



REPORT ON THE 2010 REVIEW OF THE TASMANIAN PSYCHOSTIMULANTS ACTION PLAN 2007 – 2009

**Prepared by the Department of Police and Emergency
Management for the Inter Agency Working Group on
Drugs (IAWGD)**

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INTRODUCTION

To respond to the increasing misuse of psychostimulants in the Tasmanian community, the Tasmanian State Government through the Inter Agency Working Group on Drugs (IAWGD) developed the *Tasmanian Psychostimulants Action Plan 2007-2009*.

The IAWGD is a whole of government and community representative body that includes members of the Departments of Health and Human Services; Police and Emergency Management; Justice; Education; Premier and Cabinet; and Treasury and Finance, and the community sector by members of the Local Government Association of Tasmania; the Alcohol, Tobacco and Other Drugs Council Tasmania; and the Australian National Council on Drugs.

The *Tasmanian Psychostimulants Action Plan 2007-2009* was developed to provide a framework for integrated and coordinated services across both the Government and the non-government sectors, and aims to minimise the harms associated with psychostimulant misuse in Tasmania.

The aims of the *Tasmanian Psychostimulants Action Plan 2007-2009* are 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.

The *Tasmanian Psychostimulants Action Plan 2007-2009* is consistent with the directions of the *National Drug Strategy 2004-09* (NDS) and the *National Amphetamine-Type Stimulant Strategy 2008-2011*, which adopt a harm minimisation approach aimed at reducing drug use and drug-related harm. The NDS is the major policy initiative of the Ministerial Council on Drug Strategy (MCDS) and provides the framework for a coordinated, integrated approach to drug issues in the Australian community.

The *Tasmanian Psychostimulants Action Plan 2007-2009* is linked to the three priority areas of the *Tasmanian Drug Strategy 2005-2009*: Community safety; Prevention and reduction; and Improved access to quality treatment.

To meet the objectives under each of the priority areas, various actions and activities were identified to be undertaken by agencies from across the Government and non-government sectors. A number of agencies were identified as Lead Agencies in undertaking these activities, including the Departments of: Health and Human Services; Premier and Cabinet; Education; Justice; and Police and Emergency Management. Lead agencies were expected to consult and work with partner agencies regarding the actions and activities.

BACKGROUND

In June 2009, the Department of Police and Emergency Management (DPEM) was tasked by the IAWGD with coordinating a review of the Plan. Lead Agencies were requested to report on key actions and activities under each priority area of the Plan. Lead Agencies were also requested to report on the utility of the actions and activities, and to advise whether these required amendment. Comments were also sought on the need for further activities and actions, and additional stakeholders to be included in any future Plan.

The responses were collated and tabled at the IAWGD meeting held on 15 October 2009. At this meeting it was agreed that due to the planned review of both the *National Drug Strategy 2004-2009* and the *Tasmanian Drug Strategy 2005-2009*, the term of the *Tasmanian Psychostimulants Action Plan 2007-2009* be extended for a period of twelve months and be reviewed again by DPEM in October 2010.

PURPOSE OF THIS REPORT

As the *Tasmanian Psychostimulants Action Plan 2007-2009* is now due to be reviewed, the purpose of this report is to provide further update of Lead Agency activity against the Plan. The report will be used to provide recommendations to the IAWGD and the Tasmanian Government in relation to the future directions of the Plan.

To assist the review, a template was developed to seek feedback from each of the Lead Agencies. Agencies were asked to update their 2009 report against the Plan, and to provide comment on any additional actions and activities undertaken since the previous review. With the next iteration of both the *National Drug Strategy* and *Tasmanian Drug Strategy* now pending, a number of questions were included to seek feedback on the future of this Plan, including the potential development of a broader illicit drug plan that would include psychostimulants.

The feedback template is included as Attachment A

REPORT ON ACTIONS UNDER THE PLAN

Lead Agencies, including Partner Agencies provided the attached update (Attachment B) on actions and activities undertaken as of October 2010.

KEY POINTS IDENTIFIED IN LEAD AGENCY RESPONSES TO THE TASMANIAN PSYCHOSTIMULANTS ACTION PLAN 2007-2009

- The responses from the Lead Agencies indicate that the aims of the *Tasmanian Psychostimulants Action Plan 2007-2009* have been met. It is agreed that the Plan has been of value in providing a framework that has assisted Lead Agencies to implement and coordinate various activities and initiatives, to reduce the harms caused by psychostimulant drugs.
- During the extended reporting period, further activity was undertaken against the objectives of the Plan. Many of the actions and activities commenced during the initial stages of the Plan are continuing and/or are still relevant. Many of the initiatives have developed further including some activities and programs now being made more readily available.
- Similar to the responses provided in October 2009, Agencies indicated that the initiatives and activities continued to be undertaken with available resources and funding. It was noted that the continuation of ongoing programs and activities will be subject to future funding and the capacity of Agencies to continue to achieve the aims of the Plan. Agencies have previously indicated that in the current economic environment, there a need to progress activities that have and will continue to make the greatest contribution in reducing harmful drug use in Tasmania. The activities that have been the least effective should be reduced or ceased.
- The successful outcomes provided by the Plan are reflected in data provided by both the Department of Health and Human Services (DHHS) and DPEM. The recently released *2010 Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS)* reports, note that the use of crystal methamphetamine, 'ice', continues to decrease across Australia. Nationally, use of 'ice' among injecting drug users fell from 57% in 2006 to 39% in 2010. In Tasmania, the use of 'ice' among injecting drug users has decreased to 20% in 2010. This is reflected in DHHS Needle Syringe Program data that also indicates that there continues to be a decrease in the use of all amphetamines.
- There has also been a sharp decline in the use of methamphetamines among regular Tasmanian ecstasy users. In Tasmania in 2003, 82% of regular ecstasy users had used some form of methamphetamine in the preceding six months. This figure has now decreased to 48% in 2010.
- The Department of Police and Emergency Management (DPEM) considers that the Action Plan has assisted in strengthening the response to psychostimulant use in Tasmania. Tasmania Police, through State and District-based Drug Investigation Services and uniform operations, has continued to focus intelligence-led policing resources on ensuring the detection and disruption of criminal activity involving the supply of illicit drugs, including amphetamine-type stimulants.

- Following considerable increases in previous years, DPEM report that Tasmania Police data indicates the amount of amphetamines including ecstasy (MDMA) tablets, seized following investigations has decreased significantly. In 2008/09, 1,239 grams of amphetamines and 8,548 Ecstasy (MDMA) tablets were seized. This figure has decreased in 2009/10 to 692 grams of amphetamines and 2,198 Ecstasy (MDMA) tablets being seized.
- The Department of Justice (DoJ) highlighted during the reporting period the success of the Court Mandated Diversion (CMD) program in providing health and other services to offenders with identified drug use issues. Although the program has been successful, DoJ acknowledged that there are opportunities to further improve the delivery of the service, including working with other stakeholders to provide improved access to services.
- Although the comments from all the Lead Agencies indicate a level of ongoing support for a future Plan in some form, it should be noted that only DHHS and DPEM have confirmed their support for the development of a broader framework. DHHS and DPEM note that drug use trends in Tasmania continue to change, and including psychostimulants, there is a need to now also focus on other illicit (and licit) drugs which are now causing further harm in our communities. Both Agencies have indicated that the current concerns including high levels of pharmaceutical misuse, high use of cannabis, poly drug use, and the emergence of synthetic analogue substances including methcathinone, now warrant the development of a much broader illicit drug Plan.
- The Department of Education (DoE) expressed the need to continue to provide opportunities within the school curriculum to educate on drug issues so as to establish healthy attitudes and behaviours in students. DoE noted that the potential development of a broader Plan would continue to fit within the current K-10 Health and Wellbeing syllabus and would be supported.
- DoJ indicated the CMD focuses on offenders' use of a broad range of illicit drugs including psychostimulants. This program would be better supported by a Plan which considers a broader range of drugs.
- The Department of Premier and Cabinet (DPAC) is a partner Lead Agency for only action 1.5.1 in the Plan, which relates to continued work through partnerships to address drug abuse and related problems in local communities. DPAC have indicated that the role of DPAC Local Government Division is to only facilitate the development and renewal of Partnership Agreements with councils. They have advised that it is the role of individual Agencies to consult with councils and then develop proposals that could then support this Plan. As was recommended previously, they have again requested that they are removed as Lead Agency for this action. Partner Lead Agency, DHHS, has identified activities which relate to working closely with Local Government to address drug-related issues, and did not raise this as an issue of concern.

- DPAC provided comment that the next iteration of the Plan, will need to be determined in the context of the development of the new *Tasmanian Drug Strategy*. DPAC indicated that although the Plan could be applied more broadly to include other illicit drugs, that by having to extend the effort across the entire illicit drug field may impact on future successful outcomes. With the limited resources available, any new Plan should focus on a small set of priority areas to be most effective.
- Although the indication of ongoing support from all Lead Agencies should be acknowledged, the overall lack of opinion on what future direction the Plan should take, especially with the next iteration of the *Tasmanian Drug Strategy* also due, will require a determination to be made by the IAWGD.

SUMMARY

- Although Lead Agencies generally agreed that the Plan has been of benefit in providing a framework in reducing the harms caused by psychostimulants, it was agreed that there is a need to increase the utility of such a document.
- With consideration to be given to both the next phase of the *National Drug Strategy* and the *Tasmanian Drug Strategy*, DPEM, DHHS, DoE, DoJ, and DPAC indicated support for the development of a broader illicit drug plan.
- To ensure that a future Plan remains effective, the concerns raised by DPAC must be noted in the redevelopment in the Plan.

FUTURE DIRECTIONS

The IAWGD, as representatives of the Lead Agencies:

- propose and support the development of a broader Tasmanian Illicit Drug Action Plan, that will include psychostimulant drugs.
- This report is provided for the consideration of the Minister for Health.

ATTACHMENT A: FEEDBACK TEMPLATE



REVIEW OF THE *TASMANIAN PSYCHOSTIMULANTS ACTION PLAN 2007-2009*

FEEDBACK TEMPLATE

In 2007, in response to the increasing use of psychostimulant drugs in the Tasmanian community, the Tasmanian Government through the Inter Agency Working Group on Drugs (IAWGD) developed the *Tasmanian Psychostimulants Action Plan 2007-2009*.

The *Tasmanian Psychostimulants Action Plan 2007-2009* is now due to be reviewed. The Plan will be reviewed against progress towards achieving its aims and objectives. To ensure that strategies to address the harms caused by the use of psychostimulant drugs remain effective into the future, this review also seeks information to assist in determining whether the Plan continues in its current format. The review report will be submitted to Government through the IAWGD.

