48 per 1 000 population per day, also the highest of all states and territories and well above the National rate of 15.39 per 1 000 population per day (ACSQHC, 2019).
- From 1 February 2018, changes were made to accessing over-the-counter (OTC) medications containing codeine. Common OTC analgesics containing codeine include products like Panadeine Extra (paracetamol and codeine) and Nurofen Plus (ibuprofen and codeine). These products where re-scheduled to Schedule 4 of the Poisons Acts in all states and territories, therefore requiring a doctor's prescription. A great deal of work was done behind the scenes in Tasmania to manage the risks associated with those changes as it was estimated nationally that between 12-17 per cent of people purchasing OTC products containing codeine are likely to be dependent. A Codeine Rescheduling Implementation Group was convened by Pharmaceutical Services Branch. Training and information sessions were convened for GPs and Pharmacists, including information on pharmacological options as well as treatment or other interventions if necessary. The prescribing and dispensing of Schedule 4 analgesics containing codeine was added to DORA.

Support preventative and developmental health approaches to alcohol, tobacco and other drugs use

- *Everybody's Business* was developed by the IAWGD in 2013 as a sub-strategy of the TDS and as the Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in averting Alcohol, Tobacco and other Drugs Use in Tasmania. *Everybody's Business* strengthens the importance of health promotion, prevention of harms and early intervention in the Tasmanian context and guides the formulation and development of PPEI activities and actions.
- An *Everybody's Business* website was developed by the Drug Education Network and launched on 16 November 2016 Everybodys.Business - Drug Education Network (http://www.den.org.au/projects/everybodys-business/). The website provides a one-stop portal for alcohol and other drug information, links to resources, screening tools and support services and a community champions page.

Continue to support evidence-based initiatives and programs, including campaigns, that address the risks of alcohol, tobacco and other drugs use including risk use practices

Needle and Syringe Program

- The Tasmanian Needle and Syringe Program (NSP) is a public health initiative, consistent with the NDS and TDS harm minimisation framework, to minimise the spread of blood borne viruses such as HIV/AIDS and hepatitis B and C among injecting drug users and to the wider community. They provide a range of services that include provision of sterile injecting equipment, education on reducing drug use, health information, and referral to drug treatment, medical care and legal and social services. The injecting equipment provided includes needles and syringes, swabs, vials of sterile water and 'sharps bins' for the safe disposal of used needles and syringes.
- NSPs do not supply drugs or allow people to inject drugs on the premises. Governments provide sterile injecting equipment to prevent people sharing needles and syringes which can lead to the spread of HIV and hepatitis C.
- The NSP operates through and in a range of different service providers across the state, including:
    - community health services
    - community service organisations
    - neighborhood and community houses
    - Tasmanian aboriginal health services
    - regional hospitals
    - councils
    - youth organisations
    - pharmacies

Street Teams

- In 2015, the Salvation Army Tasmania has introduced the '*Street Teams'* initiative to the Hobart Salamanca area on Friday and Saturday nights from 10 pm to 3 am in 2015. It was expanded to the Launceston CBD in 2017 during major events. The teams provide practical assistance to people on the waterfront late at night and watch out for people's personal safety by providing a 'chill out safe space', assistance to reach a secure taxi rank or a safe ride home. This is a collaborative effort between The Salvation Army, Tasmania Police and the Cities of Hobart and Launceston. The 2015-16 trial of the Street Teams approach saw reductions in the number of public place assaults of 52.9 per cent in the Hobart waterfront district, compared to 24.5 per cent in the general Hobart area.
- Additional funding was provided to the Salvation Army Tasmania in 2019 for an expanded Street Teams program in the Hobart and Launceston CBDs on Friday and Saturday nights.

Continue to support, promote and monitor the timely and ongoing development and review of effective legislation and regulation in response to use of alcohol, tobacco and other drugs use

- The Tasmanian Government 2015-2016 budget allocated $1.3 million to the Director of Public Prosecutions to resource prosecutions of unexplained wealth investigations, in accordance with the *Crime (Confiscation of Profits) Act 1993*. An independent review of Part 9 of the *Crime (Confiscation of Profits) Act 1993* was commenced in 2014. The intention of Part 9 of the Act is:
    - to deter organised crime by targeting the 'profit' and removing the funds which would otherwise be available for use in further criminal activities;
    - to target people who organise and derive profit from crime and whose wealth exceeds the value of their lawful earnings but who may be difficult to prosecute and convict of specific crime or offences;
    - to provide for unexplained wealth declarations to be made without having to prove that the respondent has engaged in specific criminal activity or prove a link between the commission of a specific offence and the person's wealth;
    - to introduce non-conviction based civil forfeiture laws involving a presumption that respondents have not lawfully acquired their wealth unless they prove otherwise.
- The *Crime (Confiscation of Profits) Amendment Act 2018* was passed on 10 December 2018. It amends Part 9 of the Act. Part 9 of the Act provides for non-conviction based unexplained wealth forfeiture laws.
- Amendments to the *Misuse of Drugs Act 2001* in 2016 provided the Commissioner of Police with the statutory power to authorise the expemption of specific people from the operation of the Act in relation to their performance of particular duties in very limited and controlled circumstances. It confers on the Commissioner of Police a power to authorise police officers to possess and supply a controlled substance in very limited and controlled circumstances. This supports the (Australian) Enhanced National Intelligence Picture on Illicit Drugs, whereby the Commissioner of Police committed through a memorandum of understanding with the Australian Federal Police to supply the Australian Federal Police with samples of heroin, MDMA (ecstasy) and methamphetamine which have been confiscated in Tasmania, so that the samples can be forensically analysed.
- The *Poisons Act 1971* regulates the Tasmanian poppy industry along the whole supply chain, from cultivation through to manufacture and sale, overseen by the Poppy Advisory and Control Board (Board) and the Minister for Health. *The Poisons Amendment (Poppy Industry Reform) Act 2016* directly empowers the Board to issue grower licences, previously the responsibility of the Minister for Health. The regulation of narcotic drug manufacture, research and imports will remain the responsibility of the Minister for Health. This also clarifies the types of licence that can be issued to grow poppies - a poppy grower's licence and a poppy research licence. The amendments do not introduce any significant requirements on industry. Rather, they clarify existing statutory obligations.
- DPFEM progressed a suite of legislative reforms during 2017-18 aimed at combatting organised crime through increased control over the presence and identification of organised criminal groups.
    - In September 2017, the *Removal of Fortifications Act 2017* was introduced to provide for the removal, modification, or fortifications from premises used by organised crime in furtherance of criminal enterprises.
    - The *Police Offences Amendment (Prohibited Insignia) Act 2018* commenced 1 January 2019, to prevent members of certain organisations from wearing the insignia in public.
    - Amendments to the *Police Offences Amendment (Consorting) Act 2018* provide powers to prevent certain convicted offenders from associating with other identified convicted offenders.

- In December 2018, the *Road Safety (Alcohol and Drugs) Amendment Act* 2017 was introduced with amendments to improve the efficiency and effectiveness of Tasmania's drink- and drug-driving law enforcement. A significant new provision allows samples of oral fluid, instead of blood, to be taken from drivers for laboratory testing prior to a positive roadside screening test. This in turn reduces the need for drivers to be taken to hospital for a blood sample to be taken, significantly freeing both police and health resources.

Support programs and initiatives to reduce alcohol and other drugs related violence, including increasing support for frontline workers (eg Police, Ambulance Officers and Emergency Department personnel)

Strengthen the capacity of the primary health care system in the use of a range of evidence-based screening and brief interventions, to better respond to individuals, families and communities

- On 23 April 2016, the Tasmanian Government announced the introduction of a Controlled Access Scheme (CAS) to allow Tasmanian patients to access medical cannabis products under prescription from a medical specialist, in certain circumstances where treatment with conventional medication has been unsuccessful. This was made possible due to the federal government amendments to the *Narcotic Drugs Act 1967* and the decision of Therapeutic Goods Administration's (TGA) Scheduling Delegate, to down-schedule medical cannabis products from being listed as a Prohibited Substance in Schedule 9 to a Controlled Drug in Schedule 8.
- The State Government provided $3.75 million in the 2016-17 budget to support the implementation of the Tasmanian CAS. This will enable the comprehensive clinical assessment of patients with severe epilepsy who may be eligible for medical cannabis, due to being non-responsive to mainstream medications. It will mean that patients can be prescribed with unregistered medical cannabis products by an appropriately qualified, specialist doctor.
- The updated Fetal Alcohol Spectrum Disorder (FASD) Handbook for Health Professionals developed by the Drug Education Network was launched 7 September 2016.
- The Brief Intervention Scaffold project was designed to provide Tasmanian community services workers with the framing and tools to craft effective, evidence-based brief interventions. It supports the release in early 2019 of the Tasmanian Alcohol and Other Drug Brief Intervention Framework. The Drug Education Network also ran training in July 2019 to provide an understanding of brief interventions, techniques for use in work sites, and how to use brief interventions for alcohol, tobacco and other drugs issues.

Increase the range and availability of, and access to, appropriate services for individuals experiencing problematic drugs use including for individuals with diverse, complex and high needs

- The *Review of Drug Use and Service Responses in North West Tasmania* final report (NW Review) was released by the Minister for Health in November 2014. This review was requested by the Minister for Health and undertaken by the now Department of Health and the Alcohol and Drug Services (located within the Tasmanian Health Service) in response to concerns regarding the use of crystal methamphetamine on the North West. The recommendations of the review were intended to enhance the response to drug use issues (including crystal methamphetamine) not just in the North West, but across Tasmania
- The National Ice Taskforce ('Taskforce') was established in April 2015 to lead the development and implementation of a National Ice Action Strategy by the end of 2015. At the request of Cabinet, the IAWGD was tasked to lead implementation of the findings of the NW Review.
- In 2015 additional funding of $4.8 million over four years was provided to implement

recommendations from the *Review of Drug Use and Service Responses in North West Tasmania* final report (NW Review Report).

