

# **Tasmanian Drug Strategy 2005-2009**

## **Report of actions and achievements**

## TABLE OF CONTENT

<b>EXECUTIVE SUMMARY</b> .....	<b>2</b>
<i>Background</i> .....	2
<i>Findings</i> .....	2
<i>Opportunities</i> .....	3
<i>Recommendations</i> .....	4
<b>BACKGROUND – THE TASMANIAN DRUG STRATEGY</b> .....	<b>8</b>
<b>THE REVIEW</b> .....	<b>10</b>
<b>THE NATIONAL DRUG STRATEGY REVIEW AND NATIONAL DEVELOPMENTS</b> .....	<b>11</b>
<b>THE KEY STAKEHOLDERS</b> .....	<b>11</b>
<b>RESPONSES</b> .....	<b>12</b>
<b>FEEDBACK</b> .....	<b>13</b>
SUMMARY OF FEEDBACK.....	13
ACTIVITIES AND ACHIEVEMENTS .....	17
<i>Strategic Activities</i> .....	19
<i>Community Safety Priority</i> .....	21
<i>Prevention &amp; Reduction Priority</i> .....	25
<i>Improved Access to Quality Treatment Priority</i> .....	33
OPPORTUNITIES .....	39
<b>CONCLUSION</b> .....	<b>43</b>

## Executive Summary

### Background

The *Tasmanian Drug Strategy 2005–2009 (TDS)*, released by the Government in November 2005, was developed in response to the *National Drug Strategy 2004–2009 (NDS)* and the needs of the Tasmanian community.

The purpose of the TDS 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, focussing on three priority areas:

- Community Safety
- Prevention & Reduction
- Improved access to quality treatment.

The *Tasmanian Drug Strategy 2005–2009* has come to the end of its term. The need for an evaluation was recognised in the TDS, which required the Inter Agency Working Group on Drugs (IAWGD) to develop an evaluation strategy and monitor the implementation and report on progress through the (then) Inter Agency Policy Coordination Committee (IAPCC) to ensure the problems experienced at the end of the *Tasmanian Drug Strategic Plan 2001–2004* term were not repeated. The IAWGD now reports to Government through the Minister for Health.

The IAWGD agreed to prepare a report of actions and achievements against the current strategy to Government in the first instance and await the outcome of the development of the new NDS to inform the development of a new TDS for dealing with drug and alcohol issues beyond 2009.

Input was sought from Government Agencies, Local Government Councils and Community Sector Organisations (CSOs) regarding their contribution to the achievement of the TDS goals. The initial information gathering exercise also sought to gauge awareness, the level of support and their thoughts about the TDS.

### Findings

Stakeholders were generally supportive of the Strategy and acknowledged a need for it. The ATDC noted that the concept of harm minimisation – encompassing supply reduction, demand reduction and harm reduction – has served Tasmanian drug policy well.

It was generally acknowledged that the TDS is a much-needed document, which provides an overarching strategic framework to coordinate Tasmania's responses to alcohol, tobacco and other drugs issues. Importantly, it is an avenue for linking local interests to broader national strategies, such as the National Drug Strategy, the Health and Hospital Reform and the National Preventative Health Strategy.

In the absence of an evaluation of the current TDS, and with information furnished by respondents, the current TDS has, arguably, provided an avenue for coordinated directions in alcohol and other drugs policy and initiatives to be considered at the local level has increased collaboration across government and the non-government and community sectors. This is supported by the extensive reports of actions emanating from, and contributing to, the TDS goals, which are detailed in the Activities and Achievements section of this report. There is also support for existing efforts to continue.

The three strategic initiatives identified for immediate action under the TDS, namely the development of an Alcohol Action Plan, continuation of the Tobacco Action Plan and development of plans targeting the use of illicit drugs, with early emphasis on the development of a Psychostimulants Action Plan (including ecstasy), were all fulfilled.

However, respondents expressed concerns with the process and timing of the review.

Consultation also revealed that the knowledge and awareness of the TDS is somewhat limited. Stakeholders' lack of understanding of the linkages between the NDS, the TDS and actions emanating from the TDS suggests a lack of communication of the TDS and/or communication not being sustained for the duration of the TDS.

## **Opportunities**

Overall, the aims and priorities of the TDS were considered still relevant and it was noted that they needed to align with the directions of the new NDS (currently under development). While the magnitude of the number of aims was noted, it was considered necessary due to the broad and complex nature of the subject matter covered by the TDS and the need to involve multiple agencies and stakeholders.

Responses from stakeholders highlighted a range of opportunities and challenges for the TDS and its focus on reducing the harms associated with alcohol, tobacco and other drugs use and misuse in Tasmania.

Tasmania's drug issues result from the use of both illicit and licit drugs. In recent times considerable focus has been placed on addressing alcohol-related issues at both a national and jurisdictional level. Cultural change in the use of alcohol will only occur with sustained effort and results will not be evident within the short-term. Associated with this is acceptance of community responsibility and changing the culture of alcohol misuse in Tasmania.

Considerable effort has been made to ensure legislation provides authorities with the ability to enforce the responsible supply and consumption of alcohol on licensed premises, and now on private property in respect of youth drinking. There is further opportunity to improve communication and education to influence the attitudes and acceptance of problematic drinking behaviour.

The need to address social disadvantage, to increase the emphasis on prevention and early intervention and a greater focus on high-risk groups was also acknowledged by Stakeholders.

The challenges in dealing with the emergence of new drugs and technologies and the emerging drug trends were also highlighted.

## **Recommendations**

### **1. Better data and research capacity**

Responding effectively to emerging drug issues is dependent upon knowledge and access to appropriate resources. Expanded research data in the Tasmanian context would be invaluable in informing better policy and service development outcomes. While there is extensive alcohol, tobacco and other drug related research being conducted nationally, there is very limited activity specifically relating to Tasmania. The development of strategies that address this limitation and builds research and evaluation capacities within Tasmania should be paramount.

It was also identified that key performance data and an implementation plan needed to be incorporated into the TDS so that data collection is a key element of any new projects emanating from the TDS. There is a range of useful data that is currently collected, recorded and reported through various channels that could form the basis of the key performance data source for such an exercise. Establishing the required trends and relationships between the different datasets and the context for such indicators at the outset would enable evaluation to be undertaken to broadly determine the effectiveness of the TDS.

### **2. Greater consideration of Legislative Frameworks**

With the emergence of new illicit drugs and technologies, the ability of current legislation to effectively deal with drug-related issues will present as an area of ongoing challenge. Technological developments present the most significant challenge, with the availability of pharmaceuticals, chemicals and equipment used in the manufacture of illicit drugs for purchase via the internet resulting in a significant increase in potential supply sources. Successful prosecution of suppliers is at times hampered by international legislation in relation to the supply and possession of substances that are frequently controlled within Australian jurisdictions. The rise of the Internet and expanding utilisation of mobile phone technology has also served to facilitate communication between established and emerging drug syndicates.

To ensure police are equipped and empowered to deal with such challenges, legislation needs to be sufficiently robust and responsive to the ever-changing environment.

Similarly, the illicit use of pharmaceutical drugs also continues to be an area of concern in Tasmania, with evidence of higher levels of population use than found in

other jurisdictions, a trend evident over a period of years. Some of this diversion will require pharmacological interventions, as well as appropriate responses in terms of regulation that prevents or minimises the diversion of pharmaceuticals.

### 3. Resources and Funding

Many of the initiatives under the TDS will require additional resources and funding, and consideration of the processes to facilitate this at the time of development of the new TDS will assist in achieving success in key priority areas.

Given ATDC feedback regarding its members' lack of willingness or capacity to engage, and the apparent confusion about differing strategies, a review of how CSO's are funded and their obligation towards the TDS should be a priority to ensure that there is ongoing and appropriate level of communication and engagement between the TDS-funded CSOs, their peak body (ATDC), Government agencies and the IAWGD.

This would need to include resource consideration for the development of the ATOD work force and its capacity to respond to the challenges. While significant resources have been invested into workforce development – through the ATODS Future Service Directions Plan – continued attention to development of the workforce across all areas will be needed if there is to be meaningful progress.

### 4. Prevention and Early Intervention

Addressing social disadvantage is recognised as a significant factor in providing better social and health outcomes for those affected by alcohol, tobacco and other drugs. In order to provide appropriate strategies to deal with social disadvantage, the TDS must be developed with broad consultation across sectors responsible for areas such as welfare, housing and education in addition to the more traditionally-associated areas of health, law enforcement and justice.

Efforts in prevention need to be appropriate to the interventions and responses needed across the life cycle, with a particular focus on early intervention and the development of resilience and protective factors.

It is important to preserve those existing initiatives that are working, as well as grant greater consideration to additional early and brief intervention strategies, to minimise the harms caused by illicit drug, alcohol and tobacco misuse. This would involve incorporating the nascent alcohol, tobacco and other drugs Promotion, Prevention and Early Intervention strategic framework as a key initiative under the new TDS.

Early intervention and brief interventions are considered to be effective responses in addressing alcohol and other drug issues. These approaches will require greater engagement with linked sectors and with primary health care providers including general practitioners and community based health centres.

The focus of Local Councils on decreasing alcohol and drug-related harms also presents opportunities for police to work with the community to influence a range of relevant decision-making processes.

#### 5. Communication of the TDS

To ensure there is better understanding of the future iteration of the TDS, there needs to be clear communication strategies to include ongoing promotion to maintain the profile of the TDS and to ensure that any associated strategies are clearly articulated. Any funding to CSOs arising from the TDS and its associated or sub strategies should also clearly tie into the TDS to ensure all parties concerned are aware of how they fit into the overall scheme of things and how their activities might impact on the broader strategic TDS goals.

The IAWGD should also commit to undertaking an extensive process of informing and engaging stakeholders about the achievements to date and in developing the next iteration of the TDS. The process would need to take into account outcome of the National Drug Strategy Review. Whilst there may be concerns about possible delays with the NDS review, it will be necessary to ensure the TDS aligns with national priorities.

#### 6. Consumer Engagement

The existing TDS is silent on consumer engagement. If the new phase of the TDS is to embrace the notion of continuous improvement, it is crucially important that consumer engagement is elevated to a more prominent position in the overall architecture of the Strategy. Compared to most other health and human services sectors, the ATOD sphere is remarkably undeveloped in its approaches to consumer engagement. At both a national and jurisdictional level there is increased recognition of the value in engaging young people in the development of alcohol and other drug policy responses and strategies. Locally, Advocacy Tasmania has been established to engage consumers and provide a voice for consumers in the development of services and policies.

The development of the next TDS will need to ensure youth and Advocacy Tasmania are appropriately engaged throughout the process.