As a Lead Agency identified in the Plan, your assistance is sought in completing and returning the attached template. The electronic template can be obtained by sending your Agency's contact person details to drugpolicyservices@police.tas.gov.au.

Thank you for your assistance.

Review of the *Tasmanian Psychostimulants Action Plan 2007-2009*

Feedback Template

The aims of the *Tasmanian Psychostimulants Action Plan 2007-2009* are 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.

The *Tasmanian Psychostimulants Action Plan 2007-2009* links with the three priority areas identified in the *Tasmanian Drug Strategy 2005-2009*. These priority areas are:

1. Community safety
2. Prevention and reduction
3. Improved access to quality treatment

Lead Agencies had the responsibility to undertake actions and activities to meet the objectives under these priority areas. Your Agency provided the following response to the review conducted in July 2009.

Please review and update the template as necessary. Please liaise with Ms Debra Salter on 62 30 2550, or by email at drugpolicyservices@police.tas.gov.au to obtain an electronic copy of the reporting template.

Review of the *Tasmanian Psychostimulants Action Plan 2007-2009*

When updating the template, please consider if there been any further achievements in relation to the actions and activities that your Agency has been responsible for, since the previous review.

Further to the actions and activities identified, also consider whether your Agency has implemented any additional strategies to prevent the harms caused by the use of Psychostimulant drugs.

Please also provide comment if your Agency is considering implementing any future strategies or undertaking any activities that may be included in future iterations of the Plan.

**Review of the *Tasmanian Psychostimulants Action Plan*
2007-2009**

- 1. The *Tasmanian Psychostimulants Action Plan 2007-2009* has now been operating for over three years. From your Agency's perspective, do you consider that the aims of the *Tasmanian Psychostimulants Action Plan 2007-2009* have been met?**

- 2. Does your Agency consider that the Plan been effective in reducing the harms caused by psychostimulants?**

- 3. Do you consider that the Plan has been of value to your Agency?**

Has the Plan been used to inform policy and business planning within your Agency?

If not, then why has the Plan not been considered? Reasons may include budgetary restrictions, the aims identified within the Plan not being appropriate for the Agency, or exhausting the activities and actions that can be undertaken by the Agency to address this issue.

- 4. The Tasmanian community experiences harm through the use of illicit drugs other than psychostimulants.**

This review provides an opportunity to consider whether the Plan should continue in its current format or for an Illicit Drug Plan to be developed.

Please provide your comments including you preferred approach, concerns, identified opportunities, etc.

- 5. Are there other stakeholders that your Agency can identify that may provide benefits by being involved in any future psychostimulant / illicit drug plans?**

- 6. Does your Agency have any suggestions on how processes, particularly the level of engagement between stakeholders and the community, can be improved to better achieve the aims of future psychostimulant / illicit drug plans?**

The feedback provided by your Agency is appreciated. The comments and suggestions provided by your Agency will be used to determine future planning in relation to this important issue.

A copy of the final report will be forwarded to your Agency on completion.

ATTACHMENT B: LEAD AGENCY RESPONSES

Department of Health and Human Services

Priority Area 1: Community Safety

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|--|--|--|--------------|--|-----------|---|
| 1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs | 1.1.1 Identify joint indicators under the Memorandum of Understanding with the Department of Police and Emergency Management in response to the TDS through a review of the current MOUs. | New indicators to be agreed upon and reported against. | DHHS DPEM | DoE | June 2008 | ADS staff participates on the Launceston General Hospital Department of Emergency Medicine Liaison Steering Committee and the Liaison Working Group to identify and address critical care issues to client, including issues around psychostimulants drug use. |
| 1.3 To further improve safe disposal of injecting equipment | 1.3.1 Continued support of Needle Availability Programs (NAP) through: <ul style="list-style-type: none"> Identifying suitable locations for and implementing additional Needle Availability Program safe dispensing and disposal points Working with local councils to identify and increase the number of NAP outlets. | Increased disposal points Number of syringes and needles distributed through the NAP service providers. | DHHS | DPEM Local Councils as appropriate NGO's | Ongoing | <p>The Needle and Syringe Program provides an important point of contact for injecting drug users to access information and education relating to their drug use and for referrals to drug treatment programs. The NSP also provides education and information relating to injecting drug use issues to members of the public, and provides services for the appropriate disposal of used injecting equipment.</p> <p>The Needle and Syringe Program (NSP) operates from a variety of sites around Tasmania, regional hospitals, community health centres, pharmacies as well as dedicated NGO sites that have been established and funded for the specific purpose of ensuring the availability of equipment and services to injecting drug users. There are 104 Needle and Syringe Programs Outlets around Tasmania.</p> <p>While the Needle and Syringe Program has increased the number of needle and syringe outlets, Drug and Alcohol Service has closed its two secondary outlets in Ulverstone and Launceston</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|---|--|---|-------------|---|--|---|
| | | | | | | <p>The NSP currently has one dispensing machine in operation in Devonport</p> <p>The NSP distribute approximately 700,000 needles and syringes a year.</p> |
| 1.4 To reduce drug-related problems in population groups identified as being at high risk | 1.4.2 Identify, develop and implement intra-agency interventions and programs working with families and children identified at risk and with co-existing alcohol and other drug issues | <p>Number and type of programs developed</p> <p>Number of intra-agency referrals and collaborative case conferences undertaken.</p> | DHHS | <p>NGOs</p> <p>DoJ</p> <p>DoE</p> <p>DPPM</p> | <p>December 2008</p> <p>Annual reporting</p> | <p>The Agency Collaboration Strategy (ACS) supports collaborative practices in the Department of Health and Human Services (DHHS). The ACS is the Agency's major platform to bring about organisational change that will result in more responsive services with better outcomes for clients with complex needs, their families and carers.</p> <p>ADS participates on Inter Agency Support Teams which bring together relevant State and local government service providers to work together to develop practical, multi agency responses to support children, young people and their families with complex and multiple problems.</p> <p>ADS staff adopts a collaborative / shared care approach in the provision of assessment and counselling services to address a range of drugs including psychostimulant drugs. As the need arise, counsellors will participate in collaborative case conferencing. No data is collected on the number or type of case conferences.</p> <p>Funding has been provided to three specialist youth services to work with families and children to deal with alcohol and drugs issues. This included an investment in Burnie Youth Alcohol Drug Service, Youth and Family Focus and The Link Youth Health Service and support 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.</p> <p>A Youth Framework is currently being developed by ADS as a best practice guideline for working with youth.</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update | |
|----------------|--|---|---|--------------|---------------------------------------|---|--|
| | | | | | | <p>ADS Youth Workers in the south are starting to meet with school counsellors to provide secondary consultation. This is not structured with performance indicators.</p> <p>In relation to the existing listed performance indicators this needs to be reviewed to reflect what is occurring so that statistics are correctly reflective of what is happening. NGO's are now being asked to report on the number and type of shared care approaches to client interventions.</p> | |
| 1.5 | To develop local community programs aimed at improving public amenity and reducing problematic drug use and related fear | 1.5.1 Continue to work under the umbrella of the Partnership Agreements with Local Government framework and identify opportunities for joint participation strategies | Increase in the number of local governments that have identified strategies against drug abuse. | DHHS DPAC | DPEM Local Councils as appropriate | Ongoing | <p>DHHS (Population Health) has worked with the Devonport Council to install and help monitor a needle and syringe dispensing machine adjacent to the council chambers it has been operational since Sep 2008</p> <p>DHHS is also working with a number of Councils and with a number of community sector organisations to inform the community of drug use issues and to build resilience amongst young people.</p> <p>ADS staff participates as a member of the Headspace Board and have staff dedicating time to provide service delivery support at Headspace.</p> |
| | | 1.5.2 Involvement by DHHS in Local Government Drug Strategies | Number of meetings attended, and by whom. | DHHS | | Annual Report | <p>ADS provided input into a number of local government drug strategies through the Department of Premier and Cabinet, and attend the Hobart City Council Alcohol and Other Drug Strategy Reference Group meetings as and when required.</p> <p>ADS staff also participates in Safer Communities Program.</p> <p>ADS will be reviewing its role and relationship with local government with view to improving service coverage in a planned and coordinated manner.</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|---|---|---|-------------|----------|-----------|--|
| 1.6 To continue to participate in and support the Tasmanian Suicide Prevention Steering Committee | <p>1.6.1 Actions under the TSPSC Workplan and related activities.</p> <p>1.6.2 Support the development of a statewide strategy into suicide prevention.</p> | The development of a statewide strategy that recognises and incorporates key high risk groups | DHHS | DoE | Ongoing | <p>Alcohol and substance abuse/misuse is increasingly seen as a significant risk factor for suicide. ADS, Mental Health Services and Population Health participate in or support the Tasmanian Suicide Prevention Steering Committee to undertake actions under the Tasmanian Suicide Prevention work plan.</p> <p>The Tasmanian Suicide Prevention Strategy is currently under development and is due for release late 2010.</p> <p>The TSPC report for 2006/2008 included figures on the percentage of annual suicides where a Blood Alcohol Level was recorded for the period 1992-2006 was included for the first time. It is anticipated that this category will be included in the 2008/2010 report.</p> |

