Review of Drug Use and Service Responses in North West Tasmania

Final Report

November 2014
Executive Summary

Following recent claims by key health workers, the media and other community members of growing drug use in the North West region of Tasmania, the Alcohol and Drug Service has undertaken a review of drug use and service responses in the North West region. This is also in response to publicly expressed concerns by service providers and members of the North West community about the increasing use of crystalline methamphetamine colloquially known as ‘ice’.

This report is the culmination of the review and it provides:

- an analysis of the current available data on drug use in the region;
- a summary of the current level of alcohol and drug services;
- an analysis of gaps in service provision;
- feedback from consultations; and
- recommendations on the way forward.

The information contained in this report is drawn from a range of available data sources and from anecdotal evidence supplied through an initial consultation with key stakeholders in the North West region including health providers, police, local government, the public and private education sector and other community representatives and a public community forum with a wide range of community representation from the North West region.

Very little objective data in relation to the prevalence of drugs is available for the North West region. Most available data is reported at a State level and should be treated with caution due to the relative high standard of error associated with the estimates.

It is important to note that a recent review of the Future Service Directions Plan and a Compliance Audit undertaken by the Tasmanian Audit Office, have both provided recommendations for service and sector development across the State that will also help to address the current issues experienced in the North West Region. Therefore, the recommendations contained in this review should be considered in line with the previous two reviews. This report and its recommendations complement the previous reviews and have attempted to avoid any duplication of the information, advice or recommendations provided in the other review (although at times this is unavoidable).

Findings

The following section provides a brief summary of the findings from the review and a summary of the recommendations to enhance service treatment responses by improving access; strengthening the capacity of treatment services and the community to respond to drug use issues; strengthening governance arrangements; and improving service collaboration.

The available data and feedback from the consultations indicate that drug use concerns in the North West region extend beyond the use of methamphetamine. Alcohol continues to be far and away the number one drug of concern, with cannabis use remaining the illicit drug of greatest use and concern. Consultation feedback also indicates that there are spikes in the particular illicit drug of choice most often dependent upon availability and price. Some key stakeholders made the point that tobacco remains the drug that is responsible for the largest number of drug-related deaths and corresponding high burden of disease in the Tasmanian community.
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Macro-environmental and structural issues or social determinants of health were raised as an underlying factor, as was a perceived lack of a comprehensive mix of preventative measures.

A range of potential service responses were raised as possible options to address the current alcohol and drug issues in the North West region. Initial consultations raised the need for multi-purpose centres with a multi-disciplinary approach, consultation liaison specialist medical and nursing services, colocation of services, better use of technology, greater access to Court Mandated Diversion, and more youth specific services. Later consultations also identified a range of possible responses including increasing access to residential rehabilitation services; changes (and expansion) to drug diversion initiatives; easier access to urine drug testing; expanding court powers to order people into rehabilitation treatment; increasing specific police operations; utilisation of hospital beds for people affected by alcohol and drugs; and access to withdrawal management for young people. A collaborative approach to treatment and support was a recurring theme.

Prevalence of Crystalline Methamphetamine

Whilst the current available drug use data and information gathered from service providers and other stakeholders do not support the reports of a significant increase in the use of crystal methamphetamine in Tasmania such that it can be considered an ‘epidemic’, any increase in use is a reason for concern, including concerns about increasing harms to individuals and the community. Notably, police intelligence indicates a shift in the existing amphetamine user market, with an increased preference for crystalline methamphetamine over other forms of amphetamine-type substances, when it is available.

A recent article in the November 2014 release of the Of Substance magazine commented that:

“It is clear there are changes in methamphetamine use and harms in Australia. While overall consumption is not increasing, there seems to be more frequent use of ice within populations that already use drugs, and a corresponding increase in harms” (Rechichi, 2014).

It would be reasonable to assume that on the basis of the evidence analysed by this review and the feedback provided by frontline workers, the experience in the North West region of Tasmania is similar to what is being experienced across the country, albeit on a much smaller scale. At this stage, there is no objective evidence to suggest a significant increase in methamphetamine consumption but as is the case elsewhere, there seems to be more frequent use within populations that already use drugs and the possible increase in use of higher potency forms of the drug. This may lead to a corresponding increase in the harms to individuals and the wider community.

Recommendations for an Effective Service Response

Amphetamine-type stimulant users are notoriously difficult to attract and retain in treatment, although this is not a challenge that is limited to this group of individuals or drugs. When people do present for treatment of their stimulant drug problems, they can pose significant and unique challenges for treatment providers including emergency and primary care services, not uncommonly presenting with complex and sometimes life threatening medical, psychological and behavioural problems.

This is not just an issue for the North West region or indeed Tasmania as a whole, with all States and Territories reporting increasing use of the purer crystal form of methamphetamine.
Effective responses to methamphetamine (and other drugs) use and supply require multi-faceted approaches incorporating demand, supply and harm reduction measures. It also requires responses that consider the specific evidence-based needs of a particular community, and the actual drug use within that community, as well as integrated responses across government agencies, local government and non-government service providers and the general community.

The following recommendations are designed to address the current drug related issues in the North West and across the State more broadly. Some of these recommendations will be progressed immediately while others will require some time for development and planning before they can be fully implemented.

The rationale for the recommendations below is discussed more fully later in this report.

**The Recommendations**

The recommendations below have been identified as operational and strategic, noting there is some overlap. The recommendations are intended to contribute to the following outcomes to better respond to drug use issues, not just in the North West region, but for the whole of the Tasmanian community.

1. **Outcomes**
   - enhance service treatment responses by improving access and capacity;
   - strengthen the capacity of the community to identify and respond to drug use issues;
   - improve service collaboration;
   - strengthen governance arrangements; and
   - improve mechanisms that impact on the supply of, and demand for, illicit drugs.

2. **Operational responses**

   **Recommendation 1**
   Source and commission the delivery of amphetamine-type stimulant education and training, with an emphasis on methamphetamine use, in order to immediately upskill frontline service providers including those working in the alcohol and other drugs sector.

   **Recommendation 2**
   Source and distribute evidence-based methamphetamine treatment guidelines resources for use within Tasmania, in order to support service providers in responding to any increase in amphetamine-type stimulant use and related problems.

   **Recommendation 3**
   Develop a specialist consultation liaison service within the Alcohol and Drug Service to work alongside and support the broader health system including the tertiary, primary health and community services in better managing alcohol and drug issues and responding to emerging issues.
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As a priority, the Alcohol and Drug Service will establish consultation liaison capacity in the North West. Once established, the initial focus will be supporting and upskilling health care providers and other services in managing and treating amphetamine-type stimulant use and dependence. It will also support the ongoing development of appropriate treatment and other service options.

Note: Identifying and recruiting appropriately skilled clinicians, particularly to the North West region, may present difficulties in implementing this recommendation within a six month period.

Recommendation 4

Increase access to inpatient withdrawal management services for clients based in the North West, including consideration of transportation and clinical assessment issues.

Undertake an analysis of contemporary evidence based medical interventions to ensure that the specialist Withdrawal Management Service is equipped to safely and appropriately clinically manage amphetamine-type stimulant withdrawal.

Note: This will include offering more extended admissions, noting that withdrawal symptoms characteristically persist and place the dependent user at significant risk of rapid relapse to amphetamine type stimulant use.

Recommendation 5

Increase the availability of residential rehabilitation beds for clients based in the North West.

This will require the development of an evidence-based contemporary model of care for alcohol and drug residential rehabilitation services in Tasmania with a particular emphasis on improving access. This will consider submissions received through this review period.

In light of the time required to develop such a model of care, in the interim explore options to increase access to residential rehabilitation beds, particularly in the North and North West.

Recommendation 6

Map the current configuration of services across the state with a particular emphasis on the North West region.

This will inform the development of a plan to improve integration and collaboration of services including consideration of reconfiguration of current alcohol and other drugs specialist services with other service providers including Mental Health Services and other community sector organisations.

This work will be undertaken by the Alcohol and Other Drug Treatment Expert Advisory Group in conjunction with the Alcohol and Drug Services Planning Advisory Group.

Recommendation 7

The Alcohol and Other Drug Treatment Expert Advisory Group will provide advice and guidance to the Alcohol and Drug Services Planning Advisory Group on the treatment service response needs for emerging alcohol and drug issues on an ongoing basis.
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Recommendation 8
Finalise the development of the alcohol and other drugs promotion, prevention and early intervention Implementation plan with a focus on strengthening community capacity to better identify and respond to alcohol and other drug use and related problems.

Support communities and current service providers to implement health promotion, prevention and early intervention strategies including the provision of community awareness raising and improving health and health policy literacy.

Note: A community wide education campaign focussing on amphetamine-type stimulants is not recommended at this stage, given the small proportion of the general community currently engaged in the use of these substances and given the absence of evidence of a broadening of the base of their use in the Tasmanian community. A general awareness raising campaign based on strong negative messages runs the risk of further alarming the general community, adversely influencing the image of Tasmania in the absence of evidence to support this and further stigmatising people who use drugs. These awareness and fear raising approaches are in any case unlikely to be effective in the absence of broader societal shifts arising in response to strategies that address the reasons for hazardous, harmful and unsanctioned use of alcohol and other drugs.

3. Strategic responses

Recommendation 9
Strengthen the governance structure for alcohol and drug issues in Tasmania by:

- Formally enhancing the relationship between the Inter Agency Working Group on Drugs and its advisory structures with the specialist treatment and service delivery sector; and
- Strengthening responses across health, police, education, justice and the community sector.

As a priority, the Inter Agency Working Group on Drugs will complete the development of the Tasmanian Illicit Drug Action Plan with a special focus on responding to amphetamine-type stimulant use.

The Inter Agency Working Group on Drugs in conjunction with the Alcohol and Other Drug Treatment Expert Advisory Group, the Alcohol and Other Drugs PPEI Advisory Group and the Alcohol and Drug Service Planning Advisory Group will monitor changes in prevalence, levels and patterns of drug use and related harms on an ongoing basis and will report regularly to the Tasmanian Government.

Recommendation 10
Identify a suitable clinical information management system or at a minimum a substance use and related problems data collection system for use across the Tasmanian alcohol, tobacco and other drugs treatment sector.

Recommendation 11
Maintain a focus on alcohol, cannabis and other drugs and emerging trends, levels and patterns of use and harms. This is in acknowledgement of the data and consultations’ feedback that alcohol and cannabis are the drugs of greatest concern.
Introduction

As noted in the Interim Review Report tabled by the Minister for Health in Parliament on 30 October 2014, this review was requested by the Minister following recent claims by health workers, the media and other community members of growing drug use in the North West region of Tasmania, particularly the increasing use of the crystal methamphetamine form of the amphetamine-type stimulants (ATS) class of drugs.

There have also been submissions to the Minister requesting additional resources to establish specialist support services for people affected by drug and alcohol use in the North West region. The submissions suggest there is a growing issue in the North West in relation to alcohol and drug use and further suggest that there is a significant increase in the use of crystal methamphetamine colloquially known as ‘ice’ to the extent that it is being referred to as an epidemic.

The aim of the review was to determine the extent of drug use issues in the North West and to provide recommendations to Government on possible options to deal with those issues by:

- Analysing all available statistical data on drug use for the North West;
- Analysing current treatment options for those affected by drug use issues in the North West region;
- Undertaking a consultation process with key stakeholders and members of the North West community;
- Identifying any service gaps and/or deficits; and
- Identifying service and/or possible community responses to any identified issues and/or gaps.

The Interim Report provided a summary of what had been found to date, and proposed some initial options and recommendations, being:

1. Better coordination between health, police and other relevant agencies to monitor drug use issues and recommend evidence-based responses. Alternatively, the Tasmanian Inter-Agency Working Group on Drugs could be tasked specifically with monitoring this and any other emerging drug use trends and providing regular reports to Government.
2. Upskill frontline service providers including those working in the alcohol and other drugs sector:
   i. source and commission the delivery of amphetamine-type stimulant education and training, with an emphasis on methamphetamine use.
   ii. source and distribute an evidence-based methamphetamine treatment guidelines resource for use within Tasmania.
3. Continue to review current service configuration by working with the alcohol and drug community sector organisations, and in conjunction with the Alcohol, Tobacco and Other Drugs Council Tasmania. This will consider both North West and statewide services. Options for service reconfiguration will be further explored in the final report, however, the purpose of the ongoing work will be to consider options to:
   i. Develop a specialist consultation liaison service from the State Alcohol and Drug Service in either the North or North West to provide specialist input to community-based services in the North West;
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ii. Increase access to inpatient withdrawal management services for clients based in the North West, including consideration of transportation and clinical assessment issues;

iii. Increase appropriate access to residential rehabilitation beds for clients based in the North West;

iv. Increase the capacity of the alcohol and drug sector to identify, report on and respond to emerging drug use issues; and

v. Relocate or collocate services to better meet current unmet need in specific locations.

4. Health promotion, prevention and early intervention strategies including the provision of community awareness raising.

These are more fully explored in this report.

To inform the review, a range of individual and group consultation processes were undertaken with key stakeholders, service providers and members of the broader North West community. The Clinical Director of the Alcohol and Drug Service undertook an initial consultation process with a number of individual key stakeholders in the North West. Following this initial consultation process, a more formalised consultation forum with a wider range of stakeholders was organised by the Alcohol and Drug Service. A public community forum was organised by some key service providers to discuss the drug use issues with the wider North West community.

