

# **Interagency Working Group on Drugs**

## **Annual Report 2015-2016**

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 2015-2016 reporting period. During the reporting period work has continued on a number of fronts.

The Liquor and Gaming Branch of the Department of Treasury completed its review of the *Liquor Licensing Act 1990* early in 2015, and the Tasmanian Government supported a range of amendments to the legislation. The Liquor Licensing Amendment Bill 2015, tabled in September 2015 amends the *Liquor Licensing Act 1990* to:

- align it more clearly with the Tasmanian Alcohol Action Framework;
- make the licensing and permit process more efficient and transparent;
- improve flexibility and effectiveness in compliance and enforcement;
- strengthen consumer responsibilities; and
- provide greater clarity to industry, the regulatory bodies and Tasmania Police.

The amendments were passed by Parliament and the amendments and associated regulations are due to be proclaimed and commence on 1 September 2016.

During the reporting period a focus has remained on the use of crystal methamphetamine (Ice). The IAWGD continues to lead the Tasmanian response to the use of Ice and contribute to national efforts. In December 2015, all state and territory governments signed up to the National Ice Action Strategy and the federal government committed nearly \$300 million nationally to address the use of ice. Primary Health Tasmania (PHT), working with DHHS has been progressing work on an alcohol and other drugs needs assessment to inform the commissioning of federally funded alcohol, tobacco and other drug treatments services from 1 January 2017. Action has also been taken to implement the recommendations from the *Review of Drug Use and Service Responses in North West Tasmania Final Report*, including the establishment of a new 12 bed residential rehabilitation facility in Ulverstone.

On 23 April 2016, the Tasmanian Government announced the introduction of a Controlled Access Scheme (CAS) to allow Tasmanian patients to access medical cannabis products under prescription from a medical specialist, in certain circumstances where treatment with conventional medication has been unsuccessful. This was made possible due to the federal government amendments to the *Narcotic Drugs Act 1967* and the decision of Therapeutic Goods Administration's (TGA) Scheduling Delegate, to down-schedule medical cannabis products from being listed as a Prohibited Substance in Schedule 9 to a Controlled Drug in Schedule 8.

We are particularly indebted to and thank David Nicholson for his stewardship and chairing of the IAWGD over the last two years, during a period of intense liaison with the Commonwealth on Tasmania's response to the use of Ice and the work to inform the National Ice Action Strategy.

As the alcohol, tobacco and other drugs use and harms information at the end of this report demonstrate, there remain many challenges in Tasmania to address the related harms, and we can expect a significant amount of work to be undertaken in 2016-2017.



Michael Reynolds  
Chair - Interagency Working Group on Drugs  
4 April 2017

## Key Achievements for 2015-2016

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

On 6 December 2015, the Prime Minister released the National Ice Taskforce Final Report; and the Australian Government's response, the National Ice Action Strategy. The National Ice Action Strategy Workplan was also provided to state and territory government agencies.

The Australian Government's response included a range of measures to strengthen responses across drug education, prevention, treatment, support and community engagement. This included \$241.5 million nationally for Primary Health Networks (PHNs) to commission more drug and alcohol treatment services, including Indigenous specific services, based on what is necessary and appropriate to the needs of the local community. Tasmania's share is understood to be \$5.7 million over three years from 2016-2017, managed through Primary Health Tasmania (PHT).

- All PHNs were required to submit a Drug and Alcohol Treatment Activity Work Plan to the Department in May 2016.
- All PHNs are expected to have the commissioned drug and alcohol treatment services being delivered in each region commencing from 1 January 2017.
- DHHS has been working closely with PHT around commissioning of drug and alcohol treatment services in Tasmania.

In September 2015, in response to a request from Cabinet, the IAWGD developed a whole of Government Communications and Community Consultation Strategy on crystalline methamphetamine-related measures and responses in Tasmania, to ensure target audiences are aware of Tasmania's response to crystalline methamphetamine (Ice).