Priority Area 2: Prevention and Reduction

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | |
|---|---|---|-------------|--------------|-------------------------------|---|
| 2.1 To ensure that education programs develop the capacity of young people to avoid the uptake of harmful alcohol, tobacco and drug use | 2.1.5 Identify joint indicators under the Memorandum of Understanding with the Department of Education in response to the TDS. | <p>New indicators agreed upon and reported against</p> <p>Decrease over time in the numbers of young people problematically using drugs</p> <p>Increase in the range and type of interventions.</p> | DHHS | DoE | June 2008 | <p>A Memorandum of Understanding is in place between DHHS and Department of Education whereby DHHS provides funding to DOE under the National Drug Strategy funding program to work with schools and their communities under the auspices of the National School Drug Education Project.</p> <p>Through the MOU the Department of Education provided services in accordance with the aims and objectives of the National School Drug Education Project. The MOU sets out agreed indicators and reporting requirement.</p> |
| 2.3 To increase the capacity of primary health care professionals to identify and respond to individuals, families and communities with drug-related problems | <p>2.3.1 Implement applicable actions under the Tasmanian Comorbidity Framework and Action Plan:</p> <p>2.3.1.1 Develop and implement a case conferencing model between ADS, MHS, NGOs and GPs.</p> | Consumers and carers report improved access to and exit from service(s). | DHHS | NGOs TGPD | June 2009 Annual Reporting | <p>Transfer of Part 3 of the <i>Alcohol and Drug Dependency Act (ADDA) 1968</i> to the <i>Poisons Act 1971</i> 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.</p> <p>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.</p> <p>A Comorbidity Steering Group and Working Group have been established to develop the Tasmanian Comorbidity Framework and Action Plan.</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | |
|----------------|--|--|-------------|----------|---------------------------------------|---|
| 2.3.2 | Identify need, develop and implement a range of specialist information, education and training services for primary health care professionals by alcohol and drug specialists. | Number and type of programs developed and implemented. | DHHS | TGPD | December 2008 Annual Reporting | <p>DHHS Pharmaceutical Services Branch continues to work with the Pharmacy Guild, community pharmacies and Tasmania Police to prevent the inappropriate sales of pseudoephedrine and alert police to “shoppers”. The use of ‘Project Stop’ has assisted police in this.</p> <p>PSB and the Alcohol and Drug Services (ADS) divisions of 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.</p> <p>The aim is to assist in reducing the escalating prescribing of these medications. The escalating doses are one of the reasons that diversion of legally prescribed opioid for illicit use is occurring as some patients receive amounts in excess of their therapeutic need.</p> <p>In 2010 funds have been made available to conduct a major review of opioid prescribing in Tasmania. The review is to be conducted by the pre-eminent National Drugs and Alcohol Research Centre (NDARC). Broad consultation will be undertaken and engagement of health practitioners will be sought.</p> <p>The reviewers will be assessing and making recommendations on a wide number of issues related to opioid use and misuse. It is likely that this work will set a benchmark for prescribing practice nationally.</p> <p>This work is due to be completed with a final report to be delivered by NDARC by the end of August 2011.</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | |
|--|---|--|-------------|------------------------------|----------------|--|
| | | | | | | <p>DHHS Pharmaceutical Services Branch and ADS 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 biopsychosocial interventions.</p> <p>An alcohol and drug DVD is currently being developed to produce information about the problems faced by those with drug issues and about the services available to assist those with a problem.</p> |
| <p>2.4 To develop and implement, in partnership, a range of health promotion initiatives that increase public knowledge of drug-related harms and effective interventions.</p> | <p>2.4.1 Participation with other agencies in Drug Action Week, promoting NSDEP activities.</p> | <p>Professional learning opportunities scheduled to coincide with Drug Action Week and relevant information forwarded for promotion on the DAW website</p> | <p>DHHS</p> | <p>DoE DHHS DPEM</p> | <p>Ongoing</p> | <p>Work commenced on the development of a strategic framework and action plan for implementing mental health promotion, prevention and early intervention (PPEI) approaches in Tasmania. The framework aims to draw on and build on the partnership and collaboration between Mental Health Statewide Services and community sector organisation to enhance mental health and reduce the prevalence of mental disorders. This framework will also benefit the ATOD sector given the association between mental health and alcohol and substance use. As part of the development of a PPEI, ADS will review health promotion strategies either directly or through the non government sector.</p> <p>ADS continues to provide support to Drug Action Week each year. In 2010, ADS South partnered with other local CSO such as the LINK health centre to enhance Drug Action Week activities.</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | |
|----------------|---|---|-------------|----------------------------|-----------|---|
| | 2.4.2 Professional learning opportunities to YIG representatives | Number of learning opportunities and number of participants. | DHHS | DOE DPEM | 2005-09 | Funding was provided to DOE to deliver the National School Drug Education Program. |
| | 2.4.2.1 Continued participation in promotion of the NSDEP. | | | DoJ | | |
| | 2.5.2 Continue management of the Illicit Drug Diversion Initiative (IDDI) | Increase in the type of programs delivered under the IDDI Increase in percentage of referrals to NGO service providers Increase in percentage of diverted clients exiated | DHHS | DPEM DoE DoJ NGOs | June 2008 | From 1 January 2008 – 30 June 2009, there were 2405 clients diverted through the IDDI program for a range of drug use. Of those, 86 were for psychostimulant type drug use. The expiation rate for clients who make contact with the program is at 86%. These performance indicators require revision as they do not reflect the nature of the program or the intent of diversionary programs in general. |
| | 2.5.2.1 Review the current IDDI service delivery in line with the Commonwealth Agreement. | Number of CMD clients referred to DHHS and NGO service providers Establishment of an evaluation framework for IDDI. | | | | A review of the IDDI Police Diversion initiative undertaken by ADS in 2009/10 resulted in a revised program and new draft Procedures Manual. IDDI is recognised as a Brief Interventions Program and agreed interventions reflect this. The new Manual and draft Assessment Tools are being trialled, to be reviewed and revised as necessary early in 2011. In relation to service delivery DHHS and DPEM regularly liaise to discuss training of police officers, the data requirements for the National Minimum Data Set of information and associated DORS requirements - DHHS/DPEM. |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | |
|---|--|--|--------------|----------|------------------|--|
| 2.6 To reduce the inappropriate use, supply and diversion of pharmaceuticals. | <p>2.6.1 Monitor, analyse and report on PSB data</p> <p>2.6.2 Support IDRS and EDRS annual surveys</p> | Decrease in the percentage of IDUs reporting purchase of illicit pharmaceuticals through the IDRS reports. | DHHS DPEM | DHHS | Annual Reporting | <p>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. Real time reporting (RTR) is being rolled out to Tasmanian pharmacies and is expected that most pharmacies will be forwarding information by this means by the end of October 2010.</p> <p>The move from monthly to real time reporting increases the capacity for Government to monitor the prescribing of schedule 8 medications (opioids and amphetamines).</p> <p>The misuse, overuse and abuse of schedule 8 medications and alprazolam is a significant public health issue in Tasmania.</p> <p>Faster access to accurate dispensing information increases the capacity for DHHS Pharmaceutical Services Branch (PSB) pharmacists to identify potential problems and to make clinically significant interventions to promote best practice and improve public health outcomes. As of September 2010, even the partial rollout of RTR has "paid dividends" with timely action having been taken to prevent the inappropriate supply of medication. This project will provide DHHS with the technical support to promote and support best practice medicine in relation to the prescribing of opioid analgesics.</p> <p>Further to the development of real time reporting, in early 2010 DHHS has made funds available for the development of DAPIS Online Remote Access (DORA). DORA is a logical extension to real time reporting as it will make dispensing information available to a prescriber who has the care of patients. A prescriber will have up-to-date information available on what Schedule 8 medication a patient has accessed. Also the system will identify if an authorisation to prescribe has already been given to another medical practitioner.</p> |

This system will include information on opioids (morphine, oxycodone etc), psychostimulants (dexamphetamine and methylphenidate) and some benzodiazepines (alprazolam and flunitrazepam).

It is planned that pilot sites will be accessing information this year with a general rollout to medical practices proceeding by the end of 2010.

DHHS continues to support the IDRS and EDRS reference group. Almost all Tasmanian IDRS IDU participants in 2008 reported lifetime use of some form of methamphetamine (powder, base/paste, crystal/ice or liquid), with 74% reporting use in the preceding six months.

Amongst the EDRS 20-08 survey cohort, recent use of base and crystal (ice) methamphetamine forms was relatively low (16% and 15% respectively). Almost two-thirds (63%) had used some form of methamphetamine in the preceding six months. The highest recent use of crystal methamphetamine was observed among the 2003 cohort (52%).

The National Drug Strategy 2007 Household Survey showed:

- a decrease of the use of any illicit drug (in the past 12 months) from 15.4% in 2004 to 14.8% in 2007;
- The use of meth/amphetamine for non-medical purposes at 1.7% is the lowest of all states and territories, and lower than the national proportion of 2.3%. This represents a slight decline from 2.1% in 2001 and 1.8% in 2004.
- However, consistent with most other states and territories, the self reported use of ecstasy in Tasmania has been steadily increasing, from 0.8% in 2001; 1.6% in 2004; to 2.4% in 2007.

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | |
|----------------|---|---|-------------|----------|-----------|---|
| | 2.6.3 Undertake education and information sessions with community GPs and pharmacists | Number of education and information sessions undertaken and number of participants. | DHHS | DHHS | Ongoing | Clinical Director of ADS undertakes a number of education sessions with GPs, pharmacists, nurses and community based education e.g., Risdon Prison. |

