



# Tasmanian Drug Strategy 2005-2009

Developed by the Interagency Working Group on Drugs



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## Minister's Foreword

The adverse impact of both licit and illicit drug misuse is felt across all levels of society and imposes significant hardship on individuals, families and Tasmanian communities.

It has become clear that drug misuse is one of a number of social and health problems that share common determinants and the *Tasmanian Drug Strategy 2005-09* forms part of the Tasmanian Government's strategic policy agenda that will complement *Tasmania Together* to improve the safety, health and well-being of Tasmanians.

It provides a framework for integrated and well-coordinated responses across government to address the complex problems of drug misuse and builds on the achievements of the previous *Tasmanian Drug Strategic Plan 2001-2004*.

The approach outlined in the *Tasmanian Drug Strategy 2005-09* is also consistent with directions set out in the *National Drug Strategy 2004-2009*. A key feature of the Tasmanian Drug Strategy has been to identify three strategic initiatives based on local needs for immediate action; namely development and implementation of an Alcohol Action Plan; a Tasmanian Tobacco Action Plan and plans targeting the use of illicit drugs and specifically a Psycho stimulant Action Plan.

At the same time, government agencies will be required to set out how they will contribute to the overall Strategy by developing Agency Action Plans that include performance indicators to measure and monitor progress towards meeting objectives.

We have set ourselves some challenging goals but I am confident that we can achieve these goals and more as government works with the community and key stakeholders to make Tasmania an even safer and healthier place in which to live and visit.



**Hon. David Llewellyn MHA**  
Deputy Premier  
Minister for Police and Public Safety  
Minister for Health and Human Services

## Introduction

The purpose of the new Tasmanian Drug Strategy is to guide whole-of-government and community activities to reduce the harm associated with the use of licit and illicit drugs in Tasmania. It provides a basis for the development of integrated and coordinated strategies using a whole-of-government and community approach.

The Strategy reflects the unique character and patterns of drug use in our state. Recent surveys and research indicate that tobacco and alcohol are the most widely used drugs in Tasmania and that they cause significantly more harm here than other types of drugs. The pattern of illicit drug use differs from that in other states,<sup>1</sup> and while there is little use of heroin and cocaine in Tasmania, we do need to ensure that we have strategies for tackling the use of these substances. We also need to address the use of cannabis, certain amphetamines and psychostimulants.

The Tasmanian Drug Strategy will continue to foster commitment from all government agencies and the community. The economic, social, legal and health costs of problematic drug use are significant and affect all aspects of community life. The Strategy will also support the development of integrated and coordinated jurisdictional responses.

The Strategy enables individual agencies and organisations to develop Action Plans which link to, and are informed by, the Strategy. In this way, existing partnerships between government, non-government and local government stakeholders across the alcohol and other drugs sectors will be strengthened. The Inter Agency Working Group on Drugs (IAWGD) will monitor the implementation of the Action Plans.

The Tasmanian Drug Strategy is underpinned by a number of important principles. It identifies priorities, objectives and key strategies for dealing with the ubiquity of drug use in Tasmania. These can be found in the following pages.

The importance and value of meaningful partnerships between government, non-government and local government agencies are recognised throughout the Strategy because a commitment to collaborative effort is fundamental in dealing with the problems associated with drug use.

The Strategy has been developed by the Tasmanian government in consultation with key stakeholders, including local government represented by the Local Government Association of Tasmania, the non-government sector represented by the Alcohol, Tobacco and Other Drugs Council, Tasmania (ATDC), and the Australian National Council on Drugs (ANCD).

Implementation of this Strategy is a priority for the Tasmanian Government. It will be the responsibility of the IAWGD to oversee the Strategy's implementation and to coordinate whole-of-government collaborative effort in confronting drug-related issues. The IAWGD comprises a number of agencies with responsibility for progression of drug-related policy, initiatives and services.

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<sup>1</sup> Australian Institute of Health and Welfare 2003, *National Drug Strategy Household Survey*, AIHW, Canberra.

## What has been achieved to date

Several initiatives and services are already working on management of drug-related issues and on drug prevention. These require the cooperation of many agencies spanning Australian, Tasmanian and local government agencies and the non-government sector.

There were significant achievements made under the previous Tasmanian Drug Strategic Plan (TDSP) 2001–2004. These include:

- Implementation of initiatives under the Illicit Drug Diversion Initiative (IDDI) such as the Focus on Me program for young people in the north west and the Reconnecting Program for young drug offenders;
- Development of a Tasmanian Tobacco Action Plan and establishment of a Tobacco Coalition to reduce the incidence of smoking in the Tasmanian community;
- Introduction of responsible drinking guidelines and the responsible serving of alcohol program for licensed premises;
- Establishment of facilities in the north, north west and south of the state for non-medical sobering up, and of the Places of Safety service;
- Further development of the Pharmacotherapy Program to provide capacity across the public and private sectors for services to clients with opioid-related dependencies;
- Building the capacity of the alcohol and other drugs sector, including establishment of the Alcohol, Tobacco and other Drugs Council, a peak organisation for the non-government sector;
- Collaboration and consultation with the ANCD about a range of alcohol and drug issues to represent the interests of Tasmania at the national level;
- Supply-reduction strategies implemented by Tasmania Police, which have resulted in well over 1000 arrests on drug-related charges during 2003–04 and over 1400 people in diversion programs, which move people from the judicial system into health assessment and treatment;
- Increased cooperation and partnership in managing drug issues between State government, local government, non-government and private sectors;
- Continued implementation of the National School Drug Education Project, which includes a systemic drug policy for schools in all sectors;
- Introduction of a Tasmanian Comorbidity Project, which focuses on clients presenting with substance-use disorders and mental disorders;
- Further development of the Needle Availability Program networks; and
- Local government initiatives such as the Launceston and Hobart City Councils' Drug Action Plans.