These three processes provided a significant opportunity to hear the views and to discuss the concerns of a wide range of stakeholders from across the North West region. A significant amount of feedback was provided through the consultation processes and it has been analysed to assist in the formulation of the recommendations contained in this report. A summary of the feedback from those consultation processes is provided later in this report.

The current service system and treatment service provision in the North West region and more broadly is also described later in the report. Many of the findings from this review make recommendations that seek to enhance both strategic and operational responses to alcohol and drug use issues, and to enhance specialist treatment responses to the drug issues currently being experienced in the North West region, as well as the rest of Tasmania.
Responding to Drug Use Issues

Effective responses to alcohol and other drug use and supply require multi-faceted approaches incorporating demand, supply and harm reduction measures. It also requires responses that consider the specific evidence-based needs of a particular community, and the actual drug use within that community, as well as integrated responses across government agencies, local government and non-government service providers and the general community.

Disrupting, reducing or otherwise impacting on the supply of illicit drugs is critical to affecting a change in demand. In reducing or otherwise impacting on supply, there needs to be careful consideration in relation to how those who manufacture, supply and ultimately profit from the illicit drug market are dealt with within the justice system. The costs to health, policing and the community as a whole are significant, and largely unrealised, and efforts to reduce supply, demand and harm need to be supported by appropriate outcomes that provide sufficient disincentives. At the same time, encouraging and supporting those with substance use issues to attend treatment and community support services is a key harm reduction strategy that must also be realised.

Before any consideration of possible responses to the drug related issues can occur, it is equally important to consider the impacts on the community and the reasons why people take drugs. This will help in shaping a response that addresses not just the particular needs of the North West region, but the whole of the Tasmanian community.

Despite some perceptions by the broader community that the current drug-related problems in the North West Region are caused primarily by illicit drugs, the drugs responsible for most harm are the legal drugs, alcohol and tobacco, followed by a range of prescription drugs. In addition to deaths and illnesses attributable to tobacco and alcohol, illicit drugs create their own harms for the community, including such things as overdose deaths, criminal activity, drug-induced or drug-exacerbated mental health disorders and the transmission of blood-borne viruses.

It is evident that a variety of individual and environmental factors contribute to the drug use harms and other problem outcomes that are currently being experienced in the North West region. Traditionally, responses through drug prevention and treatment programs have focused on changing individual behaviours. Evidence now tells us that such a focus will only have a limited impact when changes are not made to the broader environment. Focussing solely on treatment and support services will help to reduce the harms to individuals but will not offer much in the way of supply and demand reduction. In other words, to be successful, our approach must by necessity be comprehensive and will need to consider and address the social determinants of drug use. This requires meaningful engagement in public policy and other discussions that extends well beyond the purview of the health sector.

Conceptualising drug use issues from a social determinants perspective involves acknowledging the growing body of evidence regarding the influence of broader societal factors, which at most times are outside the control of individuals and can either cause or protect against negative health outcomes. These factors operate within a broad range of domains including at the family, local and regional levels, and in national and international arenas. They include elements such as access to education, transport, quality housing and employment opportunities. They also relate to broader measures of social and economic equity, a shared sense of social inclusion and an ability to play an active role in community decision making impacting on our lives.
Effectively responding to drug related issues and producing positive, sustainable change involves more than addressing the health problems of individuals. It will require strategies that will promote factors known to act protectively against ill-health and strategies that are aimed at reducing those factors that contribute to the vulnerability of individuals and the broader community.

**Compulsory Treatment as a Possible Response**

During the course of the review there have been several calls to consider legislative reform to compel people, particularly young people, to treatment when they may not be motivated to come to treatment of their own volition. Compulsory treatment refers to alcohol and other drug treatment that is mandated by legislation and/or government-implemented programs. There are a wide range of programs and types of mandated treatment, ranging from diversion into optional treatment, through to court-ordered treatment where the individual has no choice, such as civil commitment and treatment imposed as part of a sentencing order. (Australian National Council on Drugs, 2007)

The main goals of compulsory treatment are to reduce substance use and thereby improve health and overall quality of life; and to reduce current and future criminal justice involvement. More specifically, compulsory treatment programs may be designed to reduce the economic and social costs of hazardous, harmful and unsanctioned substance use including police and court time, incarceration, and the adverse public health impacts.

Compulsory treatment may be designed to alter substance use that is deemed to be both ‘out of control’ and dangerous to self and/or to others, along the lines of a Mental Health order but where there is no diagnosable acute mental health disorder that would justify the use of a mental health order. In Tasmania, the *Alcohol and Drug Dependency Act 1968* (ADDA) serves this function for the involuntary detention of ‘inebriates’ who assessed to be alcohol or other drug dependent. There are many concerns and problems associated with this Act and it is presently under review. By way of example, this legislation does not define the aims or expected outcomes of the intervention. Indeed, this Act has nothing to say about treatment.

Compulsory treatment may also involve alcohol or other drug related offences:

1. **The Tasmanian Illicit Drug Diversion Initiative (IDDI) program (Police Diversion)** is a discretionary police diversion program aimed at eligible drug offenders who are at the early stages of contact with the criminal justice system. The Tasmanian component of the Police diversion program provides for the diversion of offenders apprehended by Tasmania Police officers for the use of small quantities of illicit drugs (mainly cannabis) to drug treatment services. The Tasmanian framework uses existing police discretion and ‘Commissioners Instructions’ to allow Tasmania Police officers to divert eligible offenders to education, assessment and treatment. The level of diversion is proportional to the nature of the offence.

2. **Court Mandated Diversion (CMD)** is a program that provides Magistrates with an option to divert eligible offenders into treatment for their drug use through either the bail or sentencing process.

3. **The Tasmanian Early Intervention Pilot Program (TEIPP)** that adopts a community development approach to intervene early in response to underage drinking. This program aims to divert young people who engage in underage drinking activities from the criminal justice system and encourage them to attend an alcohol information and education session with their parent/guardian.
Responding to Drug Use Issues

Compulsory treatment by its very nature involves infringements by the State into the civil liberties of individuals. This may be accepted as ethical when individuals are assessed as lacking capacity but matters are more complex when individuals suffer only temporary or minimal impairment to their decision-making capacity through dependent alcohol or other drug use, especially where they have not broken the law in any way. When considered in relation to drug offenders, questions necessarily arise in relation to the ethics of restricting their choices to the alternatives of processing through the court system or engaging in treatment.

It is argued that if a person's liberty is to be removed, if a treatment is to be imposed on them, particularly against their will, it is essential that that intervention is potentially of benefit to them and possibly, also to the community more generally. At the end of the day, if compulsory treatment does not lead to the individual coming to a decision that they want to discontinue their problematic substance use and unless they are able to harness personal, social and other resources to make and maintain these changes, it is unlikely to be effective or beneficial. Compulsory treatment should also provide these benefits in ways that take account of and outweigh any burdens and negative impacts (Australian National Council on Drugs, 2007). It would appear from community consultations and consultations with drug and alcohol clinicians that there is little or no support for programs that do not satisfy these requirements.

In relation to offenders, the question inevitably arises - is it ethical to support an individual who has little or no apparent motivation, apart from avoiding a custodial sentence, to enter treatment ahead of others who have not offended and who are more clearly motivated to address their substance use problems, particularly where there is a treatment waiting list, where prognosis may be assessed as less promising in those for whom mandated treatment is being considered and where resources are insufficient to respond to all unmet treatment needs?

An alternative analysis is that people with alcohol and other drug problems present with constantly varying levels of motivation and that it is a key challenge for clinicians to find ways to attract and engage them in treatment. Furthermore, this group may be just as entitled to the potential benefits of treatment and indeed, Australian society stands to benefit in terms of reduced legal recidivism as well as in health, social and economic terms, if it can successfully reach out to this group and provide effective health and social interventions. The enthusiasm for compulsory treatment may also be driven by a shift towards problem solving models of therapeutic jurisprudence and recognition that putting large numbers of people in prison may offer too little in the way of reducing offending behaviour.

However, there is by no means universal support from within the treatment sector for the latter perspective, for at least two reasons. Firstly, there is insufficient high quality research evidence of effectiveness in rehabilitating or achieving long-term behavioural change among those subject to compulsory treatment. Health professionals are reluctant to tread new or expanding treatment pathways in the absence of sufficient evidence when they see gaps in the adoption of interventions and approaches for which good evidence of health and social benefit to the community already exists. Secondly, clinicians working in the alcohol, tobacco and other drug sector remain to be convinced that an individual who states they are a 'happy user' and who has little or no apparent wish or intention to discontinue their substance use, should be able to 'jump the queue' over those who have of their own volition, actively sought this help.
These challenges are particularly salient in Tasmania where alcohol, tobacco and other drug problems make a significant contribution to the State’s burden of disease and injury and where there is a call for enhanced access to a range of specialist treatment services.

Notwithstanding these differing viewpoints and priorities, it is acknowledged that Tasmania should continue to explore ways of enhancing access to good quality treatment and care for all Tasmanians who have emerging or well-established alcohol, tobacco and other drug problems.

During the consultations, concerns were also raised in relation to the difficulties experienced in accessing urine drug testing as a component of the Court Mandated Diversion program. It was revealed that individuals from the North West of the State participating in the program must travel to either Burnie or Devonport to provide a supervised urine drug specimen. Further discussions revealed a number of additional practical and technical issues that merit further attention. While this program is managed by the Department of Justice, the Alcohol and Drug Services (ADS) has agreed to meet with senior officers of the Department of Justice with a view to exploring what further technical advice and assistance the ADS might be able to provide (see below for further discussion on this matter).

1. Urine Drug Testing Technology

It is relevant to note in relation to clinical data on amphetamine type stimulants that testing technology poses an additional set of challenges. Tasmanian hospitals and other clinicians only have access to immunoassay technology in testing for drug use for clinical purposes. Immunoassay is a method that is commonly used in laboratories to identify the presence of specified drugs of abuse in urine. Immunoassays are based on the principle of competitive binding, using antibodies to detect the presence of a particular drug or metabolite in a urine sample. Immunoassays have their benefits (e.g. they are quick, easy and relatively inexpensive to perform) and their limitations (for example, they are subject to cross-reactivity such that substances with similar, and sometimes dissimilar, chemical composition may cause a test to be incorrectly interpreted as positive for the target drug). It is relevant to note in the context of this review that tests for amphetamine/methamphetamine are highly cross-reactive. They will detect other sympathomimetic amines such as ephedrine and pseudoephedrine and, therefore, are not very predictive for amphetamine/ methamphetamine use. Positive immunoassay results must be confirmed by an alternative and more reliable method such as Gas Chromatography/ Mass Spectrometry (GC/MS) or more recent Liquid Chromatography/ Mass Spectrometry (LC/MS) technology to identify and confirm the presence of specific drugs, particularly when key decisions are to be made in relation to appropriate and safe clinical management or the application of legal consequences that could mean the application of strong legal sanctions. Immunoassays designed to detect morphine and codeine also do not reliably detect semisynthetic (oxycodone, hydromorphone, buprenorphine) or synthetic (pethidine, propoxyphene, fentanyl series, methadone) opioids – even at high concentrations. There is also a significant risk of false positives for opiates, due to cross-reactivity. These are among the very prescription drugs that are commonly diverted and used for non-medical purposes in Tasmania, emphasising the challenges which the health and legal sectors both face in accessing contemporary technology in Tasmania. An added question relates to whether in the legal and community sectors where urine drug testing is also performed, persons with suitable medical and technical knowledge are reading and interpreting urine drug test results.
Responding to Drug Use Issues

A review of prescription opioid problems in Tasmania, commissioned by the Department of Health and Human Services in 2011, was followed by the release of a Report: *Review of opioid prescribing in Tasmania – a blueprint for the future* (2012). In that report, the following observation was made:

- Given the medical, legal and potentially economic ramifications that may ensue from testing, it is critical that more reliable, effective testing be undertaken. An alternative, reliable, cost-effective, standard test is gas chromatography/mass spectrometry (GC/MS). While this technology is available for forensic testing purposes in Tasmania, it is not available for clinical testing purposes and samples must be sent to Melbourne, which causes unhelpful delays and increased costs. Therefore, ready and local access by all doctors who prescribe opioids, including GPs, pain and addiction specialists, to such a service in a state reference laboratory, represents an urgent need as both an element of good patient care and a form of institutional risk management against legal claims that may arise from reliance on screens with known, significant, false positive and false negative rates.
Overview of the Data

There is some evidence that the use of methamphetamine in the Tasmanian community is on the rise as are the harms associated with heavy use. It appears that the increase is occurring across all areas of the State and is not just limited to the North West region of Tasmania as implied in recent media coverage.

In analysing reports of any emerging issues it is important to recognise that the evidence of harms is often anecdotal at first, followed by mounting quantifiable evidence over time (for example ambulance call-outs begin to increase; police call-outs rise; and Emergency Department presentations increase). This means that any measurable evidence of increasing crystal methamphetamine use may not become apparent for some time after the first anecdotal reports of the drug’s emergence.

In determining the impact of illicit drug use within any community, there are many social harms that cannot be quantified. These include impacts upon employment, education, families and the community as a whole.