#### 7. High Risk Groups

The Tasmanian Drug Strategy 2005–2009 conspicuously ignores the situation of prisoners and they are not mentioned in other key ATOD strategies. They are not mentioned in the Drug and Alcohol Future Service Directions Plan in any meaningful way and it is clear that up until the current time they do not form a priority group for drug and associated strategy in Tasmania. It is important that the next TDS recognises the high risk nature of prisoners and that imprisonment is in fact an opportunity for treatment, education and prevention that can provide interaction with some 2000 Tasmanian men annually and with some 200 Tasmanian women.

Integration between Justice and Health is the highest priority in producing better client outcomes.

The implications of an ageing population and a growth in abuse of alcohol and illicit drugs in terms of the aged care sectors' capacity to provide appropriate services and care is also an area of attention for the new TDS. There is a need for some research to indent implications particularly in terms of demand and types of services and care models, as well as the associated education and workforce development needs.

## **BACKGROUND – THE TASMANIAN DRUG STRATEGY**

The *Tasmanian Drug Strategy 2005–2009* (TDS), released by the Government in November 2005, was developed in response to the *National Drug Strategy 2004–2009* (NDS) and the needs of the Tasmanian community.

The need for a Tasmanian specific drug strategy was to cater for the unique character and pattern of drug use in the State. Alcohol and tobacco are still the most widely used drugs in Tasmania and cause significantly more harm than other types of drugs.

The pattern of illicit drug use is also different to other states and territories. It has long been recognised that heroin and cocaine are not as prominent an issue, but the use of psychostimulants, cannabis and diverted pharmaceuticals are of concern.

The TDS was developed by the Inter Agency Working Group on Drugs (IAWGD) on behalf of the Tasmanian Government, in consultation with key community stakeholders including local government (represented by the Local Government Association), the non government sector (represented by the Alcohol, Tobacco & Other Drugs Council [ATDC]) and the Australian National Council on Drugs (ANCD).

The purpose of the TDS 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, focussing on three priority areas:

- Community Safety
- Prevention & Reduction
- Improved access to quality treatment.

The strategic aims of the TDS are to build on existing effort to:

- Provide the foundation for future responses to the NDS, 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.

The TDS identified three strategic initiatives for immediate action:

1. Development of an Alcohol Action Plan
2. Continuation of the Tobacco Action Plan
3. Development of plans targeting the use of illicit drugs, with early emphasis on the development of a Psychostimulants Action Plan (including ecstasy).

The priorities and suggested actions are based on the following six principles:

1. Partnerships and collaborative effort are essential in shaping responses to drug use across the community. The consequences of drug use are evident across the community and 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.
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 the 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.
5. Equity of access to evidence-based service delivery is fundamental. Members of the 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.
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.

The IAWGD is responsible for overseeing the implementation of the TDS and coordinate the whole of government collaborative responses to dealing with drug related issues. Agencies were to develop action plans which link to and are informed by the Strategy.

## THE REVIEW

The *Tasmanian Drug Strategy 2005–2009* has come to the end of its term. The need for an evaluation was recognised in the TDS, which required the IAWGD to develop an evaluation strategy and monitor the implementation and report on progress through the (then) Inter Agency Policy Coordination Committee (IAPCC) to ensure the problems experienced at the end of the *Tasmanian Drug Strategic Plan 2001–2004* term were not repeated.

A proper evaluation of the previous *Tasmanian Drug Strategic Plan 2001–2004* was impeded by the failure to establish an evaluation framework before implementation began.

At the June 2009 IAWGD meeting, the Group considered various approaches for reviewing the TDS. It was agreed that, initially, a report of actions and achievements against the current strategy would be prepared for Government and await the outcome of the NDS Review to inform the development of a new TDS for dealing with drug and alcohol issues beyond 2009.

The IAWGD members agreed for the Department of Health and Human Services (DHHS) to take the lead with the review, to develop a template for feedback and coordinate collection of an update from IAWGD members. Members were to provide comments/update against the current strategy in order for IAWGD to provide a report to Government.

IAWGD members and their respective agencies, and other key stakeholders, including Community Sector Organisations (CSOs) and Local Government Councils were requested to provide information on:

- initiatives they are/have been involved with that contributed to the achievement of the TDS;
- the extent to which they consider the aims of the TDS to have been achieved, generally;
- opportunity for improvement generally;
- whether the aims and priorities of the TDS are still relevant;
- whether their agency or organisation continues to support the TDS;
- available evidence to demonstrate achievement of the objectives; and
- opportunities and barriers over the next five years for each of the objectives.

## THE NATIONAL DRUG STRATEGY REVIEW AND NATIONAL DEVELOPMENTS

The IAWGD is mindful of developments nationally and recognises that the development of the new *National Drug Strategy* and the National Health and Hospital Reform and National Preventative Health agenda will have an impact on the direction of the TDS. However, the IAWGD expressed a desire to progress with this initial phase of the TDS review to enable the preparation of a report to Government without undue delay.

## THE KEY STAKEHOLDERS

A request was sent to the following Government Agencies, Local Government Councils and CSOs for input. In addition to seeking information on their contribution to the achievement of the TDS goals, this initial exercise also sought to gauge awareness, the level of support and their thoughts about the TDS.

<u>Government Agencies</u>	<u>Non-Government and Charitable Organisations</u>	<u>Local Government Councils</u>
Department of Police and Emergency Management	Alcohol, Tobacco and Other Drugs Council of Tasmania Inc.	Local Government Association of Tasmania
Department of Health and Human Services	Australian National Council on Drugs University of Tasmania	Break O' Day Council Brighton Council
Department of Treasury and Finance	Tasmanian Institute of Law Enforcement (TILES)	Burnie City Council
Department of Premier and Cabinet	Quit Tasmania	Central Coast Council
Department of Education	Burnie Youth Alcohol and Drug Services	Central Highlands Council
Department of Justice	Youth and Family Focus	Circular Head Council
Department of Infrastructure, Energy and Resources	Holyoake	Clarence City Council
Department of Economic Development, Tourism and the Arts	The Link	Derwent Valley Council
Department of Primary Industries, Park, Water and Environment	Circular Head Aboriginal Corporation	Devonport City Council
Commissioner for Licensing	Salvation Army	Dorset Council
Road Safety Task Force	Tasmanian Aboriginal	Finders Council

Corporation Inc.	
Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD)	George Town Council
Youth Network of Tasmania	Glamorgan Spring Bay Council
Division of General Practice Tasmania	Glenorchy City Council
Cancer Council Tasmania	Hobart City Council
The Pharmacy Guild of Australia – Tasmania	Huon Valley Council
	Kentish Council
	Kingborough Council
	King Island Council
	Latrobe Council
	Launceston City Council
	Meander Valley Council
	Northern Midlands Council
	Sorell City Council
	Southern Midlands Council
	Tasman Council
	Waratah-Wynyard Council
	West Coast Council
	West Tamar Council

Key contacts were asked to further distribute the consultation document to other relevant organisations and undertake consultation as they deemed appropriate.

## RESPONSES

Feedback was received from:

- Department of Police and Emergency Management
- Department of Health and Human Services – Alcohol and Drug Service
- Department of Health and Human Services – Population Health Division
- Department of Health and Human Services – Correctional Primary Health Services
- Department of Health and Human Services – King Island Hospital and Health Centre
- Department of Infrastructure, Energy and Resources
- Department of Treasury and Finance, incorporating InterGovernment and Financial Policy Branch and Liquor and Gaming Branch
- Pharmaceutical Society of Australia (Tasmania Branch)

- Hobart City Council
- Alcohol, Tobacco and Other Drugs Council of Tasmania Inc.
- Advocacy Tasmania
- Salvation Army

The IAWGD extended the consultation period by another month following concerns and uncertainty being expressed by some stakeholders regarding the review timing and process. The IAWGD also invited the stakeholder groups with concerns to meet with the project team to clarify matters and provide input into this initial phase of the review.

The following stakeholders took advantage of the extended submission and met with the project team to clarify the misunderstanding about the process and provide verbal feedback:

- The Launceston City Mission
- Rural Alive and Well
- West Tamar Council
- Sorrell Council
- Dr David Jackson

## **FEEDBACK**

### ***SUMMARY OF FEEDBACK***

- ATOD CSOs were concerned with the process and timing of the review. The ATDC indicated that consultations with their member organisations revealed “unanimous dissatisfaction with the form and process of the Review. Wider consultations with other key stakeholders has uncovered very little awareness of the Review, and all indications are that the broader Tasmanian ATOD sector have deliberately chosen not to engage with the Review as it presently stands, for fear of granting legitimacy to a process that they cannot endorse.”
- It was also noted the “current review process is challenging, as it covers a particularly evolving, volatile time period and environment. The lifespan of the TDS encompassed the launch of Tasmania’s Health Plan, incorporating the Clinical Services Plan and Primary Health Services Plan; the ATOD services review, and subsequent release of the Future Services Direction five year plan; the introduction of the Office of the Community Sector and consequent Integrated Finance and Performance Framework and the Quality and Safety Standards Framework; the appearance and disappearance of the Tasmanian Psycho-stimulants Action Plan; and more recently the drawn out process of devising the Tasmanian Alcohol Action Framework. Many in the sector recognise the importance of engaging in these processes, however, previous experience

around resulting delays and poor communication transfers have undermined levels of support for such processes among ATDC members.”

- The ATDC expressed disappointment with the poor timing of the Review, noting that “for such an important document, the process does appear hasty, and has been poorly publicised and is thus insufficiently consultative. As noted above, feedback from ATDC member agencies indicates that their input into the Review will be scant, at best. Thus, the key recommendation that the ATDC can possibly make is that the period for the Review is extended, to ensure that all stakeholders are adequately consulted.”
- The strength of the remarks from the ATDC is somewhat surprising considering the ATDC is a member of the IAWGD and, as such, was involved in the establishment of the scope, timing and process of the review. While concerns were raised about the large number of reviews in recent times and the potential of CSOs being exhausted by the extent of their involvement, no concerns were raised about the proposed timing and consultation period. It should also be noted that the Terms of Reference of the IAWGD also require each member to (inter alia) ‘Represent jurisdictional business within the context of the *Tasmanian Drug Strategy 2005-2009* and related policy initiatives including National strategic policy initiatives of significance to Tasmania’ and ‘Consult with local representative groups, service providers and other agencies/organisations not represented in the membership as relevant’.
- Clearly the reluctance by or inability of, ATOD CSOs to engage is of significant concern and would devalue the TDS and compromise its future success. Also of concern is the comment about the lack of awareness of the review. Whilst letters and emails were sent to those stakeholders at the commencement of the review, there appears to be a breakdown in communication. Given this feedback; reviews of the IAWGD communication strategy and its communication procedure as well as the role of the ATDC, its relationship and communication with members appears necessary. Such an evaluation should also consider the funding agreement that is in place with a view to incorporating sector engagement and communication obligation as part of all funding under the TDS. The facilitation of information exchange is an activity under the funding agreement of the ATDC.
- Nonetheless the IAWGD undertook to deal with the concern of timing by extending the submission period by a month and issued an invitation to those stakeholders to meet with the project team to provide feedback and clarify any misunderstanding.
- Some of the verbal feedback along with the above comments by ATDC suggests that stakeholders were unfamiliar with the TDS, particularly in terms of its relationship with the National Drug Strategy and other documents such as the ATOD Future Services Directions and the TDS sub-strategies, such as the Tasmanian Alcohol Action Framework and the Tasmanian Psychostimulants Action Plan. This was reflected in the comments from ATOD CSOs about working towards the ATOD Future Service Directions outcomes and not necessarily

awareness of that being driven in part by the TDS. Those same respondents also linked their funding to the ATOD Future Service Directions and not the TDS. This suggests a need for greater ongoing promotion of the TDS.

