

Interagency Working Group on Drugs

Annual Report

2016-2017

Interagency Working Group on Drugs
Department of Health and Human Services



Message from the Chair

I am pleased to present the Interagency Working Group on Drugs (IAWGD) Annual Report for the 2016-17 reporting period.

Commencing from 1 September 2016, the Liquor and Gaming Branch of the Department of Treasury and Finance completed the amendments and associated regulations to the *Liquor Licensing Act 1990*.

A desktop review of actions and activities under the Tasmanian Alcohol Action Framework (TAAF) was completed by the Alcohol Advisory Group. The report demonstrates significant engagement of stakeholders and summarises the range of activities undertaken by many Government agencies, non-government organisations and local councils to address alcohol-related harm within their community. The TAAF was extended to enable the Alcohol Simulation Modelling Project to be undertaken, and to inform the development of a new TAAF.

The IAWGD also agreed to support an alcohol simulation modelling project being led by the Department of Health and Human Services (DHHS), Public Health Services. The Australian Prevention Partnership Centre, Sax Institute of New South Wales has been engaged to develop a simulation model of alcohol use in Tasmania, to forecast the effectiveness of a variety of approaches to reducing alcohol-related harm, and explore what combination of interventions is likely to produce maximum community-wide impact. The project findings will help inform the new TAAF.

The IAWGD continues to lead the Tasmanian response to the use of crystal methamphetamine (Ice) and contribute to national efforts under the National Ice Action Strategy (NIAS). The establishment of the new Ministerial Drug and Alcohol Forum (MDAF) and its advisory body, the National Drug Strategy Committee (NDSC) is fully supported in Tasmania by both the Minister for Health and Minister for Police, Fire and Emergency Management. Tasmania is represented on the NDSC by me and the IAWGD Deputy Chair, Assistant Commissioner Glenn Frame.

Amendments have been made to the *Sentencing Act 1997* to allow offenders who appear before the Supreme Court and whose offending is linked to illicit drug use to be eligible for the Court Mandated Drug Diversion program managed through the Magistrates Court. The Department of Police, Fire and Emergency Management (DPFEM) and Department of Justice (DoJ) continue to pursue legislative reforms on matters of unexplained wealth, and to increase control over the presence and identification of organised criminal groups.

DHHS initiated an independent analysis of the current alcohol and other drugs treatment service system, which resulted in a suite of internal technical papers that will be used to inform the development of an alcohol and other drugs service system framework. The framework will be the new plan to guide the development, funding and delivery of alcohol and other drugs (AOD) services in Tasmania.

Much of the work undertaken under the auspice of the IAWGD in this reporting period will continue into 2017-18. I thank all member agencies and organisations for their continued support of and input into this ongoing work to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania.

Michael Reynolds
Chair - Interagency Working Group on Drugs

January 2018

Key Achievements for 2016-2017

Continuing to respond to the use of crystal methamphetamine (Ice) in Tasmania and contributing to the National Ice Action Strategy

The IAWGD continues to lead the Tasmanian response to the use of crystal methamphetamine and contribute to national efforts.

During 2016-2017, the following has occurred:

- The *Sentencing Act 1997* was amended to allow offenders who appear before the Supreme Court and whose offending is linked to illicit drug use to be eligible for the Court Mandated Drug Diversion program managed through the Magistrates Court. These legislative amendments make more people eligible for the program and widen the pool of those who can be treated for illicit drug use. The amendments commenced February 2017.
- Tasmania Police continued to work with the Office of the Director of Public Prosecutions on matters of unexplained wealth, as part of efforts to disrupt organised criminal activity.
- Tasmania Police is progressing legislative reforms to increase control over the presence and identification of organised criminal groups. This includes the restriction of firearms ownership of proscribed groups and improving fortification laws. An independent review of Part 9 of the *Crime (Confiscation of Profits) Act 1993* has commenced. The intention of Part 9 of the Act is:
 - to deter organised crime by targeting the ‘profit’ and removing the funds which would otherwise be available for use in further criminal activities;
 - to target people who organise and derive profit from crime and whose wealth exceeds the value of their lawful earnings but who may be difficult to prosecute and convict of specific crimes or offences;
 - to provide for unexplained wealth declarations to be made without having to prove that the respondent has engaged in specific criminal activity or prove a link between the commission of a specific offence and the person’s wealth;
 - to introduce non-conviction based civil forfeiture laws involving a presumption that respondents have not lawfully acquired their wealth unless they prove otherwise.
- The controlled drugs, plant and precursor schedules of the *Misuse of Drugs Act 2001*, administered by DoJ continues to be reviewed annually by DPFEM in conjunction with DHHS, Forensic Science Service Tasmania and other relevant stakeholders.

NW Review Report recommendations

In 2015 additional funding of \$4.8 million over four years was provided to tackle the problem of Ice and other drugs in Tasmania. This funding is being used to implement recommendations from the *Review of Drug Use and Service Responses in North West Tasmania* final report (NW Review Report).