In the recent Of Substance magazine, November 2014, their article “Ice Epidemic Fact or Fiction?” noted “Consumption data, drug researchers and treatment services all indicate that there are changes in methamphetamine use and harms in Australia. While overall methamphetamine prevalence remains stable – not increasing as mainstream media coverage may suggest – there has been a rapid shift within drug-using populations towards use of methamphetamine in crystal form, with a consequential increase in harms.” (Rechichi, 2014) The article provides snapshot data from the National Drug Strategy Household Survey 2010-2013 saying:

- “Recent and lifetime population use rates of methamphetamine are stable”
- “Recent use of ice more than doubled”
- “Recent use of powder almost halved”
- “Recent use of base dropped significantly”
- “Overall methamphetamine use is becoming more frequent”
- “Weekly and monthly ice use increased.” (Rechichi, 2014)

Further, the article notes that “It is clear there are changes in methamphetamine use and harms in Australia. While overall consumption is not increasing, there seems to be more frequent use of ice within populations that already use drugs, and a corresponding increase in harms.” (Rechichi, 2014)

In analysing the data, it is acknowledged that there is very little available quantitative data of drug use prevalence, use or harms in the North West region. Population level prevalence use data based on the 2010 National Drug Strategy Household Survey indicated that 1.1 per cent of Tasmanian residents aged 14 years and over had self-reported using meth/amphetamine in the last 12 months.

The findings from the 2013 National Drug Strategy Household Survey released on 25 November 2014 showed that nationally there was no significant rise in meth/amphetamine use in 2013, but there was a change in the main form of the drug used. Among meth/amphetamine users, use of powder fell from 51 per cent to 29 per cent while the use of crystal methamphetamine more than doubled, from 22 per cent in 2010 to 50 per cent in 2013.
Overview of the Data

In Tasmania, the self-reported use of any form of meth/amphetamine in the previous 12 months for those aged 14 years or older was reported by 3.0 per cent, a slight rise from 1.1 per cent in 2010. Amongst those who self-reported use of any meth/amphetamine, the data does show a shift in the form of the drug used, with the self-reported use of the crystal form having risen from 5.4 per cent in 2010 to 21.6 per cent in 2013. It must be noted however that due to the lower sample size available in Tasmania, the relative standard error is greater than 50 per cent and is considered too unreliable for general use.

For those presenting for treatment to the State funded alcohol and other drug treatment services in 2011-12 amphetamine use as the principal drug accounted for 10 per cent of closed episodes of treatment, whereas alcohol accounted for 40 per cent and cannabis for 35 per cent of closed episodes of treatment. The as yet unpublished data for 2012-13 shows alcohol is still the most common principal drug of concern in 40 per cent of closed episodes. Amphetamine as the principal drug of concern increased slightly to 12.4 per cent of all closed episodes of treatment. Available data for the State Alcohol and Drug Service for the period July 2013 to September 2014 indicates a slight increase in presentations for amphetamine or methamphetamine use, but also shows significantly higher presentations to the Northern service in Launceston.

These data on treatment episodes do not include the numbers and proportions of people receiving treatment for opioid dependence through Medication Assisted Treatment of Opioid Dependence (with either methadone or buprenorphine). This data is captured and reported on separately through the national opioid pharmacotherapy statistics annual data (NOPSAD) collection (see later).

It is relevant to also note that data from the Needle and Syringe Program shows that there has been a significant increase in the numbers of syringes distributed in the North West, with the number increasing from 155,810 in 2010/11 to 232,390 in 2013/14. This is a 49 per cent increase over the three-year period. Unfortunately, no information is available to indicate what specific drugs this injecting equipment has been used to administer, therefore the proportion used for injecting crystalline methamphetamine is impossible to determine.

The Department of Police and Emergency Management Tasmania Police Corporate Performance Report June (Annual) 2014 shows increased seizures of amphetamines/dexamphetamines. However, the data clearly shows that cannabis remains the most common illicit drug seized by Police. The data shows an increase in amphetamines/dexamphetamines seizures for current year to date of 5,788 gm which is nearly three times the amount seized in the previous year, when 1,513 gm was seized.

It should be noted however that these seizure figures do not differentiate between the various forms of amphetamine-type stimulants seized (including crystal methamphetamine). In addition, Police advise they have refocussed their efforts on the supply side and have concentrated on suppliers rather than users. This is likely to have skewed the data on seizures when compared to previous years.

Notwithstanding, there is a need to take the possible emergence of increasing availability and use of amphetamine-type stimulants across the State seriously. However, at this stage, there does not appear to be any quantifiable data to support the view that there is a significant issue (or epidemic) in the use of methamphetamine or other amphetamine-type stimulants in the North West region. In fact, the available data for Tasmania indicates that amphetamine-type stimulant use may be more of a concern in the Northern and Southern regions of the State.
In saying this, it is important to note that there are some significant barriers to making any definitive judgements on the prevalence of amphetamine type stimulant use, including:

- Current data is inadequate and unreliable (and virtually non-existent for the regional areas);
- Where data is available, the reporting of methamphetamine use is almost certain to be under-reported; and
- Users of amphetamine-type stimulants will not readily seek treatment and/or support in the early stages of use (meaning any emerging trends are unlikely to be reflected in current treatment data).

A more thorough summary of the available data is at appendix 1.
Consultation

Initial Consultation Process

The Clinical Director of the Alcohol and Drug Service, Dr Adrian Reynolds, visited the North West region of the state on 22 and 23 September 2014 to meet with a range of key stakeholders to have an initial discussion on the drug use issues in the region, with a particular focus on the recent claims of an increase in the use of crystalline methamphetamine. The initial consultation process focussed on meeting with representatives from the following services:

- Alcohol and Drug Service, North West;
- Spencer Clinic, Mental Health Services, North West Regional Hospital;
- Emergency Department, North West Regional Hospital;
- Secondary Needle and Syringe Program, North West Regional Hospital;
- Mental Health Services, North West;
- Rural Health Tasmania; and
- Circular Head Aboriginal Council.
- Primary Health Care, Smithton
- Tasmania Police (Burnie Division)

The following provides a summary of the key points raised during the initial consultation process:

- It was acknowledged that there is a lack of specialist alcohol and drug services to meet the current demand for services. A number of key stakeholders commented that access to specialist drug and alcohol medical and nursing consultation liaison services would be greatly valued. Access to specialist training around emerging issues was also raised as a particular need in the North West. Again, alcohol was identified as the major alcohol and drug issue for patients presenting to Mental Health Services in the North West region.
- The Alcohol and Drug Service has experienced a measurable but not substantial increase in presentations for counselling services in relation to amphetamine type stimulants. However, with the absence of a clinical information management system, it is difficult to determine the proportion of these presentations that related specifically to crystalline methamphetamine.
- Between two to four patients are admitted each month to the Mental Health Spencer Clinic for problems related to the use of amphetamine type stimulants. It was noted that alcohol problems are far more prevalent with the service having to manage alcohol related issues on a daily basis.
- Data collected at the Emergency Department, North West Regional Hospital indicates that only five patients had been seen with problems related to amphetamine type stimulant use, possibly methamphetamine, since the start of 2014 (i.e. January to September). However, it was noted that this figure would be an underestimation. There has been no toxicological testing to confirm the exact identity of the amphetamine-type stimulants and/or other drugs responsible for these presentations as it is argued that the results would come too late to assist in clinical assessment and treatment. Presentations involving alcohol and other drugs are becoming ever more common. Alcohol continues to be the number one drug problem by far, for the Emergency Department.
- Broader Mental Health Services were unable to provide any indication of increased presentations that were related to the use of crystalline methamphetamine as their information
management and data collection systems were not sophisticated enough to accurately capture this level of information. They also do not routinely undertake urine drug testing to identify the drug or drugs used.

- The issue of access to urine drug testing was raised once again in the context of court mandated version programs in Tasmania.
- A combined meeting was held with representatives from Rural Health Tasmania, Circular Head Aboriginal Council and a local general practitioner from the Smithton area. The representatives indicated that the prevalence of crystalline methamphetamine had significantly increased in recent times. Previously, no cases had been identified. There was a belief that more court mandated diversion clients were using amphetamine type stimulants than in previous years and that other areas such as the dairy industry are witnessing significant substance use issues within their workforce or potential local workforce.
- At times, some of the views expressed from individuals contradicted comments made by other stakeholders. Data was a significant issue, with very few stakeholders able to provide any substantial data to support their views. Much of the information provided was anecdotal making it difficult to find any evidence to substantiate the information provided. The information that led to local media reports suggesting that up to 10% of the local population were using ‘ice’ was reportedly based on the expressed opinion of one individual ‘ice’ user who claimed he personally knew about 400 locals who use this substance.

Stakeholder Forum

A forum was held with key stakeholders on 21 October 2014 in Burnie to examine the current drug use issues in the North West and to provide input into the review.

As examination of the information gained from that forum suggests:

- Drug use has been increasing in the North West region over the last 10 years, but concerns extend well beyond the use of methamphetamine, with alcohol, pharmaceutical (prescription) drugs, cannabis and poly drug use being identified as of more concern, with cannabis use remaining the illicit drug of greatest use and concern.
- Binge drinking among older cohort is translating into a culture of drug taking and shifting trends.
- There has been an increase in amphetamine-type stimulant use among younger people. But a similar trend exists for older groups, and generally across the board. Indications are that use is prevalent amongst all work groups including business people, truck drivers, farm laborers, and trades people.
- Availability and cost are the biggest drivers for use, with users moving to methamphetamine as it becomes more readily available and less expensive. However, the exact identity of the substance used is often uncertain and unreliable.
- Unfavorable macro-environmental and structural factors, alternatively referred to as the ‘social determinants of health’, are an underlying factor leading to disengaged cohorts who may be more likely to use alcohol and other substances in certain personal and social contexts (while recognising that substance use cuts across all socio-economic groups).
- There is a lack of a comprehensive mix of evidence based preventative measures that target these social determinants and that extend beyond conventional supply side, demand side and harm reduction measures.
Consultation

- Geographic isolation and difficulty accessing services is an issue of importance, for example, the paucity of suitable public transportation and lack of services closer to home are seen as barriers for current users in the North West region.
- Community sector organisations are not necessarily well-equipped to deal with emerging substance use and related issues. There is a requirement for upskilling and training if services are to respond effectively. Staff of the Alcohol and Drug Service can also benefit from upskilling, given the reality that client presentations for stimulant drug use related problems have been quite modest.
- Recruitment for service providers is an ongoing issue of concern for government and community sector agencies, leading to insufficient staff with the necessary experience and skill sets, across North West services.
- A collaborative approach to treatment and support is needed to deal with emerging issues. Any service response shouldn’t just target methamphetamine use or one region, while recognising that specific responses may be required to better support the North West of the State.
- There is a need for multi-purpose centers, a multi-disciplinary team approach, consultation liaison specialist medical and nursing services, colocation of services, better use of technology, greater access to Court Mandated Diversion, youth specific services and services delivered at key transition points.
- There is a potential to cause significant damage to the local community if these substance use related issues are not addressed in an adequate and appropriate manner.
- Concerns were raised that the current negative media coverage could cause a range of unintended harms to both individuals and to the wider community.

Public Community Forum

A public forum was held at Smithton on 31 October 2014 to discuss recent reports of increased use of crystalline methamphetamine in the North West Region of the State. Over 300 people attended the forum.

A panel of key stakeholders/experts addressed the forum with individual presentations:

- Mr Robert Waterman, Rural Health Tasmania focused his presentation on concerns in relation to the apparent increase use of ‘ice’ in the Region. He presented national and state data on drug driving showing upward trends in recent year. However, on the basis of advice from Police, this data is likely to be skewed as a result of more strategically targeted testing. Mr Waterman also focused on the importance of early intervention and prevention strategies as a way of addressing the issue.
- The Honourable Michael Ferguson, Minister for Health, provided an update on the current review and his desire to be more informed on the drug use issues in the North West. He highlighted that the issue is a statewide issue and not just isolated to the North West region. He also noted advice that in terms of clinical presentations, alcohol, prescription drugs, cannabis and poly-substance use are of greater concern to health practitioners in Tasmania than methamphetamine. He expressed concerns that the importance of the NW not being singled out as an area that has more significant drug problems when the available evidence at present does not support this.
- Police Commander Lauchland Avery, Western District Command noted that raising community awareness in relation to drug use issues is appropriate but noted that exaggeration and sensationalism is unhelpful. In examining Police data, he noted that Tasmania has the lowest rate
of crime and victimisation in the country and among the highest crime clearance rates. He added that based on Police data, the North West region is actually the safest area in the State. He highlighted the role of Police in education, supply reduction and deterring the use of drugs.

- Don Jones, retired Magistrate, expressed doubts that 10% of the local population is using crystalline methamphetamine, as has been presented in the media. He noted that in his experience as a Magistrate, alcohol and cannabis were the major drugs of concern but there were also increased issues with prescription drugs and more recently, ecstasy and amphetamines. He raised concerns about access to treatment and the need for people to travel for treatment and for drug testing as a requirement of court mandated treatment. He raised the option of legislative changes to enable involuntary treatment of those who won’t come for treatment.

- Dr Adrian Reynolds, Clinical Director Alcohol and Drug Service, provided an update on the review of drug use issues in the North West currently being undertaken. He noted repeated comments from many stakeholders in the North West that alcohol remains the drug of most concern and the absence of clear support for the view that there has been a significant upsurge in the use of crystalline methamphetamine.