During 2015-2016, the following has occurred:

- The Tasmanian Government budget allocated \$1.3m to the Director of Public Prosecutions to resource prosecutions of unexplained wealth investigations, in accordance with the *Crime (Confiscation of Profits) Act 1993*.
- Proposed changes to *Sentencing Act 1997* are moving forward, with drug offenders before the Supreme Court also being eligible for the Court Mandated Diversion Program (CMD) managed through the Magistrates Court. This will potentially enable more people to be directed to the Court Mandated Diversion Program to be supported to deal with their illicit drug use.
- Tasmania Police is increasing its drug detection dog capacity, with two additional dogs and handlers added in the 2015-16 financial year. Further detail regarding the Tasmania Police drug dog capabilities is available from the Department of Police, Fire and Emergency Management (DPFEM) 2015-16 Annual Report.
- The controlled drugs, plant and precursor schedules of the *Misuse of Drugs Act 2001* (administered by the Department of Justice) are reviewed annually by DPFEM in conjunction with the Department of Health and Human Services (DHHS), Forensic Science Service Tasmania and other relevant stakeholders.
- The first live-in drug and alcohol facility in the Tasmania Prison Service was officially opened in July 2015. The Alcohol and Drug Treatment Unit offers prisoners a live-in program which will

address the biological, psychological and social triggers of an individual's addictive behaviour to help address drug and alcohol use.

### **Linked NW Review Report recommendations**

In 2014 the Minister for Health requested a review of drugs use issues in the North West, which resulted in the North West Review Report, available from the website below

[http://www.dhhs.tas.gov.au/news/2014/review\\_of\\_drug\\_use\\_in\\_north\\_west\\_tasmania](http://www.dhhs.tas.gov.au/news/2014/review_of_drug_use_in_north_west_tasmania) The North West Review Report includes a number of recommendations, and the report is included in the IAWGD Workplan. During 2015-2016:

- A new 12 bed residential rehabilitation facility was established in the Ulverstone by the Salvation Army. It commenced operation on 1 March 2016 and was officially opened by the Minister for Health on 14 April 2016.
- Two consultation liaison nursing positions within Alcohol and Drug Services were established to work across the North and North West.
- Training sessions for responding to methamphetamine use were held in July 2015, commissioned by the Alcohol, Tobacco and Other Drugs Council (ATDC) and funded by DHHS. 252 people attended from across the alcohol and other drug (AOD), health, housing/homelessness, welfare, mental health, police, justice and education sectors.

In addition, funding of \$119 000 was provided to the Alcohol and Drug Foundation (ADF) (previously Australian Drug Foundation) jointly by DHHS and Community Sport and Recreation, DPaC to deliver the Good Sports Tackle the Issues initiative in Tasmania for the period October 2015 to September 2016. The ADF is working with local sporting clubs to provide information on illegal drugs, and build their capacity to deal with drug related issues through the development of an illegal drugs policy.

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

### **Tasmanian Alcohol Action Framework 2010 – 2015 (TAAF)**

The TAAF has been extended to enable a review to be undertaken to inform a new alcohol framework for Tasmania.

#### **Review of the *Liquor Licensing Act 1990***

The review of the *Liquor Licensing Act 1990* has been a significant activity under the TAAF.

The *Liquor Licensing Amendment Bill 2015* passed through both houses of Parliament in November 2015, following on from a review of the Act commencing in 2013. The *Liquor Licensing Amendment Bill 2015* amends the *Liquor Licensing Act 1990* to:

- align it more clearly with the TAAF
- provide administrative efficiencies and greater transparency across the licensing and permit process;
- improve flexibility and effectiveness in compliance and enforcement;
- strengthen consumer responsibilities; and
- provide greater clarity to industry, the regulatory bodies and Tasmania Police.

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* are due to be proclaimed and commence on 1 September 2016.

**DRINK THING Website** [www.drinkthing.tas.gov.au](http://www.drinkthing.tas.gov.au)

Under the TAAF Implementation Plan for 2015-16, and under the Tasmanian Early Intervention Program (TEIP), a cross-agency steering committee comprising members from the Departments of Health and Human Services; Police, Fire and Emergency Management; and Education, the Alcohol and Drug Service and the Drug Education Network have been working on an interactive mobile-enhanced website.

The DRINK THING website has been designed to be used in a range of settings and using a number of different devices including desktop computers, tablets or smartphones. It contains information about the harms associated with alcohol use, safer drinking tips if young people choose to drink, and specific information pages for parents, schools and health professionals working with young people. It also has links to many other websites that provide alcohol information and support services, and a contact/referral page direct to the State Alcohol and Drug Services from the Get Help page.