Arising from recommendations of the NW Review Report, the Mental Health, Alcohol and Drug Directorate (Directorate) of DHHS is leading the development of the Alcohol and Other Drugs Service System Framework (the Framework), which will be the new plan to guide the development, funding and delivery of alcohol and other drugs (AOD) services in Tasmania. The Framework will assist in the configuration and commissioning of public-funded AOD services in the future, and will also provide a framework to inform better coordinated service system responses across all settings that provide services to people who receive some form of AOD treatment.

During 2016-2017, Siggins Miller Consultants Pty Ltd who are specialists in the AOD area were

engaged to undertake an independent analysis of the current AOD service system. This work will inform the development of the Framework.

Wastewater Analysis

The national wastewater drug monitoring program (NWDMP) arises from a recommendation of the National Ice Taskforce to improve and expand available data sources to provide a more accurate understanding of drug use in Australia, and is included in the NIAS.

The NWDMP is managed by the University of Queensland (UQ) and the University of South Australia for the Australian Criminal Intelligence Commission (ACIC). The first of nine reports on the NWDMP was released in March 2017, and included data across fifty-one sites in capital cities and regional areas, including seven in Tasmania.

Complementary to the national monitoring program, the IAWGD considered a proposal from a partnership of University of Tasmania (UTas) and UQ researchers to support an Australian Research Council (ARC) Linkage Grant submission. The proposed research would use wastewater analysis at discrete sites (to be agreed upon) in Tasmania to assist to measure the impact of specific law enforcement, health and/or education intervention(s) within Tasmanian communities. In-principle support has been provided for matched funding, subject to the successful outcome of the ARC grant submission.

Tasmanian Alcohol Action Framework 2010 – 2015 (TAAF)

Through the Alcohol Advisory Group (AAG) a desktop review of actions and activities over the life of the TAAF was completed, endorsed by the IAWGD and presented to the Minister for Health. It demonstrates significant engagement of stakeholders and summarises the range of activities undertaken by many Government agencies, non-government organisations and local councils to address alcohol-related harm within their community.

Available data indicates:

- Some reductions in lifetime and single occasion risks from alcohol consumption
- No significant difference in underage drinking in recent years
- The number of women drinking alcohol in pregnancy has decreased in recent years
- Increases in alcohol-related hospitalisations for both men and women
- No statistically significant changes in alcohol-related Emergency Department presentations
- Decreases in proportion of fatalities and serious casualty road crashes involving alcohol
- Decrease in proportion of family violence offenders affected by alcohol
- Increase in the number of liquor licences.

However, the 2016 Tasmanian Population Health Survey (TPHS) suggests there has been a statistically significant increase in single occasion risky alcohol consumption, particularly among young males in Tasmania.

The Minister for Health approved an extension of the TAAF, to enable the Alcohol Simulation Modelling Project (below) to be undertaken and to inform the development of a new TAAF.

Alcohol Simulation Modelling

Dynamic simulation modelling is described as a ‘what if’ tool to test the likely impact of a range of possible solutions before implementing them. Simulation modelling provides a unique tool for synthesizing and leveraging existing data, evidence and expert and local knowledge to examine in a robust, risk-free and low cost way, the likely impact of different policy scenarios prior to implementation. This type of modelling has not been used in Tasmania before now. It provides a unique opportunity for Government to use an innovative analytic ‘systems’ tool to test the potential impacts of different policy scenarios over time, before any solutions are implemented in the real world.

DHHS through Public Health Services (PHS) has engaged in a collaborative project with The Australian Prevention Partnership Centre (TAPPC) Sax Institute of New South Wales to develop a simulation model of alcohol use in Tasmania. The model will forecast the effectiveness of a variety of approaches to reducing alcohol-related harm, and explore what combination of interventions is likely to produce maximum community-wide impact.

Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts (DASHED)

As part of its research agenda, the National Drug and Law Enforcement Research Fund (NDLERF) funded a partnership project involving Deakin University, the Australian Institute of Criminology and UTas to undertake the Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts (DASHED) study. DASHED investigated harms associated with alcohol in the night-time economy in Canberra and Hobart between April and December 2015. The study used a combination of interviews with patrons in night-time entertainment precincts, covert observations in and around licensed establishments, and examination of administrative data sources such as alcohol and substance related ambulance attendances, alcohol related presentations in emergency department, recorded alcohol-related offence data and liquor licence enforcement actions. In Hobart the project was undertaken from 10pm to 2am (Friday and Saturday nights) outside entertainment venues, with 738 patrons participating, and almost 150 hours of structured observation in licenced venues in this time.