Priority Area 3: Improved Access to Quality Treatment

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|---|---|---|-------------|----------|--|--|
| 3.1 To provide equitable access to evidence-based treatments and other interventions for people experiencing problematic drug use | <p>3.1.1 Implement applicable action(s) under the Comorbidity Framework and Implementation Plan 2005-2008. This will be achieved through:</p> <ul style="list-style-type: none"> • Developing and implementing a case conferencing model between ADS, MHS, NGO sectors and GPs. • Developing and implementing in conjunction with consumers and carers, a pathway of care for clients with both alcohol and drug and mental health issues • Developing and implementing protocols to support collaboration between service providers • Developing a community awareness/information dissemination program • Developing, endorsing and implementing a range of clinical practice guidelines for all treatment settings for clients with dual diagnoses. | <p>Consumers and carers surveys report improved access to and exit from service(s)</p> <p>Improved community awareness about comorbidity issues and services</p> <p>Increased number and type of events, materials and resources disseminated</p> <p>Proportion of ADS and MHS staff who have received comorbidity training</p> <p>Increased number of shared care plans between ADS and MHS.</p> | DHHS | | In-line with time frames identified within the Plan. | <p>A Comorbidity Working Group and a Comorbidity Steering Committee has been established to develop and implement the Comorbidity Framework and Action Plan.</p> <p>In 2007/08 the Government invested an additional \$1.5 million to the Alcohol and Drug Service which increased the capacity of the service to meet the increasing demands of Tasmanian's affected by alcohol and drug use. Funding was directed to specifically increase the capacity of the opioid pharmacotherapy program and to support young people with substance abuse issues.</p> <p>As part of the 2008/09 budget, the Government committed an additional \$17.1 million over 4 years to further develop alcohol, tobacco and other drug services in Tasmania. This included \$1.8 million for new service initiatives in 2008/09. The major initiatives for 2008-09 included:</p> <ul style="list-style-type: none"> • Improved access for withdrawal management for clients. • Improvements to the quality of life and reduction of the risks for people with addiction issues by providing improved access to the statewide opioid substitution program. • Specialist training and support for acute care staff, general practitioners and community based pharmacists to improve the delivery of care and support to people with an addiction issue. • Increased home based programs that support and rehabilitate people to assist their return to a drug free lifestyle. • Improved access to specialist support for young people with drug abuse issues. |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|----------------|--|---|-------------|----------|-----------|---|
| | | | | | | <p>A Future Services Direction Plan has been completed to provide a strategic focus for the ATOD sector in Tasmania over the next 5 years.</p> <p>The plan identifies the areas where Government will make significant investment in service delivery to ensure a quality and sustainable system to support people who have a substance abuse issue. The plan covers a whole spectrum of drug use including psychostimulant type drugs.</p> <p>The performance indicators need to be reviewed. While they appear appropriate, ADS is not in a position to be able to collect and report on the required data.</p> |
| 3.1.3 | Partnership development between Prison Service and the Alcohol and Drug Service. | <p>Development of a memorandum of understanding aimed at better outcomes</p> <p>Strengthened referral mechanisms</p> <p>Participation in collaborative case management.</p> | DoJ DHHS | | 2008+ | <p>ADS has an MOU with Correctional Services which as resulted in strengthened referral mechanisms for discharge referrals from prison to ADS operations.</p> <p>There has also been additional Investment in development of the Correctional Primary Health Services which has increased the capacity to manage prisoners with illicit drug problems with improved expertise within the prison system itself. This included the funding of a Comorbidity nurse at Risdon Prison.</p> <p>There has also been work to improved pathways between Correctional Primary Health and Alcohol and Drug Services.</p> <p>The Correctional Health Services have also developed and 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.</p> <p>ADS Staff have undertaken service presentations for some Correctional staff to bolster collaborative case management and referral processes.</p> |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|----------------|--|--|-------------|----------|------------------|--|
| | 3.2.3 Support mechanisms identified in the Housing Support Project | % of clients with identified alcohol and drug issues appropriately referred | DHHS | | Annual Reporting | <p>Housing Tasmania's Supported Tenancies Framework and Tools (STFT) provides clear guidance for staff in the delivery of services to current and future clients who require support to establish and maintain their tenancies. The STFT takes a proactive approach to managing tenancies by:</p> <ul style="list-style-type: none"> • providing a range of policies, practices and procedures and supporting forms and templates; • providing example of practice which are provided as tips or options rather than quotes to be read verbatim to clients; • working with clients with complex and/or support needs to intervene earlier, coordinate support and improve linkages with health and human services; • embedding collaboration into our day to day practices; • provide clarity to staff about their roles and responsibilities when working with all clients. <p>The STFT was implemented in Housing Tasmania in February 2008.</p> <p>The performance indicators need to be reviewed. While they appear appropriate, Housing Tasmania and ADS find it difficult to collect and report on the required data.</p> |
| | 3.2.3.1 Ensure appropriate referral and support for public housing tenants with identified alcohol and drug issues | % of clients with identified alcohol and drug issues who are able to sustain their tenancies | | | | <p>The Government's initiatives to tackle homelessness also impact clients identified with alcohol and drug issues or complex needs. The initiatives include:</p> <ul style="list-style-type: none"> • Establishing a benchmark for primary homelessness in Tasmania and setting a target to halve those people who are sleeping rough by the end of 2010. • Increasing the supply of affordable housing and providing increased supported accommodation places for people who are experiencing homelessness. |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|----------------|--|---|-------------|----------|-----------|--|
| | 3.2.3.2 Explore options for supported housing assistance for people with alcohol and drug issues | Number and type of support services available and accessed. | | | | <ul style="list-style-type: none"> • Establishing innovative new models such as Common Ground Tasmania. • Signing a new National Homelessness Partnership Agreement and Implementation Plan. <p>The performance indicators need to be reviewed. While they appear appropriate, Housing Tasmania and ADS find it difficult to collect and report on the required data</p> <p>There are six major initiatives within these national plans to address homelessness:</p> <ul style="list-style-type: none"> • the Tasmanian Homelessness Plan aims to provide a whole of government and whole of community approach to reducing homelessness. The Tasmanian Homelessness Plan was developed through extensive consultation with government and community groups statewide and actions and timeframes for implementation have been agreed. The Plan was launched on 24 September 2010; • the Same House Different Landlord initiative will provide 100 new dwellings and tenancy management for clients referred through the Specialist Intervention Tenancy Service; • five new Supported Accommodation Facilities will be established statewide; • the Specialist Intervention Tenancy Service (SITS) commenced in July 2010. SITS has been established to provide intensive support for clients with high and complex needs who are change-ready and seeking intensive support. Support will be provided for approximately two years. Centacare Tasmania, in partnership with Australian Red Cross, will manage the SITS providing case management and support through preplanning with referred clients. Access to the Same House Different Landlord initiative will occur through SITS ; |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update | | |
|----------------|---|--|--|---|-----------|---|---|---|
| | | | | | | <ul style="list-style-type: none"> service coordination and improvement initiatives to enhance linkages between mainstream and specialist homelessness services; and workforce capacity audit and development plan for homelessness services. | | |
| | 3.3.3 | Development and implementation of an evaluation framework under IDDI – both PDD and CMD. | Number and type of referrals. | DHHS | NGOs | Refer to 2.5.2 | | |
| 3.4 | To improve the provision of pharmacotherapy interventions | 3.4.1 | Develop and implement the Tasmanian Pharmacotherapy 'shared care' model | Increased percentage of participating GPs and Pharmacists | DHHS | Ongoing | <p>The Tasmanian Opioid Prescribing Practice Guidelines in being developed to mitigate the risk of over prescribing. There has been significant investment in the Tasmanian Opioid Pharmacotherapy Program and a significant increase in the number of clients managed through the public program.</p> <p>Application of stricter guidelines around take-aways have been adopted and it is anticipated that this is significantly reducing the risk of diversion and the risk to clients.</p> <p>ADS is in the process of developing and implementing a Case Management Operational Model across the State which will support GPs more appropriately deal with clients with drug use problem.</p> | |
| 3.5 | To achieve better client outcomes through improved integration of government, local government and non-government | 3.5.1 | Continue to work within the Local Government Partnership Agreements Framework. | Increase in the number of local governments that have identified strategies against drug abuse. | DHHS | Local Councils as appropriate | 2007-09 | ADS will need to do an audit and review of work with Council's and have strategies around how ADS supports Councils in dealing with drug issues in their community. |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|----------------|--|---|---|--------------|-----------|---|
| | services. | | | | | |
| 3.6 | To increase partnerships and joint planning in order to maximise use of limited resources in the treatment of alcohol and drug problems. | 3.6.1 Partnership development between the Prison Service and Alcohol and Drug Service | Development of a memorandum of understanding aimed at better outcomes Strengthened referral mechanisms Participation in collaborative case management. | DoJ/D HHS | 2007+ | Refer back to 3.1.3 |
| 3.7 | To increase the range of accredited training for people working in drug-related fields | 3.7.2 Implement, monitor and evaluate the IDDI Workforce Development and Clinical Supervision Projects. | Development of a structured and systematic clinical supervision program Number and type of professional development workshops undertaken and number of participants. | DHHS | NGOs | 30 April 2008 Both projects, undertaken by the ATDC, were completed in May 2008. The Clinical Supervision project resulted in the development of the ATDC Clinical Supervision Toolkit, used by 86% of agencies at the completion of the project; development of a model of best practice package for Government ATOD agencies; and an increase in NGOs with a clinical supervision policy from 0 out of 7 to 5 out of 7. As a result, supervision Training is provided to all ADS clinical staff, who in turn provide supervision of clinical services to NGOs. The Workforce Development project concluded that the vast majority of IDDI practitioners over the Project period were degree qualified, often with post-graduate qualifications (or substantial progress towards such qualifications), or with ATOD-specific VET qualifications (typically at Diploma level). The project final report also noted that the significant staff turnover during the Project period, combined with an emerging preference by NGOs for employees with appropriate (degree level) qualifications has meant that overall levels have risen. The project also noted that it contributed to organisational understanding of the pressures faced in attempts to recruit (and retain) suitably skilled staff. |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|---|--|--|-------------|----------|-----------|---|
| 3.8 To improve access to services for Aboriginal and Torres Strait Islander people through implementation of initiatives such as the Complementary Action Plan. | 3.8.1 Support and implement applicable action(s) under the Aboriginal Health & Wellbeing Strategic Plan. | Percentage of Aboriginal people accessing services Range and type of programs specifically targeted towards Aboriginal peoples. | DHHS | | Ongoing | <p>The Department of Health and Human Services 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 she will be jointly responsible for the review of the Tasmanian response to the Aboriginal and Torres Strait Islander Complementary Action Plan 2003-2009 (Complementary Action Plan).</p> <p>Outreach Alcohol and Other Drug Services was established on remote islands in Northern Tasmania. These services will link to existing Aboriginal services in the area to improve access to services in remote Tasmania.</p> <p>ADS is currently working with Aboriginal organisations to improve service delivery to Aboriginal clients.</p> |
| | 3.8.2 Review and implement the Tasmanian Aboriginal Complementary Action Plan. | | | | June 2008 | <p>With funding from the Commonwealth Department of Health and Ageing, the Department of Health and Human Services 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 provided the foundation for the development of the strategic actions by the Department of Health and Human Services over the next four to five years.</p> <p>The Department of Health and Human Services has identified complementary investment from the Tasmanian Government, Alcohol and Drug Service as part of the COAG Closing the Gap Indigenous Measures to enhance access and responsiveness to alcohol, tobacco and other drugs treatment services and interventions for Tasmanian Aborigines.</p> |
| | <p>This will be achieved through:</p> <ul style="list-style-type: none"> Improved accuracy and reliability of data collected regarding Aboriginal health and wellbeing. Establishing Key Contact Network to provide comprehensive, clear and culturally appropriate information to the Aboriginal community. | | | | | |

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe | Update |
|----------------|--------------------|------------------------|-------------|----------|-----------|--------|
|----------------|--------------------|------------------------|-------------|----------|-----------|--------|

The key priorities are the establishment an ATOD workforce development unit; working and consulting with community sector and aboriginal community organisations to develop an alcohol drugs service 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.