- The lack of understanding of the linkages between TDS and actions emanating from the TDS is also concerning. To ensure there is better understanding of the future iteration of the TDS, there needs to be clear communication strategies to include ongoing promotion to maintain the profile of the TDS and to ensure that any associated strategies are clearly articulated. Any funding to CSOs arising from the TDS and its associated or sub strategies should also clearly tie into the TDS to ensure all parties concerned are aware of how they fit into the overall scheme of things and how their activities might impact on the broader strategic TDS goals.
- Notwithstanding the concerns and misunderstandings about the process adopted, stakeholders were generally supportive of the Strategy and acknowledged a need for it. The ATDC noted that the concept of harm minimisation – encompassing supply reduction, demand reduction and harm reduction – has served Tasmanian drug policy well. The TDS enables effective collaborations among diverse sectors: health, law enforcement and education, among different levels of government, and among government, non-government and private organisations and the community at large. It promotes the use of evidence to inform drug policy and practices.
- However, while monitoring and evaluation of the TDS was considered vital, respondents acknowledged the difficulty in adopting an evaluative approach to assessing the full impact of the TDS and determining its effectiveness. This is due in part to the broad focus of the TDS; the complexity of the issues at hand; the assortment of inter-related factors involved; and the fact that program outcomes are often not evident in the short-term, all rendering evaluation of the TDS's effectiveness problematic.
- Respondents indicated a desire to incorporate broad indicators of success or otherwise in the next iteration of the TDS. This is discussed later in the Opportunities section.
- While the outcome and level of influence attributable to the TDS is difficult to quantify and ascertain, respondents have indicated a significant level of activity towards the achievement of the strategic aims of the TDS.
- Key Government agencies with direct involvement in the TDS consider it to be an important document that has led to important initiatives and activities being developed and delivered. The extent and the quality to which the goals of the TDS have been achieved appear to be the main area of contention. The DPEM noted that “the TDS has provided an avenue for national directions in alcohol and other drugs policy and initiatives to be considered at the local level, to be tailored to meet the specific needs of the community and that there has been evidence of increased collaboration across government and the non-government and community sectors in considering strategic responses to address licit and illicit drug issues”.

- DPEM also indicated that during the life of the TDS, DPEM has contributed significantly towards achieving the strategic aims of the Strategy. The strategies, initiatives and policing operations undertaken by DPEM have assisted in:
  - Reducing and disrupting the supply and manufacture of illicit drugs.
  - Reducing the incidence of crime and disorder associated with the use of licit and illicit drugs.
  - Improving public amenity by reducing problematic drug use and related fear.
  - Enforcing the responsible supply, service and consumption of alcohol, particularly among young people.
  - Reducing drug-related problems in population groups identified as being at high risk.
  - Reducing the harms caused on Tasmanian roads, by actively targeting drivers to positively influence driver behaviour and deter Tasmanians from driving while affected by alcohol and/or drugs.
  - Supporting the Tasmanian Government's Safe at Home project, to respond appropriately to family violence issues, that are often influenced by drug and/or alcohol misuse.
  - Developing partnerships with health authorities and the criminal justice system to enable access to appropriate support and interventions for people experiencing problematic drug use (eg Illicit Drug Diversion Initiative (IDDI) and Court-Mandated Diversion (CMD)).
  
- DPEM and DHHS advised that the three strategic initiatives identified for immediate action under the TDS, namely the development of an Alcohol Action Plan, continuation of the Tobacco Action Plan and development of plans targeting the use of illicit drugs, with early emphasis on the development of a Psychostimulants Action Plan (including ecstasy), were all fulfilled.
  - The *Tasmanian Alcohol Action Framework 2010–2015* was released by the then Minister for Health in February 2010. Work is currently underway to implement the strategies identified in the strategic document.
  - The *Tasmanian Psychostimulants Action Plan 2007–2009* was released by the IAWGD in 2007. An interim review of actions against the Action Plan was conducted at the end of 2009. The review indicated commitment to the aims of the Action Plan by Lead Agencies and those Agencies reported significant activity against the objectives of the Action Plan. The DHHS advised that the majority of activities they have committed to undertake have been implemented, are currently being developed, or have been incorporated into other initiatives. While the view of the DPEM is that the Action Plan has assisted in strengthening the response to psychostimulant use in Tasmania. The IAWGD has extended the Action Plan until October 2010, in line with the development of the next phase of both the NDS and the TDS. A more comprehensive review of the Action Plan will be undertaken in the second half of 2010.
  - The *Tasmanian Tobacco Action Plan 2006–2010* implementation is oversighted by the Tasmanian Tobacco Coalition, which was established

in 2004 to consolidate and enhance collaboration between government and non-government sectors and to provide leadership in addressing tobacco use in Tasmania. Significant progress has been made in Tasmania towards implementation of the Tasmania Tobacco Action Plan, with one of the key outcomes to date being the independent review into smoking cessation interventions in Tasmania in 2007, which resulted in the establishment of the Smoking Cessation program. The Tasmanian Tobacco Action Plan is also currently being reviewed by the Tobacco Coalition.

- However, DHHS noted – particularly from a treatment perspective – that the TDS aims were not achieved well, due in part to a lack of resources across the sector and incapacity to significantly measure the impacts. It was also noted that expectations are high amongst carers and clients, however the treatment are limited by resourcing availability, particularly for some of the high risk groups such as prisoners. It was noted that once the workforce grows, the sector will be in a better position to address the strategic objectives of the TDS.
- Overall, the aims and priorities of the TDS were considered still relevant and it was noted that they needed to align with the directions of the new NDS (currently under development). While the magnitude of the number of aims was noted, it was considered necessary due to the broad and complex nature of the subject matter covered by the TDS and the need to involve multiple agencies and stakeholders.
- The activities and achievements under the TDS are provided in the section below. The activities are set out under the three key priority areas of the TDS – community safety; prevention and reduction; and improved access to quality treatment. It should be noted however that many of actions and initiatives highlighted by respondents are multi-faceted and will inevitably apply across multiple objectives and accordingly multiple priority areas. This is due to the inter-related nature of the TDS priorities and their associated objectives. For example, the outcome of a strategy aimed at reducing supply may also have a flow on effect for community safety. In such circumstances, the strategies will only be discussed in the most relevant priority area to avoid repetition.

## **ACTIVITIES AND ACHIEVEMENTS**

The feedback received regarding the achievements and actions that have emanated from the TDS or contribute towards the achievement of the TDS goals are provided below, under the following four headings.

1. **Strategic activities:** refers to those activities that are broadly strategic in nature and establishes or go towards establishing strategies or a plan of actions to address the goals of the TDS. Such activities would generally cover all the TDS priority areas and not specifically focus on one.

2. **Community safety priority:** refers to those activities that are specifically focussed on addressing community safety issues, including:
  - a. Activities dealing with crime and disorder associated with the use of licit and illicit drugs;
  - b. Activities to reduce exposure of non-smokers to tobacco smoke;
  - c. Activities to improving safe disposal of injecting equipment;
  - d. Activities to reducing drug related problems in population groups identified as being at high risk;
  - e. Community programs aimed at improving public amenity and reducing problematic drug use and related fear; and
  - f. Work on suicide prevention.
  
3. **Prevention and reduction priority:** refers to the activities that are specifically focussed on preventing/curbing the uptake and use of drug and activities focusing on the control and reduction of drug supply. These may include:
  - a. Education programs for young people to help avoid the uptake of harmful alcohol, tobacco and other drug use;
  - b. Promotional activities, such as the responsible supply, service and consumption of alcohol, particularly among young people;
  - c. Strategies to increase the capacity of primary health care professionals to respond to the social determinants of tobacco, alcohol and other drug use;
  - d. Activities that raise public awareness/knowledge of drug-related harms and effective interventions;
  - e. Activities to reduce the inappropriate use, supply and diversion of pharmaceuticals;
  - f. Disruption of supply and manufacture of illicit drugs;
  - g. Development of legislation dealing with alcohol, tobacco and other drugs
  - h. Promotion of healthy communities and the mental health of individuals
  
4. **Improved access to quality treatment priority:** refers to activities that are treatment focussed, including:
  - a. The delivery of treatment and interventions for people experiencing problematic drug use, including partnership efforts to facilitate improved service delivery;
  - b. Activities to improve access to services for people with diverse and complex needs;
  - c. Provision of pharmacotherapy interventions;
  - d. Efforts to develop the workforce of treatment and intervention service providers.

## Strategic Activities

- The *Tasmanian Psychostimulants Action Plan 2007–2009*, developed by the Inter Agency Working Group on Drugs (IAWGD) in response to the priority areas of the *Tasmanian Drug Strategy 2005–2009* was released in December 2007. The Plan aims 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, police and health professionals; and
  - Provide timely and appropriate intervention and linking of people to health services.
- An interim review of the actions against the Tasmanian Psychostimulants Action Plan was conducted at the end of 2009. The review indicated a commitment to the aims of the Action Plan by lead agencies who reported significant activity against the objectives of the Plan. The DHHS advised that the majority of activities they have committed to undertake have been implemented, are currently being developed, or have been incorporated into other initiatives. The DPEM indicated that the Action Plan has assisted in strengthening the response to psychostimulant use in Tasmania.
- The Psychostimulants Action Plan review report highlighted its positive outcomes on psychostimulants use by highlighting the findings of the *2007 National Drug Strategy Household Survey* and the *2009 Illicit Drug Reporting System (IDRS)* and the *Ecstasy and Related Drugs Reporting System (EDRS)*. The *2007 National Drug Strategy Household Survey* identified that the number of Tasmanians aged 14 years and over that had recently used amphetamines had decreased. Similarly, the findings of the *2009 Illicit Drug Reporting System (IDRS)* and the *Ecstasy and Related Drugs Reporting System (EDRS)* note that the use of crystal methamphetamine, 'ice', fell across Australia in 2009. The use of 'ice' also fell sharply among regular ecstasy users in Tasmania. The fall in use has mirrored declines in the availability of 'ice'.
- Although these reports indicate that the use of amphetamines is decreasing, DPEM report that Tasmania Police data indicates the amount of amphetamines, particularly ecstasy (MDMA) tablets, seized following investigations continues to increase. In 2007/08, 1,457 grams of amphetamines and 4,241 Ecstasy (MDMA) tablets were seized and in 2008/09, 1,239 grams of amphetamines and 8,548 Ecstasy (MDMA) tablets were seized.
- The IAWGD has extended the Psychostimulants Action Plan until October 2010, in line with the development of the next phase of both the NDS and the

TDS. A more comprehensive review of the Action Plan will be undertaken in the second half of 2010.