The DASHED report was released in November 2016¹. Some key findings for Hobart include:

- Two-thirds of people interviewed consumed alcohol (pre-drinking) before attending licensed venues; this rate was equal amongst males and females but was greater among younger age groups; and typically an average of 4 standard drinks were consumed prior to attending venues
- Around one quarter of those interviewed between 10 pm and midnight had breath alcohol levels of 0.1 or greater; and after midnight approximately one in six had such high breath alcohol readings
- Around 1 in 10 reported using substances other than alcohol (excluding tobacco) during the night they were interviewed
- Half of those interviewed had experienced some kind of aggression around licensed venues in past three months – 33 per cent verbal aggression, 26 per cent unwanted sexual attention and 16 per cent physical aggression; but it is notable that participants had high ratings of perceived safety both in and around the venues where they were interviewed
- One in twenty reported being refused service in a licenced venue in the past three months, however, in venue observations only around 10 per cent of people who were

displaying clear indications of intoxication were refused service.

Review of the Liquor Licensing Act 1990

Recent changes to the *Liquor Licensing Act 1990* and the associated *Liquor Licensing Regulations 2016*, *Liquor Licensing (Fees) Amendment Regulations 2016* and *Liquor Licensing (Infringement Notices) Amendment Regulations 2016* commenced on 1 September 2016.

The *Guide to Tasmanian Liquor Licensing laws for licence holders* (first issued September 2016) has been updated and a number of fact sheets in relation to the changes can be found on the Liquor and Gaming Branch website at: www.liquorlicensing.tas.gov.au

Tasmanian Tobacco Control Plan 2017-2021

The Tasmanian Tobacco Control Plan 2017-2021 was accepted by the IAWGD out of session in June 2017, prior to presentation to the Minister for Health for noting. The Plan has four priority areas; to encourage and help people who smoke to quit for good; to prevent smoking uptake and de-normalise tobacco use; to reduce smoking by high prevalence groups; and to strengthen and integrate the evidence base. There are three working groups to implement the plan from 2017 onwards; these are Smoke Free Priority Populations, Smoke Free Young People and Tobacco Action Evaluation.

Social Marketing

A key area of action within the Tobacco Control Plan 2017-2021 is to help smokers quit for good. In 2017 the Tasmanian Government invested additional one off funding of \$367,400 to increase social marketing. This is a key area of action under *Healthy Tasmania*.

Support for women who smoke in pregnancy

As part of the Tasmanian Health Service (THS) *Smoking Cessation Program*, in March-April 2017 pregnant Tasmanian women had the opportunity to participate in CO breath test monitoring whilst attending the RHH for routine antenatal care visits. 181 pregnant women took part of which 25 accepted a referral to a smoking cessation service. As a result, the THS Smoking Cessation Program was successful in obtaining a \$100 000 investment from the Healthy Tasmania contingency funds to help shape services for pregnant women involving CO monitoring with pregnant women in antenatal clinics.

Strengthening the Public Health Act 1997 – A Healthy Tasmania initiative

Following consultation in January 2017 on a regulatory impact statement, the *Public Health (Healthy Tasmania) Bill 2017* was developed which increases penalty for the sale and supply of tobacco to a child; amends the tobacco licensing framework to permit the Director of Public Health to apply a fit and proper test and to require licensees to report sales volume data; requires a licence to sell electronic cigarettes (or personal vaporisers); and bans the display and advertising of electronic cigarettes and their use in smoke free areas.

Amendments to the *Public Health (Tobacco Seller's Licence) Regulations 2009* came into effect from 1 January 2017 increasing the fee for a tobacco seller's licence to \$731.34, with a further increase to take effect from 1 January 2018 to about \$1100 per licence. The first fee increase has led to an 8 per cent decrease in the number of tobacco retailers in Tasmania. The DHHS tobacco control team was increased by 1.7FTE staff in 2017 to educate retailers on these laws.

Medical Cannabis

Amendments to the *Narcotic Drugs Act 1967* implemented in 2016 provide a legal basis for cultivation

of cannabis plants and production of cannabis and cannabis resins for medical and scientific purposes, through the introduction of medical cannabis licences, cannabis research licences and manufacture licences (cannabis licences), in a way that is compliant with Australia's international obligations with the *Single Convention of Narcotic Drugs 1961* (the Single Convention).

The State Government provided \$3.75 million in the 2016-17 Budget to support the implementation of the Tasmanian Controlled Access Scheme. The Controlled Access Scheme will enable the comprehensive clinical assessment of patients with severe epilepsy who may be eligible for medical cannabis, due to being non-responsive to mainstream medications. It will mean that patients can be prescribed with unregistered medical cannabis products by an appropriately qualified, specialist doctor.

Promotion, Prevention and Early Intervention

Everybody's Business

Everybody's Business was developed by the IAWGD in 2013 as the Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in averting Alcohol, Tobacco and other Drugs Use in Tasmania. *Everybody's Business* strengthens the importance of health promotion, prevention of harms and early intervention in the Tasmanian context and guides the formulation and development of PPEI activities and actions.

The Drug Education Network (DEN) is the lead agency to support the implementation of ATOD PPEI activities, and is required to report annually to the IAWGD.

During this reporting period:

- The updated Fetal Alcohol Spectrum Disorder (FASD) Handbook for Health Professionals was launched 7 September 2016.
- An *Everybody's Business* website was developed and launched on 16 November 2016. The website provides a one-stop portal for alcohol and other drug information, links to resources, screening tools and support services and a community champions page.