- A new 12 bed residential rehabilitation facility was established in the Ulverstone by the Salvation Army. It commenced operation on 1 March 2016 and was officially opened by the Minister for Health on 14 April 2016.
- In 2016-17 the Department of Health initiated an independent analysis of the current alcohol and other drugs treatment service system, which resulted in a suite of internal technical papers that will be used to inform the development of an alcohol and other drugs service system framework. The framework will be the new plan to guide the development, funding and delivery of alcohol and other drugs (AOD) services in Tasmania. Siggins Miller Consultants Pty Ltd who are specialists in the AOD area were engaged to undertake an independent analysis of the current AOD service system.
- The development of the alcohol and other drugs service system framework (Reform Agenda for the Alcohol and Drug Sector in Tasmania) has been informed largely by the work of Siggins Miller. An Advisory Group, Communications Working Group and Drafting Working Group were all convened in 2017-18 to inform this key project, which is being led by the Mental Health, Alcohol and Drug Directorate working closely with the Alcohol, Tobacco and other Drugs Council Tasmania, Primary Health Tasmania and the Tasmanian Health Service. The final Reform Agenda is expected to be completed in 2019.
- The work of Siggins Miller also identified the need for more residential rehabilitation beds in Tasmania. In the 2018 budget, additional funding of $6 million over three years which resulted in a mix of 30 additional residential rehabilitation beds including day programs and after-care services and 1 community-based non-medicated withdrawal management bed. This includes 10 additional beds in the North, 5 in the North West and 16 in the South. The funded organisations are working closely together to provide a statewide step-up step-down model for short- or longer-term residential rehabilitation, including aftercare and relapse prevention services for both in-patients and out-patients. They are also working closely with the state Alcohol and Drug Service Inpatient Withdrawal Management Unit on the Partnership in Alcohol and Other Drugs Residential Treatment (PART) Panel which provides a triage, referral and timely admission pathway for those seeking residential treatment.
- As part of the 2018 budget, the State Government also provided $870 000 over two years to the Australian Drug Foundation for the expanded Good Sports and Healthy Minds programs; $100 000 per annum for two years to Pathways Tasmania to include a residential rehabilitation program specifically for women; and $50 000 per annum for two years to the Holyoake Gottawanna program.
- The first live-in drug and alcohol facility in the Tasmania Prison Service was officially opened in July 2015. The Alcohol and Drug Treatment Unit, the Apsley Program, offers prisoners a live-in program for up to 10 participants which will address the biological, psychological and social triggers of an individual's addictive behaviour to help address drug and alcohol use.

Court Mandated Diversion Program (CMD)

- The CMD works with offenders whose risk of re-offending is addressed by treating their substance use issues in the community as an alternative to imprisonment. Program participants are required to attend frequent urinalysis testing, individual counselling sessions, group counselling, as well as weekly appointments with their allocated Court Diversion Officer. Sanctions such as short periods of imprisonment or community service work, may be imposed by the Court if an offender fails to comply with treatment or conditions of their Order. Offenders can be on the program for up to two years and can be sentenced in both the Magistrates and Supreme Courts.
- The program was originally funded by the Commonwealth and was capped at 80 places across the State. The 2017-2018 State Budget provided funds to increase the placement cap to 120 places.

- Court Diversion Officer work consists of case management plus the completion of assessments for suitability to join the program. Officers also provide regular progress reports to courts overseeing orders and participate in regular court reviews for each participant.
- The preferred maximum caseload including assessments is 10 offenders per Court Diversion Officer. Due to the lower workload involved with assessments, this number is sometimes exceeded when high numbers of assessments are requested. Current numbers are:

Region	**Orders**	**Assessment Requests**	**Total Caseload**	**Program Cap**
South	35	9	44	45
North	37	17	54	40
North West	22	9	31	35
TOTAL	94	35	**129**	**120**

As at 22 August 2019

- Changes to the *Sentencing Act 1997* to allow offenders who appear before the Supreme Court and whose offending is linked to illicit drug use to be eligible for CMD commenced in February 2017. These legislative amendments make more people eligible for the program and widen the pool of those who can be treated for illicit drug use.
- To 22 August 2019, 21 orders had been imposed by the Supreme Court around the State (7 in the south, 9 in the north and 5 in the northwest). Although these Orders are imposed in the Supreme Court, their ongoing review is undertaken in the Magistrates' Court.

Government funded treatment services

- A range of Government and non-Government specialist alcohol, tobacco and other drug treatment services are provided across Tasmania.
- Organisations and purpose of funding is summarised in the table below:

Organisation	**Purpose of funding**	**Location of services**
Advocacy Tasmania	Individual and systemic advocacy support	Statewide
Alcohol and Drug Foundation	Good Sports and Healthy Minds Programs Enhanced Good Sports	Statewide
Alcohol and Drug Services	Inpatient Withdrawal Management Opioid Pharmacotherapy Psychosocial support Consultation Liaison	Statewide
Alcohol, Tobacco and other Drugs Council Tasmania	Peak Body	Statewide
Anglicare	Family Support AOD services Care Coordination Needle and Syringe Program (NSP)	North and North West Break O'Day, East Coast Statewide North West and South
Circular Head Aboriginal Corporation	Tasmanian Early Intervention Program (TEIP) Illicit Drug Diversion (IDDI)	North West
Drug Education Network	Health Promotion	Statewide
Holyoake	Counselling TEIP & IDDI	South

Organisation	Purpose of funding	Location of services
Launceston City Mission	Case Management support (for residential rehabilitation) Residential Rehabilitation Places of Safety	North North & North West North and North West
Salvation Army	Residential Rehabilitation TEIP & IDDI Places of Safety NSP	South & North West North South North
The Link Youth Health Service	Youth alcohol and drug TEIP and IDDI NSP (secondary outlet)	South
Velocity Transformations	Case Management support (for residential rehabilitation) Residential Rehabilitation for Women	South
Youth, Family & Community Connections	Youth alcohol and drug TEIP & IDDI NSP	North West

Strengthen evidence-based awareness-raising, education initiatives and early interventions in a range of targeted settings, population groups and developmental transition points

- In June 2015 the ATDC launched the alcohol, tobacco and other drugs sector Implementation Plan that sets out a range of PPEI activities that can be undertaken by the sector. The ATDC developed the plan in consultation with the ATOD PPEI Implementation Group which consisted of key representatives from stakeholder organisations and interested parties within the alcohol, tobacco and other drug sector. The Drug Education Network (DEN) is identified as the lead agency to support the implementation of ATOD PPEI activities and reported annually to the IAWGD.
- Training sessions for responding to methamphetamine use were held in July 2015, commissioned by the ATDC. 252 people attended from across the alcohol and other drug (AOD), health, housing/homelessness, welfare, mental health, police, justice and education sectors.
- Jointly funded by the state Alcohol and Drug Services and the ATDC, a 4-day CBT Masterclass was provided by 360edge to 40 staff from across the government and non-government AOD sector in Tasmania, and as a requested follow-up to Methamphetamine specific training provided in 2015.
- In addition, funding of $119 000 was provided to the Alcohol and Drug Foundation (ADF) (previously Australian Drug Foundation) jointly by DHHS and Community Sport and Recreation to deliver the Good Sports Tackle the Issues initiative in Tasmania for the period October 2015 to September 2016.
- The ADF Good Sports Tasmania worked with Bowls Australia, Bowls North, AFL Tasmania, Sorell Council and the Northern Tasmania Football Association to deliver five (5) Tackling Illegal Drugs forums across the state.
- 35 sporting clubs are implementing Illegal Drugs Policies including the Northern Tasmanian Football League, which is the first association in Tasmania to fully embrace the policy implementation process and mandate that all member clubs must have an up-to-date illegal drugs policy.
- Changes in funding in Tasmania will see the Tackling Illegal Drugs program being integrated into the overall enhanced Good Sports range of programs, which over time will help increase club skills and preparedness to deal with illegal drugs as well as alcohol and tobacco and healthy eating
- Good Sports Enhanced Community Clubs Program in Tasmania started in 2018-19. It expanded the existing Good Sports, Health Minds and Tackling Illegal Drugs and includes new Good Sports Junior;

Good Sports Healthy Eating; and Healthy Sports Grants. Good Sports Junior encourages sporting clubs to adopt practices aimed at removing alcohol and tobacco from junior sports, improving spectator behaviour and encouraging healthy food options. Good Sports Healthy Eating advises and influences clubs to promote healthy eating amongst club membership, spectators and players by providing healthy food alternatives at the club canteen, BBQ or at fundraising events.

- The Healthy Sports Grants program has established a primary prevention direct funding program for clubs in Tasmania to improve the health of members by providing access to education, resources and equipment.

Illicit Drug Diversion Initiative (IDDI)

- The Tasmania Police Illicit Drug Diversion Initiative (IDDI) is a health-based diversion program which targets adult minor drug offenders. A Drug Caution/Diversion Notice may be issued at the discretion of a police officer for low level and/or first-time users of cannabis, and other illicit drugs. Diversions are referred to Alcohol and Drug Services (ADS) for provision of assessment, brief intervention or treatment. Drug diversion aims to connect drug users with health providers to improve health outcomes and prevent continuing substance users.
- The number of drug diversions issued during the reporting period continued to decline. A review by Tasmania Police of the program commenced in 2018 in response to the recommendation 31 of the *National Ice Action Strategy* to 'Conduct a national review of drug diversionary programs to inform best practice approaches and options for improving and expanding existing arrangements.' Consideration of the first comprehensive research and analysis of the Australian criminal justice responses relating to personal use and possession of illicit drugs, and the reach of Australian drug diversion programs (http://doi.org/10.26190/5cca661ce09ce) ((Hughes et al, 2019) will be considered prior to the commencement of implementation planning.