Nevertheless, further effort is required to prevent and reduce harm to communities, families and individuals arising from drug use.

## Aims of the new Strategy

The Strategy provides the framework for a coordinated effort to prevent or reduce the harmful effects of drug use. It is intended for people working directly in various areas of the alcohol and other drugs sector and for those who have an indirect role in management of drug issues.

Specifically, this Strategy aims to build upon existing effort in order to:

- Provide the foundation for future responses to the National Drug Strategy, focusing on priorities specific to Tasmania;
- Articulate a whole-of-government approach to issues arising from the licit and illicit use of drugs;
- Guide and align timely effort by individual agencies and organisations to prevent or delay the onset of licit and illicit drug use and to reduce the harmful effects of drug use;
- Foster and promote an integrated approach through collaborative effort and the development of links and partnerships between the diverse range of stakeholders involved in the management of drug-related issues;
- Promote harm minimisation as an approach to improving the health and wellbeing of individuals, families and communities and to minimising the harm arising from the use of drugs; and
- Build the capacity of the alcohol and other drugs sector to provide health promotion, and prevention, intervention and treatment services.

## Principles

The following six principles have been identified as the basis for priorities and suggested actions.

**1. Partnerships and collaborative effort are essential in shaping our responses to drug use across the community.**

The consequences of drug use are evident across the community and our responses require the support, cooperation and collaboration of all government and non-government agencies and Tasmanian communities. Policy outcomes are best achieved when agencies work together to achieve a common outcome. This is evidenced by the Tasmania *Together* process and the establishment of related policy clusters.

**2. Building capacity in the community and the alcohol and other drugs sector is fundamental to addressing drug use.**

Capacity building will occur in two areas: in the community and in the workforce of the alcohol and other drugs sector. This principle recognises that communities are best positioned to respond to their particular circumstances, while acknowledging the importance of a diverse workforce to meet the challenges of managing drug-related issues.

**3. The concept of harm minimisation underpins our practice and philosophy.**

Harm minimisation is a philosophical and practical approach to improving health, social and economic outcomes for individuals and communities. It includes the reduction of supply, demand and harm associated with drug use. Derived from the National Drug Strategy, this concept will underpin the work of all sectors responding to the problems created by drug use.

**4. Prevention and early intervention are critical in responding to drug use.**

Implicit in the priorities and strategies of the Strategy are proactive schemes and interventions to prevent the uptake of harmful drug use and reduce the consequences of problematic drug use. This principle encourages the adoption of prevention and health promotion strategies as articulated in the *Prevention of Substance Use, Risk and Harm in Australia* monograph.<sup>2</sup>

**5. Equity of access to evidence-based service delivery is fundamental**

Members of our community requiring care and treatment for alcohol and drug use issues should be able to access appropriate services. There is a need to ensure access for people in all communities, including those in rural and remote areas. Similarly, ensuring access to services for people in disadvantaged and high-risk groups is a fundamental premise of this Strategy.

<sup>2</sup> Ministerial Council on Drug Strategy 2004, *The Prevention of Substance Use, Risk and Harm in Australia*, National Drug Research Centre and Centre for Adolescent Health, Canberra.

6. **Research, data collection and evaluation are critical elements for increasing understanding of and improving responsiveness to emerging trends.**

Informed policy making and relevant strategic planning can occur best in an environment that fosters a robust research agenda supported by adequate data collection and critical evaluation.

## Priorities

An analysis of the National Drug Strategy and the needs of the Tasmanian community as identified in Tasmania *Together*, plus the known patterns of Tasmanian alcohol and drug use, have resulted in the identification of the following three priorities:

- **Community safety**
- **Prevention and reduction**
- **Improved access to quality treatment**

In responding to the Tasmanian Drug Strategy, individual organisations will need to consider how the underpinning principles can be applied to the priorities in their specific community of interest.

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### 1. Community safety

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#### Rationale

The second goal of Tasmania *Together* is ‘To have a community where people feel safe and are safe in all aspects of their lives’. It has the aims of reducing the level of crime against people and property, fostering safe family environments and reducing the level of harm to individuals, particularly young people.

Suicide prevention is an aspect of community safety that must also be addressed by the Strategy. Tasmanian research has shown that problematic substance use – in particular problematic alcohol use – is a behavioural risk factor with suicide.<sup>3</sup>

Responding to family violence through the Safe at Home program is a whole-of-government initiative built on the principle of ‘primacy of safety of the victim’. This is of particular relevance because data indicates that up to 50 per cent of people arrested in a family violence situation have significant drug and alcohol problems.<sup>4</sup>

While little substantive research has been done in Tasmania, research undertaken in other Australian states shows a relationship between drug use and crime. In particular, recent studies undertaken by the Australasian Centre for Policing Research identified major relationships between the use of both licit and illicit drugs and crime. These studies highlighted the significant costs of behavioural and criminal incidents and diminished public perceptions of safety associated with acute alcohol misuse.<sup>5</sup>

<sup>3</sup> Haines, J, Hart, E, Williams, C, Davidson, J and Slaghuis, W 1992, ‘Trends in youth suicide in Tasmania: a comparison between youth and other suicide’, in *Preventing Youth Suicide: Proceedings of a Conference Held 24–26 July 1990*, McKillop, S (ed.), Australian Institute of Criminology, Canberra.

<sup>4</sup> National Health and Medical Research Council 2001, *Australian Alcohol Guidelines: Health Risks and Benefits*, NHMRC, Canberra.