Tasmanian Population Health Survey 2016ⁱⁱ

The Tasmanian Population Health Survey was undertaken in 2016. With a total of about 6,300 adult participants, data can be produced for most local areas. This telephone survey included both land-line and mobile phones to capture a greater proportion of young Tasmanian adults. Some key findings for tobacco and alcohol include:

- Smoking has significantly declined since 2009. It has remained relatively constant since 2013, at 15.7 per cent in 2016, and difference between regions was not statistically significant.
- The proportion of Tasmanian Aboriginal and Torres Strait Islanders who smoked in 2016 continues to be statistically higher at 26.3 per cent.
- Smoking continues to be significantly more prevalent in lower socio-economic areas. Of all Tasmanians in the socio-economically most disadvantaged quintile, 24.5 per cent were current smokers in 2016, compared to 9.8 per cent of Tasmanians in the least disadvantaged quintile. The gap between the lowest and highest quintiles has grown from 8.3 per cent in 2009 to 14.7 per cent in 2016.
- In 2016, 45 per cent of all Tasmanians aged 18 years and over exceeded the National alcohol

guidelines¹ for single occasion risk of harm, i.e. four (4) or more standard drinks on a single occasion.

- Over half (57 per cent) of all Tasmanian males 18 years and over are at risk of harm from drinking too much on single occasions, with 32.1 per cent at risk at least once a month.
- 38.5 per cent of Tasmanian adults were at risk of lifetime harm by exceeding two standard drinks either at least weekly or monthly.

Ministerial Drug and Alcohol Forum and National Drug Strategy Committee (National)

The establishment of the new Ministerial Drug and Alcohol Forum (MDAF) directly addresses Recommendation 32 of the final report of the National Ice Taskforce:

Recommendation 32: The Commonwealth, state and territory governments should introduce a simplified governance model to support greater cohesion and coordination of law enforcement, health, education and other responses to drug misuse in Australia, with a direct line of authority to relevant Ministers responsible for contributing to a national approach.

The Ministers for Health and Police, Fire and Emergency Management represent Tasmania at MDAF. A National Drug Strategy Committee (NDSC) was also established to support the MDAF. IAWGD Chair and Deputy Chair, Michael Reynolds and Glenn Frame respectively are the Tasmanian representatives on the NDSC.

The inaugural meeting of the NDSC was held 30 November 2016. Its primary focus was on governance and administrative arrangements; the new National Drug Strategy and National Alcohol Strategy; and progress under the NIAS. The inaugural teleconference meeting of the MDAF was held on 16 December 2016. In 2016-17, the MDAF:

- Approved the establishment of a national 1800 number to be linked to existing state and territory alcohol and other drug telephone advice services.
- Approved the development of a National Quality Framework to include a set of quality standards that will apply to all alcohol and other drug treatment providers in Australia.
- Endorsed the National Drug Strategy 2017-2026, noting it would be updated with data from the 2016 National Drug Strategy Household Survey prior to printing and distribution.
- Approved progression of the development of the National Alcohol Strategy.

IAWGD Overview

Background

The IAWGD was established in 2008 to provide strategic, high level advice to the Tasmanian Government on emerging drug-related issues, and to coordinate strategic policy and service delivery responses that recognises the harms related to the use of alcohol, tobacco and other drugs requires an integrated whole-of-government approach with links to other strategies and Tasmanian policy objectives.

Since the mid 1980's, the National Drug Strategy (NDS) strategic policy framework has informed the development, implementation and monitoring of drugs policies across different levels of government,

¹ National Health and Medical Research Council Australian guidelines to reduce health risks from drinking alcohol, 2009

and among government, non-government and private organisations and the community. The NDS enables collaboration, among health, law enforcement and education, and promotes the use of evidence to inform drug policy and practices. The Tasmanian Drug Strategic framework was developed to focus on issues specific to Tasmania.

Purpose of the IAWGD

The IAWGD is the principal advisory body to the Tasmanian Government on alcohol, tobacco and other drugs related issues. It is responsible for monitoring drug use trends and harms in Tasmania, and for implementing, monitoring, progressing and reporting on progress of the NDS and the Tasmanian Drug Strategy (TDS) and related strategic policy responses to the use of alcohol, tobacco and other drugs in the Tasmanian community.

The work of the IAWGD is supported by an advisory structure specific to alcohol, tobacco and illicit drugs respectively, and by liaison with specialist treatment and service delivery.

In early 2015, the IAWGD was tasked by Cabinet to lead implementation of Tasmania's response to the use of crystal methamphetamine and to work alongside the DPAC to progress Tasmania's involvement in the National Taskforce to assist the development of the NIAS.

Membership

The Group comprises a Chair (Deputy Secretary, Corporate, Policy and Regulatory Services, Department of Health and Human Services), Deputy Chair (now endorsed as the Assistant Commissioner, Operations, Department of Police, Fire and Emergency Management) and senior representatives from the Departments of Health and Human Services; Police, Fire and Emergency Management; Treasury and Finance (Commissioner for Licensing); Education; Justice; and Premier and Cabinet.