Following the presentations, the audience were given the opportunity to ask questions or make comments. A number of issues were raised relating to the increased prevalence of crystalline methamphetamine and the effect it was having on the broader community. There seemed to be a shared sentiment among those who spoke that the recent media claims and reported figures on the prevalence of crystalline methamphetamine were over stated.

A range of possible service responses were raised as possible options to address the current alcohol and drug issues in the North West. These included increasing access to residential rehabilitation services; changes (and expansion) to drug diversion initiatives; easier access to urine drug testing; expanding court powers to order users into rehabilitation treatment; increase specific police operations; utilisation of hospital beds for people affected by alcohol and drugs; and access to withdrawal management for young people.
Current service system

Governance of Alcohol and Drug Issues in Tasmania

In Tasmania the responsibility for strategic responses to alcohol, tobacco and other drugs use is undertaken by the Inter-Agency Working Group on Drugs. It is the principal advisory body to Government with responsibility for implementing and monitoring the progress of the Tasmanian Drug Strategy 2013-2018 (TDS) and related strategic policy initiatives; and for coordinating the development of strategic policy and whole of government priorities and actions to reduce the harm from the use of alcohol, tobacco and other drugs in Tasmania.

The membership of the Group includes high-level representation from a range of State Government Agencies (including Health and Human Services; Police and Emergency Management; Education; Justice; Treasury and Finance; Premier and Cabinet; Economic Development, Tourism and the Arts; and Infrastructure, Energy and Resources), the Local Government Association of Tasmania and the Alcohol, Tobacco and Other Drugs Council (representing treatment services in the community sector). The Group reports directly through to the Minister for Health who then refers issues to Cabinet as required.

Whilst this review and its recommendations primarily focus on harm reduction strategies with an emphasis on specialist alcohol and drug treatment and support services, the current governance arrangements from a whole of government and whole of community strategic perspective to the health and treatment services perspective are both important considerations. The diagram below shows the current governance arrangements.

Current Governance Structure for Alcohol and Drug Issues in Tasmania
Current Service Provision for the North West Region

The following section provides an overview of the current specialist alcohol and drug service provision for the North West region, and more broadly as well as providing a brief overview of other service responses.

1. Specialist Alcohol and Drug Service Providers

**The Alcohol and Drug Services (ADS)**
Service Location: Ulverstone

The Alcohol and Drug Service provides a range of treatment, information, education and community-based supports for people affected by alcohol and drug use. The Alcohol and Drug Service provides a variety of specialist services in the North West, including:

- Opioid Pharmacotherapy Program;
- Psychosocial Interventions (‘counselling’); and
- Smoking Cessation.

The Alcohol and Drug Service provides outreach on an as needed basis to more rural areas such as Smithton; Queenstown; Burnie, Devonport; and King Island. It provides limited medical and nursing advice and support to the NWRH, the Mersey Hospital and local general practitioners.

**The Circular Head Aboriginal Corporation**
Service Location: Smithton

The Circular Head Aboriginal Corporation is funded to provide services through the Illicit Drug Diversion Initiative (IDDI) and Tasmanian Early Intervention Program (TEIP).

The organisation provides assessments and brief interventions or extended brief interventions for people referred under the IDDI or young people under the age of 18 referred under the TEIP.

**Youth Family & Community Connections Inc**
Service Location: Devonport and Burnie

The organisation is funded to provide specialist services to young people and services through the Illicit Drug Diversion Initiative (IDDI) and Tasmanian Early Intervention Program (TEIP).

The organisation also provides:

- outreach within the Mersey Leven region including all areas covered by the Devonport, Latrobe, Central Coast and Kentish Municipalities;
- responses to drug and alcohol problems among young people by providing an early intervention outreach service. Provide a specialist intervention, community information, health promotion, support and information to families/carers and friends;
- information and referral, advocacy support, health promotion and education, treatment interventions confidential counselling, diversion; and
- assessments and brief interventions or extended brief interventions for people referred under the IDDI or young people under the age of 18 referred under the TEIP.

**Anglicare Tasmania Inc. – Family Support Services**
Current service system

Service Location: Devonport, Burnie and Launceston

Anglicare Tasmania are funded to provide specialist alcohol and drug support services to the families and significant others of people experiencing alcohol and drug issues in the North and North West of Tasmania.

The organisation provides the following specific activities:

- assessments, and provision of a range of appropriate treatment interventions including brief interventions, individual counselling, single session therapy or targeted and time limited family therapy;
- support to peers, groups and individuals including telephone support (information giving and support) and counselling (therapeutic support) to families;
- outreach and assertive follow up as appropriate;
- information about, and referral of individuals and families to, other support services;
- information/community education to families and groups, including the provision of a website information packs, forums and seminars; and
- establishment of peer support (self-help) groups for families.

Launceston City Mission Inc – Places of Safety

Service Location: Sulphur Creek and Newnham

Launceston City Mission provides 24 hour 7 day per week supervised Place of Safety and Sobering Up Service to enable referrals from Tasmania Police in the North Western and Northern regions. The organisation provides:

- Access to a safe, supportive and supervised environment in which to sober up;
- Access to information, psychosocial interventions and support designed to help address risky alcohol and other drug use behaviours and their underlying causes; and
- Access to information about local, regional and state-wide services that support people to address risky alcohol and other drug use behaviours and their underlying causes.

2. Residential Rehabilitation Services

Tasmanian Salvation Army – The Bridge Program

Service Location: New Town (South)

The Salvation Army provides a Statewide 24 hour 7 day a week residential rehabilitation service for men, women and families. The service is located in the South in New Town but accepts referrals from all parts of the State. The organisation provides in-patient residential rehabilitation programs with up to 4 weeks intensive support followed by a four week step down program for each individual client. The Bridge Program has a minimum of twelve residential beds at any one time with three beds reserved for female clients. In addition, up to sixty clients statewide (over an eight week cycle) access the day/afternoon non residential support program(s).

Specific supports include:

- comprehensive alcohol and other drugs assessment and mental health assessment as required;
• individual case co-ordination planning which focuses on social, health, legal, recreational, family, psychological, financial and spiritual aspects; and individual treatment plan, including goals, exit planning and relapse prevention strategies;
• case management as appropriate;
• a range of treatment interventions including behavioural treatment approaches, social and community living skills training relevant to the client's needs, individual counselling, group work and relapse prevention;
• facilitated referral and access to other services assessed as appropriate;
• information about local, regional and state-wide services that support people to address drug use behaviours and their underlying causes
• outreach services as required; and
• pre and post treatment evaluations.

Launceston City Mission Inc. - Missiondale
Service Location: Evandale (North)

Launceston City Mission provide a 24 hour 7 day a week residential rehabilitation service in the North for men and women affected by alcohol and drugs. The service accepts referrals from all parts of the State. The Missiondale program consists of five aspects – Community Living, Group Therapy, Individual Counselling, Case Management and Work Therapy. The funding provided to Missiondale enables the organisation to:

• Employ two experienced alcohol and other drug case co-ordinators who are responsible for the development, implementation and review of case management plans for all clients of the organisation's residential rehabilitation program. The case coordinators will also provide after-care services for clients who have completed the residential stage of the program; and
• Employ a psychologist or social worker to provide individual and group counselling as deemed appropriate to the organisation’s residential rehabilitation program clients and their families.

Pathways Tasmania
Service Location: Ellendale (South)

Pathways Tasmania provide a 24 hour 7 day a week residential rehabilitation service in the South for younger men affected by alcohol and drugs. The service accepts referrals from all parts of the State. The funding provided to Pathways Tasmania enables the organisation to:

• Deliver pre and post program assessments and follow-up;
• Provide one-on-one case management;
• Develop individual programs which include:
  o Study and discussion groups
  o Living skills, nutrition & hygiene
  o Social, spiritual & personal development
  o Pre-vocational & vocational development
  o Structured work activities, recreation & sports
  o Family mediation where necessary
• Liaison with health services;
• Counselling and group therapy; and
• Education of clients and staff regarding mental health
3. Other Specialist Alcohol and Drug Services

There are a range of specialist alcohol and drug services in the community sector that are funded to deliver services on a Statewide basis that accept referrals for clients located in the North West Region of Tasmania.

**Anglicare Tasmania Inc. – Care Coordination Services**
Service Location: Devonport, Launceston and Hobart

Anglicare Tasmania provides care coordination services for Alcohol and Drug Service clients with multiple and complex needs. Positions are based in each region and manage between 6-10 clients each at any one time. The specific services include:

- Assessment of client care coordination needs;
- Creation, coordination and regular reviews of care coordination plans;
- Facilitation of access to appropriate services including brokerage; and
- Regular contact with other services

**Advocacy Tasmania Inc**
Service Location: Sandy Bay

Advocacy Tasmania provides specialist advocacy services for people experiencing alcohol and drug problems and works to support consumer engagement across the service sector.

**Drug Education Network Inc**
Service Location: Hobart

The Drug Education Network (DEN) is funded to deliver a range of health promotion, prevention, and early intervention programs to reduce the harm associated with alcohol, tobacco and other drug (ATOD) use across Tasmania. The organisation has a commitment to deliver services focused on community engagement and capacity building.

**Alcohol, Tobacco & Other Drug Council Tas Inc.**
Service Location: Hobart

The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership-based, independent, not-for-profit and incorporated organisation which is the key body advocating for adequate systemic support and funding for the delivery of evidence-based alcohol, tobacco and other drug (ATOD) initiatives. The organisation:

- supports workforce planning and development through training, policy and development projects with, and on behalf of, the sector;
- represents a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction; and
- plays a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community
Other Service responses

1. Court Mandated Diversion Program

The Court Mandated Diversion Program (CMD) provides Magistrates with an option to divert eligible offenders into treatment for their drug use through either the bail or sentencing process. The primary goal of the CMD program is to break the drug-crime cycle by involving offenders in treatment and rehabilitation programs. It aims to provide viable pathways for offenders by increasing their access to drug, alcohol, or other welfare services in order to break their cycle of contact with the criminal justice system. There are three basic ways diversion into drug treatment can occur after a plea of guilty or a finding of guilt:

- through conditions attached to a bail order; or
- through conditions attached to a community-based order, eg suspended sentence or probation; or
- through a Drug Treatment Order where a Magistrate will continually review offender progress on the order.

Due to the intensity of the program, numbers in the CMD are ‘capped’ due to resource requirements. There are certain eligibility and suitability criteria.

2. Needle and Syringe Program

The Needle and Syringe Program (NSP) provides sterile injecting equipment to injecting drug users to reduce the incidence of people sharing or reusing injecting equipment. The objective of the NSP is to minimise the transmission of HIV, Hepatitis C, and Hepatitis B and other drug related harms to injecting drug users and to the wider community.

The NSP operates from a variety of sites around Tasmania, hospitals, community health centres, pharmacies as well as dedicated sites that have been established and funded for the specific purpose of ensuring the availability of equipment and services to injecting drug users.

The NSP was initiated by the Tasmanian Government in 1993 under the HIV/AIDS Preventative Measures Act 1993 and is a key public health strategy aimed at reducing the harms associated with drugs use.

3. Alcohol and Drug Treatment in Prisons

Correctional Primary Health Services provides health services to prisoners in the Tasmanian prison system. The services provided include:

- Assessment of medical and mental state on entry to the prison system.

- Management of active health problems including review of medications, treatment of existing conditions, drug and alcohol issues, mental health assessments.

- Preventative health programs, including sexual health education, drug and alcohol education, immunisation, lifestyle assessment and education.

- Provision of advice to the Prison Service on care for the frail, disabled or elderly in the prison environment.
Current service system

- Inpatient care, including drug and alcohol detoxification and relapse prevention, preoperative and postoperative care, management of infections, injuries and other conditions requiring low/medium level health care.
- Opioid Pharmacotherapy Program medication provision.
- Outpatient allied health services referrals including forensic mental health, physiotherapy, dental and optometry.
- Input into Suicide and Self Harm (SASH) assessment and risk management. Tasmanian Corrections Service / Therapeutic Services psychologists and counselling carry the responsibility for SASH management, however, the Correctional Primary Health Service has significant input.

4. Other Alcohol and Drug Treatment

In addition, there are various other forms of treatment which are provided by a range of service providers in the health system. There is a mixture of non-government, government, and mixed government and non-government service providers. These include public hospital services such as ambulance responses, medical practitioner services, pharmacy services, government and non-government community-based services and Aboriginal health services. These are also important as they are often, or can be, the first service to identify an alcohol or other drugs use issue.
Alcohol and Drug Service Delivery Issues

In recent years a number of reviews and the development of a key strategic plan for the alcohol, tobacco and other drug treatment sector have highlighted a range of service delivery issues across the State, with some particular references to services in the North West Region of Tasmania.

**Future Service Directions Plan**

Following a major review of the alcohol, tobacco and other drug treatment sector in 2007/08, the Government released a Future Service Directions Plan to guide service development activity for the sector over a five year period. Funding was provided to implement strategies identified within the Plan. However, only strategies in the first four years of the Plan were funded. Strategies identified for the last year of the Plan were never funded and have therefore not been implemented.