<sup>5</sup> Australasian Centre for Policing Research 2004, *The Antecedents of Alcohol Related Violence in and around Licensed Premises: A discussion paper prepared for the Commissioners’ Drugs Committee of the Conference of*

While the exact costs associated with drug misuse and crime are difficult to quantify, by any measure they are significant. There is overwhelming evidence that the use of alcohol and other drugs has a major impact on the health and community safety of Tasmanians.

## Objectives

- 1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs.
- 1.2 To further reduce exposure of non-smokers to tobacco smoke.
- 1.3 To further improve safe disposal of injecting equipment.
- 1.4 To reduce drug-related problems in population groups identified as being at high risk.
- 1.5 To develop local community programs aimed at improving public amenity and reducing problematic drug use and related fear.
- 1.6 To continue to participate in and support the Tasmanian Suicide Prevention Steering Committee.

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## 2. Prevention and reduction

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### Rationale

A goal of the previous Tasmanian Drug Strategic Plan was to prevent and reduce harms related to alcohol, tobacco and other drug use in the community. Goal 5 of *Tasmania Together* identifies an approach to health and wellbeing that focuses on preventing poor health and encouraging healthy lifestyles. The burden of disease in terms of quality of life, shortened lifespan and adverse effects on individuals, families and communities by the use of drugs is well documented and recognised. Other national strategies identify clear links between high levels of problematic alcohol and drug use with suicide, particularly amongst young people.

The National Drug Strategy has identified prevention, reduction of supply, and reduction of drug use and related harms as priority areas. This priority is to use proactive strategies and interventions before drug use starts or becomes problematic. By fostering supportive environments and promoting healthy lifestyles, uptake of harmful drug use can be reduced.

### Objectives

- 2.1 To ensure that education programs develop the capacity of young people to avoid the uptake of harmful alcohol, tobacco and drug use.
- 2.2 To promote the responsible supply, service and consumption of alcohol, particularly among young people.

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*Police Commissioners of Australasia and the South West Pacific Region, Commissioners' Drugs Committee, Adelaide.*

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- 2.3 To increase the capacity of primary health care professionals to identify and respond to individuals, families and communities with drug-related problems.
- 2.4 To develop and implement, in partnership, a range of health promotion initiatives that increase public knowledge of drug-related harms and effective interventions.
- 2.5 To decrease the uptake and onset of high risk patterns of illicit drug use, particularly in high-risk population groups.
- 2.6 To reduce the inappropriate use, supply and diversion of pharmaceuticals.
- 2.7 To reduce and disrupt the supply and manufacture of illicit drugs.
- 2.8 To continue promoting the development of effective legislation for the regulation of alcohol, tobacco and other drugs.
- 2.9 To promote healthy communities and the mental health of individuals.

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### 3. Improved access to quality treatment

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#### Rationale

This priority area directs effort towards Goal 6 of Tasmania *Together*, which is to ‘Improve the health and well-being of the Tasmanian community through the delivery of coordinated services’.

While preventing uptake is vital, it is also essential to provide treatment services for people who experience drug-related problems or who are drug dependent. The provision of treatment for users of both licit and illicit drugs remains integral to the National Drug Strategy. We must continue providing services for individuals, families and communities affected by the drug-taking behaviours of others, and promoting access to appropriate services for individuals who may not recognise the harmful effects of their drug use.

New ways of dealing with drug-related harm will be built on evidence-based practice. Providing evidence-based treatment requires a variety of options that incorporate withdrawal management, outpatient treatment and a sustainable pharmacotherapy program. In providing quality treatment it will be necessary to identify emerging trends and undertake planning that identifies local needs and develops services to respond to them. Research, data collection and specialist advice will continue to have priority (and are essential elements of the National Drug Strategy). They also provide the framework for tailoring policies and programs, and appropriate quality treatment.

#### Objectives

- 3.1 To provide equitable access to evidence-based treatments and other interventions for people experiencing problematic drug use.
- 3.2 To increase the range and availability of, and access to, appropriate services for individuals with diverse, complex and high needs, including those with a co-existing substance disorder and mental disorder.

- 3.3 To increase the capacity to evaluate interventions, particularly in the areas of prevention, treatment and law enforcement.
- 3.4 To improve the provision of pharmacotherapy interventions.
- 3.5 To achieve better client outcomes through improved integration of government, local government and non-government services.
- 3.6 To increase partnerships and joint planning in order to maximise use of limited resources in the treatment of alcohol and drug problems.
- 3.7 To increase the range of accredited training for people working in drug-related fields.
- 3.8 To improve access to services for Aboriginal and Torres Strait Islander people through implementation of initiatives such as the Complementary Action Plan.

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## Implementation

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The IAWGD will coordinate implementation of this Strategy and report to the Tasmanian government, through the Community Safety Cluster of the Inter Agency Policy Coordination Committee (IAPCC), on progress towards meeting objectives

The Tasmanian Drug Strategy requires an integrated, whole-of-government approach, with links to other strategies to achieve the Tasmanian government's policy objectives of reducing social exclusion and disadvantage. This Strategy provides a mechanism and authorisation for individual and/or clusters of government and non-government agencies, local government and communities to collaboratively develop and deliver programs articulated in the Strategy and associated Action Plans.

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## Monitoring and Evaluation

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Evaluation of the previous Tasmanian Drug Strategic Plan 2001–2004 was impeded by the failure to establish an evaluation framework before implementation began. To prevent this from happening again, an evaluation strategy will be developed by the IAWGD. The IAWGD will also be responsible for monitoring the implementation of this Strategy. The group will provide reports on progress through the IAPCC.