The Alcohol, Tobacco and Other Drugs Council, Tasmania (ATDC) represents the alcohol, tobacco and other drugs sector and the Local Government Association of Tasmania currently has observer status.

IAWGD Role and Function

The role and function of the IAWGD is to:

- Oversee the development, implementation, monitoring and coordination of strategic policy and whole-of-government responses to reduce the harms from the use of alcohol, tobacco and other drugs in Tasmania;
- Monitor changes in prevalence, levels and patterns of alcohol, tobacco and other drugs use in Tasmania;
- Consider the implications of the NDS and other national policy or reform initiatives; making recommendations regarding the adoption and/or implementation in the Tasmanian context; and overseeing the implementation and reporting of national drug strategic plans and related initiatives;
- Provide advice and input to other national and state strategies and initiatives where alcohol, tobacco and other drugs are identified as issues of concern, with particular emphasis on prevention and the social and health determinants associated with drug use;
- Consult, liaise and collaborate with a range of key stakeholders and representative groups, service providers and other agencies/organisations as appropriate.

Reporting

The IAWGD may make recommendations to the Minister for Health.

The Group is required to provide annual reports on its activities and progress to the Minister as required under its Terms of Reference and to raise whole-of-government alcohol, tobacco and other drugs issues through the Minister to Cabinet.

IAWGD Meeting Protocols

The IAWGD meets a minimum of three (3) times annually and where possible meetings are scheduled to coincide with associated national forums such as the meetings of the National Drug Strategy Committee and the Ministerial Drug and Alcohol Forum.

In the 2016-2017 reporting period, four (4) meetings were held, which included an extraordinary meeting on 23 November 2016 to discuss three specific projects. Other business was managed out of session.

The following table outlines the IAWGD meetings held and attendees for 2016-2017:

Organisation	Rep(s)	7 Oct 2016	23 Nov 2016	16 March 2017	14 June 2017	O-O-S Input
DHHS - Corporate, Policy & Regulatory Services	Michael Reynolds (Chair)	✓	-	✓	✓	✓
DHHS - Mental Health, Alcohol and Drug Directorate	Narelle Butt	-	✓ (A/Chair)	-	-	✓
	Sylvia Engels	✓	✓	✓	✓	✓
DHHS - Public Health Services	Siobhan Harpur	✓	✓	✓	✓	✓
DHHS - Government Relations and Strategic Policy	Erin Taylor	✓	-	✓	-	✓
Department of Treasury and Finance – Liquor and Gaming Branch	Greg Partridge/ Damien Jarvis	-	✓	✓	-	✓
Department of Police, Fire and Emergency Management	Richard Cowling/ Anthony Cerritelli/ Glenn Frame/ Bridget Wiggins/ Robert Bonde/ Emma Fitzpatrick	✓	✓	✓	✓	✓
Department of Justice	Nick Evans/ Dale Webster	-	✓	✓	✓	✓
Department of Education	Suzanne Pennicott- Jones/ Anne Hull/ Nadine Davey	-	-	✓	✓	✓
Department of Premier and Cabinet – Policy Division	Andrew Rayner/ Jo Hall	-	-	✓	✓	✓
The Alcohol, Tobacco and Other Drugs Council (ATDC)	Becky Shelley/ Debra Rabe/ Jackie Hallam	✓	✓	✓	✓	✓
Local Government Association of Tasmania (observer status)	Penny Finlay	-	✓	✓	✓	✓

Alcohol, tobacco and other drugs use and harms in Tasmania

The use of drugs, including alcohol, tobacco, illicit drugs and pharmaceuticals causes significant harms

to individuals, families and the community. The health harms includes increased risk of injuries and deaths, cancers, cardiovascular diseases, liver cirrhosis, mental health problems, and shortened life expectancy. It also includes economic harms arising from the costs to health, hospitals, law enforcement and justice systems, decreased productivity, associated criminal activity, reinforcement of marginalisation and disadvantage, domestic and family violence and child protection issues. Alcohol and other drug problems are also associated with social and health determinants such as discrimination, unemployment, homelessness, poverty and family breakdown.

The information below is the data from the 2015-16 annual report as well as any updated data that has been made available during the 2016-2017 reporting period.

Public Health Services of DHHS also completed the Tasmanian Alcohol Data and Trends Report 2016. The report and associated fact sheets are available from Public Health Services Publications page [Tasmanian Alcohol Data and Trends Report 2016](#)

According to the Australian Institute of Health and Welfare (AIHW) 2016 National Drug Strategy Household Survey (NDSHS)ⁱⁱⁱ, alcohol and tobacco remained the most widely used drugs in Tasmania by those aged 14 years and over. In 2016, self-reported alcohol, tobacco and other drug use shows:

- 16.0 per cent smoked daily, 41 per cent exceeded the single occasion risk guidelines for alcohol consumption² (up from 30 per cent in 2013) and 17.4 per cent reported recent use of any illicit drug (up from 15.1 per cent in 2013), and higher than the national average of 15.6 per cent.
- Tasmania reported the least improvement between 2001 and 2016 of daily smokers (from 20.6 per cent to 16 per cent). This was the second highest smoking rate after the Northern Territory (17.2 per cent).
- Tasmania had the highest proportion of all states and territories of people in their 20s (20 per cent), 30s (21.4 per cent) and 40s (21 per cent) who smoked daily.
- Daily drinking status in Tasmania for those aged 14 years and over was reported by 5.6 per cent and weekly drinking at 37.1 per cent, compared to the national averages of 5.9 per cent and 35.8 per cent respectively.
- The rate of single occasion risky drinking (more than 4 standard drinks at least once a week) was 14.4 per cent (down slightly from 16.1 per cent in 2016).
- Across all jurisdictions, people in their 20s were more likely to drink 5 or more standard drinks at least once a month, ranging from 33 per cent in the Australian Capital Territory to 53 per cent in Tasmania. This compares to the national average of 39.9 per cent.
- Use of any illicit drug³ increased in Tasmania from 12.0 per cent in 2010 and 15.1 per cent in 2013 to 17.4 per cent in 2016. This is now higher than the national average of 15.6 per cent, and the second highest of all states and territories after the Northern Territory (21.6 per cent).
- Cannabis at 12.4 per cent is the illicit drug most commonly used, followed by any pharmaceutical (excluding OTC⁴) at 5.6 per cent. Of the pharmaceuticals, pain-killers/analgesics and opioids (excluding OTC) for non-medical purposes were the most commonly reported at 3.3 per cent, followed by tranquillisers/sleeping pills at 2.9 per cent.
- Across all jurisdictions, people aged 20–29 were the most likely to use an illicit drug in the past 12 months. People living in Tasmania and Queensland had the highest proportion of

² On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. This report mainly presents the proportion of people exceeding the single occasion risk guidelines once a month or more often (at least monthly).

³ Used at least 1 of 16 illicit drugs in 2016, noting the number and type of illicit drug used varied between 2010 and 2016.

⁴ OTC refers to paracetamol, aspirin and other non-opioid over-the-counter (OTC) pain killers/analgesics.

people in their 20s who had recently used an illicit drug (33 per cent for both) while people in the Australian Capital Territory had the lowest (22 per cent).

- Across all jurisdictions, there were very few significant changes by age group except for people aged 60 or older living in Tasmania, which increased considerably from 3.7 per cent in 2013 to 10.1 per cent in 2016.
- Nationally, recent use (i.e. in the previous 12 months) of meth/amphetamines declined significantly between 2013 and 2016 – from 2.1 per cent to 1.4 per cent. The decline was the most significant in New South Wales from 1.4 per cent to 0.7 per cent.
- People living in Western Australia (2.7 per cent), Tasmania⁵ (2.1 per cent) and South Australia (1.9 per cent) all reported higher rates than the national average of 1.4 per cent.
- The table below summarises self-reported tobacco, alcohol and illicit drug use for Tasmania from the 2016 NDSHS, by Statistical Area Level.

SAL	Smoking Status Daily	Smoking Status Ex-smoker ^c	Smoking Status Never smoked ^d	Alcohol risk Abstainer /ex-drinkers ^e	Alcohol risk Lifetime risk: Low risk ^f	Alcohol risk Lifetime risk: Risky ^g	Alcohol risk Single occasion: Low risk ^h	Alcohol risk Single occasion: At least yearly but not monthly ⁱ	Alcohol risk Single occasion: At least monthly ^j	Illicit drug use Recent illicit ^k
Hobart (601)	11.7	25.1	58.8	15.5	64.2	20.3	39.3	18.0	27.2	19.2
L'ton and North East (602)	17.2	29.7	51.1	24.3	61.6	14.1	38.8	8.9	27.9	13.9
West and North West (604)	20.4	22.8	55.7	17.3	66.5	16.2	44.2	13.1	25.3	17.3

(c) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reported no longer smoking.

(d) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

(e) Not consumed alcohol in the previous 12 months.

(f) On average, had no more than 2 standard drinks per day.

(g) On average, had more than 2 standard drinks per day.

(h) Never had more than 4 standard drinks on any occasion.

(i) Had more than 4 standard drinks at least once a year but not as often as monthly.

(j) Had more than 4 standard drinks at least once a month but not as often as weekly.

(k) Used at least 1 of 16 illicit drugs in 2016.

Other data indicates:

- The *National Health Survey 2014-15* indicates that nationally 17.4 per cent of adults aged 18 and over consumed more than two standard drinks on average, thus exceeding the lifetime risk guideline. Tasmania had the second highest age standardised proportion of adults exceeding the lifetime risk guideline, at 19.1 per cent. This has decreased since 2011-12 when 22.7 per cent exceeded this guideline^{iv}.
- It also shows that almost half of Tasmanian adults (49.2 per cent) consumed alcohol on at least one occasion to risky levels for acute harms in 2014-15, similar to the value for 2011-12 (48.9 per cent). Tasmania now has the highest proportion of all jurisdictions (at 49.2 per cent) and a

⁵ Estimate has a relative standard error of 25 to 50 per cent and should be used with caution.

rate that is statistically significantly higher than the national level (45.0 per cent) ^{iv}.