Department of Justice

Additional Identified Stakeholder – Court Mandated Diversion Program, Youth Justice

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|---|-------------|-----------|------------------------------------|
| 1.1.6 Implementation of the cognitive skills offender program Substance Abuse is Not the Only Choice (SAINTOC) for offenders supervised by Community Corrections. | -Number of programs facilitated. -Number of offenders who completed the program. | DoJ | Anglicare | Subject to availability of funding |

Comment

Case management and program facilitation responsibilities were transferred from Community Corrections to Anglicare in June 2008, and as of 1 November 2010 such responsibilities will be relocated back to Community Corrections. As a result of various changes in the program, as well as funding issues, the SAINTOC program was only facilitated on one occasion by Anglicare staff in the South. There are current transitional changes being undertaken, and it is anticipated that this program will be offered on a regular basis in the North, North-West and South, beginning within the next few months.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|---|-------------|--|-----------|
| 1.1.7 Introduce Court Mandated Diversion (CMD) to rehabilitation programs for Offenders who are convicted of drug or drug motivated crimes. | -Establishment and implementation of CMD. | DoJ | DPEM DHHS Australian Government Anglicare | 2006-2008 |

Comment

The pilot CMD program was confirmed as a permanent fixture within the DOJ in the early part of 2010. Commonwealth funding for the program was secured for the next five years. In July 2010, the CMD program was moved from the Strategic Planning Division of DOJ to a permanent place under the output of Community Corrections. The goal of the program continues to be oriented towards breaking the drug-crime cycle by diverting offenders from prison and by reducing their drug use and criminal behaviours by engaging them in an integrated treatment and intervention plan. Comprehensive assessments, utilising the Level of Service/Case Management Inventory (LS/CMI), are completed prior to acceptance onto the program.

Offenders who are assessed as being at a high risk of re-offending are the primary candidates for the CMD program. Individual Management Plans are developed based on the assessment, which then guides the delivery of integrated intervention and treatment approaches through a case management approach.

Offenders attend a variety of support interventions such as individual counselling, residential rehabilitation, detoxification, and employment support through a variety of service providers. This include the Salvation Army, Anglicare, various private therapists, DHHS, Centrelink and a variety of other service providers as individual needs arise. Mental illness continues to be a significant co-morbid factor within this population group. Pathways are currently being developed with DHHS in order to further support offenders in their recovery, particularly in regards to Alcohol and Drug Services and Mental Health.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|---|-------------|----------|------------------------------------|
| 1.4.1 Implementation of an assessment tool in Community Corrections to better identify problem substance use in order for appropriate referral and effective case management. | -Assessment tool implemented into Community Corrections work practice. -Assessment outcomes reflected in offenders' case management plans. | DoJ | | Subject to availability of funding |

Comment

Community Corrections commenced the implementation of the Level of Service/Case Management Inventory (LS/CMI) as their risk/needs assessment instrument during the 2007-2008 reporting year. The adoption of the LS/CMI has enabled the consistent assessment of the risks and needs of offenders across Corrective Services in Tasmania, and is utilised to formulate offender Individual Management Plans. The implementation of LS/CMI has now occurred state-wide.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---------------------------------------|-------------|---|-----------|
| 1.4.3 Establish programs under CMD for individuals who have complex drug related offending patterns that require intensive, multi-modal interventions. | -Establish and implementation of CMD. | DoJ | DPEM DHHS NGOs Australian Government | 2006-2008 |

Comment

The five main components of the CMD program are assessment, the development of individual management plans, court orders, case management and court supervision. All CMD offenders experience these program components. Other program elements such as counselling, residential rehabilitation and drug testing are secondary with offender's participation based on their specific needs and circumstances.

Since the commencement of the CMD program in 2007, staff at Anglicare have delivered the cognitive skills program Substance Abuse is Not the Only Choice (SAINTOC) on one occasion in the South, and the 'Getting SMART' program many times on a State wide basis.

A changed service model was introduced at the end of the first twelve months which has delivered improved services. The new service model has proven to be more effective in terms of local service integration and more responsive to the courts as the separation between screening and assessment has been removed.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---------------------------------------|-------------|---------------------------------------|-----------|
| 2.1.6 Establish under CMD of joint training and workforce development initiatives across service delivery systems and sectors. | -Establish and implementation of CMD. | DoJ | DHHS NGOs Australian Government | 2006-2008 |

Comment

In relation to capacity building, CMD has made a significant contribution to the improvement of Tasmania’s drug treatment capacity through the provision of access to a range of accredited and non accredited training. Over 50 Court Diversion Officers, Probation Officers, and staff from Anglicare and the Tasmanian Prison Service have received LS/CMI Training since 2008. Other opportunities have included training with Associate Professor Chris Trotter in relation to working with involuntary clients, training on working with indigenous clients, as well as training in providing effective professional supervision to staff.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---------------------------------------|-------------|---------------------------------------|-----------|
| 2.5.1 Establish comprehensive assessment and case management planning leading to the implementation of an Individual Management Plan (IMP) for each Participant under the CMD. | -Establish and implementation of CMD. | DoJ | DHHS NGOs Australian Government | 2006-2008 |

Comment

In its first year of operation 250 offenders were referred for screening for suitability for CMD, and 157 offenders' commenced CMD orders. In August 2010 the CMD program had 130-135 offenders on case load.

Offenders are assessed for CMD utilising the LS/CMI assessment tool - and risks/need factors such as past drug use and treatment history, family support, anti-social companions, general health, employment and education are all taken into consideration prior to sentencing. Individual Management Plans are developed based on the assessment, which then guides the delivery of integrated intervention and treatment approaches through a case management approach.

CMD adopted a service structure that reflects international best practice. In its first year, contracted service providers for CMD were:

- Anglicare Tasmania, for the provision of assessment, development of individual management plans and individual and group counselling services;
- Salvation Army for the provision of detoxification, pharmacotherapy, residential rehabilitation and drug testing services (of which only residential rehabilitation and drug testing were able to be provided);
- Community Corrections for the provision of case management for adult offenders undertaking CMD;
- Youth Justice for the provision of case management for young offenders undertaking CMD.

At the end of the first year, one service provider (Community Corrections) opted out of the program altogether and another (Salvation Army) reduced its involvement to residential rehabilitation services only. A new service model has now being introduced in which Anglicare Tasmania is responsible for both case management and drug testing (as well as retaining responsibility for individual and group counselling) and assessment and the development of individual management plans is undertaken by Court Diversion Officers attached to the Department of Justice.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|-------------------------------|--------------------|--|------------------|
| 2.5.4 Provision of educative information packages for Community Corrections clients regarding substance use. | -Number of packages provided. | DoJ | DPEM DHHS Australian Government Anglicare | Ongoing |

Comment

Offenders are provided with information specific to their individual substance use issues by CMD case management staff from Anglicare. At this stage this is no specific package of information provided to clients.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|--|--------------------|-----------------|------------------|
| 2.5.5 Introduction of individual ‘contracts’ for inmates to provide incentives to remain drug free. | -Number offenders free from substance use. | DoJ | | 2007/2008 |

Comment

The Tasmania Prison Service (TPS) has implemented an Inmate Contract System, which has now been implemented at all facilities. This commenced in 2006 and is an incentive and reward system that encourages inmates to set goals, make sound choices, demonstrate positive behaviour and actively participate in the case management process. Inmates are able to progress through the contract system and gain access to a wide range of benefits/incentives, by exhibiting pro-social behaviour, which includes maintaining a drug-free status.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|--|-------------|----------|-----------|
| 2.5.6 Corrections Staff professional development training on substance use. | - Improvement in staff understanding of the issues surrounding working with offenders who use drugs. | DoJ | | Ongoing |

Comment

A number of Probation Officers, along with staff from organisations such as Holyoake and the Tasmanian Prison Service, completed a Graduate Certificate in Alcohol & Drug services conducted by Turning point in 2007-08. Other training in this area has been on a ‘needs basis’, however with the introduction of a Learning and Development Manager in Community Corrections in 2010 it is anticipated that more targeted training and professional development will occur in the near future.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---|-------------|----------|-----------|
| 2.7.2 Maintain and as necessary upgrade Offence provisions, particularly in the <i>Misuse of Drugs Act 2001</i>, to facilitate the successful prosecution of drug Offenders. | - No prosecutions fail due to flaws or gaps in DoJ legislation. | DoJ | DPEM | Ongoing |

Comment

From a CMD perspective no legislative issues have occurred in relation to the *Misuse of Drugs Act 2001*.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|--|-------------|---------------------------------------|--|
| 2.7.3 Drug detector dog unit and other supply reduction and detection strategies. | - Number of detections and evidence of reduced availability and use of illicit drugs within correctional institutions. | DoJ | DPEM Australian Service Customs | Additional dog to be introduced in 2006/07 |

Comment

The TPS has a range of strategies to reduce the supply of drugs in prisons and detect other items of contraband, including:

- Information gathering and intelligence assessment;
- Searching and surveillance of inmates, staff, visitors, facilities, property and equipment;
- Searching of mail and other goods entering prisons;
- Screening at prison entry points by the drug detection dog unit; and
- Random and targeted drug testing of prisoners.

Drug Detector Dog Unit

The TPS currently has four operational drug detector dogs and two dog handlers. Drug detector searches are conducted independently and in addition to the prison's routine search and inspection regime.

Alcohol and Drug Treatment

The Department of Health and Human Services (DHHS) Correctional Primary Health Service is responsible for providing drug and alcohol services and treatment to inmates. Services include opiate substitution, detoxification, counselling, blood-borne virus screening and harm-minimisation education.

Drug and Alcohol Programs

The TPS provides two drug and alcohol group programs: *Getting Smart* and *Pathways*. Education of a more general nature is provided through the Risdon inmate video broadcasting system.

Strategic Plans

The TPS has recently developed a Blood Borne Virus Strategy with the Correctional Primary Health Service. This is currently undergoing approval by both organisations and is planned for distribution and implementation in the near future.

The TPS is also currently working with the Correctional Primary Health Service to develop a joint Alcohol and Drug Strategy for the Prison Service that supports the National Corrections Drug Strategy and focuses on reducing supply, demand and minimising harm. This is due for finalisation in the near future.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|--|--------------------|-----------------|------------------|
| 2.8.1 Review of the effectiveness of jurisdictional controls on precursor chemicals and related manufacturing equipment. | - Evaluation undertaken of current jurisdictional controls and reports prepared. | DoJ DPEM | DHHS | 2008 |

Comment

Ongoing.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---|-------------|----------|------------------|
| <p>2.9.2 Introduce a ‘therapeutic jurisprudence’ (TJ) approach in the Courts. TJ is a mental health approach to law that uses the tools of the behavioural sciences to assess the law’s therapeutic impact, and when consistent with other important values, to reshape law and legal processes in ways that can improve the psychological functioning and emotional well-being of those affected.</p> | <p>- Establishment and implementation of CMD.</p> | <p>DoJ</p> | | <p>2006-2008</p> |

Comment

CMD is underpinned by the principles of therapeutic jurisprudence (defined by the International Network of Therapeutic Jurisprudence as a perspective that ‘regards the law (rules of law, legal procedures, and roles of legal actors) ... as a social force that can produce therapeutic or anti-therapeutic consequences’).