The Strategy identifies three strategic initiatives for immediate action, including the development of performance indicators that require coordinated cross-sectoral responses to the use of alcohol, tobacco and illicit drugs. The three initiatives are explained below.

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### Alcohol Action Plan

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An Alcohol Action Plan will provide the basis for an integrated and well-coordinated service to minimise the harm associated with the use of alcohol. The Plan will focus on areas such as public education and health promotion measures, enhanced professional training, increased access to treatment (including early intervention), and control policies on the availability, pricing and marketing of alcohol.

The aims of the Alcohol Action Plan will be to:

- Reduce the incidence of mortality and morbidity related to the misuse of alcohol;
- Reduce the level of social, economic, health and legal costs related to the misuse of alcohol;
- Reduce the incidence of violence, including family violence, disruption, antisocial behaviour and crime related to the misuse of alcohol; and
- Reduce the incidence of harmful alcohol use in young people.

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### Tasmanian Tobacco Action Plan

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*The Tasmanian Tobacco Action Plan 2003 and Beyond* sets out the Tasmanian government's commitment to the prevention and reduction of tobacco-related harm in Tasmania. Due to the significant effect of tobacco use on the health of Tasmanians, further development and implementation of the Plan is an important component of this Strategy.

The aims of the plan are to:

- Provide a coordinated cross-sectoral approach to reducing the prevalence of smoking in the community;
- Build on the achievements of legislative reform relating to the sale and display of tobacco products and exposure to environmental tobacco smoke;
- Implement measures to reduce the uptake of smoking in the community and particularly in young people.

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### Plans targeting the use of illicit drugs

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We must continue development and implementation of plans to prevent or reduce the uptake of illicit drug use (including cannabis, amphetamines and diverted methadone), and the misuse of pharmaceuticals.

The aims of these plans will be to:

- Reduce the demand for illicit drugs;
- Reduce illicit use of licit drugs;
- Disrupt and reduce the supply of illicit drugs; and
- Reduce the harm caused by illicit drug use.

Increasing psychostimulant use, evidenced by national and international surveys and research, highlights the importance of developing a plan focused on psychostimulants as part of the Strategy. For this reason, the first focus of effort under this initiative will be the development of a Psychostimulants Action Plan.

### **Psychostimulants Action Plan**

This Plan will give particular attention to developing responses to amphetamine-type stimulants, including ecstasy, which has become a mainstream drug used by a wide variety of people, not just those connected with dance party and rave scenes.

The aims of the Plan will be to:

- Reduce the supply and availability of illicit drugs and precursors;
- Work with the dance party industry to develop guidelines for safer environments;
- Build resilience in young people;
- Develop information resources for young people, the community, and police and health professionals; and
- Provide timely and appropriate intervention and linking of people to health services.

## The context for this Strategy

Several factors play a significant role in defining the scope of the Tasmanian Drug Strategy and the context in which it operates. They are explained in this section. The need for a coherent approach at national, state and local levels, and for consistency, must guide the proposed priorities and actions.

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### Relevant policy

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#### The National Drug Strategy 2004-2009

The National Drug Strategy 2004–2009 provides a framework for a coordinated, integrated approach to drug issues in the Australian community. It promotes the concept of *harm minimisation*, and it identifies a number of priorities relevant to Tasmania.

Harm minimisation has formed the basis of Australia’s national drug strategies since 1985. It underpins policies and programs designed to prevent and reduce harm associated with both illicit and licit drugs. Harm minimisation does not condone drug use: it includes prevention of uptake of harmful drug use and aims to improve health, social and economic outcomes for both the community and individuals. The concept encompasses a wide range of approaches, including:

- Supply-reduction strategies to disrupt the production and supply of illicit drugs and to ensure the control and regulation of licit substances;
- Demand-reduction strategies to prevent the uptake of harmful drug use; and
- Targeted harm-reduction strategies to reduce drug-related harm for individuals and communities.

The National Drug Strategy identifies a number of priority areas, including:

- Prevention;
- Reduction of supply;
- Reduction of drug use and related harms;
- Improved access to quality treatment;
- Development of the workforce, organisations and systems;
- Strengthened partnerships;
- Implementation of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples’ Complementary Action Plan 2003–2006*; and
- Identification of and response to emerging trends.

A complete version of the National Drug Strategy 2004–2009 can be accessed via the National Drug Strategy Website at [www.nationaldrugstrategy.gov.au](http://www.nationaldrugstrategy.gov.au).

## Tasmania *Together*

Launched in 2001, Tasmania *Together* is a 20-year plan setting future direction for Tasmania; and it is a shared vision designed to generate collaborative effort to achieve a broad range of ambitious goals. It was developed, and is owned, by the community.

There are a number of goals in Tasmania *Together* relevant to the Tasmanian Drug Strategy that provide a context for the development of policy and program responses.

The goals with direct relevance are:

- Goal 2:** To have a community where people feel safe and are safe in all aspects of their lives.
- Goal 5:** Develop an approach to health and well-being that focuses on preventing poor health and encouraging healthy lifestyles.
- Goal 6:** Improve the health and well-being of the Tasmanian community through the delivery of coordinated services.
- Goal 7:** Foster and value vibrant and diverse rural, regional and remote communities that are connected to each other and the rest of the world.

The Tasmania *Together* process has fostered a high degree of cross-agency collaboration and a number of policy clusters have been established which are relevant to the progression of the Tasmanian Drug Strategy. These include the Healthy Lifestyles cluster, the Poverty cluster and the Community Safety cluster. Increasingly a whole-of-government approach is being employed to ensure the best possible outcomes for the community.

This Strategy also aligns with related initiatives such as partnership agreements with local government and other social policy directions. Local government can contribute to the Tasmanian Drug Strategy particularly through service provision in the areas of community amenity and safety.