Number of drug diversions issued under the Tasmania Police Illicit Drug Diversion Initiative (IDDI)

	1st Level Caution	2nd Level Diversion	3rd Level Diversion	Total
2013-14	475	127	103	705
2014-15	427	132	114	673
2015-16	448	110	114	672
2016-17	396	98	112	606
2017-18	419	84	123	626
2018-19	341	71	126	538

Source: Drug Offence Reporting System (DORS), Tasmania Police

Appendix 1

Tasmanian alcohol, tobacco and other drugs use data

2016 National Drug Strategy Household Survey

The Australian Institute of Health and Welfare (AIHW) 2016 National Drug Strategy Household Survey (NDSHS) (AIHW, 2017) was the most recent for which data is available. The next in the triennial surveys was conducted in 2019, however data will not be available until 2020. Self-reported alcohol, tobacco and other drug use data for 2016 for Tasmania showed:

- 16.0 per cent smoked daily, 41 per cent exceeded the single occasion risk guidelines for alcohol consumption[1] (up from 30 per cent in 2013) and 17.4 per cent reported recent use of any illicit drug (up from 15.1 per cent in 2013), and higher than the national average of 15.6 per cent.
- Tasmania reported the least improvement between 2001 and 2016 of daily smokers (from 21.4 per cent to 16.9 per cent). This was the second highest smoking rate after the Northern Territory (17.2 per cent).
- Tasmania had the highest proportion of all states and territories of people in their 20's (20 per cent), 30's (21.4 per cent) and 40's (21 per cent) who smoked daily.
- Daily drinking status in Tasmania for those aged 14 years and over was reported by 5.6 per cent, and weekly drinking at 37.1 per cent, compared to the national averages of 5.9 per cent and 35.8 per cent respectively.
- The rate of single occasion risky drinking (more than 4 standard drinks at least once a week) was 14.4 per cent (down slightly from 16.1 per cent in 2016).
- Use of any illicit drug[2] increased in Tasmania from 12.0 per cent in 2010 and 15.1 per cent in 2013 to 17.4 per cent in 2016. This is now higher than the national average of 15.6 per cent, and the second highest of all states and territories after the Northern Territory (21.6 per cent).
- Cannabis at 12.4 per cent is the illicit drug most commonly used, followed by any pharmaceuticals (excluding OTC[3]) at 5.6 per cent. Of the pharmaceuticals, pain-killers/analgesics and opioids (excluding OTC) for non-medical purposes were the most commonly reported at 3.3 per cent, followed by tranquillisers/sleeping pills at 2.9 per cent.
- The table below summarises self-reported tobacco, alcohol and illicit drug use for Tasmania from the 2016 NDSHS, by Statistical Area Level.

SAL	Smoking status: Daily	Smoking status: Ex-smoker[c]	Smoking status: Never smoked[d]	Alcohol risk: Abstainer /ex-drinkers[e]	Alcohol risk: Lifetime risk: Low risk[f]	Alcohol risk: Lifetime risk: Risky[g]	Alcohol risk: Single occasion: Low risk[h]	Alcohol risk: Single occasion: At least yearly but not monthly[i]	Alcohol risk: Single occasion: At least monthly[j]	Illicit drug use: Recent illicit[k]
Hobart (601)	11.7	25.1	58.8	15.5	64.2	20.3	39.3	18.0	27.2	19.2
L'ton and North East	17.2	29.7	51.1	24.3	61.6	14.1	38.8	8.9	27.9	13.9

[1] On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. This report mainly presents the proportion of people exceeding the single occasion risk guidelines once a month or more often (at least monthly).

[2] Used at least 1 of 16 illicit drugs in 2016, noting the number and type of illicit drug used varied between 2010 and 2016.

[3] OTC refers to paracetamol, aspirin and other non-opioid over-the-counter (OTC) pain killers/analgesics.

SAL	Smoking status: Daily	Smoking status: Ex-smoker[c]	Smoking status: Never smoked[d]	Alcohol risk: Abstainer /ex-drinkers[e]	Alcohol risk: Lifetime risk: Low risk[f]	Alcohol risk: Lifetime risk: Risky[g]	Alcohol risk: Single occasion: Low risk[h]	Alcohol risk: Single occasion: At least yearly but not monthly[i]	Alcohol risk: Single occasion: At least monthly[j]	Illicit drug use: Recent illicit[k]
(602)										
West and North West (604)	20.4	22.8	55.7	17.3	66.5	16.2	44.2	13.1	25.3	17.3

(c) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life and reported no longer smoking.
(d) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.
(e) Not consumed alcohol in the previous 12 months.
(f) On average, had no more than 2 standard drinks per day.
(g) On average, had more than 2 standard drinks per day.
(h) Never had more than 4 standard drinks on any occasion.
(i) Had more than 4 standard drinks at least once a year but not as often as monthly.
(j) Had more than 4 standard drinks at least once a month but not as often as weekly.
(k) Used at least 1 of 16 illicit drugs in 2016.

AIHW Australian Drug Trends Update 2019

The AIHW Australian Drug Trends Update 2019 (AIHW, 2019a) showed that the lifetime risk status of people aged 14 and above in Tasmania was 64.5 per cent of Tasmanians at low risk (on average, no more than 2 standard drinks per day) and 18.6 per cent at risky levels (on average, more than 2 standard drinks per day).

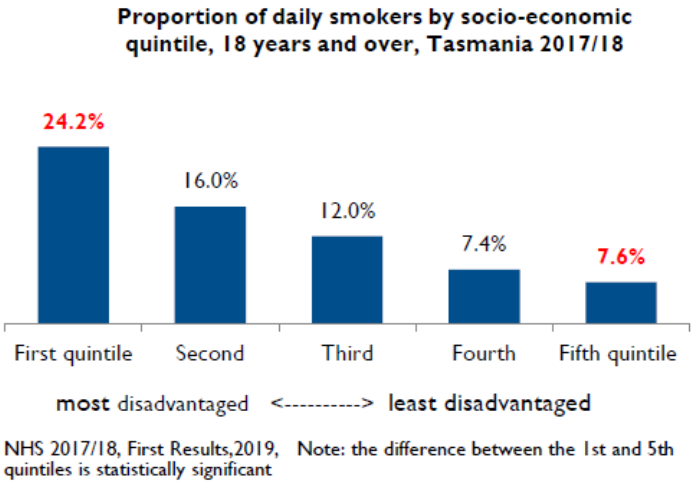
National Health Survey 2017-18 First Results

The National Health Survey 2017-18 First Results (ABS, 2019) is the most recent in a series of Australia-wide health surveys conducted by the Australian Bureau of Statistics. The survey was designed to collect a range of information about the health of Australians, including:

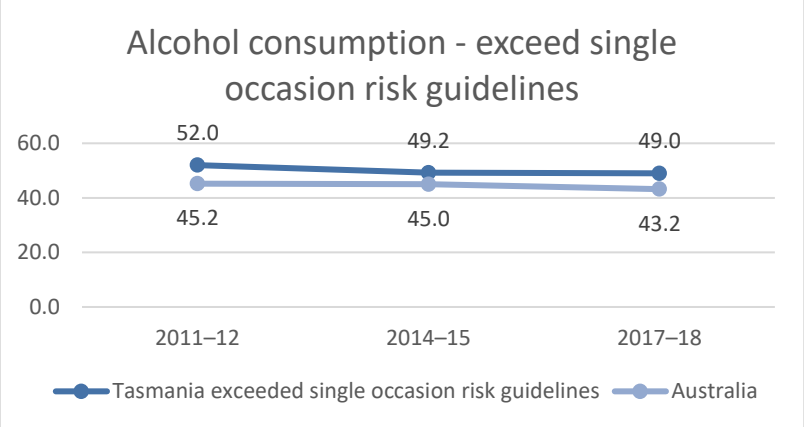
- prevalence of long-term health conditions;
- health risk factors such as smoking, overweight and obesity, alcohol consumption and physical activity; and
- demographic and socioeconomic characteristics.

Age standardised first results for 2017-18 for Tasmania show:

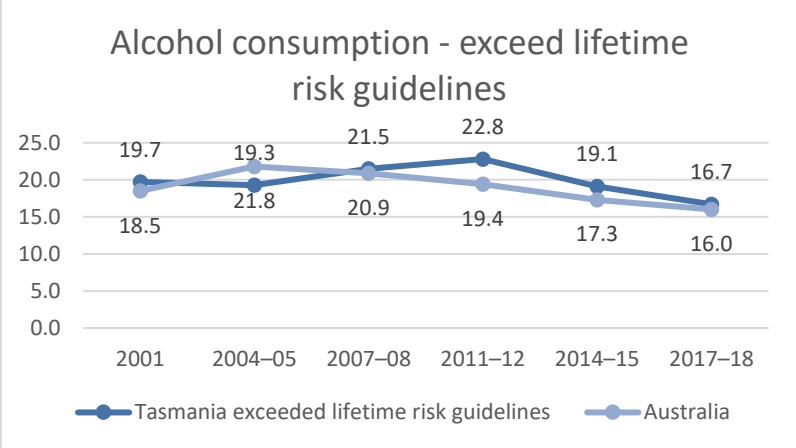
- Tasmania still has the second highest rate of current smokers (behind the Northern Territory) at 17.6 per cent and statistically significantly higher than the Australian rate of 15.5 per cent.
- Tasmania experienced the second highest decline in daily smokers (behind Western Australia) with a shift from 19.3 to 17.4 per cent between 2014-15 and 2017-18, a decline of -1.9 per cent.
- By gender, trend data shows a gradual decline in smoking by both adult men and women over the last fifteen years. The gap in smoking rates between men (19.3 per cent) and women (15.7 per cent) of 3.6 per cent in 2017-18 is the smallest it has been for the last ten years.
- By age among adults, the decline in prevalence of current smokers from 2014-15 to 2017-18 in was greatest among 35 to 44 year-olds (6.5 per cent, from 28.7 per cent to 21.8 per cent) and 25 to 34 year-olds (3.8 per cent, from 23.8 per cent to 20.0 per cent).
- Of all Tasmanians aged 18 years and over who live in the most disadvantaged geographic areas (quintile 1) about one in four (24.2 per cent) are *daily smokers*. Of those who reside in the least disadvantaged area (quintile 5) about one in thirteen (7.6 per cent) are daily smokers. The difference between the proportions of smokers in these two quintiles is statistically significant.



- Around two in 5 Tasmanian adults aged 18 and over (49 per cent) consumed more than four standard drinks on one occasion, exceeding the single occasion risk guideline. This was just over the 43.2 per cent Australia-wide.



- One in six (16.7 per cent) consumed more than two standard drinks per day on average, exceeding the lifetime risk guideline, compared to 16 per cent nationally.