A key initiative included in Future Service Directions Plan was the establishment of a new “specialist residential rehabilitation service that was to provide access to intensive medical and therapeutic interventions for clients with complex needs”. The development of this new specialist residential rehabilitation service had been highlighted for the final year of the Plan (2012-13), however due to budgetary constraints and budget savings measures, there was no funding identified for implementation in the final year, and this initiative was unable to progress.

In 2013 the Alcohol and Drug Service undertook an internal review of the implementation of the Future Service Directions Plan. The internal review report *Alcohol, Tobacco and Other Drugs Services Future Service Directions Plan: Analysis of Performance* has been released to key stakeholders. The review identifies a range of future development options for residential rehabilitation stating that:

- There is a need to increase access to residential rehabilitation services in Tasmania. Considering all opportunities to increase residential rehabilitation will an important priority for the sector; and
- It is recognised that to meet the needs of the Tasmanian community for residential rehabilitation it will be important to differentiate and define rehabilitation services into a number of program types based on the types of clients they support. The programs to be offered by residential rehabilitation services will be principally either rehabilitative or accommodation support, long stay or short stay (or combinations of these).

The internal review report also identified the need to articulate the appropriate models of psychosocial services and interventions required in the Tasmanian service system as an extremely high priority for the sector. Both government and community sector organisations provide psychosocial interventions as a significant component of their treatment services. The need to review how and what types of interventions are most effective for Tasmanian clients is paramount to ensuring a sector that is contemporary, high quality and sustainable.

Providing access to withdrawal management services for clients from the North and/or North West was also identified as a priority in the Future Service Directions Plan. However the delivery of, and access to, inpatient withdrawal management services (otherwise referred to as ‘detoxification’), attracted significant criticism throughout the consultation process of the internal review, from both government and non-government services, with many stakeholders experiencing continued frustration in accessing the service for clients.
Alcohol and Drug Service Delivery Issues

However, closer examination reveals a number of reasons for this with the major difficulties being repeated discontinuity in recruitment and retention of specialist medical practitioners to admit patients and operate the facility and a lack of suitable treatment services to refer patients to for definitive treatment following withdrawal management (‘exit block’). The distance from the North West to the specialist Unit at St Johns Park in Hobart is without doubt another major barrier to admission.

The review of the Future Service Directions Plan noted, ‘There continues to be a need to develop diversity in where and how withdrawal management services are provided. There needs to be a focus on developing and resourcing a range of best practice models, including ambulatory withdrawal, acute care (hospital based) and the further development of the dedicated withdrawal management unit. Consideration of how youth are managed within this service type will also need to be addressed in any future service framework. In developing these models, it will be important to ensure that withdrawal management is better integrated with acute care services and have close links to residential rehabilitation and supported accommodation services.’

Compliance Audit of the Future Service Directions Plan

As part of its 2013/14 workplan, the Tasmanian Audit Office undertook a compliance audit of the Alcohol and Drug Services Future Service Directions Plan 2008-90 to 2012-13.

Outcomes reviewed by the Tasmanian Audit Office for withdrawal management services (and which its compliance audit found were unmet or only partially met) concluded that:

- specialist medical services had not been provided in the North West;
- reliance on clinically inappropriate services in the North and North West had not reduced; and
- greater access to withdrawal management services had not been achieved.

The Compliance Audit recommended that the Alcohol and Drug Service works with and supports non-government organisations to:

- investigate ways to increase access to withdrawal management services; and
- implement alternative measures to improve access for clients from the North and North West.

It also recommended that the ADS works with and supports non-government organisations to investigate alternative ways to expand services across all regions. This was in response to outcomes related to the provision of psychosocial interventions and support under which the Tasmanian Audit Office found little progress toward expanded capacity to provide support to clients who live in non-urban areas.

Recruitment and retention

A recurring theme for the alcohol and other drugs sector nationally and in Tasmania is the general shortage of specialist alcohol and other drug workers, and difficulties in recruitment and retention within the sector. This significantly impacts upon the ability of the sector to provide the necessary specialist advice, to continuously build clinical and technical capacity within the sector in a way that is sustained and to respond effectively in response to the needs of other services and health professionals.
The Way Forward

In responding to the current drug use issues in the North West region and indeed other areas of the State, it is important that a multi-faceted approach, which gives equal emphasis to demand, supply and harm reduction measures, is adopted. Such a response will also require consideration of the specific evidence-based needs of a particular community, and the actual drug use within that community, as well as integrated responses across government agencies, local government and non-government services providers and the general community.

This review and its recommendations primarily focus on harm reduction strategies with an emphasis on specialist alcohol and drug treatment and support services. Additionally, this report attempts to complement recommendations provided in the recent review of the Future Service Directions Plan and compliance audit undertaken by the Tasmanian Audit Office. In doing so, this report aims to avoid duplication of information or recommended strategies (where possible) to what has been provided from the recent reviews. It will be important that work undertaken to address the recommendations from previous reviews continues as previously planned.

The recommendations have been split into operational and strategic, noting there is some overlap.

The recommendations are intended to contribute to the following outcomes:

- enhance service treatment responses by improving access and capacity;
- strengthen the capacity of the community to identify and respond to drug use issues;
- improve service collaboration;
- strengthen governance arrangements; and
- improve mechanisms that impact on the supply of, and demand for, illicit drugs.

Operational

1. Developing and Supporting Our Workforce

The delivery of high-quality, sustainable and outcomes-focused services require a workforce that is fully supported to ensure it is equipped with contemporary specialist knowledge and skills. The need to support and develop our workforce becomes more critical as emerging trends become more apparent. It is vital that our workforce is properly equipped to deal with any increase and changes in drug use levels and patterns.

It will be essential that education and training on contemporary practice for the treatment of amphetamine-type stimulants dependence is provided to frontline workers in specialist alcohol and other drug treatment services. Leeljenn, a specialist alcohol and drug training organisation, provided training to government and community sector alcohol and drug services in Tasmania last year. This training, referred to as the Odyssey House Amphetamine-Type Stimulant Training Program and focussing on treatment approaches for people who use crystalline methamphetamine, was reportedly well received. It will be important to review the training needs of the sector and seek to build upon this previous work, before proceeding with further training of this nature.
Recommendation 1

Source and commission the delivery of amphetamine-type stimulant education and training, with an emphasis on methamphetamine use, to immediately upskill frontline service providers including those working in the alcohol and other drugs sector.

Although the ongoing treatment and management of amphetamine-type stimulant dependence continues to be problematic for services, there is a range of resources currently available that provides a level of evidence-based guidance for an effective treatment response. It is understood that the Commonwealth, in response to the increase in methamphetamine-type stimulant dependence will be updating evidence-based treatment guidelines. However, until this occurs it will be important for Tasmanian services to review existing evidence and treatment guidelines and operate within what is currently recommended as best practice.

Recommendation 2

Source and distribute evidence-based methamphetamine treatment guidelines resources for use within Tasmania, in order to support service providers in responding to any increase in amphetamine-type stimulant use and related problems.

2. Enhancing Current Service Response

Throughout the course of the review a range of service responses options have been raised as possible solutions for addressing amphetamine-type stimulant dependence. Experience from existing services and specialists, highlights the need to build capacity in the current service system rather than establishing a separate response that specifically targets amphetamine-type stimulant dependence. Therefore, it is important that any service responses complement existing strategies and are focused on developing existing capacity so services are able to respond to a range alcohol and drug issues as they emerge.

3. Specialist support through Consultation Liaison Services

A core element of any alcohol, tobacco and other drug service system is an effective consultation liaison service. A consultation liaison service provides specialist advice, assistance, and guidance to clinical staff and other health and community workers on the effective diagnosis and management of patients who present with alcohol and drug problems to the health system and community based services across the State. A quality consultation liaison service should encompass a multi-disciplinary approach whereby nursing staff and allied health professionals deliver consultation liaison services with support and guidance (and intervention when needed) from skilled and experienced medical specialists.

A specialist consultation service also provides a unique opportunity to train and educate front line workers on contemporary evidence based practice for the treatment and support of people with alcohol and other drug problems. The need for such a service is critical in light of the general paucity of training of health professionals in the area of alcohol and other drug problems, the complexity of the problems that often present and the often lack of confidence among health professionals to intervene effectively. These challenges are further enhanced by the emergence of new drugs of abuse and changing patterns of drug use, highlighted by the special challenges that present in relation to crystalline methamphetamine.
Therefore the development of a specialist consultation liaison function within the Alcohol and Drug Service is critical for Tasmania if we are to effectively respond with appropriate treatment and support as drug use patterns change, such as an increase in crystalline methamphetamine dependence.

**Recommendation 3**

Develop a specialist consultation liaison service within the Alcohol and Drug Service to work alongside and support the broader health system including the tertiary, primary health and community services in better managing alcohol and drug issues and responding to emerging issues.

As a priority the Alcohol and Drug Service will establish consultation liaison capacity in the North West. Once established, the initial focus will be supporting and upskilling health care providers and other services in managing and treating amphetamine-type stimulant use and dependence. It will also support the ongoing development and delivery of appropriate treatment and other service options.

**Note:** Identifying and recruiting appropriately skilled clinicians, particularly to the North West region, may present difficulties in implementing this recommendation within a six month period.

4. Improved access to withdrawal management

Despite recent research, there remains little evidence of successful pharmacological treatment for amphetamine withdrawal which raises questions about the need for specialist withdrawal management services in managing amphetamine withdrawal.

However, a recent report by UnitingCare ReGen in Victoria, “Methamphetamine treatment: Building on successful strategies to enhance outcomes” highlighted that some recent changes to their withdrawal practices has resulted in some success in increasing retention in treatment of amphetamine-type stimulant dependence. (Methamphetamine treatment: Building on succesful strategies to enhance outcomes., 2014) In their report, UnitingCare ReGen highlighted that retention of people undertaking methamphetamine withdrawal was poor in their adult residential withdrawal unit. In an attempt to improve treatment for people undertaking methamphetamine withdrawal, the service extended their withdrawal duration up to 10 days for these clients. They also allow those seeking treatment up to 72 hours to ‘crash’. The report indicates that these strategies have helped to increased retention.

In Tasmania, the specialist Withdrawal Management Service is located in the South of the State. Historically the location of the service has proven to be a significant barrier for potential clients located in other regions of the State, especially the North West region. This issue will need to be addressed if withdrawal management is to be an effective treatment option for clients, regardless of which region they live in. Additionally, if the Withdrawal Management Services is to be an effective treatment option for amphetamine-type stimulant withdrawal, changes to the model and upskilling of staff will need to occur as a priority.
Recommendation 4

Increase access to inpatient withdrawal management services for clients based in the North West, including consideration of transportation and clinical assessment issues.

Undertake an analysis of contemporary evidence based medical interventions to ensure that our specialist Withdrawal Management Service is equipped to safely and appropriately clinically manage amphetamine-type stimulant withdrawal.

5. Increased residential rehabilitation beds

The major review of the Tasmanian alcohol, tobacco and other drugs treatment sector in 2008 identified residential rehabilitation services as a significant area in need of investment. The Future Service Directions Plan that followed the review, highlighted residential rehabilitation as a critical element in a comprehensive alcohol, tobacco and other drug service system. Although increased investment was provided to residential rehabilitation services as a result of the plan, the funding was more about service sustainability and quality improvement. In essence, the funding provided to residential rehabilitation services essentially maintained bed numbers rather than increasing bed numbers. The Plan did identify a need for a new residential rehabilitation service but unfortunately this initiative was never funded and therefore never progressed.

Residential rehabilitation continues to be an area of high demand for Tasmania. While not everyone needs or wants residential rehabilitation, limited access is serving as a barrier to patients entering the treatment sector including those who first require admission to the Inpatient Withdrawal Services at St Johns Park, New Town. The recent consultations associated with this review and previous reviews (including the review of the Future Service Directions Plan and the Compliance Audit by the Tasmanian Audit Office highlighted residential rehabilitation as continued area of need.

The Treatment Approaches for Users of Methamphetamine: A Practical Guide for Frontline Workers, released by the Commonwealth Government in 2008, indicates that studies have shown that residential treatment is effective for some methamphetamine users. (Jenner & Lee, 2008)

Several recent submissions to Government have also sought to increase access to residential rehabilitation as a priority, especially across the North and North West regions of the State. It is also evident that the Southern region also suffers from a lack of residential rehabilitation beds. Further analysis of the current proposals for residential based treatment will be required to ensure that any proposed model will meet the needs of clients. This will also provide an opportunity to consider models of service that incorporates a more collaborative partnership between community sector organisations and the Alcohol and Drug Service to ensure a more holistic approach to health care is adopted. The establishment of a specialist consultation liaison capacity within the Alcohol and Drug Service (see recommendation 3) will play a pivotal role in such an approach.

It is clear that having access to some form of residential care in the North West is a high priority and should be resourced. Establishing such a service capacity could potentially provide an opportunity to consider a reconfiguration of services, including the current Places of Safety Services and specialist clinical services that sit with the Alcohol and Drug Service.

It is strongly recommended that residential rehabilitation facility with specialist clinical input from the Alcohol and Drug Service is established in the North West. The specific clinical model of service
provision and its location would require further analysis and discussion with key stakeholders in the North West.

There is significant evidence (and feedback through recent consultations) to support the expansion of residential rehabilitation in other regions of the State. This will form part of the agenda for the Alcohol and Other Drug Treatment Expert Advisory Group who will provide recommendations to address the issues identified in the recent reviews of the Tasmanian alcohol and other drug treatment sector.