- The *Tasmanian Alcohol Action Framework 2010–2015, Rising Above the Influence* was released in February 2010 as a whole of Government framework to improve individual and community safety and reduce human, health, economic and social costs associated with the misuse of alcohol. The Plan was developed under the auspice and guidance of the IAWGD on behalf of Government. The key strategies of the Framework are:
  - Changing the drinking culture in Tasmania
  - An effective system for controlling the supply of alcohol in Tasmania
  - Providing effective interventions to deal with and prevent alcohol-related harm.
- Work is currently underway to implement the strategies identified in the Tasmanian Alcohol Action Framework.
- In 2008, DPEM hosted a Tasmanian Alcohol Forum. This initiative brought together stakeholders from state and local government, industry and the community and non-government sectors to discuss alcohol-related issues. The Forum assisted in the development of the *Tasmanian Alcohol Action Framework 2010–2015*, providing a whole-of-government response to address the harms being caused by alcohol misuse.
- Continued support was provided to the Tobacco Coalition, which was established in 2004 to enable the DHHS and other relevant stakeholders with an interest in reducing tobacco prevalence to more effectively coordinate and implement strategies relating to tobacco issues. The Tobacco Coalition developed the *Tasmanian Tobacco Action Plan 2006–2010* setting out the Government's commitment and initiatives to reducing the incidences of tobacco related harm in Tasmania. The Tobacco Coalition continues to hold quarterly meetings to discuss issues relating to the implementation of the *Tasmanian Tobacco Action Plan 2006–2010*. The Tobacco Coalition is currently reviewing the Tasmanian Tobacco Action Plan.
- There has been ongoing support by Government agencies, the ATDC and the Local Government Association of Tasmania to actively participate and contribute to the work of the IAWGD in progressing the State's alcohol, tobacco and other drugs agenda, including overseeing the adoption of the Tasmanian Drug Strategy. There has also been evidence of cross-agency collaboration in providing appropriate responses to decrease the health and social harms associated with alcohol and other drug use. Notably, initiatives such as the Illicit Drug Diversion Initiative (IDDI), in the case of minor drug offenders, and Court Mandated Diversion, in the case of other drug related offences, enable persons to be referred to counselling and treatment options where appropriate.

## Community Safety Priority

- DPEM has worked closely with DHHS to provide opportunities for minor drug offenders to address their drug use issues. From 2005/06–2008/09, there were 6,325 diversions through the Tasmania Illicit Drug Diversion Initiative (IDDI) program. The successful IDDI program allows police officers to use their discretion to provide a caution or divert low-level or first time drug offenders found using or possessing small quantities of illicit drugs or pharmaceutical drugs being used for non-medicinal purposes, to health services to receive education, counselling or appropriate treatment. The Tasmanian IDDI framework uses existing police discretion and 'Commissioners Instructions' to allow Tasmanian Police to divert eligible offenders to education, assessment and treatment as an alternative to progressing through the court system. In support of this, the ADS provides and manages service agreements with seven CSOs to provide varying levels of interventions under the IDDI program. A national evaluation of IDDI was conducted in 2007. As part of the evaluation, two reports were produced: the Australian Institute of Health and Welfare report *The effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia*; and the Australian Institute of Criminology report *Police drug diversion: a study of criminal offending outcomes*. The IDDI program contributes to the achievement of all three TDS priority areas.
- IDDI training sessions have been incorporated into new police recruits and supervising officers' courses. The success of this training is highlighted by the increased number of successful drug diversions issued. This is supplemented by the development of a toolkit for officers to ensure that they have appropriate resources at hand to facilitate the diversion of minor drug offenders to seek treatment and counselling. DPEM also conducts drug courses on an annual basis to ensure officers working in drug investigation areas are equipped with appropriate knowledge and skills.
- Excessive alcohol consumption by drivers is a major cause of fatal and serious injury road crashes. Tasmania Police has continued to target drivers to positively influence behaviour and deter Tasmanians from driving whilst affected by alcohol and/or drugs. Throughout the state, Tasmania Police has conducted high profile random breath test (RBT) and random drug test (RDT) operations, as well as targeted breath and oral fluid drug tests. In the past three reporting years (2006/07 to 2008/09), over 2 million RBT and RDT tests were conducted resulting in over 13,000 drivers detected driving under the influence. This equates to 0.67% of drivers tested being found to be driving under the influence. The RBT and RDT also fulfil the prevention and reduction priority.
- The introduction of Public Order Response Teams (PORT) in July 2006 has enhanced the capacity of Tasmania Police to respond to antisocial behaviour, prevent crime and offences in public places, particularly in entertainment precincts. The PORTs provide a front-line policing approach to respond to

antisocial behaviour, problematic licit and illicit drug use, and to assist in the prevention of crime in public places. They focus on providing an increased presence around hotels, nightclubs and other licensed premises. The Teams operate in each of Tasmania's four geographic Districts and work with the Licensing Units to monitor: access to alcohol by under-age persons; general compliance by licensees with liquor laws and public order practices; and training, registration and conduct of security personnel. The PORT also fulfils the prevention and reduction priority.

- A partnership between DPEM and the Burnie City Council, Liquor and Gaming Branch, and Australian Hotels Association has enabled the development of the Burnie Liquor Accord. The Accord encourages licensees to work with government and community representatives to improve the operation of licensed venues and liquor licensing, through the introduction of practical solutions to address alcohol-related problems.
- In Hobart, a 'Pub Watch' program is being established to promote communication between licensees, in an effort to share information to assist in decreasing alcohol-related anti-social behaviour and violence in and around those licensed venues.
- There has been work between DPEM, Liquor Gaming Branch, local government and industry stakeholders to introduce voluntary late night trading agreements in Launceston and Hobart. The agreements operate in the CBD of each city and consider issues such as: late night trading; a ban on liquor promotions after midnight; and the introduction of a 3:00 am lockout, where no new patrons are admitted to premises after this time.
- Tasmania Police participated in '*Operation Unite*' in December 2009. This initiative involved all policing jurisdictions and was supported by health and emergency services to focus on and highlighting the harms caused by alcohol misuse, including antisocial behaviour, violence and road trauma. The initiative generated extensive media attention in Tasmania and throughout the country.
- The Inter Agency Support Team (IAST) program was introduced in 2005 to provide a collaborative, multi-agency approach to support young people who have offended, or are 'at risk' of offending, and their families. A focus of the Teams is to identify and respond to problematic and harmful drug and alcohol use. The IASTs are convened and led by DPEM, and bring together key government agencies to coordinate service delivery. There are now 24 IASTs operating throughout Tasmania. In 2008–09, 258 juveniles state-wide (185 males, 73 females) were being managed under the IAST program. To date, there has been limited formal evaluation of the IAST program. Informal feedback from stakeholders indicates that the model has delivered a number of effective outcomes:
  - positive interventions for children and young people;
  - better working relationships and sharing of information between

government agencies;

- increased number of children and young people being diverted away from the criminal justice system and/or engagement with education or work; and
  - improved relationships between families and government agencies. DPEM continues to lead the Inter-Agency Support Teams (IASTs) to provide a coordinated, multi-agency approach in supporting young people who have offended.
- DPEM also continues to support and promote the Party Safe initiative. Party Safe aims to encourage young people and parents/responsible adults to organise and conduct parties in a responsible manner. Party Safe features on the Tasmania Police website, and provides links to resources and information, to assist in supporting a safe environment for those attending a party, and the wider community.
  - There are Crime Prevention and Community Safety Groups throughout the state. These groups are local council based and enable community specific issues to be addressed, including issues associated with problematic licit and illicit drug use. These Groups are supported by Tasmania Police and other Government agencies. Examples include the Hobart City Council Alcohol and Other Drugs Group which specifically consider alcohol and drug-related issues within the Hobart area; the Hobart City Safer Cities initiative, which focuses on decreasing alcohol-related harms in the community; and the King Island Community Safety Group, which has developed a King Island Community Safety Plan.
  - The work of the Tasmanian Suicide Prevention Committee (TSPC) is a strategy under the TDS priority in recognition of the link between suicide drug and alcohol misuse and suicides. The purpose of the TSPC is to reduce the incidence and overall impact of suicide on the community and the prevalence of self-harming behaviours amongst the Tasmanian population within the national LIFE framework principles. The TSPC is supported by various government agencies and CSOs. The Committee is actively providing input into the development of a Tasmanian Suicide Prevention Strategy.
  - Launceston City Council in cooperation with the Tasmanian Department of Infrastructure, Energy and Resources, the Road Safety Task Force, Department of Treasury and Finance, Department of Police and Emergency Management, Tasmanian Turf Club, Festivale, West Launceston Rotary Club, Red Cross "Save a Mate" and Neighbourhood House developed the *Breatho! Stay Below .05* program, which is a collaborative community program aimed at improving the community's awareness of the effects of alcohol. The program actively engages people to take responsibility for their own actions and recognises road safety as a whole-of-community health and welfare issue that is most likely to succeed when owned by the community. The program targeted selected events and festivals by providing a booth where patrons can monitor their blood alcohol content on site, be educated about the

effects of alcohol, and receive simple strategies they can apply at other functions. The Program reinforces the '*Don't Drink and Drive*' message by tailoring information to suit individual patrons' understanding.

- The West Tamar Council also share a common interest in tackling crime and community safety with its Youth Strategy identifying the need for programs to deal drug and alcohol issues. In accordance with the TDS goals of collaboration, Police and DHHS have been supportive and have participated in the Council's community development programs and initiatives.
- DHHS continues to support the Needle and Syringe Program (NSP) with an addition to the program on Hobart's Eastern Shore, and a trial of needle and syringe dispensing machines in Devonport and Invermay rolled out in 2008-09. The program aims 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.
- NSP Compliance Practice Standards have been adopted in all primary and secondary NSP in 2007/08.
- The Tasmanian Prison has identified the high prevalence of smoking among the prisoner population and has commenced limiting the location and time when prisoners and prison staff may smoke. This is supported by increasing the accessibility to QUIT information and QUIT products.