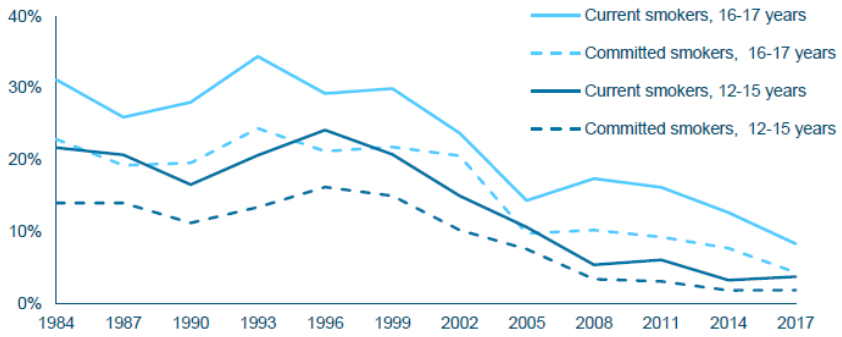


Australian School Students Alcohol and Drug Survey (ASSAD) 2017

The 2017 ASSAD for Tasmania (Guerin & Gascoyne, 2019) on the use of tobacco, alcohol, over-the-counter drugs (for non-medicinal purposes), and other licit and illicit substances, among school students aged 12 to 17 years in Tasmania was the 12th in a series that began in 1984.

In 2017, 2,225 Tasmanian secondary students aged between 12 and 17 participated in the survey. Students were asked about their current and lifetime use of tobacco, alcohol, analgesics, tranquilisers, and other substances, and their behaviour related to the use of these substances. Snapshot findings:

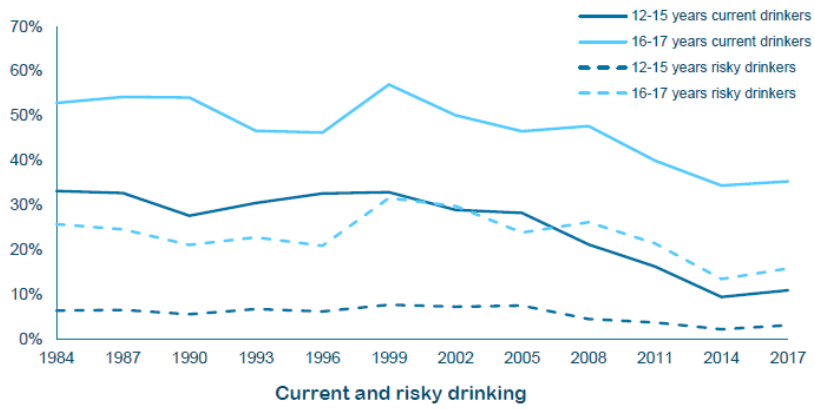
- Across all ages the most commonly used substances were those that were legally available, even if only to adults (i.e., alcohol, and tobacco)
    - analgesics[4] were the most widely used substance
    - alcohol use was common at all ages, and use increased with age
    - smoking was the next most common use of a substance legally and was also higher with age
- Use of illicit substances other than cannabis was rare among all students. Around 17 per cent of students had ever used an illicit drug (including cannabis). Excluding cannabis, 6 per cent of students had ever used an illicit drug.
- 78 per cent had never smoked. 9 per cent had smoked in the past month, down from 12 per cent in 2011. 5 per cent had smoked in the past week, down from 9 per cent in 2011. Current smokers were 8 per cent, down from 16 per cent in 2011. The decline in smoking in the 16-17 age group is slower, as indicated below.



Current and committed smoking

- 13 per cent had every used an electronic cigarette (vaped, used e-cigarette) and 4 per cent reported vaping in the past month.
- Fewer students drank alcohol in the past month than in 2011. In the older age group (16-17) this was down from 64 to 59 per cent, and for the young group (12-15) from 29 to 20 per cent.
- 74 per cent had ever drank alcohol; 1 in 6 drank at risky levels[5]; and around 1 in 5 had drank in the past week. 57 per cent obtained their alcohol from parents. Premixed spirits were the type of alcohol most often drank (57 per cent).

[4] Painkillers/analgesics such as 'Disprin', 'Panadol' or 'Nurofen'
[5] Had consumed five or more alcoholic drinks on any day in the past week



Current and risky drinking

- Drinking with the intention to get drunk was slightly more common at older ages (16-17), with 37 per cent intending to get drunk most times they drank, compared to 21 per cent of the younger current drinkers (12-15). Older students were more likely to experience at least one negative outcome, and female students were more likely to experience at least one negative outcomes:
    - 42 per cent had vomited
    - 1 in 5 had an argument, with this more likely among female students
    - Around 1 in 10 verbally abused someone after drinking alcohol
- There were few changes in use of over-the-counter or illicit drugs:
    - Around 94 per cent had ever used an analgesic, mainly for headache or migraine pain, similar to 2011 and 2014.
    - Around 1 in 5 had ever used a tranquiliser[6] for non-medical reasons, again similar to 2011 and 2014.
    - 19 per cent had ever used cannabis with 5 per cent using in the past week, again similar to 2011 and 2014. This is slightly higher than the general population as reported in the National Drug Strategy Household Survey.
    - Use of MDMA (ecstasy) in 2017 at 4 per cent was also similar to 2011 and 2014.
    - 18 per cent had ever deliberately sniffed inhalants[7], with most recent use peaking among 14 year old's. Again there was no significant changes from 2011 or 2014.
    - Use of methamphetamine and dexamphetamine were considered separately for the first time in 2017, so comparisons or trends cannot be made. Most students (99 per cent) had never tried either.

The Council of Obstetric and Paediatric Mortality and Morbidity (Department of Health 2018) Annual Report 2016

- The proportion of Tasmanian women who smoked while pregnant was reported by 12.8 per cent of all mothers and 34.7 per cent of teenage mothers.
- 1.4 per cent of women who reported smoking during the first 20 weeks of pregnancy did not report smoking during the last 20 weeks.

[6] Sleeping tablets, tranquilisers, sedatives or benzodiazepines, such as valium, mogadon, diazepam, temazepam (mazzies, vallies, moggies, jellies), serepax (serries) or rohypnol (rohies, barbs), for non-medical reasons
[7] Deliberately sniffed (inhaled) from spray cans or sniffed things like glue, paint, petrol or thinners in order to get high or for the way it makes you feel

Proportion of smoking in Tasmania by maternal age and election status 1982 and 2012-2016

Year	Age							Election status	
	Overall	Less than 20	21-25	26-30	30 over				
1982[(a)]	35.3	55.2	46.0	30.2	21.2				
	Overall	Less than 20	20-24	25-29	30-34	35-39	40 and over	Public	Private
2012	16.3	35.6	26.9	15.9	10.2	9.0	12.2	21.4	3.0
2013	15.1	33.4	26.1	14.5	8.8	8.6	10.0	19.8	2.6
2014	14.3	35.0	24.0	13.2	9.1	8.4	10.7	18.7	3.5
2015	12.9	33.6	20.5	13.2	8.2	8.2	6.4	16.8	2.7
2016	**12.8**	**34.7**	**23.4**	**11.7**	**11.7**	**8.3**	**7.0**	**16.6**	**1.9**

(a) Obstetric and Neonatal Report – Tasmania 1982

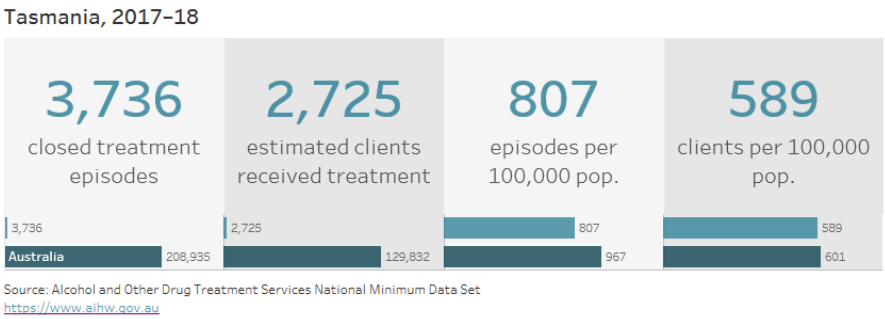
- 4.0 per cent of mothers reported that they had consumed alcohol[8] during pregnancy, almost half the rate for 2015 (7.6 per cent), with the rate being the greatest for older mothers aged 40 years and over (7.0 per cent), similar to previous years.
- Of particular note is the significant reduction in maternal alcohol consumption amongst women aged 35-39 years, with the rate halving from 10.0 per cent in 2015 to 5.0 percent in 2016.

Proportion of alcohol consumption in Tasmania by maternal age and election status 2012-2016

Year	Age							Election status	
	Overall	Less than 20	20-24	25-29	30-34	35-39	40 and over	Public	Private
2012	9.1	7.2	8.6	8.2	9.4	11.9	8.1	10.8	4.8
2013	6.4	4.0	5.8	5.8	6.7	8.6	5.7	7.4	3.6
2014	6.5	3.7	4.7	5.7	7.5	9.2	7.9	6.6	6.3
2015	7.6	6.5	6.4	6.4	8.2	10.0	9.6	6.8	10.0
2016	**4.0**	**2.8**	**3.6**	**3.5**	**4.0**	**5.0**	**7.0**	**5.0**	**1.0**

Alcohol and other drug treatment services in Australia 2017-18

The Australian Institute of Health and Welfare (AIHW, 2019b) report Alcohol and other drug treatment services in Australia 2017-18 reports against a nationally agreed set of common data items collected by government funded service providers of clients of alcohol and other drug treatment services. It contains information on all treatment episodes provided by in-scope agencies where the episode was closed in the relevant financial year. For Tasmania:



Source: Alcohol and Other Drug Treatment Services National Minimum Data Set
https://www.aihw.gov.au

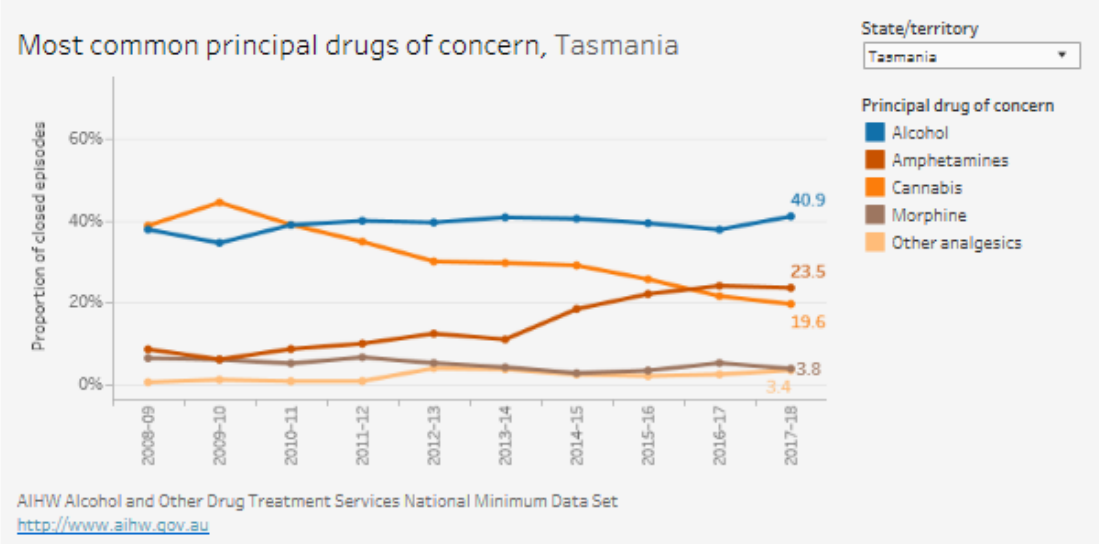
[8] Alcohol is a teratogen that can have deleterious effects on fetal development and birth outcomes. Exposure of the fetus to alcohol may result in a spectrum of adverse effects known as *Fetal Alcohol Spectrum Disorders* (FASD).