- And, in 2014-15, 76.2 per cent of Tasmanian young people aged 18-24 years of age were estimated to be drinking at levels putting them at risk of short term alcohol related harm. In all but the over 65 years age group, estimates were higher for Tasmania than nationally; however, only the differences for the 15-17, 18-24 and 65 years and over age groups were statistically significant. These numbers have decreased slightly since 2011-12, when 82.3 per cent of 18-24 years olds were at short term risk ^{iv}.
- The Council of Obstetric and Paediatric Mortality and Morbidity database report^v shows that a total of 6.5 per cent of Tasmanian women consumed alcohol during their pregnancy in 2014 which was almost identical to the 2013 figure. This continues to be more prevalent amongst older mothers in Tasmania, especially those aged between 30 and 39 years (9.2 per cent). Reported alcohol consumption during pregnancy in 2014 amongst public patients (6.6 per cent) was only slightly higher ($p=0.679$) than for private patients (6.3 per cent).
- The proportion of Tasmanian women who reported smoking during pregnancy has fallen significantly since 2010. In 2014, 14.3 per cent of women reported smoking whilst pregnant, slightly lower than for 2013. Although this proportion continues to fall, smoking during pregnancy continues to be more prevalent among young mothers under 20 years at 34.9 per cent^v.
- The Australian School Students Alcohol and Drug Survey (ASSAD) for Tasmania in 2014 shows that experience with alcohol increased with age, with ever use increasing from 58 per cent of 12- to 13- year olds to 95 per cent of 17-year olds. Since the 2008 survey there have been some encouraging trends. The proportion of 12- to 15 year olds drinking in their lifetime had decreased from 80 per cent in 2011 to 71 per cent in 2014, while the proportion of current drinkers 16- to 17- years olds drinking at risky levels has also decreased over time (2008: 56 per cent; 2011: 54 per cent; 2014: 39 per cent)^{vi}.
- Alcohol attributable deaths and hospitalisations are derived by applying aetiologic fractions (the probability that a particular death or illness is associated with alcohol consumption) to population level mortality and morbidity data. Rates of hospitalisation are significantly higher for males than females in Tasmania, although the gap appears to have narrowed over the last decade, with rates for females increasing at 3% per year while rates for males have remained fairly stable. In 2014-15 there were an estimated 5,210 hospitalisations (2,797 men and 2,413 women) attributable to alcohol^{vii}.
- Estimating the true number of Emergency Department (ED) presentations secondary to alcohol-related harm is challenging due to the fact that presentations are not always coded as being alcohol related. Using a 'primary diagnosis' only, it is estimated that 0.5 per cent of all ED presentations in Tasmania are alcohol related, with 822 presentations in 2014-15 financial year. The rate per 100,000 population has increased significantly between 2005-06 and 2014-15 (average annual increase of 2.5 per cent [$p<0.001$]). National studies in which more detailed assessment occurs reveal that approximately 8.3 per cent overall and 12 per cent at peak times of ED presentations are alcohol related^{viii, ix}.
- In Tasmania in 2010, there were an estimated 155 deaths attributable to alcohol and 2 636 hospitalisations^x.
- Opioid-related hospital separations in Tasmania have increased since 2009-10, with 394 separations per million persons in 2013-14 compared to 265 per million persons in the past few years^{xi}. Tasmania and the ACT recorded the lowest rate of amphetamine-related separations relative to other jurisdictions (146 and 122 separations per million persons respectively). Tasmania recorded the second highest rates of cannabis-related separations, with the increase to 2013-14 driven by separations for cannabis dependence (accounting for 51% of separations).
- The wider use of alcohol and cannabis is reflected in the number of drug and alcohol

treatment service episodes, with alcohol the most common principal drug of concern in 39 per cent of closed episodes provided to clients for their own drug use in 2015-16^{xii}. This is closely followed by cannabinoids, accounting for 26 per cent of episodes.