It has been designed to be used in Tasmanian schools, particularly as a support for teachers and support staff delivering the Health and Physical Education (HPE) curriculum. It also provides easy access and links to:

- an inbuilt test based on the AUDIT-C which is an evidence-based 3 question screening tool that can identify people who may be drinking at risky or harmful levels. This automatically generates a score and directs the user to other parts of the site
- a standard drinks calculator based on the Australian Guidelines to Reduce Health Risks from Drinking Alcohol
- information for parents including links to parenting guidelines for adolescents using alcohol
- the HPE curriculum
- Tasmanian youth and alcohol laws
- information for health professionals to help them engage with young people about alcohol and the harms associated with alcohol use including brief intervention techniques
- a number of other useful websites

A range of stakeholders, including young people were consulted to ensure that the content and features of DRINK THING are current, and most of all relevant to young people.

The DRINK THING website was launched in early 2016 and can be accessed by visiting [www.drinkthing.tas.gov.au](http://www.drinkthing.tas.gov.au)

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

DPFEM and DHHS have worked collaboratively on a number of National Drug Law Enforcement Research Fund (NDLERF) research projects, including the *Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts (DASHED)* Project. The DASHED Project's core aim was to examine alcohol-related violence and to investigate the factors and correlates associated with such violence in the night-time economy, with research being conducted in Canberra and Hobart. NDLERF has advised that the results of the DASHED Project will be available in late 2016.

## **Towards a new Tobacco Action Plan**

Work on development of the Tasmanian Tobacco Action Plan 2017-2021 occurred in 2016 through the Tobacco Control Coalition with input from a range of stakeholders with expertise in health and tobacco control. Consultations were held state wide in May 2016 followed by a workshop in June 2016.

## **Medicinal Cannabis**

On 23 April 2016, the Tasmanian Government announced the introduction of a Controlled Access Scheme (CAS) to allow Tasmanian patients to access medical cannabis products under prescription from a medical specialist, in certain circumstances where treatment with conventional medication has been unsuccessful.

This was made possible due to the federal government amendments to the *Narcotic Drugs Act 1967* which will introduce a national licensing scheme to oversee the controlled cultivation, production and manufacture of medical cannabis products for medical and scientific purposes, as well as the schedule medical cannabis products from being listed as a Prohibited Substance in Schedule 9 to a Controlled Drug in Schedule 8 which will come into effect on 1 November 2016. This will allow the prescription of unregistered medical cannabis products, where the product has either been:

- cultivated or produced, or in products manufactured, in accordance with the *Narcotic Drugs Act 1967*; and/or
- for use in products manufactured in accordance with the *Narcotic Drugs Act 1967*; and/or
- imported as therapeutic goods, or for use in therapeutic goods, for supply, in accordance with the *Therapeutic Goods Act 1989*; and/or

The introduction of a CAS in Tasmania does not change the status of cannabis as an illegal drug in Tasmania, nor does its implementation imply that unregistered medical cannabis products are a safe or effective medicine. Rather, the scheme will allow expert clinicians to prescribe these products to patients in certain circumstances, with an appropriate level of oversight by DHHS.

Medical cannabis products that have been produced or manufactured in Australia from domestically cultivated cannabis (in accordance with the *Narcotic Drugs Act 1967*) are not expected to become available before March 2017 at the earliest.

## **Promotion, Prevention and Early Intervention**

### ***Everybody's Business***

As reported in the 2014-2015 Annual Report, *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.

In July 2015 the Minister for Health launched the alcohol, tobacco and other drugs sector Implementation Plan that sets out a range of PPEI activities that can be undertaken by the sector. The ATDC developed the plan in consultation with the ATOD PPEI Implementation Group which consisted of key representatives from stakeholder organisations and interested parties within the alcohol, tobacco and other drug sector. The Drug Education Network (DEN) is identified as the lead agency to support the implementation of ATOD PPEI activities, and is required to report annually to the IAWGD.