Of the 2,725 total clients who received treatment in 2017–18:

- 11.5 per cent identified as Indigenous (compared to 4.6 per cent of the Tasmanian population[9] identifying as Indigenous)
- 62 per cent (1,699) received treatment in 2017–18 only
- 9 per cent (250) received treatment in both 2016–17 and 2017–18
- 4.1 per cent (111) received treatment in each year from 2015–16 to 2017–18
- 2.3 per cent (63) received treatment in each year from 2014–15 to 2017–18
- 1.2 per cent (32) received treatment in all years, from 2013–14 to 2017–18
- alcohol was the most common principal drug of concern for clients in Tasmania (41 per cent of episodes)
- amphetamines as a principal drug of concern accounted for just under one-quarter of episodes (24 per cent), followed by cannabis (20 per cent), and morphine (3.8 per cent).
- counselling as the most common main treatment in Tasmania (44 per cent of episodes), followed by assessment only (23 per cent), and rehabilitation (21 per cent).
- where an additional treatment was provided as a supplementary to the main treatment, counselling (7 per cent) was the most common type of additional treatment, followed by other (2 per cent).

Over the period 2013–14 to 2017–18:

- counselling remained the most common main treatment, despite the proportion of closed episodes dropping from 62 per cent in 2013–14 to 44 per cent in 2017–18
- assessment only increased from 18 per cent in 2013–14 to 32 per cent in 2014–15, but has decreased over the past three years to 23 per cent in 2017–18
- rehabilitation increased, climbing from 5 per cent in 2013–14 to 21 per cent in 2017–18, the proportion of episodes for rehabilitation is higher in Tasmania than the national rate.
- The figure below shows only slight changes to the principal drug of concern in Tasmania over the last nine (9) years.



[9] Based on the 2016 ABS Census

National Opioid Pharmacotherapy Statistics Annual Data Collection (NOPSAD)

The NOPSAD snapshots a day in June 2018 and provides information on clients receiving opioid pharmacotherapy treatment, the doctors prescribing opioid pharmacotherapy drugs and the dosing points (primarily community pharmacies) that clients attend to receive their medication.

Dependence on opioid drugs which included illicit opioids (predominantly heroin) and prescription opioids (whether prescribed for the person or obtained illicitly) such as morphine and oxycodone, is associated with a range of health and social problems.

Opioid pharmacotherapy treatment is one of the main treatment types used for opioid drug dependence and involves replacing the opioid drug of dependence with a legally obtained longer-lasting opioid that is taken orally or sublingually depending on the drug involved.

Broadly the 2018 NOPSAD report shows:

- Tasmania had 689 clients statewide receiving pharmacotherapy treatment on the snapshot day in June 2018, or 1.4 per cent of all clients nationwide, with a median age of 41 years. The number of clients has reduced since 2017 where there were 748 clients receiving treatment in Tasmania.
- As with previous years, methadone was the most common pharmacotherapy drug, with around two-thirds (62 per cent) of clients treated with this drug. This was slightly lower in Tasmania with 45 per cent being treated with methadone, 43 per cent with buprenorphine-naloxone and 12 per cent with buprenorphine.
- Tasmania has a high proportion of public prescribers (27 per cent) which is consistent with the national trend, also 27 per cent.
- In Tasmania there were 36 authorised prescribers, 22 of which work in the private sector.
- In Tasmania 6.4 per cent of clients identified as Indigenous. The Alcohol and Drug Services works in active partnership with the Tasmanian Aboriginal Health Services in Hobart to address this issue.

Australian Criminal Intelligence Commission National Wastewater Drug Monitoring Program

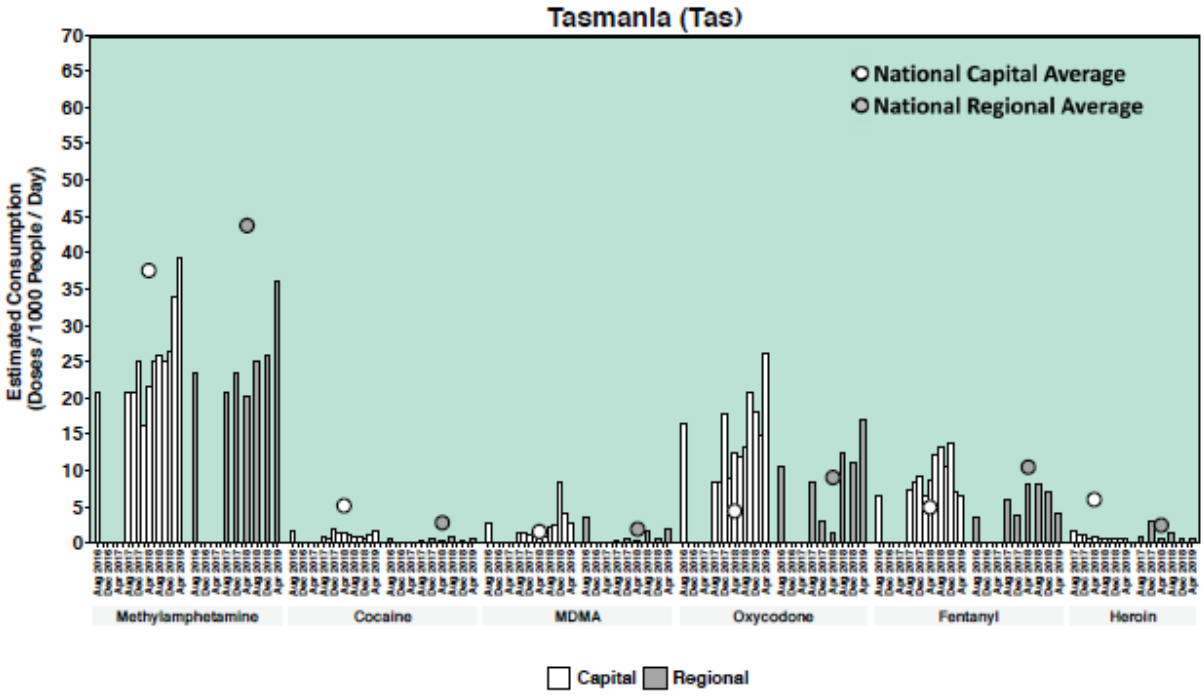
The Australian Criminal Intelligence Commission (ACIC) National Wastewater Drug Monitoring Program (NWDMP) arose from the National Ice Action Strategy. The project commenced in 2017, and funding was recently announced for a further four years analysis. It monitors national consumption of selected substances of concern, with a specific focus on thirteen licit and illicit drugs, including nicotine, alcohol, oxycodone and fentanyl, crystal methamphetamine ('Ice'), cocaine, MDMA (ecstasy), MDA, cannabis and heroin. The most recent report was released in October 2019 of sampling taken in February 2019.

The Reports (ACIC, 2019a) include sampling from five Tasmanian sites – three Hobart sites (C) and two regional sites (R). Sites are not named in order to maintain confidentiality and avoid stigmatising any particular area. The most recent report shows for Tasmania:

- Tasmanian nicotine consumption in capital and regional sites are above the national averages, but lower than Northern Territory city and regional sites and Queensland regional sites.
- For alcohol, the capital city rate is well above the national average, but the Tasmanian regional sites have dropped since the last report compared to the regional average rate. ACIC has noted no weekend sampling in Tasmanian may cause underestimation.
- Cannabis has been included since August 2018. A typical dose of cannabis is not well defined so is reported as mg THC (the psychoactive component of the cannabis plant) per 1 000 people per day. Tasmania reports the highest rates for capital city sites, although this has remained steady for the last

three reports. Regional rates in Tasmania have dropped significantly and are now the second lowest behind South Australian regional sites.

- The figure below shows the drug consumption profile for Tasmania for methylamphetamine, cocaine, MDMA (ecstasy), oxycodone, fentanyl and heroin as number of doses per 1 000 people per day. The circles represent the cumulative average across all time points for the respective drugs.



- Methylamphetamine (including 'ice') continues to be the most consumed illicit drug tested in Australia. While the rates in Tasmania have historically been low, there has been a steady increase in both capital city and regional consumption since the April 2018 Report. The regional consumption remains below the national average of approximately 38 doses per 1 000 people per day, but the capital city site measure has gone above this for the first time, with a rate of approximately 40 doses per 1000 people per day.
- Tasmania had the highest estimated average capital city consumption of oxycodone, at around 26 doses per 1 000 people per day, compared to the national average for capital city sites of 4.5 doses per 1 000 people per day. This was significantly higher than previous reports.
- Tasmania's estimated average capital city consumption of fentanyl whilst still marginally higher than the capitals average has dropped significantly over the last two reports.

Australia's Annual Overdose Report 2019

The Penington Institute's Australia's Annual Overdose Report 2019 (Penington Institute 2019) show that unintentional drug-overdose deaths significantly increased across Australia between 2001 and 2017. The 2019 report profiles drug-induced[10] overdose deaths trends in Australia based on Australian Bureau of Statistics (ABS) sourced coronial data and focuses primarily on comparing unintentional drug-induced deaths between two five-year periods (2003-2007 and 2013-2017).