**Recommendation 5**

*Increase the availability of residential rehabilitation beds for clients based in the North West.*

This will require the development of an evidence-based contemporary model of care for alcohol and drug residential rehabilitation services in Tasmania with a particular emphasis on improving access. This will consider submissions received through this review period.

*In light of time required to develop such a model of care, in the interim explore options to increase access to residential rehabilitation beds, particularly in the North and North West.*

6. **Current specialist treatment service configuration**

As mentioned earlier in this report, there are a number of service delivery issues for the sector that will require further analysis to ensure that appropriate solution are found. The recent review of the Future Service Directions Plan and the Compliance Audit, undertaken by the Tasmanian Audit Office, both identify a range of issues within the sector that will need to be addressed. A key focus for the newly established Alcohol and Other Drug Treatment Expert Advisory Group will be the consideration of the findings of those two reviews and to explore and implement appropriate strategies to address the recommendations contained in each report.

More recent consultations, as part of this review, have raised concerns over the current configuration of the service system with indications that some service types are not being fully utilised and there may be opportunities to consider alternative approaches to service delivery. Although the recent feedback was particularly focussed on service provision in the North West, it is likely that similar experiences are occurring in other regions of the State.

7. **Improved integration of services**

It is evident that across Tasmania the delivery of specialist alcohol and drug treatment services continues to be extremely fragmented despite recent attempts for better collaboration and integration between services. There continues to be an opportunity to better integrate services to enable the service system to:

- Provide comprehensive services across the continuum of care;
- Be patient focussed;
- Improve geographic location (and coverage);
- Standardised high quality care;
- Improved utilisation of clinical resources; and
- Improved governance and financial sustainability.
The Way Forward

The need to consider integration and collaboration opportunities along with possible relocation or co-location of services will be a key focus for Tasmania in addressing recommendations that fall from the recent review of the Future Service Directions Plan and the recent Compliance Audit undertaken by the Tasmanian Audit Office.

**Recommendation 6**

*Map the current configuration of services across the state with a particular emphasis on the North West region.*

This will inform the development of a plan to improve integration and collaboration of services including consideration of reconfiguration of current alcohol and other drugs specialist services with other service providers including Mental Health Services and other community sector organisations.

*This work will be undertaken by the Alcohol and Other Drug Treatment Expert Advisory Group in conjunction with the Alcohol and Drug Services Planning Advisory Group.*

8. Specialist Treatment and Support Responses

The identification of an effective treatment option for people with problems related to the use of or dependence on amphetamine-type stimulants is problematic, as no particular treatment has been identified as being effective for either withdrawal management or longer-term treatment. A recent information sheet released by the Australian National Council on Drugs (ANCD) stated: “Although at present there are no known pharmacological treatments for amphetamine-type stimulants dependence (there are medications that can help with some symptoms of withdrawal), there are effective psychosocial and psychological treatments. These include forms of Counselling such as Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and Contingency Management.” (Amphetamine Type Stimulants (ATS) Treatment Information Summary)

In Tasmania the focus in treating methamphetamine dependence will be through the specialist alcohol and other drug treatment services (government and community based) that offer a range of psychosocial interventions such as narrative therapy, motivational interviewing, cognitive based therapy and contingency management. However, it will be important that services can respond quickly to emerging issues and changing needs in treatment and support requirements.

An article in the recent Of Substance magazine notes (Rechichi, 2014):

- Research has not provided sufficient evidence of effectiveness for any pharmacological interventions in the clinical management of amphetamine-type stimulant withdrawal or the treatment of stimulant drug dependence, to warrant their general use. (Lee & Rawson 2008; ANCD, 2014) and;
- Psychological interventions remain the mainstay of treatment for methamphetamine use – as well as underlying mental health problems. Treatment is predominantly provided through generic community-based drug treatment services, with outpatient counselling the most common treatment format (McKetin et al. 2013);
- Withdrawal, where levels of dependence require it, is commonly followed by such psychological counselling as narrative therapy, motivational interviewing, cognitive behavioral therapy, and contingency management.
The recently established Alcohol and Other Drug Treatment Expert Advisory Group is well positioned to play a key role in monitoring the effectiveness of service responses to emerging drug issues in Tasmania. The Group has representation from the Alcohol and Drug Service, specialist community based services, policy makers and most importantly clients. The Group is equipped with the expertise to consider any opportunities to respond to emerging issues and provide recommendations through to Government on possible service response options.

**Recommendation 7**

The Alcohol and Other Drug Treatment Expert Advisory Group will provide advice and guidance to the Alcohol and Drug Services Planning Advisory Group on the treatment service response needs for emerging alcohol and drug issues on an ongoing basis.

**9. Promotion, prevention and early intervention and community awareness raising**

In the recent Of Substance magazine, November 2014, their article “Ice Epidemic Fact or Fiction?” noted that prevention messages, especially those delivered through peer education, are critical to reducing harm among potential users in the early stages of a drug epidemic.

In March 2013 Everybody’s Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use was released. This recognises the importance of a preventive health agenda, and need for increasing the focus on health and wellbeing, health equity and social inclusiveness approaches to complement the traditional reactive health responses to alcohol and other drugs use.

An Alcohol and Other Drugs PPEI Advisory Group, with representation across the Alcohol and Drug Service, specialist community based services, Population Health Services and policy makers has recently been convened by the Alcohol, Tobacco and Other Drugs Council, Tasmania. It is working closely with the Drug Education Network (DEN) to develop both a whole of government Implementation Plan and a DEN PPEI Work Plan. Many of the strategies being considered have the potential to reduce harm among potential users of drugs (including amphetamine-type stimulants) and provide positive outcomes for the broader community.

The evidence about the effectiveness of general drug education in the broader community or within school communities is that it is only marginally effective in changing attitudes and behaviours. However, there is better evidence of the effectiveness of accurate and targeted information to specific ‘at risk’ groups. In responding to amphetamine-type stimulant use, there is evidence to support a multi-pronged approach incorporating well-crafted prevention messages (as an adjunct to other strategies); support for frontline service providers; support for families (face-to-face and online information, strategies and support); and training for primary care service staff to encourage and support the provision of early interventions. (UnitingCare ReGen 2014)

**Recommendation 8**

Finalise the development of the alcohol and other drugs promotion, prevention and early intervention Implementation Plan with a focus on strengthening community capacity to better identify and respond to alcohol and other drug use and related problems.
Support communities and current service providers to implement health promotion, prevention and early intervention strategies including the provision of community awareness raising and improving health and health policy literacy.

**Note:** A community wide education campaign focussing on amphetamine-type stimulants is not recommended at this stage, given the small proportion of the general community currently engaged in the use of these substances and given the absence of evidence of a broadening of the base of their use in the Tasmanian community. A general awareness raising campaign based on strong negative messages runs the risk of further alarming the general community, adversely influencing the image of Tasmania in the absence of evidence to support this and further stigmatising people who use drugs. These awareness and fear raising approaches are in any case unlikely to be effective in the absence of broader societal shifts arising in response to strategies that address the reasons for hazardous and harmful use of alcohol and other drugs.

**Strategic**

1. **Tasmanian Inter-Agency Working Group on Drugs**

The Inter-Agency Working Group on Drugs will continue to play a key role in overseeing and influencing the way Tasmania responds to alcohol and drug issues through a range of demand, supply and harm reduction strategies. This focus aligns closely with the National Drug Strategy, 2010-2015 and the Tasmanian Drug Strategy 2013-2018 where the overarching approach of harm encompasses the three pillars of:

- **demand reduction** to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community
- **supply reduction** to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs
- **harm reduction** to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Given recent structural changes within government agencies, it will be important to strengthen the role of the Inter-Agency Working Group on Drugs to ensure it can provide expert advice to Government on effective responses to the changing needs of the Tasmanian community in relation to alcohol and other drug related issues.

**Recommendation 9**

Strengthen the governance structure for alcohol and drug issues in Tasmania by:

- Formally enhancing the relationship between the Inter Agency Working Group on Drugs and its advisory structures with the specialist treatment and service delivery sector;
- Strengthening responses across health, police, education, justice and the community sector

As a priority, the Inter Agency Working Group on Drugs will complete the development of the Tasmanian Illicit Drug Action Plan with a special focus on responding to amphetamine-type stimulant use.

The Inter Agency Working Group on Drugs in conjunction with the Alcohol and Other Drug Treatment
There is a need to consider the current role and membership of the Inter-Agency Working Group on Drugs and to strengthen the relationship it has with specialist treatment services to ensure that best expert advice is provided to Government on all aspects relating to alcohol and drug issues in this State.

The following diagram outlines some changes to the governance structure for alcohol and drug issues in Tasmania which would assist in establishing a more formal arrangement between specialist service delivery and strategic responses through the Inter-Agency Working Group on Drugs.

**Enhanced Governance Structure for Alcohol and Drug Issues in Tasmania**

2. Clinical information management system and data collection
The Way Forward

A key finding from the review is the clear lack of quality and reliable information on alcohol and drug use at both a State and local level. It is apparent that a significant overhaul of data collection and management systems is required for the alcohol, tobacco and other drug sector in Tasmania. Services cannot effectively support clients in the absence of information. Health care practitioners use information for patient care, service planning, educational and research activities, medico-legal and for legislative reasons. Government uses information to formulate evidence-based policy. The capacity to adequately undertake these tasks is lacking and in some cases non-existent.

In Tasmania, a key priority will be to identify an effective clinical and data management tool which can be utilised across all services.

**Recommendation 10**

*Identify a suitable clinical information management system or at a minimum a substance use and related problems data collection system for use across the Tasmanian alcohol, tobacco and other drugs treatment sector.*

3. **Continued focus on alcohol (and cannabis)**

It is important to ensure any approaches and responses do not lose sight of the evidence that alcohol and tobacco are the two drugs that cause the most harm and cost to the Tasmanian community; that cannabis is the illicit drug of greatest concern; and that a social and health determinants approach is needed to address the causal and consequential factors that influence drugs use. These were raised during the consultations and forums, and the need for a continued focus on alcohol and cannabis is supported by the data.

It is also noted that for alcohol, universal interventions targeting the whole of the population generally have a higher effectiveness rating and generally lower cost to implement than those targeting high risk groups. For example, the three approaches with very high evidence of effectiveness in combating alcohol misuse at a whole of population level are pricing (taxation); making alcohol less accessible (e.g. outlet density and hours of sale); and promotion (limiting marketing and advertising). (Taking Preventative Action: a response to Australia: The Healthiest Country by 2010) There is also high evidence of the effectiveness of raising the minimum legal age for purchasing alcohol and strengthening secondary supply of alcohol to those under-age.

**Recommendation 11**

*Maintain a focus on alcohol, cannabis and other drugs and emerging trends, levels and patterns of use and harms. This is in acknowledgement of the data and consultations’ feedback that alcohol and cannabis are the drugs of greatest concern.*
Appendix 1 – Analysis of Statistical Data

Demographic Data

Circular Head

Circular Head covers some 489,765 hectares in the topmost north west corner of Tasmania. It has a population (ABS 2013 data) of some 8,287 persons, of which 4,012 were female and 4,275 were male. The median age was 38.9 years. The number of persons between the ages of 10 – 14 years was 650; between 15 – 19 years was 598; and between 20 - 24 was 441. The proportion of persons between 15 – 24 years of age was 12.5 per cent (1,039 persons).

Working age population (15 – 64 years of age) was 63.6 per cent of the total population, or about 5,273 people. Of those, as at 2011, some 3,542 were wage and salary earners, leaving a significant proportion of the wage and salary age group reliant on government benefits of some kind.

The risk factor levels and health outcomes for Circular Head were mixed when compared to the North West Region and Tasmania as a whole. In particular, the Circular Head LGA has:

- more adults who are daily smokers (20.3 per cent)
- less adults with an inadequate daily vegetable intake (85.5 per cent)
- less adults screened for high blood cholesterol (44.9 per cent) or diabetes/high blood sugar levels (43.9 per cent) in the last two years
• a significantly higher rate of potentially preventable hospitalisations (29.1 per 1 000 – 3rd highest of all LGAs)
• a higher rate of potentially avoidable deaths (238.2 per 100 000 – 10th highest of all LGAs)
• a higher notifiable disease notification rate (847.7 per 100 000 – 9th highest of all LGAs).

Broader North West Area

The broader North West area includes Circular Head and incorporates the municipalities of Waratah/Wynyard; Burnie; Central Coast; Devonport; Kentish; Latrobe; King Island and West Coast demographic.

This combined area has a population (ABS 2013 data) of some 113,995 persons, which represents approximately 22 per cent of the Tasmanian population.

The average proportion of persons between 15 – 24 years of age was 12.0 per cent.

In the Report on the Tasmanian Health Survey the North West region reported the highest proportion of fair or poor health (22.5 per cent) in 2013, which was an increase from 20.2 per cent in 2009. This is statistically significantly different when compared with the South, but not significant when compared with the Northern region or Tasmania as a whole. In 2013, the North West region had the highest proportion of people unable to raise $2,000 (13.9 per cent) however this was not statistically significant. The North West had statistically
significantly lower participation in school groups compared to the North and Tasmania, but not compared to the Southern region.

According to the 2011 Census, the North West region had a total of 6,025 persons who identified as Aboriginal or Torres Strait Islander.