Therapeutic jurisprudence positions the court as a problem-solving institution with a whole of community rehabilitative and restorative focus. A problem solving court approach aims to replicate the motivational effect a first court appearance has for a first offender in those with a more regular experience of the court process. The personal interest of the Magistrate or Judge and the individualised attention of the court is, at least in part, aimed at personalising the court experience for the offender so that it is clear to them that the court does have an interest in them and has not just ‘written them off’.

Judicial leadership and commitment is considered critical to the effectiveness of problem solving courts (Farole et al. 2005: 59, 61). Embedding a problem solving approach relies on active leadership of judicial officers committed to a non-adversarial approach, who ask more questions, seek more information (e.g. about previous treatment history, mental health issues) and explore or entertain a greater range of rehabilitative, restorative and therapeutic solutions (SuccessWorks CMD Evaluation Report, 2008).

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|--|-------------|----------|-----------|
| 3.1.2 Establish state-wide programs consistent with the Australian offender program standards in relation to evidence based practice. | - Establishment and implementation of CMD. | DoJ | | 2006-2008 |

Comment

CMD is focussed on addressing the criminogenic needs of offenders with drug issues appearing before Tasmania’s Magistrates Courts. Criminogenic needs are those needs presented by an individual that directly generate their criminal behaviour. Addressing these needs reduces their levels of criminal activity. Examples include antisocial attitudes, antisocial feelings, drug or alcohol dependencies, and poor parental affective and supervision skills.

Based on the “What Work’s literature in the rehabilitation of offenders (Andrews, et al. 1990), effective rehabilitation programs (such as CMD) must adhere to the four principles of risk, need, responsiveness and human service:

- Risk - the level of treatment services must be matched to the risk level of the offender. Higher risk offenders should receive more intensive and extensive services whereas lower risk offenders should receive minimal or no intervention at all.
- Need - Effective programs should target the criminogenic needs of offenders.
- Responsivity - program styles and modes of delivery should be based on recognised successful approaches with the client groups such as cognitive behavioural and social learning approaches.
- Human Service - programs should be delivered within institutional and community settings that understand and respect the individual (Dowden and Andrews 2000: 451-3, p.453 cites Andrews et al 1990).

In addition Day, Howell and Rickwood (2003) identify the need for programs to promote professional flexibility and discretion in their design enabling individual approaches to client needs. A focus on criminogenic needs and the ‘what works’ literature means that the client group for CMD is a higher risk (and therefore more recidivist) group of offenders than an early intervention program targeting people just becoming involved with the criminal justice system.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|---|-------------|----------|--------------|
| 3.1.3 Partnership development between the Prison Service and the Alcohol and Drug Service | <ul style="list-style-type: none"> - Development of a memorandum of understanding aimed at better outcomes. - Strengthened referral mechanisms. -Participation in collaborative case management. | DoJ/DHHS | | 2008 onwards |

Comment

There is currently no direct link between the TPS and the Department of Health’s Alcohol and Drug Service; however the TPS has a strong and close working relationship with the Correctional Primary Health Service which, in turn, has a strategic partnership with Alcohol and Drug Services.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|--|-------------|----------|-----------|
| 3.2.1 Assessment and case management of inmates to assist exit planning and referral to programs delivered/funded by DHHS | -Development of protocols and referral pathways. | DoJ | DHHS | 2007-2009 |

Comment

Responsibility for post-release medical referral lies with the Correctional Primary Health Service. However, the TPS undertakes a range of assessments, including the LS/CMI which addresses alcohol and drug needs. The TPS runs two alcohol and drug group programs – *Pathways* and *Getting Smart* – and facilitates non-government organisations to provide limited individual counselling; pre- and post- support; and reintegration services. The TPS also provides case management services to inmates and reintegration support.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|--|--------------------|-----------------|------------------|
| 3.2.2 Address workforce development needs in relation to issues such as co morbidity, pharmacotherapy, and integrated service delivery and case management in a multi-disciplinary context. | - Establishment and implementation of CMD. | DoJ | DHHS NGOs | 2006-2008 |

Comment

One of the recommendations falling out of the SuccessWorks CMD Evaluation Report of November 2008 was that CMD needed to work together with the Alcohol and Drug Service Sector and DHHS to expand the range of treatment options for offenders. Community Corrections are currently in the process of developing a Memoranda of Understanding with DHHS.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---|--------------------|-----------------|------------------|
| 3.3.1 Development of a mechanism to record data regarding offenders' substance use | - Development of the Offender Information System (OIS) to record the number of offenders with risk factors relating to substance use. | DoJ | DHHS DPEM | 2007 onwards |

Comment

LS/CMI risk/needs assessment results are recorded in the Community Corrections Offender Information System (OIS).

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---|-------------|---|-----------|
| 3.3.2 The CMD program will implement a comprehensive evaluation framework to identify the effectiveness of various treatment interventions on recidivism | - Establishment and implementation CMD. | DoJ | DPEM DPPS DHHS NGOs Australian Government | 2006-2008 |

Comment

The Success Works CMD Evaluation Report of November 2008 found that CMD 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;
- Courts have more options to respond appropriately to drug using offenders.

While reduced level of offending is a long term aim that is influenced by a range of other factors, the data for reappearances at court indicates that 43% of all CMD offenders had reappeared in court for a further matter (39% of offenders on bail). It is unknown whether the further offending took place before or after the commencement of CMD. This level of re-offending is similar to those of similar programs in other jurisdictions.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|---|-------------|--------------|-----------|
| 3.4.2 Implementation of the CMD program will provide a major new opportunity to develop a shared approach and commitment to ‘joined up’ service delivery across the health and criminal justice systems and between Government and the NGO sector | - Establishment and implementation CMD. | DoJ | DHHS NGOs | 2006-2008 |

Comment

The recommendations from the Success Works evaluation in relation to CMD are as follows:

- That a further evaluation of the outcomes of CMD be conducted in the next two to three years;
- That the CMD database be maintained and monitored for accuracy on a regular basis;
- That CMD work together with the Alcohol and Drug Service Sector and DHHS to expand the range of treatment options for offenders;
- That brokerage funding or other arrangements be provided to allow case managers to facilitate access to non-CMD services for high risk offenders; and
- That CMD provide regular feedback on the achievements and directions of the program to Magistrates, police and defence counsel as a means of ensuring their continued support for the program.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|---|---|-------------|----------------------|-----------|
| 3.4.3 Under the CMD program protocols, performance agreements and data tracking systems will be developed across services and between relevant agencies. | - Establishment and implementation CMD. | DoJ | DPEM DHHS NGOs | 2006-2008 |

Comment

Various performance agreements, particularly with NGOs have been developed since the commencement of CMD. In addition CMD data tracking protocols and arrangements have also been developed during this time.

The Success Works evaluation found that:

Much has been achieved in a short period of time in implementing CMD and the Project Implementation Group in the Department of Justice and the various service providers should be acknowledged and congratulated for their efforts.

| Actions or activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|---|-------------|---------------------------------------|-----------|
| 3.7.1 Implementation of a Comprehensive program of training, capacity building and quality assurance designed to enhance the integration of services across sectors | - Establishment and implementation CMD. | DoJ | DHHS NGOs Australian Government | 2006-2008 |

Comment

In addition to building capacity in the alcohol and drug sector in Tasmania, a major aspect of the CMD program initiative has been to improve the quality of AOD service delivery. Major quality improvement activities have included the development of standards for urine testing commensurate with Australian National Standards.

CMD has adopted a multi-focused implementation approach which incorporates the key strategies of capacity building, quality improvement and coordinated service delivery. This approach is aimed at achieving a level of sustainability in terms of increased capacity and effectiveness of the service system. In relation to capacity building, CMD has made a significant contribution to the improvement of Tasmania's drug treatment capacity through the provision of access to a range of accredited and non accredited training.

Department of Education

TDS OBJECTIVE

2.1 To ensure that education programs develop the capacity of young people to avoid the uptake of harmful alcohol, tobacco and drug use

| Actions/activities | Review Comment | Proposed Actions/ Activities | Proposed Performance Indicators | Lead Agency | Partners |
|--|--|---|---|----------------|-------------|
| <p>2.1.1 Professional Learning for school-based staff to develop their knowledge and skills in delivering holistic drug education, where 'holistic' includes recognition of the significant role played by families in affecting young people's drug use</p> | <p>Current relevant actions for 2007-9 to develop teacher knowledge, skills to deliver holistic drug education have included Professional Learning around Ecstasy & Related Drugs (ERD's). 63 teachers and those who work with senior students attended. All evaluations were positive and supported 2.1.1 , but this will be subject to DEEWR funding in the future.</p> <p>Through NSDES funding PL supported 2.1.1. but there has been a change in the type of activity that schools are requesting.</p> <p>PL numbers are lower as broad based regional PL has been replaced with in-school targeted intimate projects and support.</p> | <p>2.1.1 Promotion of school based, teacher and /or student led drug education in line with the <i>Principles of Drug Education</i></p> | <p>Participation in teacher professional learning where applicable.</p> <p>Participation in projects as promoted through National Schools Drug Education Strategy</p> | <p>DoE</p> | <p>DHHS</p> |

| | | | | | |
|--|---|---|--|-----------------------|--|
| <p>2.1.2 <i>Making a Difference</i> specific workshops for families to develop their understanding of their significant role in addressing young people's drug use</p> | <p><i>Making a Difference</i> was not conducted as DEST produced <i>REDI for Parents</i> which had an evidence base and considered superior.</p> <p>Every school in Tasmania was given a copy to run their own community presentations. Where project officers were involved, student led forums were encouraged to use this resource to involve parents and their community.</p> <p>Schools are generally reluctant to run these sessions and often suggest low parent involvement does not warrant the sessions. However more creative and involved staff have developed successful models. Parent fact sheets have been added to the DoE drug education website</p> <p>The ERD's project directly involved 29 parents state-wide and 33 community business leaders from the North West coast. Feedback was positive, but suggests this would not be cost effective as a stand alone.</p> | <p>2.1.2 <i>REDI for Parents</i> (DEEVR) involving families to develop understanding of their significant role in addressing young peoples drug use.</p> <p>Promotion by Learning Services to Principals to encourage community access via newsletters etc.</p> | <p>Number of schools providing opportunities for parents/carers to be involved in drug education</p> <p>Access data. Principal feedback. P&F feedback.</p> | <p>DoE</p> <p>DoE</p> | |
| <p>2.1.3 Implementation of Indigenous, Rural and Remote Initiative, including contributing to development of community-driven projects</p> | <p>IRRI project conducted with South Georgetown Primary and Pt Dalrymple. PI have been met and reported in more detail in the IRRI report (also attached). Anticipating continued funding.</p> | <p>2.1.3 Implementation of <i>Indigenous, Rural and Remote Initiative</i> (subject to DEEWR funding).</p> | <p>Identification of needs relating to learning outcomes of aboriginal students and needs relating to drug management issues</p> <p>Identification of community needs. Collaborative relationships between relevant community stakeholders</p> | <p>DoE</p> | |