[10] Unintentional drug-induced deaths include drug overdoses, wrong drugs given or taken in error, and accidental poisoning due to drugs. Drug-induced deaths deemed homicidal, suicidal or of undetermined intent are not included in unintentional drug-induced deaths.

- Tasmania experienced a much lower percentage increase in unintentional drug-induced deaths compared with the rest of Australia. Between the periods of 2003-2007 and 2013-2017, the per capita increase in rate of deaths per capita in Tasmania for opioid-related unintentional deaths was 10 per cent whilst the national percentage increase was 150 per cent; and the rate of deaths per capita in Tasmania for benzodiazepines-related unintentional deaths did not significantly change whilst the national percentage increase was 150 per cent.

Unintentional Drug-Induced Deaths: All Drug Groups Included in Report

Drug Group	Australia (n) 2003-2007	Australia (n) 2013-2017	Tasmania (n) 2003-2007	Tasmania (n) 2013-2017	Increase per capita (%) Australia	Increase per capita (%) Tasmania
Benzodiazepines	858	2466	47	49	150	0
Pharmaceutical Opioids	864	2521	32	37	150	10
Stimulants (including MDMA, 'ice')	325	1583	9	23	320	140
Other Pharmaceuticals	144	790	9	18	370	90
Heroin	573	1429	1	2	120	np
TOTAL	**2764**	**8789**	**98**	**129**		

Note: np (not published) means that a value could not be calculated due to the small number of deaths.

- Overall, Tasmania's unintentional and total drug-induced deaths by PHN (601) by number and rate per 100 000 population from 2011.

	2011 no.	2012 no.	2013 no.	2014 no.	2015 no.	2016 no.	2017 no.	2011-2015 rate per 100 000	2016-17 rate per 100 000
Unintentional drug-induced deaths	36	28	27	37	31	48	30	5.9	7.3
Total drug-induced deaths	47	42	46	54	49	71	54	8.8	11.4

- However, the Tasmanian rate of opioid dispensing in 2016-17 at 76 353 per 100 000 population was the highest of all Australian states and territories and well above the Australian average of 58 595 per 100 000 population. The age standardised rate of defined daily doses of opioid medicines in Tasmania was 25.48 per 1 000 population per day, also the highest of all states and territories and well above the National rate of 15.39 per 1 000 population per day (ACSQHC, 2019).

Emergency department and hospitals data

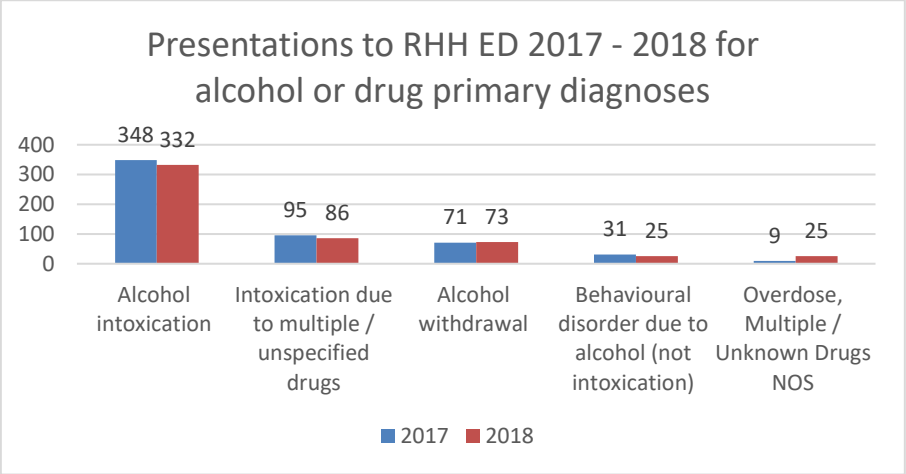
- Estimating the true number of Emergency Department (ED) presentations secondary to alcohol or drugs related harm is challenging because presentations are not always coded as being alcohol or drug related. Using a 'primary diagnosis' only, it is estimated that 0.5 per cent of all ED presentations in Tasmania are alcohol related. National studies in which more detailed assessment occurs reveal that approximately 8.3 per cent overall and 12 per cent at peak times of ED presentations are alcohol related (Australian College for Emergency Medicine, 2016 and Egerton-Warburton D, et al 2014).

- Primary diagnosis for alcohol or drug presentations to the Emergency Department, Royal Hobart Hospital for the period 2017 to March 2019:

RHH Diagnosis Code	Diagnosis Category	2017	2018	2019*	per cent Change 2017 to 2018
F10.0	Alcohol intoxication	348	332	69	-4.60 per cent
F19.0	Intoxication due to multiple / unspecified drugs	95	86	25	-9.47 per cent

RHH Diagnosis Code	Diagnosis Category	2017	2018	2019*	per cent Change 2017 to 2018
F10.3	Alcohol withdrawal	71	73	13	2.82 per cent
F10.9	Behavioural disorder due to alcohol (not intoxication)	31	25	7	-19.35 per cent
T50.9	Overdose, Multiple / Unknown Drugs NOS	9	25	8	177.78 per cent

** 2019 data only for period January to March 2019*



- Alcohol attributable deaths and hospitalisations are derived by applying aetiologic fractions (the probability that a particular death or illness is associated with alcohol consumption) to population level mortality and morbidity data. Rates of hospitalisation are significantly higher for males than females in Tasmania, although the gap appears to have narrowed over the last decade, with rates for females increasing at 3 per cent per year while rates for males have remained fairly stable. In 2014-15 there were an estimated 5 210 hospitalisations in Tasmania (2 797 men and 2 413 women) attributable to alcohol (Department of Health and Human Services, 2016).

The Department of Police, Fire and Emergency Management

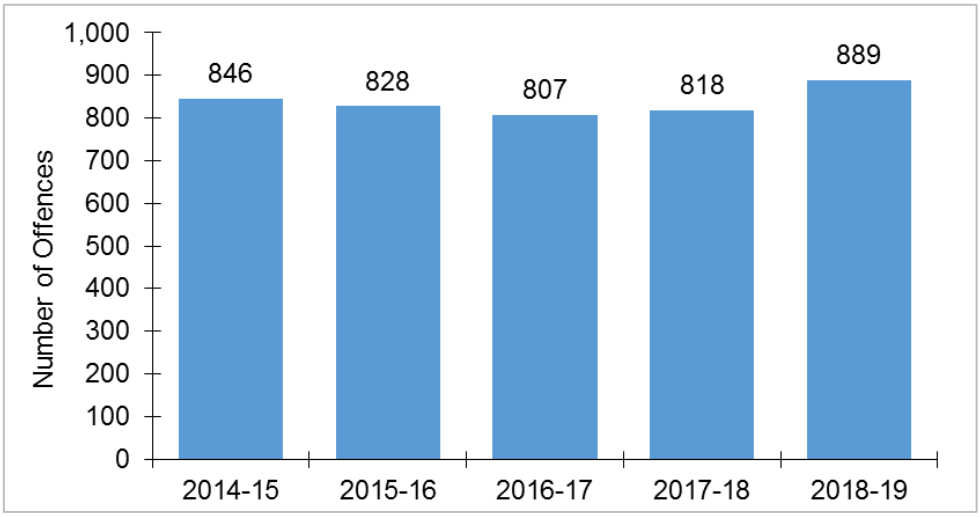
- In 2018-19, Tasmania Police recorded 351 serious drug offenders. This represents a 29 percent decrease on the previous year's figure. Tasmania Police also recorded 2,612 non-serious drug offenders, with 2,729 total drug offenders recorded in 2018-19.
- Tasmania Police conducted 438,322 random breath tests in 2018-19, a decrease from the 478,219 conducted in 2017-18. In 2018-19, 1,905 drivers were charged with exceeding the prescribed alcohol limit or driving under the influence of intoxicating liquor, compared with 2,173 in 2017-18. There were 98 drivers charged with refusing to provide a breath or blood sample for analysis.
- Tasmania Police conducts oral fluid testing to detect the presence of prescribed drugs in drivers. In 2018-19, 4,518 targeted tests were conducted, an increase from 3,936 the previous year. A total 2,430 drivers were subsequently charged with driving while a prescribed illicit drug was present in blood, an increase from 2,213 charged in 2017-18.

***Government Services Budget Paper* - Performance Measure**[i]	**Unit of Measure**	**2015-16 Actual**	**2016-17 Actual**	**2017-18 Actual**	**2018-19 Target**	**2018-19 Actual**
Random breath	Number	469,610	505,445	478,219	440,000	438,322

***Government Services Budget Paper* - Performance Measure**	**Unit of Measure**	**2015-16 Actual**	**2016-17 Actual**	**2017-18 Actual**	**2018-19 Target**	**2018-19 Actual**
tests conducted						
Number of drink driving offenders	Number	2,400	2,296	2,173	2,550	1,905
Oral fluid tests conducted	Number	3,738	3,726	3,936	3,250	4,518
Number of drug driving offenders	Number	2,021	2,158	2,213	1,700	2,430

Source: 2018-19 Department of Police, Fire and Emergency Management Annual Report

- Public place assaults statewide increased by nine percent in 2018-19, following a one percent increase the previous year. The increase in public place assaults this year followed a period of minimal variation in the previous several years.



Source: Tasmania Police Offence Reporting System, Tasmania Police

The table below shows the total number of drug offenders by drug-type for 2018-19.