The DEN has convened a new PPEI Implementation Advisory Group which has met 3 times in 2015-16. Specific activities undertaken in 2015-16 are:

- Development of the ATOD Sector PPEI reporting tool
- Commencement of a project to develop an ATOD Screening and Brief Intervention Framework

## **Intergovernmental Committee on Drugs (National)**

The IAWGD continues to contribute to work occurring nationally and coordinated through the Intergovernmental Committee on Drugs (IGCD), which consists of senior officers that represent health and law enforcement agencies, including the Australian Government Departments of Health; Attorney-General's; and Customs and Border Protection Service, and each Australian state and territory and New Zealand. One member from each agency is represented on the IGCD. Both the Tasmanian Departments of Health and Human Services and Police, Fire and Emergency Management are represented on the IGCD.

The IGCD provides policy advice and is responsible for implementing the NDS policies and programs. The Committee reports to Ministers through the Mental Health, Drug and Alcohol Principal Committee (MHDAPC) and the Australian Health Ministers' Advisory Council (AHMAC). Law enforcement or justice related matters are also progressed through the National Justice and Policing Senior Officials Group (NJPSOG) and the Law, Crime and Community Safety Council (LCCSC).

During the reporting period, the IAWGD provided input to the consultations to the development of the new National Drug Strategy and new National Alcohol Strategy. Both are awaiting finalisation of the new National governance structure for final consideration and endorsement.

Under the National Ice Action Strategy, a new Ministerial Drug and Alcohol Forum will be formed in 2016 to oversee the development, implementation and monitoring of Australia's national drug policy framework, including the Strategy. The Forum will consist of health and justice ministers with responsibility for alcohol and drug policy and law enforcement, and will report directly to the Council of Australian Governments (COAG). The Ministers for Health and Police, Fire and Emergency Management will represent Tasmania. A new National Drug Strategy Committee will also be formed. This new governance structure will replace the existing IGCD.

## **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, 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 National Ice Action Strategy.

## **Membership**

The Group comprises a Chair (Deputy Secretary, Corporate, Policy and Regulatory Services – Department of Health and Human Services), Deputy Chair 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 by 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 IGCD and the MHDAPC meetings.

In the 2015-2016 reporting period, only 1 meeting was held, on 8 March 2016. Other business was managed out of session.

The following table outlines the IAWGD meetings held and attendees for 2015-2016:

Organisation	Meeting	8 March 2016	O-O-S Input
	Representative		
Department of Health and Human Services - Strategic Control, Workforce & Regulation	David Nicholson (Chair)	✓	✓
Department of Health and Human Services – Mental Health, Alcohol and Drug Directorate	Narelle Butt	-	✓
	Sylvia Engels	✓	✓
Department of Health and Human Services – Public Health Services	Siobhan Harpur	✓	✓
Department of Health and Human Services – Corporate Policy and Regulatory Services/Government Relations and Strategic Policy	Cheryl Garrett/Elaina Deayton/Erin Taylor	✓	✓
Department of Treasury and Finance – Liquor and Gaming Branch	Greg Partridge/Damien Jarvis	✓	✓
Department of Police, Fire and Emergency Management	Richard Cowling/Debra Salter	✓	✓
Department of Justice	Nick Evans/Julia Hickey	✓	✓
Department of Education	Suzanne Pennicott-Jones/Shawn Pearce	-	✓
Department of Premier and Cabinet – Policy Division	Craig Martin	-	✓
The Alcohol, Tobacco and Other Drugs Council (ATDC)	Jann Smith	✓	✓
Local Government Association of Tasmania (observer status)	Kate Hiscock/Dion Lester	-	✓

## 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 from health, hospital, law enforcement and justice costs, 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 2014-2015 annual report as well as any updated data that has been made available during the 2015-2016 reporting period.