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|--|---|---|--|-------------------------|-------------------------------------|
| <p>2.1.4 Implementation of peer led drug education forums in school communities</p> | <p>Peer led drug forums – (satellite schools) evaluations would suggest that PI have been achieved. This has worked particularly well and if funding allows, suggest this is repeated. 22 schools requested support for peer led drug education activities 09/10. There is a broader understanding of the benefit of quality peer driven activities involving social issues for young people.</p> | <p>Discuss/monitor projects with individual schools and guide activities according to evidence base materials, but encourage creativity.</p> | <p>Evaluations from teachers Number of applications</p> | <p>DoE</p> | |
| <p>2.1.5 Promotion of drug policy and MOU with Tasmanian Police among all schools to ensure consistency with school drug related issues.</p> | <p>Promotion at all levels has occurred. Updated website and summary of policy has simplified access.</p> | | <p>Number of inconsistent incidents.</p> | <p>DoE</p> | <p>DPEM</p> |
| <p>2..1.6I Delivery of drug education in schools in the context of health and well being in its widest definition, in partnership with others with contingent roles (mental health, sexual health, physical activity, nutrition)</p> | <p>The K-10 Health % Wellbeing Syllabus has been used to support drug education in 5 standards across 2 strands. The State Co-ordinator has related support to this where applicable and linked as part of wellbeing. Promotion /co presentation with MM and Kidsmatter has occurred. Intervention support from services with students of concern is being trialled at 2 rural/remote schools. Initial anecdotal results appear positive, and the model will be promoted more broadly where agency support is available.</p> | <p>Use the HWB Curriculum where applicable to promote drug education. Relate to other services/support particularly Kidsmatter/Mindmatters Opportunities for agencies to develop relationships with students of concern around drug use.</p> | <p>Student feedback 12/10 Teacher feedback 12/10 Agency feedback 12/10</p> | <p>DoE DoE</p> | <p>DHHS BYADS YAFF</p> |

Department of Police and Emergency Management

Priority Areas for Action

Priority Area 1: Community Safety

| TDS Objectives | Actions/Activities | Performance Indicators | Lead Agency | Partners | Timeframe |
|--|--|---|-------------|----------|--|
| 1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs | 1.1.2 Increasing police visibility in the community, deploying Public Order Response Teams to address public order issues and sustaining and developing partnership arrangements with the community and other agencies to implement crime prevention initiatives that encourage community reporting of crime associated with illegal drugs, including family violence. | <ul style="list-style-type: none"> • Reduction of crime • Community confidence that they are safe as measured by National Survey • Community satisfaction with services provided by police as measured by National Survey • Effectiveness of strategies to address crime and decrease antisocial behaviour. | DPEM | | Continuous, seasonal and targeted operations |

In 2007, Tasmania Police formed the District Response Divisions, in each of the four geographic Districts. The District Response Divisions consist of:

- Public Order Response Teams (PORT)
- Licensing Units
- Victim Safety Response Teams (VSRT)
- Early Intervention Youth Action Units (EIYAU) – incorporating area of Youth Justice and Community Policing, and the Police & Community Youth Clubs (PCYC)

The role of the Public Order Response Teams (PORT) is to decrease public disorder and enhance the feeling of community safety by:

- reducing the incidence of public place assaults
- reducing the incidence of public order offences
- providing an increased visible police presence in all populated areas across a range of timeframes, in order to provide public reassurance and deter offenders
- identifying young people 'at risk' and, in collaboration with the Early Intervention Youth Action Unit, provide appropriate support to individuals and their families.

A principal reassurance strategy of the PORT has been to maximise public awareness of police presence through high visibility/high profile patrols, with a strong emphasis on foot patrols carried out regularly in major shopping centres, car parks, reserves, entertainment precincts and other public places. The activity of the PORTs is intelligence led, providing high level responses to community issues and concerns. The PORT is deployed in ways which allow flexibility to deliver timely support to general duties police, and to support the proper management of scheduled public events.

The PORTs work in conjunction with the Licensing Units, to address a range of drug and alcohol-related issues. PORTs also work closely with the Victim Safety Response Teams (VSRT) to provide safety management strategies and initial crisis support for adult and child victims of family violence. The VSRT ensures that the victims of family violence are protected and that offenders are prosecuted.

Two PORTs were initially allocated to each District, however due to the success of this model, a third PORT team has now been established in Southern District. The Southern District PORT has focused its efforts upon reducing public disorder, particularly around the Hobart Waterfront and the Hobart and Glenorchy Central Business Districts (CBDs). The methodology utilised by the Southern PORT is to foot patrol in high-volume pedestrian areas and licensed premises. As a consequence of the increased police presence and the highly interventionist approach adopted by the PORT, there continues to be a reduction in the number of assaults occurring in Hobart.

In 2009/10, PORTs in each of the Districts made a total of 1,315 arrests for public order, crime and drug-related offences, issued 2,037 liquor infringements, made 2,217 liquor confiscations and issued 3,818 move-on orders. 579 Youth Justice Action Reports were also issued to young offenders.

| | | | | | |
|--|--|---|------|-------------|---------|
| 1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs | 1.1.3 Development and implementation of early intervention programs. | <ul style="list-style-type: none"> • Inter-Agency Support Teams • Tasmanian Police Illicit Drug Diversion Initiative • Project <i>U-Turn</i> | DPEM | DHHS DoJ | Ongoing |
|--|--|---|------|-------------|---------|

DPEM has continued to lead early intervention and diversion initiatives to support young offenders.

The Inter-Agency Support Team (IAST) Program is an early intervention program based in local municipalities throughout the State. The aim of the Program is to bring together relevant State and local government service providers to work collaboratively towards developing practical, multi-agency responses to support children, young people and their families with multiple and complex problems. These problems include issues with alcohol and drug use.

IASTs do not deliver services directly to children, young people and their families, but rather provide a forum in which participating agencies responsible for delivering services in a particular community can devise the most appropriate support strategies for referred children and young people in a coordinated, timely and effective manner. Inter-Agency Support Teams do this by identifying support strategies and then allocating responsibility for the delivery of key actions to relevant participating agencies. IASTs are then responsible for the ongoing coordination and monitoring of support strategies, until such time as the child or young person is formally exited from the program. DPEM is the lead agency for the IAST program. There are currently 23 IASTs operating around the State, supporting approximately 269 children who have been identified 'at risk'.

In line with current national policy on illicit drugs, drug law enforcement by Tasmania Police gives priority to targeting, arresting and prosecuting criminals engaged in producing and supplying illicit drugs. In addition to supply reduction, Tasmania Police is committed to demand reduction and harm prevention strategies.

Tasmania Police coordinates the Illicit Drug Diversion Initiative (IDDI), a diversionary program to caution or divert minor drug users to counselling and treatment programs. Subject to meeting eligibility criteria, including that the amount of an illicit drug detected by police in the possession of a person is consistent with personal use, the following action can be taken:

- For illicit drugs other than cannabis, including psychostimulant drugs, the offender is issued with a Level 3 Drug Diversion by police that requires the person to attend an accredited health service for assessment and subsequent counselling/treatment session(s).
- For cannabis offences, a Level 1 Drug Diversion is issued by police for first offence use or possession of cannabis. Where a person re-offends, the offender is issued with a Level 2 Drug Diversion and is required to attend an accredited health service for a brief intervention and counselling session. If a person re-offends, and this is their third offence within a 10-year period, they will be issued with a Level 3 Drug Diversion that requires the person to again attend an accredited health service for assessment and subsequent counselling/treatment session(s).

Offenders who comply with these requirements will have no criminal conviction for the offence recorded against them. If a person fails to attend the health interventions, Tasmania Police is notified and prosecutes the offender for the original drug offence under the *Misuse of Drugs Act 2001*.

In 2009/10, Tasmania Police issued 994 Level 1 Diversion to first time cannabis offenders, and 615 Level 2 and Level 3 Drug Diversions to users of cannabis and other illicit drugs (including pharmaceutical drugs being used illicitly).

Project U-Turn is a diversionary program for young people aged between 15 and 20 years who have been involved in, or who are 'at risk' of becoming involved in, motor vehicle theft. There is an in-principle agreement between DPEM and Mission Australia to continue providing the program until 2013. *U-Turn* is delivered under the guidelines of the 'Best Practice Model' developed by the National Motor Vehicle Theft Reduction Council.

In addition to accredited mechanical training, the program continues to provide a range of other benefits such as positive health outcomes, reduced involvement in crime and antisocial behaviour, improved life and personal skills, improved self-esteem and confidence, and improved family relationships. A supported accommodation service is also available to enable young people from other parts of the State to participate in the program, as the *U-Turn* workshop is located in Hobart. The supported house caters for up to 4 young participants during the 10 week course, and has a full-time carer.

The State Government funding of \$3 million over 4 years has included an enhancement to the post-course support component of the program, through the employment of two additional youth workers. These workers aim to improve the participants' educational and employment opportunities. Over 200 young people have now graduated from the program since its inception in February 2003. Course 31 graduated in September 2010.

| | | | | | |
|---|--|---|-------------|--|---|
| <p>1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs</p> | <p>1.1.4 Target the supply of and demand for psychostimulants and other illicit drugs by:</p> <ul style="list-style-type: none"> • Intelligence-led investigations and proactive policing to detect, disrupt and prosecute individuals involved in the criminal production and supply of psychostimulants and other illegal drugs • Preventing the illicit supply of precursor chemicals and equipment. • Diversion of eligible drug users to treatment services • Providing operational safety training to police officers and other personnel involved in responding to clandestine laboratories and dealing with people affected by psychostimulants. | <ul style="list-style-type: none"> • Offenders charged • Quantity and type of drugs seized • Number of offenders diverted • Effective training provided to police officers and other personnel • Community perceptions as measured by National Survey. | <p>DPEM</p> | | <p>Continuous, seasonal and targeted operations</p> |
|---|--|---|-------------|--|---|

Tasmania Police Drug Investigation Services (DIS) has conducted successful drug law enforcement operations to disrupt, investigate and prosecute persons involved in manufacturing, supplying and distributing illicit drugs.