DRUG OFFENDER CATEGORIES*

CATEGORY		SOUTH		NORTH		WEST		STATE	
		LAST YTD	CURRENT YTD	LAST YTD	CURRENT YTD	LAST YTD	CURRENT YTD	LAST YTD	CURRENT YTD
SERIOUS DRUG OFFENDERS	CANNABIS/derivatives	90	81	110	48	135	81	335	210
	METHYLAMPHETAMINE	50	47	32	29	57	54	139	130
	AMPHETAMINES/derivatives	7	3	0	1	5	6	12	10
	ECSTASY	17	21	16	11	7	5	40	37
	NARCOTICS/derivatives	5	5	1	7	2	10	8	22
	STEROID	0	0	0	1	0	0	0	1
	OTHER	15	11	1	2	7	1	23	14
	TOTAL	163	147	157	87	177	115	497	352
	TOTAL INDICTABLE	46	44	28	34	13	21	87	99
OTHER DRUG OFFENDERS	CANNABIS/derivatives	746	682	502	417	589	508	1,837	1,607
	METHYLAMPHETAMINE	231	295	133	163	165	216	529	674
	AMPHETAMINES/derivatives	43	36	9	11	27	30	79	77
	ECSTASY	52	79	31	43	17	25	100	147
	NARCOTICS/derivatives	28	28	16	24	25	23	69	75
	STEROID	1	6	4	6	3	4	8	16
	OTHER	84	92	31	25	35	33	150	150
	TOTAL	1,166	1,189	704	636	810	766	2,697	2,613

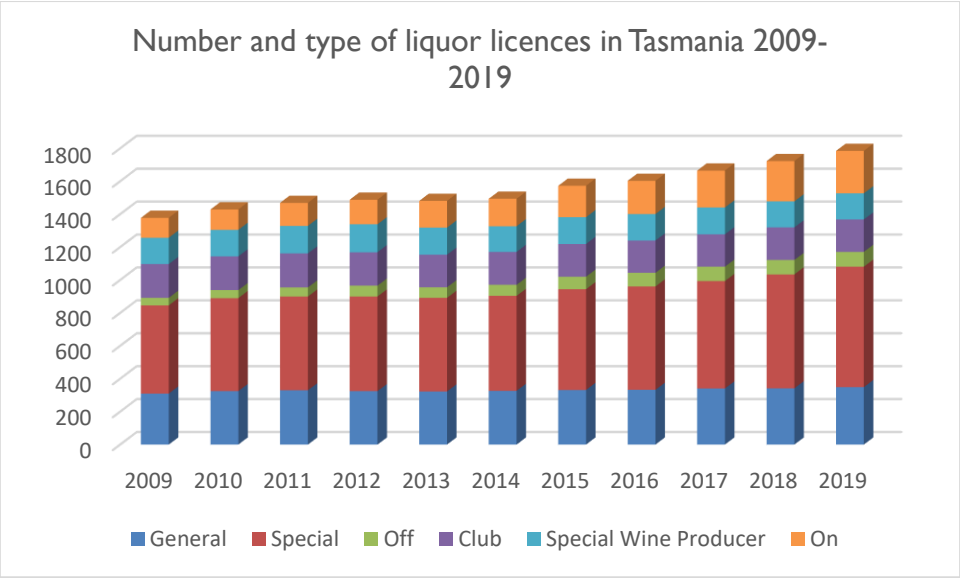
Source: 2018-19 Corporate Performance Report, Tasmania Police

Department of Treasury and Finance, Liquor and Gaming

This table and graph show the number of liquor licences on issue in Tasmania at the end of each financial year over the last 10 years.

Type of Liquor Licence

End of financial year	General	Special	Off	Club	Special Wine Producer	On	Total
2019	349	732	90	197	159	258	1785
2018	342	692	88	198	158	245	1723
2017	341	653	87	197	163	224	1665
2016	333	628	83	196	161	202	1603
2015	332	612	76	199	163	191	1573
2014	327	577	67	200	156	167	1494
2013	323	569	64	198	165	162	1481
2012	325	575	66	203	170	149	1488
2011	330	570	55	207	167	140	1469
2010	325	565	49	205	161	124	1429
2009	310	536	46	205	160	121	1378



Illicit Drug Reporting System and **Ecstasy and related Drugs Reporting System**

Each year the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) collect and collate information from people who use drugs as well as key experts who can comment on drug markets; and indicator data including hospitalisations, treatment and mortality.

They are coordinated nationally by the National Drug and Alcohol Research Centre and funded by the Australian Government Department of Health and have been conducted in Tasmania since 2000. The School of Psychology at the University of Tasmania conducts the Tasmanian surveys.

The IDRS and EDRS are surveys of specific cohorts of drug users, designed to provide early warnings of any trends. The results are of those cohorts and are NOT representative of drug use among the general population.

The **Illicit Drug Reporting System (IDRS)** is a monitoring system identifying trends in illicit drug markets. The sentinel population is people who inject drugs (PWID). The IDRS is primarily concerned with four main drug classes: heroin, methamphetamine, cocaine and cannabis. It also monitors the use of pharmaceutical opioids and issues related to drug use, for example injection-related problems and overdose. The IDRS focuses on the recruitment of participants in Hobart, with an intended sample size of 100 participants each year. The most recent survey for which data is available was undertaken in 2018 (Bruno, Bucher, Ney & Sharman, C. 2019).

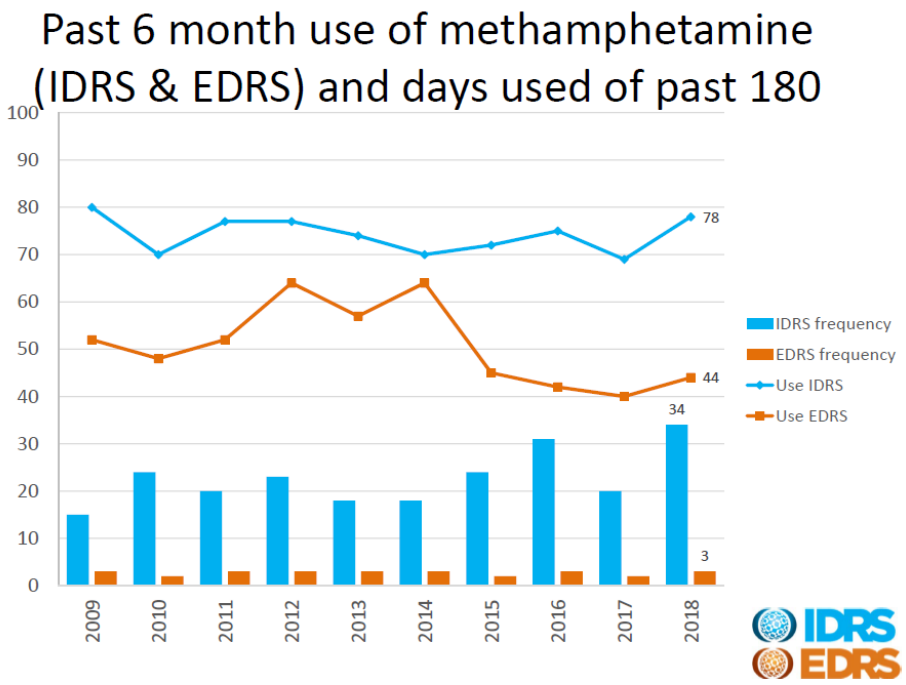
It is important to note that participants are deliberately selected to represent people that are heavily engaged in injecting drug use, because it is assumed that new trends will emerge in this group earlier than the general population. These participants do not represent the profile of all people who inject drugs, nor of the general population.

The **Ecstasy and related Drugs Reporting System (EDRS)** is an annual, national project designed to monitor data associated with the use of ecstasy and related drugs (methamphetamine, cocaine, LSD, ketamine and New Psychoactive Substances), in order that this information could act as an early warning indicator of the availability and use of these drugs.

The EDRS also focuses on the recruitment of participants in Hobart, with an intended sample size of 100 participants each year. The most recent survey for which data is available was undertaken is 2018 (Bruno, Sharman, Ney & Bucher, 2019). Participants are deliberately selected to represent people that are heavily engaged in ecstasy and related drug use, because it is assumed that new trends will emerge in this group earlier than the general population. These participants do not represent the profile of all people who use ecstasy, nor of the general population.

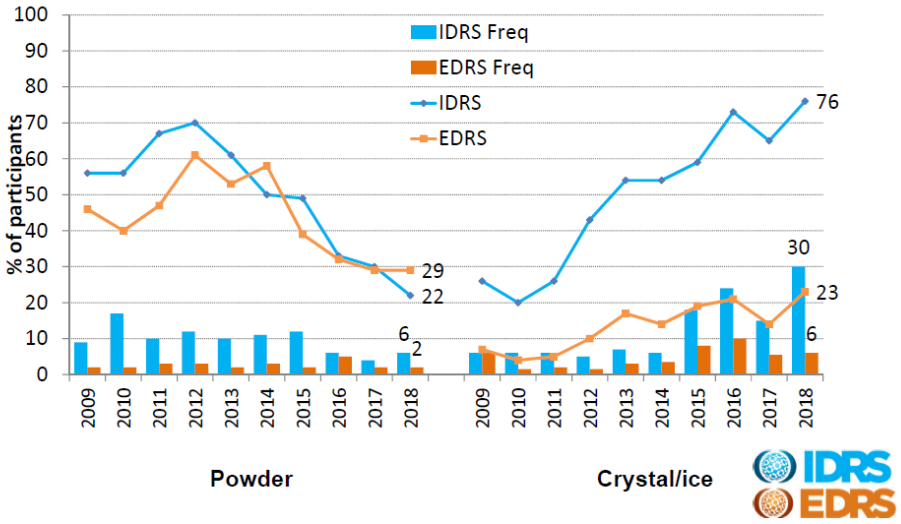
Key findings for Tasmania from 2018:

- IDRS participants are typically in their late 30s-early 40s, predominantly male, and not currently employed. They have typically completed year 10 and six in ten have technical qualifications. Half have a prison history; and less than half are currently involved in drug treatment (typically opioid substitution treatment). These demographics have been largely consistent over IDRS survey waves, with the exception of increasing age.
- EDRS participants are typically in their 20s, and predominantly male. They are typically employed (~60 per cent of 2018 sample) and the majority have completed at least year 11. Rates of involvement in drug treatment or prison history are low, and typically 5 per cent or less of the samples. These demographics have been largely consistent over EDRS survey waves.
- Use and frequency of use of methamphetamine differs between the cohorts.