## Prevention & Reduction Priority

- The TDS has been used by DHHS and DPEM to align efforts to reduce the health and social harms associated with licit and illicit drug use.
- DHHS has developed and will be implementing the *Working in Health Promoting Ways – A Health Promotion Strategic Framework for DHHS 2009–2011*. The WiHPW Framework has been developed by a reference group of DHHS staff to provide a relevant and practical document that supports a more coordinated approach to health promotion across the agency. Alcohol, tobacco and other drugs is one of the priority action areas. The framework will be supported by complementary action guides.
- DHHS are involved in the establishment of a Population Health Project to assess the feasibility of screening and assessment for alcohol and tobacco in primary health care centres across Tasmania – this investigative work will culminate in a set of recommendations to inform the future for assessment and screening for these risk factors across the state.
- DHHS has established and regularly updates a Population Health Tasmanian Drug Trends Fact Sheet incorporating Tasmanian data from National Surveys and local information and data sources.
- DHHS together with other key Government Agencies, and community and professional organisations has developed a *Population Alcohol Strategies: Primary and Secondary Prevention of Alcohol Related Harms – Summary of Future Directions Report (2008)*. This identifies and endorses population level goals and strategies around alcohol use in Tasmania. A number of the higher level goals were included in the drafting of the Tasmanian Alcohol Action Framework for consideration.
- The *Tasmanian Hepatitis C Education and Support Program 2007–08* was initiated between DHHS and the Tasmanian Council on Aids, Hepatitis and Related Diseases (TasCAHRD) and The Link Youth Health Service (the Link). Activities included: Implementation of Hepatitis C Awareness Week 2007 (October) and Hepatitis C Awareness Week 2008; public community forums; 2 harm reduction education and information forums conducted with the Women's Prison; promotion and training of viral Hepatitis Training Workshops with Aboriginal health services, bi-cultural workers, primary care services staff, Oral Health staff, and health staff on King Island; development of Vein-Like series of resources; availability of Treatment Fact Sheets on TasCAHRD website; and stakeholder and client satisfaction surveys conducted through TasCAHRD.
- A *Key Risk Group Project 2007-08* was initiated under the Tasmanian Hepatitis C Education and Prevention Initiative. This included activities targeted at culturally and Linguistically Diverse (CALD) groups and youth. Priority Areas were 1. Improving access to education and information about Hepatitis C specifically targeting IDU's, Aboriginal and Torres Strait Islanders, custodial settings, people from CALD backgrounds and young people: and 2. Improving

access to Hepatitis C prevention strategies particularly in key target groups. Activities included: securing arrangements for a Tasmanian tour by the Ilbijerri Theatre Company of their play, *Chopped Liver*; a 3 day training program with bi-cultural health workers involving 13 workers from a range of African countries; and training of 15 CALD young people as facilitators to delivery education session to young people in their communities.

- Legislation was introduced in 2005 to extend the smoke-free areas to include nightclubs, cabarets, gaming areas and 50% of outdoor dining areas. This was further extended in 2006 to include indoor areas of licensed venues and specifications made about outdoor smoking areas in licensed venues.
- In 2006, legislation was introduced to prohibit the sale of split pack cigarettes in Tasmania. This action was taken due to concerns that the split pack encouraged youth smoking by making it easier for young people to share cigarettes and their cost among their peers. There were also concerns that one side of the packet once split did not display the required graphic health warning.
- In 2007, measures were introduced to strengthen provisions in protecting children from tobacco with amendments to the *Public Health Act 1997*. Amendments included a ban on smoking in cars where children are present from 1 January 2008, a ban on the sale of fruit and confectionery flavoured cigarettes and reductions in the display of tobacco products in retail outlets to one square metre from 19 June 2008 and complete removal by 1 February 2011.
- In the periods from 2006/07 to 2008/2009, DHHS conducted 547 tobacco sales controlled purchase operations, testing retailer compliance with the prohibition on the sale of cigarettes to children. The operations resulted in 95 retailers being prosecuted. The penalties issued by Magistrates ranged from good behaviour bonds to fines up to \$275.
- DHHS increased its funding to Quit Tasmania in 2008/09 to provide two additional major public campaigns to increase promotion of Quit and Smoke free messages. Funding for an additional *Quitline* Advisor was also provided to ensure the *Quitline* can respond to increased demand.
- DHHS, with funding from the Commonwealth's Health Connect developed and introduced a real time reporting system to enable real time secure reporting of the Schedule 8 and alprazolam dispensing from all Tasmanian pharmacies. The move from monthly to real time reporting increases the capacity for Government to monitor the prescribing of Schedule 8 medications (opioids and amphetamines). The misuse, overuse and abuse of Schedule 8 medications and alprazolam is a significant public health issue in Tasmania. Faster access to accurate dispensing information increases the capacity for the State's pharmacists to identify potential problems and to make clinically significant interventions to promote best practice and improve public health outcomes. This project will provide DHHS with the technical support to promote and support best practice medicine in relation to the

prescribing of opioid analgesics. The next phase will be to develop the Drugs and Poisons Information System Online Remote Access (DORA) component. Clinicians are currently able to call the Department and obtain clinical and pharmaceutical information in relation to the prescribing of drugs of dependence during business hours. DORA will deliver clinical support at the time the patient is being seen by the medical practitioner. It will enable access to appropriate information 24 hours a day; 7 days a week for clinicians who need to prescribe drugs of dependence and are unsure of their patient's previous clinical history relating to these drugs. The development of both the real time reporting and DORA projects are supported by the Pharmaceutical Society of Australia.

- DPEM and DHHS have enhanced existing partnerships with community pharmacies, and are working with the Pharmacy Guild and the Australian Government Attorney-General's Department on the implementation of Project Stop. Project Stop seeks to assist in preventing the diversion of pseudoephedrine for methamphetamine production and to prevent the inappropriate sales of pseudoephedrine and alert police to "shoppers".
- DHHS are working with General Practice Tasmania, the Pharmacy Guild and the Pharmaceutical Society, pain specialists and GP Training in the development of clinical practice guidelines for opioid prescribing. The aim is to assist in reducing the escalating prescribing of doses of these medications. The escalating doses are one of the reasons that diversion of legally prescribed opioids for illicit use is occurring as some patients receive amounts in excess of their therapeutic need.
- The Pharmaceutical Society of Australia (Tasmania Branch) has been actively supporting and advocating pharmacists' involvement in pharmacotherapy programs as well as needle syringe programs. Both of these programs reduce crime associated with illicit drug use. The Society has also provided Mental Health First Aid workshops for pharmacists, education updates and professional development activities, including organising the screening of "Fighting the Dragon with Luck", Q&A sessions on drug misuse and the tobacco cessation information sessions for community pharmacists. The Society is also a member of the Tobacco Coalition and a member of Smoke Free Tasmania.
- The Pharmaceutical Society of Australia was awarded a grant of \$100,000 from DHHS for a media campaign on smoking cessation and the role of the pharmacist. This resulted in 300 pharmacists and pharmacy staff across the state being trained on smoking cessation and providing interventions as well as the airing of a 15 second television advertisement across all commercial television networks over two campaign periods both coinciding with QUIT Tasmania's campaign and one also coinciding with Quit week.
- Transfer of Part 3 of the *Alcohol and Drug Dependency Act (ADDA) 1968* to the *Poisons Act 1971* passed both houses of Parliament. The ADDA came into force before the Poisons Act and for many years both Acts, along with the

Poisons Regulations, have been used to regulate the prescribing of drugs of dependence. The transferred provisions relate to the prescribing and supply of certain substances, in particular Schedule 8 substances and their prescribing by all health professionals able to prescribe these substances. Also included in the transfer is the requirement for notification of drug dependent persons and the conditions under which such persons may be prescribed Schedule 8 substances under an authority of the Secretary of DHHS. The consolidation of all prescribing aspects of such substances in one piece of legislation will assist practitioners in understanding their requirements and ensures consistency in practice.

- DHHS maintains an expert prescribing advisory and education service. This service is supported by evidence-based information and data from the monitoring system managed by PSB and seeks to address substances/prescribing that have a public health impact beyond the therapeutic reason why or to whom the drug is prescribed. Included are education and training with local General Practitioners and pharmacists to better monitor and reduce the supply and diversion of pharmaceutical drugs through inappropriate prescribing practices; assist with pharmacological management; and access to a range of bio-psycho-social interventions.
- The Good Sports program was established in Tasmania to develop safer and healthier communities, by assisting sporting clubs manage alcohol responsibly and reducing alcohol-related problems such as binge and underage drinking. This was in recognition that most major sporting competitions and teams promote and advertise alcohol consumption, and many sport clubs have a tradition of heavy drinking. Many clubs also depend on revenue from alcohol sales to help finance club activities. There are over 100 sporting club involved in the Good Sports program in Tasmania. The Good Sports Program experienced a period of dormancy and was recently re-established in 2010 to also incorporate a component focussing on mental health in sporting clubs. This was made possible with collaborative funding and support from DHHS, the Department of Economic Development, Tourism and the Arts, Beyond Blue and local councils.
- DPEM has conducted successful targeted drug law enforcement operations to investigate and prosecute persons involved in manufacturing, supplying and distributing illicit drugs. Working in close collaboration with other police and law enforcement agencies, including the Australian Federal Police and the Australian Customs Service, Tasmania Police has undertaken a key role in successfully disrupting a number of major drug manufacturing networks operating locally and across multiple jurisdictions.
- In 2007, Tasmania Police was involved in Operation *Elude*, a major multi-jurisdictional operation which commenced in Tasmania, and which resulted in the disruption of a significant amphetamine trafficking syndicate, both within Tasmania and across South-Eastern Australia. The operation resulted in the charging of 27 people with varying offences, ranging from burglary and stealing through to conspiracy to traffic in large quantities of amphetamine,

MDMA, morphine and cannabis. In excess of \$4 million worth of amphetamine, cash and other drugs were seized, together with 20 firearms and over \$100,000 worth of stolen property. Proceeds of Crime restraining orders were issued in relation to \$2 million worth of real estate and assets.