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## The impact of drug use on Tasmanian communities

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The adverse impact of drug use is felt across all levels of society. There is increasing evidence to suggest that prevention and early intervention will influence the number of people likely to use drugs harmfully later in life. The *Prevention of Substance Use, Risk and Harm in Australia* monograph (2004)<sup>6</sup> emphasises the importance of maintaining support for the full spectrum of prevention measures.

Drug-related harm occurs within a complex interrelationship of biological, psychological and social elements. This means that a coordinated system of prevention, control, treatment and management is needed to minimise the harm to individuals, families and communities.

<sup>6</sup> Ministerial Council on Drug Strategy 2004, *The Prevention of Substance Use, Risk and Harm in Australia*, National Drug Research Centre and Centre for Adolescent Health, Canberra.

While the Tasmanian Drug Strategy covers the whole of the Tasmanian community, some areas need particular attention to ensure an appropriate response for different groups within the community.

### **The cost to Tasmanian communities**

The costs to our communities as a consequence of alcohol and other drug use are extensive, and traverse the full spectrum of our daily lives. Some of the obvious costs are noted below.

#### **Economic costs**

- Loss of family income due to expenditure on alcohol, tobacco and other drugs;
- Loss of income from employment because of alcohol, tobacco and other drug-related illnesses;
- Costs associated with alcohol and other drug-related crimes, including court fines, legal fees, and loss of income;
- Costs associated with medical assistance for alcohol, tobacco and other drug-related illnesses.

#### **Social costs**

- Family breakdown
- Physical, emotional and/or sexual abuse
- Welfare dependency
- Social isolation
- Disruption of education
- Increased crime and a reduction in perception of community safety.

#### **Health costs**

- Treatment for alcohol, tobacco and other drug-related illnesses;
- Mental illnesses and suicide related to drug use;
- Falls, injuries, drowning and other accidents, including road trauma;
- Morbidity and mortality.

### **Who is adversely affected by drug use in Tasmanian communities?**

Few individuals or families are unaffected by the use of drugs. Sometimes this effect is directly as a consequence of the misuse of drugs, at other times the effect is indirect, as a result of someone else's drug use. Nevertheless, the consequences for all members of our community are significant.

In trying to determine the causal or consequential factors linked to alcohol and other drug use, it is difficult to establish whether the social, economic and health circumstances lead to

drug use or are the result of drug use. The relationship between alcohol and other drug use and these circumstances needs to be considered and viewed in Tasmania's broader social framework when examining drug use patterns. For instance, Tasmania has lower per capita and family income, a higher percentage of people receiving a Centrelink benefit, and a higher percentage of single-parent families than other states or territories.

A recent study, *The Burden of Disease and Injury in Australia*,<sup>7</sup> found that alcohol dependence and harmful use was the leading cause, together with road traffic accidents, of disease for young Australians aged 15–24 years. Patterns for substance use tend to be set during adolescence. Related policy development must therefore involve and be relevant to young people.

Available evidence suggests that nationally, Indigenous people have higher rates of risky use of every drug type than non-Indigenous people, and correspondingly higher rates of drug-related harm.<sup>8</sup>

Although drug-related harm may affect any individual, family or community, the focus of the Tasmanian Drug Strategy is on drug use in identified population groups. Children and young people are particularly vulnerable when they experience family conflict and breakdown because of alcohol and other drug use by parents, siblings or other family members. Children and young people exposed to alcohol and other drug use within the family often learn to cope by turning to alcohol and drugs, their behaviour as adults often reflecting that of their early environment.

While it is particularly important to ensure that program and policy development under the Tasmanian Drug Strategy applies to all groups in our community, particular focus is on families, children, young people, older people, remote and rural residents, people with comorbid issues, culturally and linguistically diverse people and Indigenous peoples.

### What drugs are being used in Tasmanian communities?

Of particular significance to this Strategy are the findings of recent surveys and research indicating that tobacco and alcohol are the most widely used drugs in Tasmania, and cause significantly more harm than other types of drugs.<sup>9</sup> Cannabis use ranks third behind alcohol and tobacco use, so we must also focus on the use of illicit substances.

Information on other illicit drug use in Tasmania is based on Illicit Drug Reporting System (IDRS) data and interviews carried out with people who regularly inject drugs and professionals in drug-related fields. Information on alcohol and other drugs is also obtained from the National Minimum Data Set (NMDS), a core set of data elements agreed by the National Health Information Management Group for mandatory collection and reporting at a national level. An IDRS Report<sup>10</sup> indicates that Tasmanian drug use has consistently differed

<sup>7</sup> Australian Institute of Health and Welfare 2002, *The Burden of Disease and Injury in Australia*, AIHW, Canberra.

<sup>8</sup> Ministerial Council on Drug Strategy, *National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006*, Department of Health and Ageing, Canberra.

<sup>9</sup> Australian Institute of Health and Welfare 2003, *National Drug Strategy Household Survey*, AIHW, Canberra.

<sup>10</sup> Bruno, R & McLean, S 2004, *Tasmanian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Technical Report No. 178, University of New South Wales, Sydney.

from drug use in other states. For instance, use of pharmaceutical products is proportionally higher in Tasmania than in other states. On the other hand, use of heroin is lower relative to other states. The availability and use of heroin and cocaine has been stable in Tasmania since 2000, but the use of cannabis and crystalline methamphetamine (ice) has been increasing.

The next section, 'Tasmania's response to drug use', gives further information on trends in drug use in Tasmania, and Tasmania's response to the problems associated with harmful levels of drug use.