According to the Australian Institute of Health and Welfare (AIHW) 2013 National Drug Strategy Household Survey<sup>1</sup>, alcohol and tobacco remained the most widely used drugs in Tasmania by those aged 14 years and over. In 2013, self-reported alcohol, tobacco and other drug use shows:

- 16.7 per cent smoked daily, 30 per cent exceeded the single occasion risk guidelines for alcohol consumption and 15.1 per cent used illicit drugs. These had not changed significantly from the 2010 survey.
- Daily smokers rose in Tasmania between 2001 and 2007 (from 21 per cent to 24 per cent) and then substantially declined in 2010 (by 7 percentage points), then remained fairly stable in 2013 at 16.7 per cent, the second-highest after the Northern Territory.
- Smoking was highest among Tasmanians aged 18–24 at 31.6 per cent, more than double the rates in New South Wales, Victoria, Western Australia, South Australia and Australian Capital Territory.
- Daily drinking rates in Tasmania remain fairly constant at the 6 per cent mark (5.9 per cent in 2013 compared to 6.4 per cent in 2010), which is on par with the national average. 19.1 per cent of Tasmanians reported drinking at levels that places them at risk of alcohol-related harm over their lifetime (on average more than 2 standard drinks per day).
- The rate of single occasion risky drinking (more than 4 standard drinks at least once a week) was 16.1 per cent. Of those, 15.2 per cent were drinking at risky levels at least daily. Those in the 18 – 24 age group (58.8 per cent) are the most likely to drink at single occasion risky levels.
- In 2013, 15.1 per cent of Tasmanians indicated they had used an illicit drug in the previous 12 months. This is an increase of 3.1 percentage points from 2010; however, the trend over the previous 5 surveys (12 year) shows that rate has fluctuated around the mid-teens.
- Those in the 25 - 34 age range are more likely to have used an illicit drug in the previous 12 months (28.5 per cent).
- Cannabis was the most commonly used illicit drug with 11.8 per cent using cannabis in the previous 12 months. This was followed by meth/amphetamine (3.0 per cent) and ecstasy (2.9 per cent), noting these last two estimates have a relative standard error of between 25 to 50 per cent and should be used with caution.
- Those in the 20-29 age are the most likely to use cannabis (26.7 per cent).

- Nationally, the reported use of crystal methamphetamine more than doubled, increasing from 22 per cent in 2010 to 50 per cent in 2013.
- The increase in the use of crystal methamphetamine was also reflected in Tasmania. Of those using meth/amphetamine, the use of crystal methamphetamine increased from 5.4 per cent in 2010 to 21.6 per cent in 2013. Due to the small sample size, the relative standard error is greater than 50 per cent and is considered too unreliable for general use.
- Misuse of any pharmaceutical (for non-medical purposes) was reported by 4.3 per cent, of which pain-killers/analgesics at 2.7 per cent was the highest.

Other data indicates:

- The first results from the *National Health Survey 2014-15* indicate 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<sup>ii</sup>.
- 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 rate that is statistically significantly higher than the national level (45.0 per cent)<sup>ii</sup>.
- 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 & 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<sup>ii</sup>.
- The Council of Obstetric and Paediatric Mortality and Morbidity database report shows that a total of 6.4 per cent of Tasmanian women consumed alcohol during their pregnancy in 2013, and this continues to be more prevalent amongst older mothers in Tasmania, especially those aged between 30 and 39 years<sup>iii</sup>.
- The proportion of Tasmanian women who reported smoking during pregnancy has fallen significantly since 2010. In 2013, 15.1 per cent of women reported smoking whilst pregnant<sup>iii</sup>. Although this proportion continues to fall, smoking during pregnancy continues to be very common among young mothers under 20 years and 20-24 years, with 33.4 per cent and 26.1 per cent respectively smoking in 2013.
- The latest 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)<sup>iv</sup>.
- In Tasmania in 2010, there were an estimated 155 deaths attributable to alcohol and 2 636 hospitalisations<sup>v</sup>.