- In July 2008, Tasmania Police worked closely with the Australian Federal Police and the Australian Customs Service as part of a national and international investigation, which led to the seizure of a significant number of ecstasy tablets, precursor chemicals and proceeds of crime. A number of significant MDMA traffickers were also apprehended as a result of ongoing linked operations. This activity resulted in a significant increase in ecstasy seizures during the period.
- The commencement of two new drug detection dogs has further assisted the work undertaken by Tasmania Police to reduce the supply of illicit drugs.
- The greater police focus and attention on drug related offences is reflected in the number of arrests for cannabis related-offences, which went from 1353 in 2004/05 to 1939 in 2008/09. The way that police are dealing with these types of drug-related offences is also significant with the number of cannabis users being formally cautioned and diverted by Police to intervention services. The increased police focus is also evident in the growing number of arrests in relation to the supply of methamphetamines and the number of people appearing in a Tasmanian Court imprisoned on charges relating to the supply, manufacture and cultivation of drugs, which has increased since the release of the Tasmanian Drug Strategy from 164 in 2004/05, 248 in 2005/06, 270 in 2006/07 to 275 in 2007/08. Full figures were not available for 2008–09 (2009 Tasmanian Drug Trends data in the Illicit Drug Reporting System (IDRS) Report).
- Tasmania Police are also committed to the Police-in-Colleges program, which enables officers to work with schools to raise awareness of alcohol and other drug legislation within the secondary school environment. This includes the development of guidelines to support police officers when providing school drug-education presentations.
- Tasmania Police has also entered into a formal agreement with all Tasmanian schools and colleges to ensure an appropriate and consistent response to drug-related incidents.
- The *Marine Safety (Misuse of Alcohol) Act 2006* was enacted to provide Tasmania Police officers with the authority to enforce vessel operators not to exceed prescribed blood alcohol limits.
- On 1 July 2005, new legislation was enacted creating an offence of driving a motor vehicle with illicit drugs in the body. The *Road Safety (Alcohol and Drugs) Amendment Act 2005* provides authority for police to conduct oral fluid (saliva) tests on drivers to detect the presence of illicit drugs. In December 2007, amendments were made to the *Road Safety (Alcohol and Drugs) Act 1970* to provide police with the power to issue Excessive Drink

Driving Notices and to immediately disqualify drivers exceeding 1.15%, or drivers that re-offend.

- In November 2007, amendments to the *Police Offences Act 1935* were enacted to provide Tasmania Police with the power to prohibit the consumption of alcohol in prescribed public places during prescribed days and times. Tasmania Police have utilised this power to enhance public safety by restricting drinking areas in popular metropolitan entertainment areas during times of general public celebration, such as Christmas and over the New Year period. Legislation was also introduced to prohibit persons from 'spiking' another person's drink.
- In April 2008, amendments to the *Liquor Licensing Act 1990* provided police, licensees and their staff and crowd controllers with the power to seize fraudulent identification documentation used by young people to obtain alcohol, or enter licensed premises. The amendments also:
  - reinforces the responsible service of alcohol by increasing existing penalties for the sale and supply of liquor to young persons and to persons who appear to be drunk; and by strengthening offences committed by young persons, such as purchasing liquor and consuming liquor on licensed premises;
  - streamlines the disciplinary process by introducing a new power to enable police to issue infringement notices, similar to a traffic infringement, for certain breaches of the Act, removing the need for offenders to appear in court;
  - provides the Commissioner for Licensing with the ability to address ongoing problems, such as noise and disturbances, through the introduction of a new power for the Commissioner to amend the conditions of an out of hours permit if the Commissioner determines it is in the public interest to do so; and
  - strengthens the tests in determining suitability to hold a liquor licence, or to be an Associate of the operation and management of a licensed business.
- The *Police Offences Act 1935* was amended in November 2009 to regulate the supply of alcohol to young people on private property. This legislation provides a valuable tool to assist in raising awareness in the Tasmanian community of the responsibility of parents, guardians and other adults in protecting young people from the harms associated with the consumption of alcohol. The legislation stipulates that people under the age of 18 years can only be supplied with alcohol on private property with the direct consent of a parent or guardian. In addition to gaining permission, the legislation requires that the responsible adult appropriately supervise the minor's consumption of alcohol. Failure of an adult to act in a responsible manner may result in infringement notices being issued, or if more serious offences occur, large fines or jail terms.

- The Liquor and Gaming Branch conducts annual Responsible Service of Alcohol (RSA) moderation sessions with Registered Training Organisations to ensure RSA training is consistent, contemporary and is addressing issues of underage access to alcohol and intoxication on liquor licensed premises. RSA training is compulsory for all liquor licensees and their servers of alcohol in accordance with the *Liquor Licensing Act 1990*.
- Funding was provided to the Tasmanian alcohol, tobacco and other drugs sector peak body, the ATDC to appoint a policy and research officer to undertake a number of partnership activities including developing a research agenda; developing best practice models; and developing a framework to support and enhance collaborative cross-sectoral relationships between ATOD NGOs, the ADS and other Government Agencies. Funding was also provided to increase public awareness of alcohol, tobacco and other drugs related issues and the role of the ATDC as the peak body of the sector in Tasmania. The targeted information were to include population health approaches, evidence-based practices and strategic policy directions disseminated within the ATOD sector, aligned service sectors and to the broader community.
- Huon Valley Council organised workshops for parents/carers and the broader community to provide information on the current trends regarding young people and their alcohol and other drug taking behaviours and to assist parents to recognise warning signs related to alcohol and other drug misuse and ideas on how to discuss these issues with young people.
- Targeted youth health information/article WebPages were developed by the Kentish Council directly addressing binge drinking. The website was released to coincide with school leavers parties at the end of 2008. On average the pages are receiving around between 76 and 86 true page visits a month.
- The Student Executive Council (SEC) of Smithton High School with support from Circular Head Council completed a Resilience and Drug Education project. As part of this project, 2 drug and alcohol forums were organised by the SEC in partnership with Circular Head Council and Circular Head Rural Health Services. The first forum was for students and the second an evening forum open to the community.
- A dedicated health promotional team established in the King Island Hospital and Health Centre, to help:
  - support alcohol and drug workers to deliver the IDDI program;
  - with participation in the I-Party program;
  - in the provision of the smoke cessation program; and
  - deliver health promotional activities and education programs in the King Island community.
- DHHS is rolling out smoke free policies in all its health service facilities, including the major public hospitals, the ADS and the King Island Hospital and

Health Centre.

- The Liquor and Gaming Branch publishes quarterly newsletters to industry to provide updates on legislation, policy and best practice information on the regulation of sale and consumption of liquor. The Liquor and Gaming Branch also meets regularly with football clubs to remind them of their responsibilities around responsible service of alcohol, with emphasis on the culture of drinking within those clubs.
- To ensure compliance with the *Liquor Licensing Act*, the Liquor and Gaming Branch's compliance team inspect major licensed premises once a year and other licence types every two years. A database of complaints against licensees with regard to their services practices is maintained by the Branch.
- The Commissioner of Licensing conducts an annual survey of licensees to ensure that the communication with industry is effective and appropriate to support good compliance and best practice.

### **Improved Access to Quality Treatment Priority**

- In 2008, DHHS finalised a major review of alcohol, tobacco and other drug services in this State. In response to that review the Tasmanian Government, as part of the 2008-09 budget, committed \$17.1 million over four years to develop alcohol, tobacco and other drug services and a further \$2.7 million to help Tasmanians to quit smoking. To guide the service reforms the Department established a five year Future Service Directions Plan for the ATOD sector in Tasmania. Already this investment has seen specialist Government services expanded, particularly in the areas of pharmacotherapy treatment, withdrawal management and psychosocial interventions. There has also been significant investment into CSOs that provide support to people affected by alcohol and drug use which has seen expansion of residential rehabilitation services and support for young people.
- The additional investment in the ATOD sector has resulted in the successful recruitment of addiction specialists and nurses to the north of the State, the establishment of additional youth consultants within ADS, significant investment into the established community-based residential rehabilitation services and the establishment of a new care coordination service to aide those clients with highly complex needs access service and ongoing support.
- DHHS has also invested in a dedicated Workforce Development Unit to support and develop the Tasmanian ATOD workforce. In addition to this, DHHS recently established three new service types within the community sector: care coordination services; advocacy services and consumer participation programs.
- The DHHS Alcohol and Drug Service Inpatient Withdrawal Unit (IPWU) provides medically supervised withdrawal from alcohol and other drugs in a safe and therapeutic environment for people who are experiencing problems with alcohol and/or other drugs. In 2008/09, there were 238 admissions, accounting for 1524 bed days at an average length of stay of 6.4 days.
- In 2008/09, the IPWU established clinical pathway processes with primary service providers of alcohol, drug and mental health issues in Tasmania (State Mental Health Services, State Alcohol and Drug Service, Salvation Army and Holyoake) to formalise the client management and referral process to and from IPWU as well as guidance on the type of clients the service is targeting. This has resulted in improved service delivery to clients, the service being accessed by those outside of the Hobart area, and the services being more appropriately accessed with a wider range of services being provided. Consideration is being given to extending the referral arrangements with other CSOs and general practitioners.
- A review of the service and structure of IPWU was undertaken in 2008/09. This resulted in changes been made to the staff skills mix within the unit to better accommodate clients' needs and the adoption of daily group program aimed at health promotion, health education and skills development.

Evaluations of the group program and client satisfaction surveys have shown a positive outcome regarding the services being provided.

- A review of Smoking Cessation Interventions was completed in 2007–08. The report recommendations included the appointment of a Statewide and Regional hospital-based cessation coordinators to promote brief interventions by health professionals; increased media campaigns to prompt more quit attempts, additional resources for the *Quitline* to ensure it can cope with increased demand and the inclusion of pharmacies in the delivery of community based cessation services. In May 2008, the Tasmanian Government announced an allocation of \$2.7 million over four years to implement the recommendations. In July 2008, the Smoking Cessation Project was established to facilitate this. Initiatives implemented include the appointment of a Statewide and three Regional hospital-based smoking cessation coordinators to promote brief interventions by health professionals; increased media campaigns to prompt more quit attempts, additional resources for the *Quitline* to ensure it can cope with increased demand and the inclusion of pharmacies in the delivery of community based cessation services.
- Funding was provided by DHHS to facilitate the establishment of the Headspace program in Launceston. ADS staff also participates as a member on the Headspace Consortium to provide integrated care to young people in the North. This project is a collaboration of youth specific service providers in the North of Tasmania (both government and community sector services) with General Practice North. Headspace has a specific focus on substance abuse, mental health and youth health issues, both formal partnership agreements (in the form of memorandums of understanding) are in place along with local working processes, policies and procedures.
- ADS has commenced the development of a Tasmanian Opioid Pharmacotherapy Program policy and clinical guidelines. This will provide guidance and direction for all clinicians involved in the pharmacotherapy (including GPs and community pharmacists).
- The *Tasmanian Sexually Transmissible Infections and Blood Borne Viruses Action Plan 2007–2008* was endorsed by the Minister for Health and Human Services in 2007. A number of initiatives are underway at NSP contact points to improve the provision of education, brief intervention and referral for people who inject drugs. These include increased education and training of NSP workers, the implementation of operational guidelines and practice standards throughout NSP primary outlets, and improved permit training and accreditation for NSP workers. DHHS also provides Hepatitis C blood awareness and drug safety education in prisons, youth detention facilities, schools, and to people from CALD backgrounds.
- Hepatitis vaccination was made available to clients of the Needle and Syringe Program in 2008/09.
- The Court-Mandated Diversion (CMD) program was introduced in 2007 to

break the drug-crime cycle by involving offenders in treatment and rehabilitation programs and provide alternative pathways for offenders through increasing their access to drug, alcohol or other welfare services. The CMD is administered by the Department of Justice and supported by DPEM and DHHS. In relation to service integration the CMD Program has been largely successful in achieving the following short term outcomes:

- Relapse prevented or delayed;
  - Offenders address criminogenic drug treatment needs;
  - Services work together effectively;
  - Services achieve best practice; and
  - Courts have more options to respond appropriately to drug using offenders.
- A review from the first year of CMD operation found:
    - Higher than expected take up of CMD by the courts (In its first year of operation 250 offenders were referred for screening for suitability for CMD and 157 offenders commenced CMD orders);
    - Significant proportions of offenders assessed as high and very high risk;
    - High levels of polydrug abuse and low levels of prior drug treatment;
    - Significant levels of additional need for services outside CMD;
    - Higher than expected referrals to individual counselling as part of CMD;
    - Lower than expected participation in group counselling and residential rehabilitation;
    - Inability to establish ambulatory detoxification or pharmacotherapy programs within CMD; and
    - Higher than expected take-up of urinalysis.
  - Following the education sessions on fetal alcohol syndrome and spectrum disorder organised by the Drug Education Network (DEN) in April 2008, it has produced a guide for parents and caregivers, called *Living With FASD: A Guide for Parents and Caregivers*. A prenatal exposure to alcohol prevention handbook was also developed to raise public awareness of the issue. The handbook was launched in 2009, to coincide with International FASD Awareness Day. There is also Statewide Fetal Alcohol Spectrum Disorder Working Group auspiced by the Drug Education Network.
  - A review of the Places of Safety initiative was commenced in 2009 to analyse and assess places of safety operational models and protocols; and to make recommendations for improving the accessibility, appropriateness and effectiveness of services and protocols. Work is currently underway between the key agencies involved in the program to streamlining and improving the

program. Places of Safety is established through the *Police Offences Act 1935*, which makes provision for the care of people found intoxicated by alcohol, an illicit drug or a combination of drugs in “places of safety” until they are sober.

- In 2008/09, additional ADS outreach services were provided to Clarence Plains, Huonville, Kingston and on remote islands in Northern Tasmania, which has resulted in increased treatment for young people. The development of more responsive service delivery to communities that identify young people requiring treatment will continue to improve access. These outreach alcohol and other drug services will also link into existing Aboriginal services in the area to improve access to services in remote Tasmania.
- A Smoking Cessation Consultation Liaison Service has been established in each of the three major hospitals. Inpatient clients with ‘complex’ nicotine addiction, co-morbid disease and clients from identified priority groups can be referred to the consultation liaison service to receive intensive counselling and cessation support by the regional cessation coordinator.
- Reciprocal specialist services have been established between DHHS Mental Health and ADS North to facilitate greater ease of access to specialist psychiatric and addiction medicine assessments and review.
- A jointly funded mental health and alcohol and other drug liaison and care coordination position has been established in North East Tasmania to promote greater access to assessment and secondary consultation services.
- Work has commenced on the development of a strategic framework and action plan for implementing an ATOD promotion, prevention and early intervention (PPEI) approaches in Tasmania. The ATOD PPEI framework will draw on and build on the recently released Mental Health PPEI as well as on a raft of alcohol, tobacco and other drugs strategies that are focussed on promotion, prevention and early intervention, such as the National Preventative Health Strategy.
- A specialist Pharmacotherapy Liaison position has been established in Northern Tasmania to support the implementation of the Tasmanian Opioid Pharmacotherapy Shared Care Model. This position supports private prescribers (General Practitioners) by helping them to improve prescribing practices, comply with the National Opiate and support the movement of clients along the clinical pathway between private and government services as required.
- The Regional Alcohol and Drug Service group was formed in more remote North West Tasmania to provide professional support and to develop and coordinate a more collaborative service delivery for the North West area of Tasmania.
- The Alcohol, Tobacco and Other Drugs Council (ATDC) were funded by Alcohol Education and Rehabilitation Foundation (AERF) to deliver a series of

events around Tasmania on alcohol treatment education and information. The training was delivered in three phases. Phase One saw DHHS staff members develop a training program, and then deliver the workshops (Burnie, Launceston and Hobart) aimed at generalist community and social sector workers who engage with clients who may have alcohol-related issues. Turning Point were contracted to deliver Phase Two training in Launceston to frontline workers (primary health services), focusing specifically on addressing alcohol-related problems through group work. Phase Three was the two day *ATDC Alcohol Symposium*, which considered policy and practice issues with presentations from variety of guest speakers. Phase Four saw two of Australia's foremost health professionals working with Aboriginal communities – Ted Wilkes and Dennis Gray – deliver seminars in both Launceston and Hobart. Phase Five and Six involved a partnership between ATDC and the Phoenix Centre (part of the Tasmanian Migrant Resource Centre), to deliver workshops focusing on addressing alcohol in the context of refugee and CALD communities. Over the three phases, over 300 people participated in the events held with representation from both CSOs and key Government agencies, and drawing from ATOD-specific services, the broader social service sector, and the Tasmanian community more generally.

- A quality management review of DHHS ADS was conducted and completed during the year. The review comprised interviews with a cross section of governance, management, staff consumers and other stakeholders; site visit observations; and an audit of ADS policies and documentation. This is the preliminary stage of ADS striving to gain accreditation as part of its commitment to continually improve service delivery as highlighted in the Alcohol Drug Service Strategic Plan 2005–2009.
- In 2008, the Correctional Primary Health Services implemented a health information management system to improve primary health care by flagging those with existing health problems. The system also collects information on drug use, which increases the knowledge of drug use amongst prisoners. The information has been progressively stored in the Prison Health Pro database to inform policy and operational response.
- Education and treatment program introduced in Tasmanian Prison System around blood borne virus, especially Hepatitis C. This included a full scale immunisation program for Hepatitis B.
- DHHS Population Health conducted a feasibility investigation of introducing auditable systems to assess, for a number of key risk factors, for chronic disease. The Population Health Auditable Systems Project focuses on the primary risk factors of alcohol and tobacco use for patients and clients in Tasmanian hospitals and primary health care centres. The aim is to include questions regarding potential risks into patient/client assessment forms, which will enable a risk assessment (with regard to alcohol and tobacco) to be undertaken in initial patient assessment processes, or as soon after as is practical. A health risk profile can then be developed for each patient and

the records will be auditable and electronically searchable.

- Under the Smoking Cessation Project, DHHS developed a training program for delivery to all health professionals state-wide. The program is based on the ABC approach developed and used in New Zealand to promote the delivery of a brief intervention by health professionals. The aim of the training program is to ensure health professionals provide a brief intervention on smoking cessation regardless of a smoker's intention to quit, are able to provide assistance with treatments to aid quitting and referral options. Health professional training commenced in the acute care sector in June 2009. The implementation of the ABC program in an e-learning format is also being considered.
- Professional clinical supervision and peer support has been established between government and community sector AOD services in Northern Tasmania that have and will continue to make a significant contribution to workforce development across the AOD sector.
- Professional linkages and working relationships have been developed with the Tasmania Police and Department of Emergency Medicine in Northern Tasmania that have had a positive impact on the management of individuals and their families that are affected by alcohol and other drugs issues.
- With funding from the Commonwealth Department of Health and Ageing, DHHS, DHHS commissioned a review of the needs of the Tasmanian Aboriginal community in response to alcohol, tobacco and other drugs issues. *The Needs of the Tasmanian Aboriginal community in response to alcohol, tobacco and other drugs use issues report* findings and recommendations provides the foundation for the development of the strategic actions by DHHS over the next four to five years.
- DHHS has identified complementary investment from the Tasmanian Government, alcohol and drug service as part of the Council of Australian Governments' (COAG) Closing the Gap Indigenous Measures to enhance access and responsiveness to alcohol, tobacco and other drugs treatment services and interventions for Tasmanian Aborigines. The key priorities are the incorporation of an Aboriginal workforce development strategy as a key component of a broader alcohol, tobacco and other drugs sector workforce development strategy; working and consulting with community sector and aboriginal community organisations to develop an alcohol and drugs sector youth framework; and working in partnership with aboriginal community organisations to incorporate appropriate and specific responses and interventions for Aboriginal people into the development of models of service delivery across all treatment modalities.
- DHHS successfully recruited to the position of Aboriginal Policy and Liaison Officer with the Alcohol and Drug Service. The successful applicant commenced in September 2008 and is jointly responsible for the review of *the Tasmanian response to the Aboriginal and Torres Strait Islander Complementary Action Plan 2003–2009 (Complementary Action Plan)*. The

Aboriginal Policy Liaison Officer is currently in discussions with Aboriginal organisations and CSOs involved in the delivery ATOD services to implement recommendations emanating from the *Needs of the Tasmanian Aboriginal community in response to alcohol, tobacco and other drugs use issues review*.

## **OPPORTUNITIES**

In addition to reports of achievements and actions undertaken in relation the Tasmanian Drug Strategy, respondents also highlighted the opportunities and challenges regarding to the goals of the TDS. The main feedback from respondents is as follows:

1. Tasmania's drug issues result from the use of both illicit and licit drugs. In recent times considerable focus has been placed on addressing alcohol-related issues at both a national and jurisdictional level. Cultural change in the use of alcohol will only occur with sustained effort and results will not be evident within the short-term. Associated with this is acceptance of community responsibility and changing the culture of alcohol misuse in Tasmania.

Considerable effort has been made to ensure legislation provides authorities with the ability to enforce the responsible supply and consumption of alcohol on licensed premises, and now on private property in respect of youth drinking. There is further opportunity to improve communication and education to influence the attitudes and acceptance of problematic drinking behaviour.

2. Many of the initiatives under the TDS require additional resources and funding, and consideration of the processes to facilitate this at the time of development of the new TDS will assist in achieving success in key priority areas. Funding models must accommodate existing and future changes in services' operating environments that allows agencies to respond to emerging needs and trends.

Given the feedback from the ATDC regarding its member's lack of willingness or inability to engage, and the apparent misunderstanding about the different strategies, a review of the funding model should be a priority to ensure that there is ongoing and appropriate level of communication and engagement between the TDS funded CSOs, the peak body (ATDC), Government Agencies and the IAWGD.

3. Addressing social disadvantage is recognised as a significant factor in providing better social and health outcomes for those affected by alcohol and other drug issues. In order to provide appropriate strategies to deal with social disadvantage, the TDS must also be developed with broad consultation across sectors responsible for areas such as welfare, housing, education, in addition to health, law enforcement and justice.