### Alcohol

The NMDS reveals that in Tasmania, alcohol was the most common drug (39%) for which clients sought treatment.<sup>11</sup> Alcohol misuse is a major preventable cause of death and harm in Tasmania. A leading cause of morbidity in young people, the misuse of alcohol is evident across many segments of society. Alcohol plays a significant role in fatalities and injuries associated with motor vehicle accidents, drowning, workplace accidents, burns and suicide. It is also both a causal and consequential factor in interpersonal violence.

### Tobacco

Tobacco is the leading preventable cause of mortality and morbidity in Australia, including Tasmania. Tasmania rates higher than the national average for both male and female smokers aged 14 years and over. Seventeen per cent of Tasmanian adolescents are current smokers.<sup>12</sup> While the percentage of 16–17-year-old males who reported having smoked fell between 1999 and 2002, the percentage of 16–17-year-old females increased significantly.

### Cannabis and other illicit drugs

Data from the IDRS suggests that patterns of cannabis use in Tasmania appear to be relatively stable; hydroponically cultivated cannabis was the most commonly smoked by those interviewed.<sup>13</sup>

Although cannabis use in Tasmania, at 11.9 per cent, is reportedly lower than the national average of 12.9 per cent,<sup>14</sup> the most recent data shows that 18.6 per cent of those accessing treatment services in Tasmania sought drug treatment for cannabis use. Of further importance is the continued anecdotal reporting of the decreasing age of cannabis users.<sup>15</sup>

The recent rapid increases in psychostimulant use demonstrated by the National Drug Strategy Household Surveys (IDRS and DUMA) highlight the importance of ensuring that priority is given to developing coordinated, complementary and innovative intervention

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<sup>11</sup> Australian Institute of Health and Welfare 2004, *Alcohol and other Drug Treatment Services in Tasmania: Findings from the National Minimum Data Set (NMDS) 2002–03 for Tasmania*, AIHW, Canberra.

<sup>12</sup> Cancer Council of Tasmania 2003, *Prevalence of Cigarette Smoking among Tasmanian Secondary School Students in 2002*, Cancer Council Victoria, Carlton.

<sup>13</sup> Bruno, R & McLean, S 2004, *Tasmanian Drug Trends 2003*, op. cit.

<sup>14</sup> Australian Institute of Health and Welfare 2002, *National Drug Strategy Household Survey: State and Territory Supplement*, AIHW cat. no. PHE 37 (Drug Statistics Series No. 10), AIHW, Canberra.

<sup>15</sup> Bruno, R & McLean, S 2004, *Tasmanian Drug Trends 2003*, op.cit.

strategies that focus on psychostimulants (including ecstasy), and also tackle prevention, treatment, harm reduction and supply reduction.

There are clear indications that the ecstasy market in Tasmania is continuing to expand. This is evidenced in part by increased seizures by Tasmania Police. Ecstasy has become a mainstream drug used by a wide variety of people, not just those connected with dance party and rave scenes. There are also suggestions from the National Drug Law Enforcement's Party Drugs Initiative<sup>16</sup> and IDRS research<sup>17</sup> that there is a need for harm reduction intervention in this demographic, as 70 per cent of people interviewed reported usually binge drinking while consuming ecstasy, and a similar proportion reported usually using more than one tablet per occasion.

Additionally, more than two-thirds of people interviewed reported recently driving within one hour of consuming a drug – typically alcohol, cannabis or ecstasy. This pattern of use presents a major challenge for road safety and supports efforts by law enforcement agencies to introduce roadside drug testing in Australia.

The injection of methadone syrup (46%) and illicit physeptone (56%) in Tasmania was recorded as the highest in Australia. In addition, anecdotal evidence suggests an increasing number of younger people (mid-teens to 20 years of age) using methamphetamine or 'ice'. Unlike some other states, Tasmania continues to report very little use of heroin or cocaine; however, there appears to be a relatively high level of benzodiazepine injection, compared to the level in other states.

<sup>16</sup> Bruno, R & McLean, S 2004, *Tasmanian Party Drug Trends 2003: Findings from the Party Drugs Initiative (PDI)*, NDARC Technical Report No. 186, University of New South Wales, Sydney.

<sup>17</sup> Bruno, R & McLean, S 2004, *Tasmanian Drug Trends 2003*, op. cit.

## Tasmania's response to drug use

There is a broad range of services to manage, control or prevent drug use in Tasmania. They require the cooperation of many agencies spanning the non-government sector, primary and allied health-care providers, local government and the Departments of Health & Human Services (DHHS), Police and Public Safety, Justice, and Education.

The DHHS State Alcohol and Drug Service is a key provider of direct services within Tasmania. Additional service provision is made possible by funding from both Australian and Tasmanian government authorities. Tasmanian non-government organisations receive funding from both levels of government and, as described below, play a significant role in Tasmania's response to drug use.

Recurrent funding under the National Drug Strategy (NDS) grants program is allocated under Memoranda of Understanding (MOUs) with the Departments of Education and Police and Public Safety, and the Office of the Commissioner for Licensing. These MOUs recognise the need for inter-agency coordination of a range of activities.

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### Department of Health & Human Services (DHHS)

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The DHHS provides a range of coordinated health-care services designed to improve the health and wellbeing of the Tasmanian community, including services to promote health and to prevent or treat illness. The DHHS also provides services to deal with some of the things that contribute to or are consequences of drug use; these services include providing access to and sustainability of appropriate and affordable housing, income support and safety net services.

The state's Alcohol and Drugs Service provides a variety of programs, interventions and treatment services that include inpatient detoxification (Hobart), counselling, education and training, health promotion, outreach support and other interventions across the state.