There has continued to be drug investigation activity relating to Amphetamine-type Substances (ATS). In 2009/10, DIS charged 365 offenders with serious drug trafficking/selling offences. This figure is up from 248 offenders charged in 2008/09. The increase in the number of offenders charged with serious drug offences may have resulted in a decrease in the availability of ATS, as the amount of ATS seized has now decreased.

The commencement of two new drug detection dogs has further assisted the work undertaken by DIS to reduce the supply of illicit drugs.

Diversion of drug users to treatment services was reported against 1.1.3.

Tasmania Police has drafted guidelines to ensure the safety of police officers in dealing with detected or suspected clandestine laboratories.

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|---|---|--|-------------|--|----------------|
| <p>1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs</p> | <p>1.1.5 Deliver high visibility and intelligence-led traffic policing to improve driver behaviour by:</p> <ul style="list-style-type: none"> • Increasing public awareness about drug-driving and the role it plays in fatal and serious injury • Maintaining a high media profile for traffic enforcement activities and driver behaviour • Conducting high visibility patrols and targeted policing operations to detect and deter drug-drivers • Enhancing ability to detect and prosecute drivers affected by psychostimulants and other drugs • Improving business processes to better link and share data and trends to identify offenders and 'hot spots' or activities. | <ul style="list-style-type: none"> • Drug-driving information is developed and provided to the community • Evidence of change in road-user attitude and behaviour to drug-driving • Traffic enforcement patrol hours and operations • Percentage/number of drivers tested and found to be driving under the influence or driving a motor vehicle while a prescribed illicit drug is present in his or her blood. | <p>DPEM</p> | | <p>Ongoing</p> |
|---|---|--|-------------|--|----------------|

Tasmania Police has continued to actively target drivers to positively influence driver 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 tests for drugs. Tasmania Police conducts approximately 680,000 random breath tests per annum to detect drivers under the influence of alcohol. During 2009/10, 305 drivers were detected driving under the influence of illicit drugs. This figure is up from 258 drivers detected in 2008/09.

Amendments to the *Road Safety (Alcohol and Drugs) Act 1970* to enable trace particle detection testing, as a precursor to oral fluid testing, commenced on 4 June 2008. This has the ability to increase the number of people subject to random testing for the presence of illicit drugs. Trace particle testing can be conducted quickly and at a minimal cost compared to oral fluid testing for illicit drugs.

The legislation provides:

- an authority for police to intercept a vehicle for the purpose of conducting a trace particle detection test
- an authority for police to enter a vehicle (using reasonable force, if necessary) to perform functions under the Act, and
- an authority to collect a sample from the steering wheel of the vehicle, using reasonable force if necessary, to analyse for illicit drugs.

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|---|--|--|------|---------------|---------|
| 1.3 To further improve safe disposal of injecting equipment | 1.3.2 Continue to support drug treatment services and harm reduction outcomes through appropriate policing and training. | <ul style="list-style-type: none"> • Compliance with Commissioner's directions regarding attendance at non-fatal illicit drug overdoses and needle and syringe availability outlets. • Appointment of DPEM representative and percentage of meetings attended of the Needle Availability Program Reference Group. • Increased understanding by police officers about the nature and type of drug treatment and harm reduction programs available to support illicit drug users. | DPEM | DHHS NGO's | Ongoing |
|---|--|--|------|---------------|---------|

Tasmania Police continue to comply with Commissioner's instructions concerning attendance of non-fatal illicit drug overdoses, and needle and syringe outlets.

A member of DPEM was represented on the Needle Availability Program Reference Group, however this participation is not current.

Police officers are provided with training in relation to dealing with individuals affected by alcohol and other drugs during recruit training and in-service forums. IDDI training is also provided to recruits and Frontline Supervisor Course attendants. Tasmania Police also conducts a Drug Investigation Course on an annual and as needs basis, for officers working in the Drug Investigation areas.

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|--|---|--|------|--------------|--------------|
| 1.5 To develop local community programs aimed at improving public amenity and reducing problematic drug use and related fear | 1.5.1 Continue to work within the Local Government Partnership Agreements framework and identify opportunities for participation in Local Government partnerships (eg Greater Northern Partnerships). | <ul style="list-style-type: none"> Increase in the number of local governments that have identified strategies against drug abuse. | LGAT | DPEM | Ongoing |
| | 1.5.1.1 Work with communities and other stakeholders within Partnership Agreements to respond to local needs. | <ul style="list-style-type: none"> Incorporation within Partnership Agreements of actions to improve public amenity and reduce drug use and related fear. | DPEM | DHHS LGAT | 2006 onwards |

DPEM continues to participate in Local Government partnerships throughout Tasmania. Representation on Community Safety groups provides a forum for police to further raise and address alcohol and other drug issues within local communities.

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|---|---|---|------|----------------------------|---------|
| 2.5 To decrease the uptake and onset of high risk patterns of illicit drug use, particularly in high-risk population groups | 2.5.2 Continue management of the Illicit Drug Diversion Initiative (IDDI) | <ul style="list-style-type: none"> • Increase in the type of programs delivered under the IDDI • Increase in percentage of referrals to NGO service providers • Increase in percentage of diverted clients expiated • Number of CMD clients referred to DHHS and NGO service providers • Establishment of an evaluation framework for IDDI • Number of police officers trained under Tasmanian Illicit Drug Diversion Initiative • Number of offenders diverted <ul style="list-style-type: none"> ○ % expiated diversions ○ % non-expiated diversions. | DHHS | DPEM DoE DoJ NGOs | Ongoing |
| | 2.5.2.1 Review the current IDDI service delivery in line with the Commonwealth Agreement. | | | | |
| | 2.5.2.2 Develop service delivery project proposals to enhance IDDI service delivery both within the DHHS/ADS and the NGO alcohol and other drugs sector for consideration by the State Reference Group. | | | DPEM | DHHS |
| | 2.5.2.3 Develop implementation and evaluation plans. | | | | |

In 2009/10, Tasmania Police issued 994 Level 1 Diversion to first time cannabis offenders, and 615 Level 2 and Level 3 Drug Diversions to users of cannabis and other illicit drugs (including pharmaceutical drugs being used illicitly).

Illicit Drug Diversion Initiative (IDDI) training sessions were provided to all new police recruits and supervising officers. The success of this training is highlighted by the level of successful drug diversions issued. Specific training courses relating to drug investigation were also provided to officers. Tasmania Police has also developed kits to ensure that officers have appropriate resources readily available to facilitate the diversion of minor drug offenders to seek treatment and counselling.

DPEM has continued to work with DHHS to improve and enhance IDDI. This has included refinements to reporting and involvement in statewide forums.

The Australian Institute of Criminology and the Australian Institute of Health and Welfare conducted extensive national evaluations of IDDI in 2008. These evaluations demonstrated worthwhile results from this initiative.

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|---|---|--|--------------|------|---------------|
| 2.6 To reduce the inappropriate use, supply and diversion of pharmaceuticals. | 2.6.1 Monitor, analyse and report on PSB data 2.6.2 Support IDRS and EDRS annual surveys | <ul style="list-style-type: none"> Decrease in the percentage of IDUs reporting purchase of illicit pharmaceuticals through the IDRS reports. | DHHS DPEM | DHHS | Annual Review |
|---|---|--|--------------|------|---------------|

DPEM has provided support to IDRS and EDRS annual surveys

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|---|---|---|------|----------------------------------|---------|
| 2.6 To reduce the inappropriate use, supply and diversion of pharmaceuticals. | .6.4.1 Strengthen partnerships with the Pharmacy Guild and community pharmacies to support efforts through Project Pseudo to remove access to pseudoephedrine-based products by people who wish to use it for illegal manufacture of methylamphetamine. 2.6.4.2 Support national roll-out of Project STOP. | <ul style="list-style-type: none"> Number of visits to pharmacies Reduction in percentage and number of pseudoephedrine containing pharmaceuticals on unrestricted public display. Roll-out of Project STOP Evidence of reduced access to pseudoephedrine containing preparations and other pharmaceuticals by people who wish to use it for illegal manufacture of methylamphetamine and other psychostimulants Improved identification of offenders doctor shopping and forged offences. | DPEM | DHHS and Pharmacy Guild | Ongoing |
|---|---|---|------|----------------------------------|---------|

The introduction of Project Stop to prevent the supply of pseudoephedrine used in clandestine methamphetamine production has assisted to enhance partnerships between Tasmania Police and community pharmacies and the Pharmacy Guild.

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|---|---|---|------|------|---------|
| 2.7 To reduce and disrupt the supply and manufacture of illicit drugs | 2.7.1 Conduct investigations to detect offenders and bring them to justice. | <ul style="list-style-type: none"> • Offenders charged • Quantity and type of drugs seized • Number of offenders diverted • Effective training provided to police officers and other personnel • Community perceptions as measured by National Survey. | DPEM | DHHS | Ongoing |
|---|---|---|------|------|---------|

Note information already reported under 1.1 and 2.5

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| 2.8 To continue promoting the development of effective legislation for the regulation of alcohol, tobacco and other drugs. | 2.8.1 Review the effectiveness of jurisdictional controls on precursor chemicals and related manufacturing equipment. | <ul style="list-style-type: none"> • Evaluation undertaken of current jurisdictional controls and reports prepared. | DPEM DoJ | DHHS | 2007-08 |
| | 2.8.2 Participation within the National Working Group on Preventing the Diversion of Precursor Chemicals to prevent the illicit supply of precursor chemicals and equipment. | <ul style="list-style-type: none"> • Development and implementation of the National Clandestine Laboratory database • Identification and recommendations to respond to emerging trends and threats in the diversion of chemicals and equipment for manufacture of psychostimulants. | DPEM DHHS | DoJ DHHS | 2007-08 |

Work was undertaken to allow for the commencement of the National Clandestine Laboratory Database. DPEM has also developed draft guidelines for the safe investigation of clandestine laboratories in Tasmania. Tasmania Police continues to be represented on the National Precursor Working Group.