Effective engagement with relevant stakeholders is essential in achieving successful outcomes under the TDS. Greater engagement with government, community and non-government sectors will assist in increasing awareness that the responsibility for dealing with alcohol and other drug issues lies at a whole-of-community level. Further opportunities should be provided to enable increased cross-sector input into the development and implementation of TDS strategies and initiatives, and to improve alignment with national policy initiatives.

4. The existing TDS is silent on consumer engagement. If the new phase of the TDS is to embrace the notion of continuous improvement, it is crucially important that consumer engagement is elevated to a more prominent position in the overall architecture of the Strategy. Compared to most other health and human services sectors, the ATOD sphere is remarkably undeveloped in its approaches to consumer engagement. At both a national and jurisdictional level there is increased recognition of the value in engaging young people in the development of alcohol and other drug policy responses and strategies. There is avenue in the development of the next TDS to ensure youth are appropriately engaged.
5. Emerging issues including the increased availability and community use of analogue/derivative drugs, and developments in technology, that have increased the global availability of a range of drugs, will continue to present challenges for law enforcement. In providing an effective multi-agency response to emerging issues sufficient resources must be available to identify these and to facilitate timely interventions. Successful operations between Tasmania Police, the Australian Federal Police and Australian Customs Service to disrupt, investigate and prosecute persons involved in manufacturing, supplying and distributing illicit drugs, have highlighted the need for continued collaboration between law enforcement agencies. As new types of synthetic illicit drugs continue to emerge and criminal groups look to new methods of importation and distribution, the need to continue to work closely and form effective partnerships will be critical to the success of future drug law enforcement activity. This includes the sharing of information and intelligence gathering.
6. With the emergence of new illicit drugs and technologies, the ability of current legislation to effectively deal with drug-related issues will present as an area of ongoing challenge. Developments in technology presents the most significant challenge, with the availability of pharmaceuticals, chemicals and equipment used in the manufacture of illicit drugs for purchase via the internet resulting in a significant increase in supply sources. Successful prosecution of suppliers is at times hampered by international legislation in relation to the supply and possession of substances that are frequently controlled within Australian jurisdictions. The internet and use of mobile phone technology has also served to facilitate communication between established and emerging drug syndicates.

To ensure police are equipped and empowered to deal with such challenges, legislation needs to be adequate, robust and responsive to the ever changing

environment. There is a need to continue to increase and enhance the working partnerships between Tasmania Police and the Australian Customs Service, particularly as the import of drugs is being undertaken using more innovative approaches to prevent detection at the border level.

7. Responding effectively to emerging drug issues is reliant upon knowledge and access to appropriate resources. It would be appropriate for the prevention and reduction section to include an objective that supports research and strategic consideration of emerging drug issues. Research data in the Tasmanian context would also be valuable in informing policy and service development. While there is extensive alcohol and drug related research being conducted nationally there is very limited activity specifically relating to Tasmania. Consideration should be given to developing strategies that address this limitation and builds on the research and evaluation capacity within Tasmania. This could entail enhancing cooperation between the government, ATOD services and the University to work with ATOD agencies in evaluating their programs and projects. To this end, the ATDC indicated that a Tasmanian Learning/Research Hub or Centre of Excellence would be vital in ensuring that goals of the TDS can be met.
8. Whilst the difficulty of evaluating the effectiveness of the current TDS was acknowledged, the value of a monitoring and evaluative framework to ongoing effective policy development was also highlighted. This requires the identification of key performance data and an implementation plan to be incorporated into the TDS at the outset so that data collection is a key element of any new projects emanating from the TDS. There is a range of useful data that is currently collected, recorded and reported through various channels that could form the basis of the key performance data source for such an exercise. Establishing the required trends and relationships between the different datasets and the context for such indicators at the outset would enable evaluation to be undertaken to broadly determine the effectiveness of the TDS.
9. The *Tasmanian Drug Strategy 2005–2009* conspicuously ignores the situation of prisoners and they are not mentioned in the DHHS or the DoJ section. They are not mentioned in the ATOD Future Service Directions Plan in any meaningful way and it is clear that up until the current time they do not form a priority group for drug and associated strategy in Tasmania. It is important that the next TDS recognises the high risk nature of prisoners and that imprisonment is in fact an opportunity for treatment, education and prevention that can provide interaction with some 2000 Tasmanian men annually and with some 200 Tasmanian women. Integration between Justice and Health is the highest priority in producing better client outcomes.
10. The illicit use of pharmaceutical drugs continues to be an area of concern in Tasmania, with evidence of higher population use compared to many other jurisdictions, a trend that has been evident over a period of years. The development of a National Pharmaceutical Drug Misuse Strategy will assist in providing a comprehensive approach to address this issue. This will require

pharmacotherapy interventions to be supported by appropriate regulation that seeks to prevent or minimise the diversion of these pharmaceuticals. Work in this area has commenced with DHHS developing systems to capture 'real-time' data in relation to dispensed pharmaceuticals. This information will assist in identification of purchases of a range of pharmaceuticals, including pseudoephedrine and other pharmaceutical drugs that are commonly used illicitly.

11. Maintaining existing initiatives and giving consideration to additional early and brief intervention strategies, to minimise the harms caused by illicit drug and alcohol misuse, should continue to be supported. This would involve incorporating the proposed development of a promotion, prevention and early intervention agenda focussing on alcohol, tobacco and other drugs as a key initiative under the new TDS. The lack of clarity and strength in terms of prevention has hamstrung the TDS somewhat, and the range of varied stakeholders involved in the TDS process has made it more difficult in identifying a common clarity of purpose. Prevention must be identified more explicitly as a priority area. It will be vital for the TDS to exist in harmony with the priorities identified by the National Preventative Health Strategy, and presumably the forthcoming NDS. However, any definition of prevention used must reflect a complex understanding that moves beyond primary prevention. Ideally, a document like the TDS should:
  - a. Identify the pertinent factors in our society which contribute to the problem use of drugs
  - b. Demonstrate an understanding of why people use drugs or why they find them attractive. This should include the role of cultural factors behind ATOD use and misuse.
  - c. Provide a detailed and targeted prevention agenda.
12. Efforts in prevention need to be appropriate to the interventions and responses needed across the life cycle, with a particular focus on early intervention and the role that schools and other sectors can play in developing resilience and the right protective factors. To complement these approaches, prevention strategies need to be aimed at existing users, at-risk groups and the broader community. Some work on early intervention has commenced with DPEM currently negotiating with the Australian Government Department of Health and Ageing (DoHA) to enable implementation of an Early Intervention Pilot Program (EIPP) in Tasmania. EIPP will provide underage drinkers caught consuming or in possession of alcohol in a public place, with increased access to health-based information and support. EIPP will be reliant upon a partnership approach between DPEM and DHHS.
13. Early intervention and brief interventions are considered to be an effective response in addressing alcohol and other drug issues. This approach will require increased funding of the non-government sector to provide these services on behalf of government. The success of community-based programs is reliant upon the engagement and commitment of community in realising change. The focus of

Local Councils on decreasing alcohol and drug-related harms presents opportunities for police to work with the community to influence a range of relevant decision-making processes.

14. The development of the ATOD work force and its capacity to deal with the challenges was also noted. Efforts should focus on ensuring that that drug and alcohol sector workforce is well placed to meet the needs of the community. The sector must be appropriately equipped with contemporary knowledge and treatment options to address current and emerging alcohol and other drug issues.

This would include collaborative efforts of government, ATOD services and professional medical bodies and universities to include addiction medicine and other relevant ATOD education and training for doctors, nurses and allied health professionals, as well as providing incentives for medical students and established practitioners.

Significant resources have been invested into workforce development for the ATOD Sector, through the ATODS Future Service Directions Plan. ADS have established a Workforce Development Unit for the ATOD sector, with two positions established within the ADS and an additional position has been established within the community sector, through the ATDC. Continued attention to development of the workforce would be needed if there is to be meaningful progress.

15. The implications of an ageing population and a growth in abuse of alcohol and illicit drugs in terms of the aged care sectors capacity to provide appropriate services and care – there is a need for some research to indent implications particularly in terms of demand and types of services and care models, as well as the associated education and workforce development needs.

## **CONCLUSION**

Although concerns were expressed about certain aspects of the TDS and the review process that was adopted, respondents were supportive of the TDS, and indications are that they will continue to support working towards the TDS goals.

It was generally acknowledged that the TDS is a much-needed document, which provides an overarching strategic framework to coordinate Tasmania's responses to alcohol, tobacco and other drugs issues. Importantly, it is an avenue for linking local interests to broader national strategies, such as the National Drug Strategy, the Health and Hospital Reform and Nation Preventative Health Strategy.

In the absence of an evaluation of the current TDS, and with information furnished by respondents, the current TDS has, arguably, provided an avenue for coordinated directions in alcohol and other drugs policy and initiatives to be considered at the local level has increased collaboration across government and the non-government

and community sectors. This is supported by the extensive reports of actions emanating from, and contributing to, the TDS goals. There is also support for existing efforts to continue.

However, an evaluative approach to determine the success or otherwise of the TDS would be difficult without some predetermined indicators of achievements. This is compounded by the very broad and highly complex issues that are related to alcohol, tobacco and other drugs. There are numerous inter-related factors that can affect the achievement of each strategic aim. Some of those are obvious and others less evident. Given this complexity, predetermined key indicators would provide a foundation on which a genuine evaluation can occur. The indicators may not necessarily provide conclusive or definitive answers on the actual performance, achievement and effectiveness; but the establishment of a reporting framework would provide a useful reference and offer some context to the work being undertaken in relation to the strategic aims.

In terms of the concerns highlighted, respondents were most vocal on the need for continued (and further) opportunity for engagement and the need for alignment with national development in respect to developing the new TDS. Respondents also highlighted the need ensure resources are adequate to fulfil the goals of the TDS, along with the need to strengthen aspects of the TDS, to incorporate addressing the needs of at risk groups and a greater focus on the prevention agenda.

The most immediate concern is the comment about the lack of awareness of the review and the limited awareness of the TDS, its significance and relationship to other strategies. The IAWGD should also consider reviewing its communication strategy and its communication procedures. Central to this will be better defining the role of the peak body for ATOD CSO services, the ATDC. Clarifying its relationship, obligations and communication channels with its members appears necessary. Such reviews will need to include an assessment of the funding agreement that is in place with a view to clarifying the nature of engagement with overarching strategies, and its communication obligations as part of all funding under the TDS. Clearly the reluctance by the ATOD CSOs to engage is of significant concern, and continued disengagement devalues the TDS and compromises its future success.

In light of the feedback received, it is recommended that the IAWGD commit to undertaking an extensive process of informing and engaging stakeholders about the achievements to date and in developing the next iteration of the TDS. The process would also need to take into account of the development of a National Drug Strategy. Whilst there may be concerns about possible delays with the finalisation of the new NDS, it will be necessary to ensure the TDS aligns with national priorities.