The DHHS also provides a pharmacotherapy program in partnership with general practitioners and pharmacists which provides treatment for people who are opioid dependent.

A Tobacco Coalition supported by the DHHS has been established. The Coalition makes strategic decisions about smoking and tobacco control, and it will evaluate tobacco-related services through monitoring or measurement of outcomes.

In response to Injecting Drug Use in Tasmania, the state government has established a statewide Needle Availability Program. Partnership arrangements have been initiated with several local councils to provide safe, public disposal sites for sharps.

The DHHS also administers funding from the national IDDI and the NDS grants program to a number of non-government organisations.

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## Non-government organisations

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Non-government organisations provide Residential Rehabilitation Programs in the south and north of the state. Non-medical Sobering Up and Places of Safety facilities (as defined in the *Police Offences Act 1935*) are provided in all three major population regions.

A number of other non-government organisations provide a range of health promotion, harm reduction, education and training and youth-specific services that cover alcohol and drug-related issues. These organisations include the Drug Education Network, Quit Tasmania, the Link Youth Health Service, the Salvation Army, Anglicare Tasmania, Devonport Youth and Family Focus, Burnie Youth Alcohol and Drug Service, Launceston City Mission, Holyoake Tasmania, TasCAHRD, and the Circular Head Aboriginal Corporation.

Significant funding has been provided to deal with smoking issues, including tobacco-retailer compliance surveys, community awareness campaigns and smoking cessation services, all of which are provided statewide.

Non-government organisations are supported by the ATDC, the peak organisation for the non-government alcohol and other drugs agencies in Tasmania. The ATDC mission is *'to provide strong leadership, support, and independent state-wide representation for the non-government, not for profit alcohol, tobacco and other drugs sector in Tasmania by building capacity and extending opportunities for inter-sectoral collaboration and partnerships between NGO's, government, business and other relevant agencies.'*

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## Department of Police and Public Safety

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Tasmania Police uses a number of approaches, including enforcement, to minimise actual and potential harm associated with drug use. Tasmania Police has a strong commitment to working collaboratively, which includes:

- Enforcing legislation prohibiting the sale of alcohol to young people;
- Enforcing legislation to reduce alcohol and other drug-related harm;
- Targeting the manufacture, supply, distribution and use of illicit drugs and of licit drugs used illegally; and
- Providing alternatives to sentencing for illicit drug users, including early intervention, treatment and conferencing.

Since March 2000, the DHHS and the Department of Police and Public Safety have implemented the Police Diversion program under the IDDI. The program allows the police to divert drug offenders found using or possessing small quantities of illicit drugs from the judicial system into health assessment and treatment.

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## Department of Education

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The Department of Education's schools and colleges, along with other sectors, are committed to providing not only evidence-based drug education programs, but also supportive school environments that encourage young people to make good health decisions and develop resilience, and which strengthen young people's connectedness to their school and community.

Recognising the need for inter-agency coordination of a range of activities and services to increase the awareness of substance use issues through an integrated school drug education program, the NDS grants program has awarded funding for the implementation of the department's cross-sectoral drug policy entitled *Management of Drug Issues and Drug Education in Tasmanian Government Schools and Colleges*.<sup>18</sup>

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## Department of Justice

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Managed by the Department of Justice, the Safe at Home initiative is a major, whole-of-government, integrated response to the incidence of family violence. This is of particular relevance to the Tasmanian Drug Strategy, given the high incidence of alcohol and other drug use in family violence situations.

The department also plays an integral role in the Police Diversion program under the IDDI.

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## Local government

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Local government has an important role to play in the whole-of-government approach to drug and alcohol management. The Intergovernmental Committee on Drugs Local Government Sub-Committee is a partnership between the Intergovernmental Committee on Drugs, the Council of Capital City Lord Mayors and the Australian Local Government Association. It allows local government perspectives to be considered under the National Drug Strategy Framework and enables the objectives of the Framework to be advanced at the local community level.

Several councils have begun developing and implementing community-specific drug and alcohol strategies. For example, the Hobart City Council has developed a Drug and Alcohol Strategy; similarly, the Launceston City Council has engaged in a partnership with the Drug Education Network which has resulted in two major plans: the Alcohol and Licit Drug Action Plan and another plan to deal with illicit drug use. Seven Tasmanian councils are members of the National Local Government Drug Electronic Network.

<sup>18</sup> Department of Education 2002, *Management of Drug Issues and Drug Education in Tasmanian Government Schools and Colleges*, Department of Education, Hobart.

## Strategic context

The national strategies and policies that relate to this Tasmanian Drug Strategy are:

- The National Drug Strategy 2004–2009
- The National Tobacco Strategy 1999–2004
- The National Alcohol Strategy 2001–2004
- The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006
- The National Pharmacotherapy Policy
- The Ministerial Council on Drugs Strategy
- The Illicit Drug Diversion Initiative
- The National HIV Strategy 2001–2004
- The National Hepatitis C Strategy 1999–2004
- The National School Drug Education Strategy
- The National Mental Health Plan Life Framework – Suicide Prevention

Other Tasmanian strategies and policies that relate to the Tasmanian Drugs Strategy are:

- *Tasmania Together*
- The Tasmanian Drug Strategic Plan 2001–2004
- The Tobacco Action Plan 2003 and Beyond
- The Tasmanian Aboriginal and Torres Strait Islander Complementary Action Plan
- DHHS Collaboration Strategy
- State-wide Mental Health Review

## Glossary

**Benzodiazepines:** one of a group of drugs used mainly as sedatives and muscle relaxants, and for treatment of epilepsy.