- Amphetamines (22 per cent) and pharmaceutical opioids (9 per cent) were the next most common principal drugs of concern in Tasmania in 2015-16, which is consistent with the national averages.
- In the five (5) years from 2011-12 amphetamines as the principal drug of concern has more than doubled, from 8.6 per cent in 2011-12 to 22 per cent in 2015-16. This compares with cannabinoids which has reduced from 35 to 26 per cent, and alcohol which has remained relatively unchanged at 39 - 40 per cent over that period.
- The 2016 NWDMP wastewater report^{xiii} analysis conducted in the latter half of 2016 shows that Tasmanian capital city sites had the lowest methylamphetamine consumption levels nationwide, although some regional sites recorded high levels. However, the Tasmanian regional sites average for MDMA (ecstasy) was the highest nationwide. Per capita consumption of tobacco and alcohol in some sites in regional Tasmania were also substantially above the national averages.
- In 2016-17, police recorded 489 serious drug offenders^{xiv}. With the change in scope, this represents a 19 per cent increase on the previous year's figure. Police also recorded 2,490 non-serious drug offenders, with 2,596 total drug offenders recorded in 2016-17. The majority (65 per cent) were for cannabis and derivatives, followed by methamphetamines and derivatives at 30 per cent.
- Tasmania Police conducted 505,445 Random Breath Tests in 2016-17, which resulted in 2,187 drivers being charged with exceeding the prescribed alcohol limit or driving under the influence of intoxicating liquor. There were 84 drivers charged with refusing to provide a breath or blood sample for analysis, an increase from 77 drivers in the previous reporting period.
- In 2016-17, Tasmania Police conducted 3,726 Oral Fluid Tests to detect the presence of proscribed drugs in drivers, representing a marginal decrease from 3,738 in 2015-16. 2,152 drivers were required to undergo a confirmatory blood test with 2,055 drivers confirmed to be driving under the influence of a proscribed illicit drug in their system. At 30 June 2017, 191 blood results were still pending analysis.

DPFEM Budget Paper Performance Measure	Unit of measure	2014-2015 actual⁶	2015-2016 actual	2016-2017 Target	2016-2017 Actual
Random Breath Tests conducted ⁷	Number	475,510	469,610	440,000	505,445
Number of drink driving offenders	Number	2,585	2,239	2,550	2,187
Number of persons who self-reported driving while over the alcohol limit in the previous six months*	%	8.8	8.8	</- Nat av	8.4 (7.4 Nat)
Oral Fluid Tests conducted	Number	3,431	3,738	2,245	3,726
Number of drug driving	Number	1,867	2,181	1,400	2,055

⁶ All data displayed in this table have been revised as at 30 June 2017. Any changes to previous years' reporting figures are due to data settling from the previous reporting period.

⁷ In accordance with the Drink/Drug Driving Strategy, the performance measure 'Random Breath Tests conducted' will not be increased due to a shift of focus on drink/drug driving.

DPFEM Budget Paper Performance Measure	Unit of measure	2014-2015 actual ⁶	2015-2016 actual	2016-2017 Target	2016-2017 Actual
offenders					
Number of persons who self-reported driving while impaired by medication or other drugs in the previous six months*	%	3.9	5.7	</- Nat av	4.5 (4.0 Nat)

* This indicator is derived from the *National Survey of Community Satisfaction with Policing 2016-17* conducted by The Social Research Centre. There is an error margin of 2 per cent on State figures and 1 per cent on national figures.

ⁱ Miller P, Bruno R, Morgan A, Mayshak R, Cox E et al. Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts (DASHED). National Drug Law Enforcement Research Fund (NDLERF) Monograph no. 67. Canberra: NDLERF. http://www.ndlerf.gov.au/pub/Monograph_67.pdf

ⁱⁱ Department of Health and Human Services Tasmania 2016, *Report on the Tasmanian Population Health Survey 2016*, Hobart.

ⁱⁱⁱ Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

^{iv} Australian Bureau of Statistics. National Health Survey: First Results, 2014-15 [INTERNET]. Canberra: ABS; 2015 [cited 2016 15 Jun]. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument>

^v Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2014. (2016) State of Tasmania, Department of Health and Human Services, 2016

^{vi} Williams T, Katherine S. The use of alcohol, tobacco, over-the-counter substances, among Tasmanian secondary school students in 2014 and trends over time. Centre for Behavioural Research in Cancer Council Victoria, prepared for Cancer Council Tasmania, 2016.

^{vii} Department of Health and Human Services, 2016. *Tasmanian Alcohol Data and Trends Report 2016*.

^{viii} Australian College for Emergency Medicine. Alcohol Harm in Emergency Departments (AHED) Program [Internet]. 2016 [cited 2016 10 July]. Available from: [https://acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-ED-\(AHED\)-Project.aspx](https://acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-ED-(AHED)-Project.aspx).

^{ix} Egerton-Warburton D, Gosbell A, Wadsworth A, Fatovich DM, Richardson DB. Survey of alcohol-related presentations to Australasian emergency departments. *The Medical journal of Australia*. 2014 Nov 17;201(10):584-7. PubMed PMID: 25390264

^x Gao, C., Ogeil, R.P., & Lloyd, B. 2014. *Alcohol's burden of disease in Australia*. Canberra: FARE and VicHealth in collaboration with Turning Point

^{xi} Roxburgh, A., and Breen, C. (2016). *Drug-related hospital stays in Australia, 1993-2014*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales

^{xii} Alcohol and other drug treatment services in Australia 2015-16. Australian Institute of Health and Welfare 2017. Drug treatment series no. 29. Cat. No. HSE 187. Canberra: AIHW.

^{xiii} National Wastewater Drug Monitoring Program, Report 1, March 2017. Australian Criminal Intelligence Commission

^{xiv} Department of Police and Emergency Management. Annual Report 2016-17. Tasmanian Government, 2017.