Indigenous population for the North West region is summarised below.

<table>
<thead>
<tr>
<th>LGA</th>
<th>No.</th>
<th>% (of LGA total pop'n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnie</td>
<td>1104</td>
<td>5.7</td>
</tr>
<tr>
<td>Central Coast</td>
<td>1267</td>
<td>5.9</td>
</tr>
<tr>
<td>Circular Head</td>
<td>932</td>
<td>11.7</td>
</tr>
<tr>
<td>Devonport</td>
<td>1293</td>
<td>5.3</td>
</tr>
<tr>
<td>Kentish</td>
<td>237</td>
<td>3.9</td>
</tr>
<tr>
<td>King Island</td>
<td>29</td>
<td>1.9</td>
</tr>
<tr>
<td>Waratah/Wynyard</td>
<td>852</td>
<td>6.2</td>
</tr>
<tr>
<td>West Coast</td>
<td>311</td>
<td>6.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6025</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Current Drug Use – National Data**


- In 2013, about 8 million (or 42 per cent) people in Australia aged 14 years or older had ever illicitly used drugs, including misuse of pharmaceuticals. Almost 3 million (15.0 per cent) had done so in the last 12 months, comparable with about 2.7 million (14.7 per cent) in 2010.

- Significant declines were seen in use of ecstasy (from 3.0 per cent to 2.5 per cent), heroin (from 0.2 per cent to 0.1 per cent) and GHB (from 0.1 per cent to less than 0.1 per cent) in 2013 but the misuse of pharmaceuticals increased significantly (from 4.2 per cent in 2010 to 4.7 per cent in 2013); use of the remaining drugs surveyed remained relatively stable between 2010 and 2013.

- The most common illicit drug used, both recently and over the lifetime, was cannabis, at 10.2 per cent and 35 per cent respectively.

- While there was no significant increase in meth/amphetamine use in 2013, there was a change in the main form of meth/amphetamines used. Use of powder decreased significantly from 51 per cent to 29 per cent while the use of ice (or crystal methamphetamine) more than doubled, from 22 per cent in 2010 to 50 per cent in 2013. People also used meth/amphetamines more frequently in 2013. There was a significant increase in the proportion of users taking it daily or weekly (from 9.3 per cent to 15.5 per cent), particularly among ice users (from 12.4 per cent to 25.3 per cent).

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\(^1\) The National Drug Strategy Household survey is the leading survey of licit and illicit drug use in Australia conducted by the AIHW every three years. It is a self-report survey, with inherent self-reporting bias. The 2013 survey collected eligible data from nearly 24,000 people aged 12 years or older to find out information on self-reported drug use patterns, attitudes and behaviours. In 2010, oversampling was conducted in Tasmania, the Australian Capital Territory and the Northern Territory, so that at least 1,000 interviews were completed.
More people thought that meth/amphetamines was the illicit drug of most concern to the community in 2013 (increasing significantly from 9.5 per cent to 16.1 per cent) and is now the illicit drug of concern most commonly reported.

In comparison, data on self-reported drinking of alcohol has shown some positive shifts.

- Daily drinking declined significantly between 2010 and 2013 (from 7.2 per cent to 6.5 per cent) (or about 1.4 million people) and was at the lowest level seen since 1991. Rates fell for both males and females.
- Between 2010 and 2013, there was a significant increase in the proportion of people who had never consumed a full serve of alcohol (from 12.1 per cent to 13.8 per cent).
- Fewer people aged 12–17 are drinking alcohol and the proportion abstaining from alcohol increased significantly between 2010 and 2013 (from 64 per cent to 72 per cent).
- Younger people are continuing to delay starting drinking - the age at which 14 to 24-year-olds first tried alcohol has increased since 1998 from 14.4 to 15.7 years in 2013.
- Compared to 2010, fewer people in Australia drank alcohol in quantities that exceeded the lifetime risk and single occasion risk guidelines in 2013.
- In 2013, 18.2 per cent of people aged 14 or older (about 3.9 million people) exceeded the lifetime risk guidelines. This is a significant decline from 2010 when 20 per cent drank at these levels.
- The proportion of those who exceeded the single occasion risk guidelines at least once a month also declined significantly from 29 per cent in 2010 to 26 per cent in 2013 (about 5.5 million people).

These improvements should not be taken to mean that the importance of paying attention to the social, economic, commercial and policy drivers of alcohol use and its wide ranging adverse public health and safety impacts should in any way be diminished. The net harms remain significant and there is much to be done drawing upon available evidence on what will work in reducing hazardous, harmful and unsanctioned alcohol consumption.
Figure 2: People aged 14 years or older, drinking alcohol riskily or abstaining, 2001–2013 (per cent)²

The AIHW Alcohol and Other Drugs Treatment Services National Minimum Data Set 2012-13 (AODTS NMDS)³ showed that nationally alcohol, cannabis, amphetamines and heroin have remained the most common principal drugs of concern since 2003–04 (Figure 5.2). Since 2009–10, the proportion of episodes where alcohol was the most common principal drug has decreased (from 48 per cent to 41 per cent), while the proportion of amphetamines has increased (from 7 per cent to 14 per cent).

Figure 3: Closed episodes provided for own drug use, by selected principal drug of concern, 2003-04 to 2012-13

For cannabis and amphetamine, the largest proportion of episodes was for clients aged 20–29 year (36 per cent and 41 per cent, respectively).

Amphetamine was a drug of concern (principal or additional) in 28 per cent of closed episodes in 2012–13 and was the principal drug in 1 in 7 episodes (14 per cent). In 74 per cent of episodes with amphetamine was the principal drug, the client reported additional drugs of concern. The most common of these were cannabis (30 per cent) and alcohol (23 per cent).

² Lifetime risky drinkers are defined as people who consume more than 2 standard drinks per day (on average over a 12 month period). Single occasion risky drinkers are defined as people consuming 5 or more standard drinks on a single drinking occasion.

³ The AIHW Alcohol and Other Drugs Treatment Services National Minimum Data Set 2012-13 (AODTS NMDS) is the national data set that collects information on treatment episodes, clients, and services, and is used to track trends in treatment service use and drug use in Australia.
Over the 5 years from 2008–09, the proportion of episodes where amphetamine were the principal drug of concern has increased (from 9 per cent to 14 per cent), with a low of 7 per cent in 2009–10.

**Current Drug Use – Tasmanian Data**

**National Drug Strategy Household Survey**

According to the AIHW 2010 National Drug Strategy Household Surveyiv, among Tasmanian residents surveyed in 2010, 1.1 per cent reported using meth/amphetamine in the last year. This is comparable to 2007 but should be interpreted with caution due to the high relative standard error of the estimate (Figure 4).

**Figure 4: Prevalence of meth/amphetamine use in Australia and Tasmania among those aged 14 years and over, 1993-2010**

![Graph showing prevalence of meth/amphetamine use](image)

In Tasmania, the self-reported use of any form of meth/amphetamine in the previous 12 months for those aged 14 years or older was reported by 3.0 per cent, a slight rise from 1.1 per cent in 2010. Amongst those who self-reported use of any meth/amphetamine, the data does show a shift in the form of the drug used, with the self-reported use of the crystal form having risen from 5.4 per cent in 2010 to 21.6 per cent in 2013. It must be noted however that due to the lower sample size available in Tasmania, the relative standard error is greater than 50 per cent and is considered too unreliable for general use.

**Trends in drug-related hospital stays 1993-2012**


Tasmania recorded lower rates of amphetamine-related separations relative to other jurisdictions.
This shows separations for amphetamine-type stimulant steadily increasing since the mid-90’s, with peaks in 2003/04 and again in 2006/07. The report authors note that over time, separations for amphetamine dependence have accounted for an increasing proportion of all amphetamine-related separations, increasing from 30 per cent in 1990/00 to 42 per cent in 2011/12.

However, it should be noted that the number of amphetamine-related separations in 2011/12 (2 895) represented only one third of the highest number of opioid-related separations recorded since 1993/94, at 9 117 nationally in 1998/99.

Amphetamine-related hospital separations per million persons in Australia among persons aged 15-54 for the period 1993-2012

In comparison, the table below shows the rates per million for persons of cannabis-related hospital separations in Australia among persons aged 15-24 for the same period.

Cannabis-related hospital separations per million persons in Australia among persons aged 15-24 for the period 1993-2012
The report authors note these findings are consistent with the National Drug Strategy Household Survey general population trends for cannabis use.

Tasmania recorded the second highest rates of cannabis-related separations in 2011/12, after a declining trend between 2006/07 and 2009/10. In 2011/12, 85 per cent of Tasmanian separations were due to cannabis dependence, which is seen to be the driver of the increases in separations.

By way of further comparison, the table below shows the decline in opioid-related separations in Tasmania from 741 per million persons in 2007/08 to 262 per million persons in 2011/12. It is worth noting that in 2011/12 nationally, opioid dependence accounted for approximately half (52 per cent) of all principal opioid-related separations. This does however represent a decline from the 1990s.

### National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)

The 2013 NOPSAD\(^3\) for Tasmania showed the number of clients in Tasmania receiving opioid pharmacotherapy was 659, representing 1.4 per cent of the Australian total of 47 442. Methadone continues to be the drug most commonly prescribed, with around two-thirds (68 per cent) of clients receiving methadone in 2013. In Tasmania, the number of clients per 10 000 people at 13 is the second lowest of all states and territories and has remained static over the last three years.

\(^3\) The NOPSAD collection commenced in 2005 and comprises data about opioid pharmacotherapy clients, prescribers and dosing points collected by state and territory health departments and reported to the AIHW. The scope of NOPSAD includes the provision of opioid pharmacotherapies treatment (OPT) (Methadone; Buprenorphine; and Buprenorphine/naloxone); the practitioners who prescribe; dosing sites; and demographic information on clients. Information is collected annually from all states and territories on a snapshot day usually in June. The scope of NOPSAD includes the provision of opioid pharmacotherapies treatment (OPT) (Methadone; Buprenorphine; and Buprenorphine/naloxone); the practitioners who prescribe; dosing sites; and demographic information on clients.

Opioid pharmacotherapy involves replacing the drug of dependence with a legally obtained, longer-lasting opioid that is taken orally. It reduces or eliminates withdrawal symptoms and drug cravings. Research shows that pharmacotherapy treatment reduces heroin use, other opioid substance misuse and associated criminal behaviour, and improves physical and mental health, and social functioning. Pharmacotherapy for the treatment of opioid dependence is variously referred to as Opioid Pharmacotherapy Treatment (OPT); opioid maintenance treatment; methadone maintenance program; opioid pharmacotherapy maintenance, and more recently, Medication-Assisted Treatment for Opioid Dependence (MATOD).
The proportion receiving buprenorphine only has fallen (from 23 per cent to 13 per cent) while the proportion receiving buprenorphine combined with naloxone has risen (from 6 per cent to 20 per cent). Naloxone is added to buprenorphine to deter injection of the medication.

In Tasmania, 56.9 per cent of clients received methadone; 8.3 per cent buprenorphine; and 34.7 per cent received buprenorphine/naloxone.

In Tasmania there were 62 dosing points – 58 in pharmacies; 2 public clinics; 1 correctional facility and one other. In Tasmania, the majority of clients dose at pharmacies (90.1 per cent), with only 7.9 per cent dosing at public facilities.

**Alcohol and Other Drugs Treatment Services National Minimum Data Set**

The 2011-12 AODTS NMDS\textsuperscript{vii} (the most recent publication with state and territory specific data) for Tasmania showed alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use, accounting for 2 in 5 (40 per cent) of these episodes (Figure 5 below). Cannabis was also relatively common as a principal drug, accounting for over one-third (35 per cent), followed by amphetamine (10 per cent) and morphine (7 per cent).

When both principal and additional drugs are considered, cannabis and alcohol were the most common drugs (50 per cent each), followed by amphetamines (18 per cent).

**Figure 5: Closed episodes provided to clients for their own drug use by drugs of concern, Tasmania, 2011-12**

The as yet unpublished data for the 2012-13 AODTS NMDS for Tasmania below (Figure 5) shows alcohol is still the most common principal drug of concern in episodes provided to clients for their own drug use, accounting for 40 per cent of these episodes. Cannabinoids was also still relatively common as a principal drug, accounting for just under one-third (29 per cent), a drop from 35 per cent in the previous reporting period. Amphetamines increased slightly to 12.4 per cent (from 10 per cent in the previous reporting period, but not statistically significant), followed by morphine (5.5 per cent).

When both principal and additional drugs are considered, alcohol and cannabinoids were the most common drugs (26 per cent each), followed by nicotine (10.3 per cent) and then amphetamines (8.6 per cent, a slight
Review of Drug Use and Service Responses in the North West Region of Tasmania

decrease from the previous reporting period but not statistically significant). As noted above, these data do not take into account treatment episodes related to medication-assisted treatment of opioid dependence.

Figure 5: Closed episodes provided to clients for their own drug use by drugs of concern, Tasmania 2012-13 (unpublished data for the 2012-13 AODTS NMDS)

The Illicit Drug Diversion Initiative

The Illicit Drug Diversion Initiative (IDDI)\(^4\) reports from the Department of Police and Emergency Management showed that for the year 2013-14, there were a total of 20 Level 3 diversions (out of a total of 97, or 21 per cent) across the state where amphetamine-type stimulants were identified as the principal drug. Of those only 6 were for North West postcodes.