**Drug:** a substance that produces a psychoactive effect. In the context of the Tasmanian Drug Strategy, 'drug' is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs. The Strategy also takes account of performance- and image-enhancing drugs, and substances such as inhalants.

**Drug-related harm:** any adverse social, physical, psychological, legal or other consequence of drug use that is experienced by a person using drugs or by people living with or otherwise affected by the actions of a person using drugs.

**Evidence-based practice:** integration of the best available evidence with professional expertise to make decisions.

**Illicit drug:** a drug whose production, sale or possession is prohibited. 'Illegal drug' is an alternative term.

**Licit drug:** a drug whose production, sale or possession is not prohibited. 'Legal drug' is an alternative term.

**Opioid:** the generic term applied to alkaloids and their derivatives (which include methadone, morphine, heroin and codeine) obtained from the opium poppy.

**Pharmaceutical drugs:** drugs available over the counter from a pharmacy and prescription medicines.

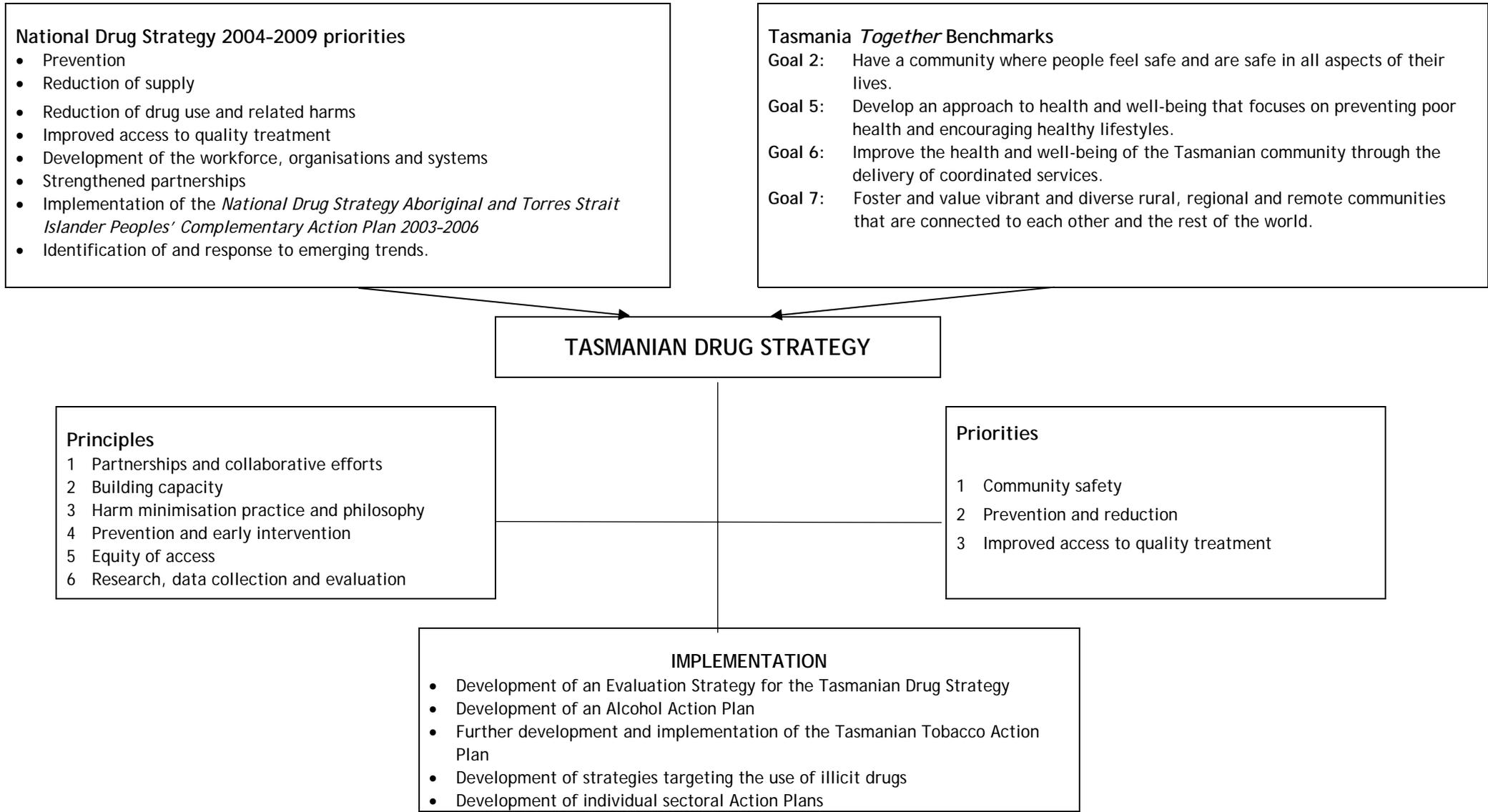
**Prevention:** In this Strategy, prevention refers to measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent or reduce the harms associated with drug supply and use.

**Psychostimulant:** a drug that activates, enhances or increases neural activity. Caffeine, nicotine, amphetamines, cocaine and MDMA (ecstasy) are the psychostimulants most commonly used in Australia.

**Uptake:** the start of drug use.

## Abbreviations

ANCD	Australian National Council on Drugs
ATDC	Alcohol, Tobacco and other Drugs Council, Tasmania
DHHS	Department of Health and Human Services
DUMA	Drug Use Monitoring in Australia
IAPCC	Inter Agency Policy Coordination Committee
IAWGD	Inter Agency Working Group on Drugs
IDDI	Illicit Drug Diversion Initiative
IDRS	Illicit Drug Reporting System
MOU	Memorandum of Understanding
NDS	National Drugs Strategy
NMDS	National Minimum Data Set





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