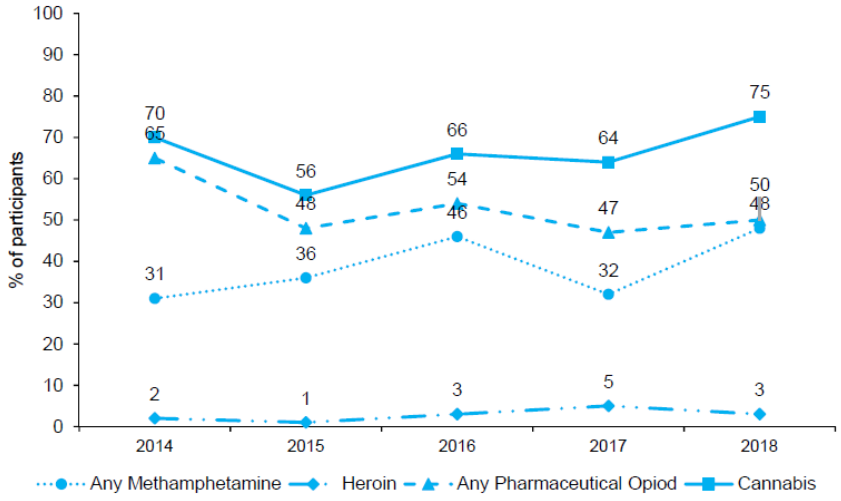
- Crystal form methamphetamine was the form most commonly used among the IDRS sample. Use of powder form methamphetamine has steadily declined in the past 5 years and use of the base/paste form is now very uncommon. Methamphetamine was nominated as the drug of choice by only 7 per cent of the EDRS 2018 sample, and these figures have changed little over the past five years.

Methamphetamine: forms used past 6 months and median days used of past 180



- Based on the Severity of Dependence Scale (SDS) 50 per cent of the IDRS sample and 28 per cent of the EDRS sample of 2018 methamphetamine users scored as 'dependent'. Of those 56 per cent of the IDRS and 60 per cent of the EDRS cohorts were NOT in treatment. 30 per cent of the IDRS cohort who are in treatment are also on Opioid Substitution Treatment (OST) (noting however that OST is NOT a treatment for methamphetamine use).
- In terms of very frequent drugs use (weekly or more often), three-quarters of IDRS participants smoked cannabis, half used pharmaceutical opioids and half used methamphetamines at this frequency.

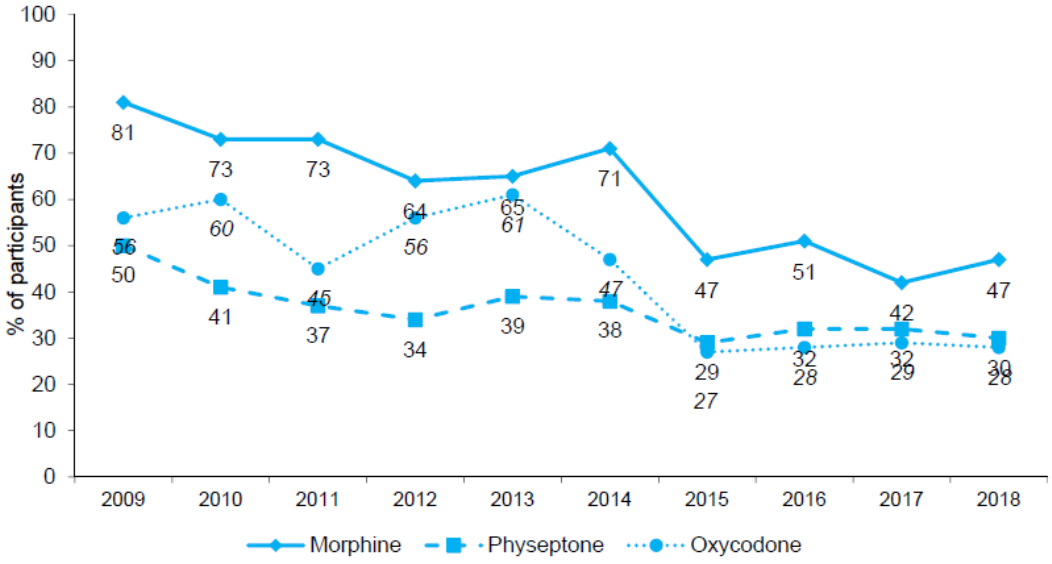
Drugs used weekly or more within the IDRS PWID cohort, Tasmania 2014-2018:



Source: IDRS PWID interviews

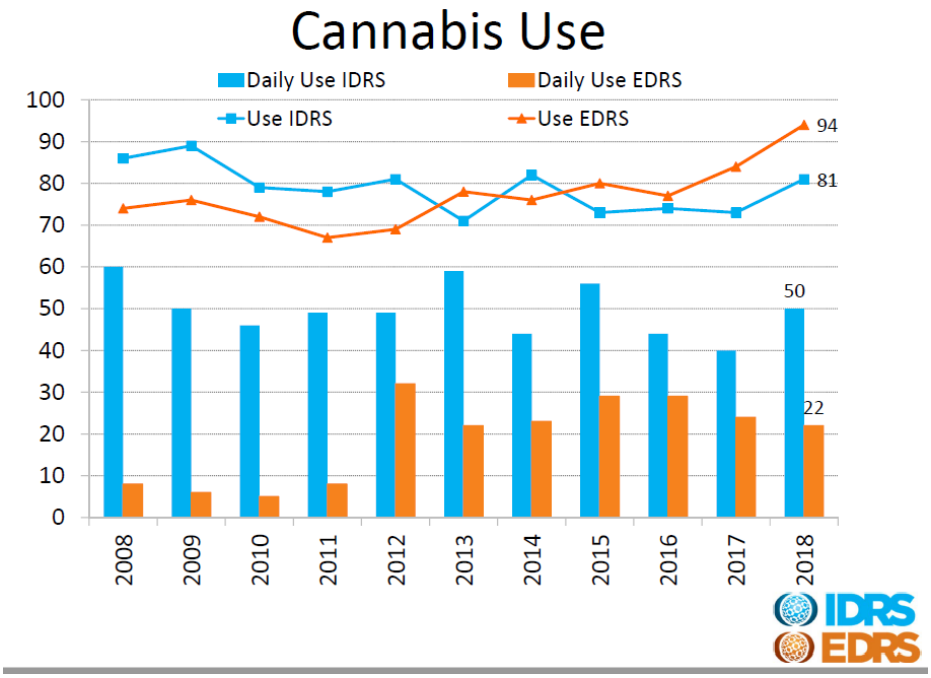
- Overall, rates of opioid use among IDRS participants has remained relatively stable between 2015 and 2018 following a notable decline from previous rates. Among recent opioid consumers contributing to the IDRS, almost three quarters screened positive for likely opioid dependence, and two thirds of these individuals were currently involved in drug treatment.

  Proportion of Tasmanian IDRS cohort reporting non-prescription use of pharmaceutical opioids in six months prior to interview, Tasmania 2009-2018.



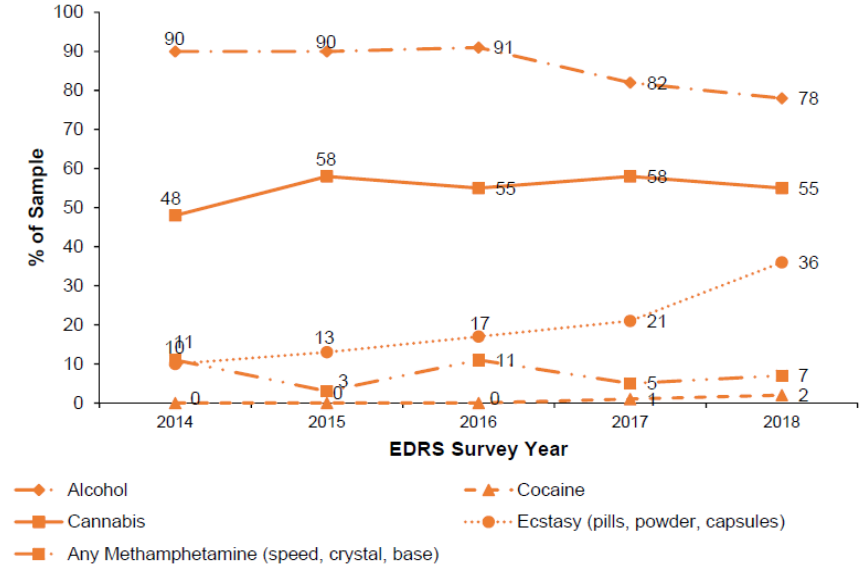
Source: IDRS PWID interviews

- Use of cannabis does not differ much between the cohorts, but there are differences in daily use.



- EDRS participants are selected on the basis they are frequent ecstasy users. 36 per cent of the 2018 sample used ecstasy weekly or more often, but less than weekly use of alcohol and cannabis.

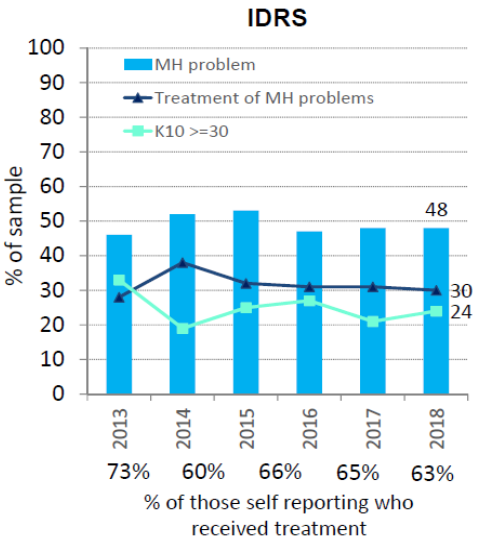
  Drugs used weekly or more among the EDRS sample, Tasmania 2014-2018

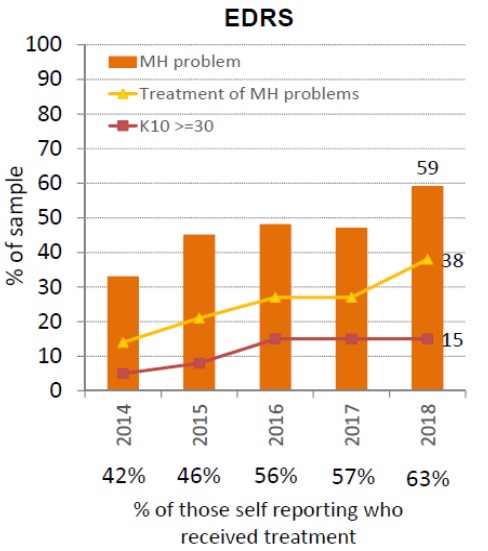


Source: EDRS interviews, 2014-2018

- Half of the IDRS participants and almost six in ten of the EDRS participants self-reported experiencing a mental health problem in the past 6 months. Almost two thirds of both the IDRS and EDRS sample who reported a mental health problem had attended a mental health professional.

Mental health problems





IDRS
EDRS

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