The Illicit Drug Reporting System

The Illicit Drug Reporting System (IDRS)\(^5\)\(^\text{viii}\) for 2013 indicate emerging changes in patterns of methamphetamine (and pharmaceutical opioid use) among the local people who inject drugs (PWID). Methamphetamine use in any form remained stable at 74 per cent which is consistent with the national average. Powder (speed) remains the predominant form used by 61 per cent of those. Use of crystal (ice) which was in decline had increased in Tasmania in 2013 to 45 per cent of methamphetamine users, less that the national average of 55 per cent.

Data indicated an increase in the use of crystal (ice) and decrease in the use of base/paste over recent years.

\(^4\) The IDDI is a specific program that provides an alternative to criminal justice sanctions for minor illicit drug possession or use, and allows Tasmania Police officers the discretion to divert individuals with little or no past contact with the criminal justice system for drug offences to drug brief interventions and treatment. Level 1 is a cannabis possession or use caution; Level 2 is a brief intervention for cannabis possession or use; and Level 3 is an extended brief intervention (up to 5 sessions) for possession or use of cannabis or other illicit drugs.

\(^5\) The IDRS is part of the Australian Drug Trends series funded by the Australian Government Department of Health produced by the National Drug and Alcohol Research Centre (NDARC), and undertaken in Tasmania by the University of Tasmania. Annual interviews of people who inject drugs (PWID) as well as key experts working in the sector are undertaken to map illicit drug use trends among this specific cohort. The interviews are undertaken in the south of the state only, and usually involve survey interviews with about 100 PWID and 20 key experts.
Figure 6: Forms of methamphetamine most often used among IDRS PWID participants that had recently used a form of methamphetamine or prescription stimulant, 2002-2013.

![Diagram showing the percentage of participants using different forms of methamphetamine from 2002 to 2013.](image)

Source: IDRS PWID interviews

The patterns of use of the differing ‘forms’ of methamphetamine and pharmaceutical stimulants in the preceding six months by IDRS PWID participants across the 2002 to 2013 studies (Figures 13-15) display the changing face of the local methamphetamine market in this time. There are three major changes apparent in these data.

The Ecstasy and Related Drugs Reporting System

The Ecstasy and Related Drugs Reporting System (EDRS)\(^6\) showed that three fifths (57 per cent) of the 2013 regular ecstasy user sample (which was only 76 interviewees) had used some form of methamphetamine in the preceding six months. This was not statistically different to 2012. There was an upward trend in the proportion reporting recent use of crystal methamphetamine from 5 per cent in 2011 to 17 per cent in 2013.

Ambulance Tasmania Data

Data analysis from Ambulance Tasmania\(^7\) for the 2013 calendar year across Tasmania identified over 100 overdoses attended by ambulance. Alcohol was involved in around one-half of overdose-related attendances. 27 of the cases were identified as accidental overdoses with a further 89 overdoses where intent could not be determined. Use of any amphetamine was identified in less than 5 of the accidental overdoses incidences, as was use of methamphetamine.

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\(^6\) The EDRS is also part of the Australian Drug Trends series funded under the Substance Misuse Prevention and Service Improvement Grants Fund by the Australian Government Department of Health produced by NDARC, and undertaken in Tasmania by the University of Tasmania. Annual interviews of people who are regular ecstasy users (REU) as well as key experts are undertaken to map illicit drug use trends among this specific cohort. The interviews are undertaken in the south of the state only, and usually involve survey interviews with about 100 REU and 20 key experts. It is noted that REU are generally well-functioning, tertiary-qualified, employed and few have any contact with health services. It should also be noted that both the EDRS and IDRS are of two distinct sentinel groups who use particular drugs on a regular basis (EDRS) or regularly inject drugs (IDRS) and as such are not representative of either all consumers of illicit substances, nor can general population prevalence be inferred from these studies.

\(^7\) This project, involving the development of a national surveillance system for overdose and suicidal behaviour cases attended by ambulance is a collaborative project between Turning Point’s Population Health Research Program and Ambulance Victoria, Ambulance Tasmania, ACT Ambulance Service, Ambulance Service of New South Wales, from the Queensland Ambulance Service, St John Ambulance Western Australia, South Australian Ambulance Service and St John Ambulance Northern Territory, and is funded by the Commonwealth Department of Health. The Ambo Project: alcohol and drug related ambulance attendances commenced in Victoria in 1998. Ambulance Tasmania commenced providing Tasmanian data in 2013. Data is collected in March, June, September and December.
Correctional Primary Health Services Data

Correctional Primary Health Services data from the Tasmanian Prison Service on annual nursing staff assessed drug use trends for all admissions for regular or excessive drug use for calendar years 2009 to 2014 (to 1 October 2014) are depicted in the graph below (Figure 7).

**Figure 7: Correctional Primary Health Services – Regular/Excessive drug use by drug type, 2009-2014**

![Graph showing drug use trends](image)

This shows steadily decreasing regular or excessive use of alcohol and cannabis, stable use of benzodiazepines and opioids and a slight increase in use of amphetamines in 2011 but then stable.

Department of Police and Emergency Management Seizures and Offences Data

The Department of Police and Emergency Management is reporting increased seizures of amphetamines/dexamfetamines this year. Table 3 below shows police illicit drug seizures from the Tasmania Police Corporate Performance Report June (Annual) 2014.

Table 3: Illicit Drug Seizures, Tasmania

<table>
<thead>
<tr>
<th>DIS : SEIZURES*</th>
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<tr>
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<td>ECSTASY/XDMA (Tablets)</td>
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<tr>
<td>METHAMFETAMINE (gmi)</td>
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<td>CONROX (gm)</td>
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<tr>
<td>COCAINE (gm)</td>
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<td>ANALOGUE/SYNTHETIC DRUGS (gmi)</td>
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<tr>
<td>POPPY CAPSULES</td>
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<td>POPPY PRODUCT (gmi)</td>
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<td>PHARMACEUTICALS</td>
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<td>OPIOIDS (Tablets)</td>
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<td>OPIOIDS (mgs)</td>
</tr>
<tr>
<td>BENZODIAZEPINES (Tablets)</td>
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</tbody>
</table>

*Monthly seizure figures may not be finalised by the reporting deadline.
This shows an increase in amphetamines/dexamphetamines seizures for current year to date of 5,788 gm compared to 1,513 gm at the same time last year.

South – 1 300
North – 3 943
West – 545

These figures exclude 4 kg seized in the South in June. It should be noted however that these seizure figures do not differentiate between amphetamines (including ‘ice’) or dexamphetamines.

These seizures data also show statewide decrease from last year in the seizure of processed cannabis, but increases in seizures of ecstasy/MDMA, poppy capsule (the dried poppy head), and pharmaceutical opioids.

Table 4 below shows the number of drug offenders charged for all illicit drug categories. Offences involving cannabis (and derivatives) are by far the largest illicit drug category.

### Table 4: Drug Offender Categories, Tasmania

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<thead>
<tr>
<th>Category</th>
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<th>West Region</th>
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<td>LAST YTD</td>
<td>CURRENT YTD</td>
<td>LAST YTD</td>
<td>CURRENT YTD</td>
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<tr>
<td><strong>NARCOTICS/derivatives</strong></td>
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<td><strong>OTHER</strong></td>
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<td>157</td>
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<td><strong>TOTAL INDICTABLE</strong></td>
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<td>48</td>
<td>36</td>
<td>26</td>
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</table>

This shows statewide increases from last year for serious and other drug offenders charged for amphetamines/derivatives, with the most significant of those occurring in the western district (North West equivalent), from 16 to 41 serious drug offenders and from 8 to 18 other drug offenders charged.

### Needle and Syringe Program

Table 5 below illustrates the number of needles and syringes ordered by needle and syringe program outlets for the four years to June 2014. An increase of 20.74% over the four year period is evident, where the numbers of syringes distributed across the State rose from 771,110 in 2010/11 to 931,000 in 2013/14.

As would be expected, the Northern and Southern regions account for a significant amount of the number of syringes ordered and distributed in Tasmania, and each of these regions have experienced growth in demand between the reporting periods of 2010/11 and 2013/14. In 2010/11, orders for syringes totalled
153,850 in the Northern region and 456,240 in the South. In 2013/14, these figures increased to 199,740 (+45,890 or 29.83%) for the North region and 496,230 (+39,990 or 8.77%) for the Southern region.

The biggest increase in demand over the reporting period, however, has been on the North West Coast, where there has been an increase from 155,810 in 2010/11 to 232,390 in 2013/14 (+76,480 or 49%).

### Table 5: needle and Syringe Program – Distribution Volumes

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<th>2013/14</th>
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<td>East</td>
<td>240</td>
<td>360</td>
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<td>153,850</td>
<td>163,960</td>
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<td>360</td>
</tr>
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<td>North West</td>
<td>155,810</td>
<td>197,050</td>
<td>205,410</td>
<td>232,390</td>
</tr>
<tr>
<td>South</td>
<td>456,240</td>
<td>514,650</td>
<td>501,850</td>
<td>496,230</td>
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<td>West</td>
<td>4,610</td>
<td>4,810</td>
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<td>Total</td>
<td><strong>771,110</strong></td>
<td><strong>881,070</strong></td>
<td><strong>894,180</strong></td>
<td><strong>931,000</strong></td>
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### Current Drug Use - North West Data

There are no population-level data available that provide drugs use trends for the specific Tasmanian local government areas or geographic regions. For the purpose of attempting to establish likely drug usage in the North West, available treatment presentation data has been used. It is acknowledged that this is unlikely to indicate reliable or probable population-level usage as access to health services by people who use drugs, including alcohol, are notoriously unlikely to seek health services until such drug usage has had a significant negative impact on their lives.

It is also noted that available treatment presentation data for specific drugs of concern for the present period is not currently available from the government funded community sector organisations.

**ADS North West Episodes (referrals)**

Figure 8 below shows the episodes (referrals) to the ADS North West where use of either methamphetamine (lime green) or amphetamine (darker green) were identified as the principal drug of concern, between July 2013 and September 2014 (noting recent monthly data is incomplete).

Methamphetamine use represents 3 per cent of total episodes over the time period July 2013 to September 2014. When combined with amphetamines, this still represents just 8 per cent of total episodes. Alcohol and cannabis are clearly the most significant drugs identified as the principal drug of concern at 37 per cent and 21 per cent respectively.
Appendix I – Analysis of Statistical Data

Review of Drug Use and Service Responses in the North West Region of Tasmania

Figure 8: ADS Community North West – Episodes (Referrals) Closed by Month, Principal Drug of Concern

In comparison, the episodes (referrals) specifically where methamphetamine or amphetamine where identified as the principal drug of concern for the same period for the North West, North and South are represented in the figure 9 below.

Figure 9: ADS Community North West, North and South – Episodes (referrals) closed by Month, Principal Drug of Concern (methamphetamine and amphetamine only) for the period July 2013 to September 2014
The Illicit Drug Diversion Initiative

Department of Police and Emergency Management have advised that their IDDI data, extracted on 24 September 2014 for the North West for the 6 month period 24 March to 24 September 2014, showed:

- Total number of drug diversions in the Western Police District was 50
- 46 diversions were for cannabis
- 3 diversions were for amphetamines
- 1 diversion was for ecstasy
- Of the 50 diversions there were 2 cannabis offences in Smithton

Inpatient and Emergency Department Data

Inpatient and Emergency Department data where mental and behavioural disorders due to use of other stimulants (including amphetamines) (F15) or amphetamine/psychostimulant poisoning (T43.6) have been coded are shown in the tables below. There are significant limitations with this data. They do not identify any particular drugs, and drug-related presentations or separations are notoriously under-coded.

Table 5: Inpatient separation summary

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Separations restricted to principal diagnosis in the F15 group and T43.6

SMHS = Inpatient Withdrawal Unit
Table 6: Emergency attendance summary

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Separations restricted to principal diagnosis in the F15 group and T43.6

SMHS = Inpatient Withdrawal Unit

Court Mandated Diversion

The Department of Justice has advised that it currently has 16 active participants in Burnie on the Court Mandated Diversion (CMD) program. Of those, 8 are identified as amphetamine users. Devonport has a case load of 7, of which 6 are identified amphetamine users. It is noted that the CMD is a particular program with strict eligibility criteria, and as such is not indicative of either general population or drug treatment services clients’ drug use. The high rate of amphetamine use amongst this cohort is not unusual as longer-term amphetamine use is more likely to bring them to the attention of the criminal justice system.

8 The CMD provides Magistrates with an option to divert eligible offenders into treatment for their drug use through either the bail or sentencing process. The primary goal of the CMD program is to break the drug-crime cycle by involving offenders in treatment and rehabilitation programs. It aims to provide viable pathways for offenders by increasing their access to drug, alcohol, or other welfare services in order to break their cycle of contact with the criminal justice system. There are three basic ways diversion into drug treatment can occur after a plea of guilty or a finding of guilt:
- through conditions attached to a bail order; or
- through conditions attached to a community-based order, eg suspended sentence or probation; or
- through a Drug Treatment Order where a Magistrate will continually review offender progress on the order.
Due to the intensity of the program, numbers in the CMD are ‘capped’ due to resource requirements. There are certain eligibility and suitability criteria.
References