- Drug-related hospital separations data from 1993 to 2013 shows that in Tasmania separations for opioid use have stabilised at 265 per million persons in the past few years; amphetamine-related separations were lowest in Tasmania at 57 separations per million persons, noting however that amphetamine-related psychosis separations had increased in the past year; and Tasmania recorded that second highest rates of cannabis-related separations, accounting for 58 per cent of all separations<sup>vi</sup>.
- 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<sup>vii viii</sup>.
- Although no trend data are available, estimates from Turning Point, Victoria, indicate that in 2015 in Tasmania there were approximately 163 alcohol-related ambulance call-outs per month. Of these, 48.7 per cent were in the metropolitan area and 50.8 per cent were regional, 61 per cent were for men, 13.3 per cent required police co-attendance, and 67.3 per cent resulted in transport to hospital<sup>ix</sup>.
- 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 episodes provided to clients for their own drug use (41 per cent of clients and 40 per cent of episodes) in 2014-15<sup>x</sup>. This is closely followed by cannabis, accounting for 29 per cent of episodes. This is a decline over the last few years from 44 per cent in 2009-10.
- Amphetamines (18 per cent) and morphine (2.7 per cent) were the next most common principal drugs of concern in Tasmania in 2014-15, which is consistent with the national averages, with the exception of South Australia where amphetamines accounted for over one-quarter of closed treatment episodes (29 per cent).
- Tasmania Police conducted 469 610 random breath tests in 2015-16, of which 51 per cent were in the South, 27 per cent were in the North, and 21 per cent were in the West. A total of 2 309 people were charged with drink driving offences in 2015-16. The highest number of offences was seen in the South (58.8 per cent), with 24 per cent in the North and 17 per cent in the West<sup>xi</sup>.
- In the same period, Tasmania Police conducted 3 738 random drug tests. Of those, a total of 1 920 people (51.3 per cent) tested positive; 794 in the South (41.4 per cent), 545 in the North (28.3 per cent) and 581 in the West (30.3 per cent)<sup>xi</sup>.
- In 2015-16, out of a total of 3 174 family violence incidents, 761 (23.9 per cent) of offenders were affected by alcohol, and 220 (8.4 per cent) of victims were affected by alcohol. The highest proportion of incidents where the offender was affected by alcohol was seen in the South (26.7 per cent) and the lowest in the West (21.1 per cent). The overall proportion of incidents where the offender was affected by alcohol has decreased since 2010-11 when it was 30.8 per cent<sup>xii</sup>.
- The 2014-15 Illicit Drug Data Report of the Australian Criminal Intelligence Commission<sup>xiii</sup> shows that in Tasmania, cannabis accounted for 95.0 per cent of the weight of illicit drugs seized, the highest proportion reported by any state or territory in 2014-15.
- Every state reported an increase in the annual median purity of methylamphetamine, with all median purities reported in 2014-15 the highest on record. Tasmania reported the greatest

fluctuation in quarterly median purity in 2014–15, ranging from 77.8 per cent in the third quarter of 2014 to 50.8 per cent in the second quarter of 2015.

- All states and territories reported increases in the number of amphetamine-type stimulant (ATS) seizures this reporting period. Tasmania reported the greatest percentage increase in the number of ATS seizures, from 175 in 2013-14 to 895 in 2014-15 (a 411.2% change). However the weight of Tasmanian seizures decreased from 9 890 grams in 2013-14 to 7 231 grams in 2014-15 (a -26.9% change). Tasmania also reported the greatest percentage increase in ATS arrests in 2014–15, from 72 to 430 (493.2% change).

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<sup>i</sup> Australian Institute of Health and Welfare (AIHW) 2014. 2013 National Drug Strategy Household Survey report. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.

<sup>ii</sup> 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>

<sup>iii</sup> Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2013. 2015. State of Tasmania, Department of Health and Human Services, 2015

<sup>iv</sup> 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.

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

<sup>vi</sup> Roxburgh, A. and Burns, L (2013). *Drug-related hospital stays in Australia, 1993-2013*. Sydney: National Drug and Alcohol Research Centre

<sup>vii</sup> 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).

<sup>viii</sup> 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

<sup>ix</sup> Turning Point. Coding and analysis of Ambulance Tasmania data; unpublished data. 2016.

<sup>x</sup> Australian Institute of Health and Welfare 2016. Alcohol and other drug treatment services in Australia 2014–15. Drug treatment series no. 27. Cat. no. HSE 173. Canberra: AIHW.

<sup>xi</sup> Department of Police, Fire and Emergency Management, Annual (June) 2016 Corporate Performance Report, Tasmanian Government, 2016

<sup>xii</sup> Department of Police and Emergency Management. Annual Report 2015-16. Tasmanian Government, 2016.

<sup>xiii</sup> Australian Crime Commission, 2016. Illicit Drug Data Report 2014-15. Canberra: Australian Criminal Intelligence Commission