

Interagency Working Group on Drugs

Annual Report
2017-2018

Interagency Working Group on Drugs
Department of Health



Message from the Chair

I am pleased to present the Interagency Working Group on Drugs (IAWGD) Annual Report for the 2017-18 reporting period.

During the reporting period, the IAWGD has continued to lead and monitor Tasmania's input and responses to the work of the Ministerial Drug and Alcohol Forum and National Drug Strategy Committee. The new National Drug Strategy 2017-2026 was endorsed, as was the National Quality Framework for Alcohol and Other Drug Services, noting that mapping against existing accreditation standards is still to be done. A new National Alcohol and Other Drugs Hotline – 1800 250 015 – linked to existing state and territory telephone information services was also launched as part of the National Ice Action Strategy.

The Department of Health's (DoH's) Public Health Services (PHS) continues to lead the alcohol simulation modelling project, undertaken in partnership with the Australian Prevention Partnership Centre, Sax Institute of New South Wales, and with input from the Alcohol Advisory Group. This project will help to inform the development of a new Tasmanian Alcohol Action Framework.

The Mental Health, Alcohol and Drug Directorate, DoH has been leading the project to develop a new service system framework for alcohol and drug services. The Reform Agenda for Alcohol and Drug Services in Tasmania is being developed as a direct result of the 2014 *Review of Drug Use and Service Responses in North West Tasmania*, and work undertaken by Siggins Miller Consultants Pty Ltd in 2017.

Tasmania Police continues to progress legislative reforms to increase control over the presence and identification of organised criminal groups. The *Removal of Fortifications Act 2017* was introduced to provide for the removal, modification, or fortifications from premises used by organised crime in furtherance of criminal enterprises. An independent review of Part 9 of the *Crime (Confiscation of Profits) Act 1993* has also commenced.

Under the *Healthy Tasmania Five Year Strategic Plan* (Healthy Tasmania) changes were made to the *Public Health Act 1997* to regulate the sale, use and display of electronic cigarettes; increase penalties for tobacco supply to children; and to introduce 'fit and proper' checks for tobacco seller licence holders. Funding was also provided to enable the *Antenatal Carbon Monoxide Monitoring Opt-out Referral* pilot to be conducted in southern Tasmania. The project aims to increase cessation of smoking by pregnant women through improved screening, referral and counselling.

The Tasmanian Government's medical cannabis Controlled Access Scheme opened on 1 September 2017. Tasmanians who suffer from treatment refractory conditions are now able to access unregistered medical cannabis products through their approved treating medical specialist.

The IAWGD will continue to monitor the use of alcohol, tobacco and other drugs in Tasmania and report available data as noted in the alcohol, tobacco and other drugs use and harm section of this report.

Once again, I thank all member agencies and organisations for their continued support of, and input into, this ongoing work to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania.

Michael Reynolds
Chair - Interagency Working Group on Drugs

May 2019

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IAWGD Overview

Background

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

Since the mid 1980's, the National Drug Strategy (NDS) strategic policy framework has informed the development, implementation and monitoring of drugs policies across different levels of government, and among government, non-government and private organisations and the community. The NDS enables collaboration among areas of health, law enforcement and education, and promotes the use of evidence to inform drug policy and practices. The Tasmanian Drug Strategic framework was developed to focus on issues specific to Tasmania.

Purpose of the IAWGD

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

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

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

Membership

IAWGD membership comprises a Chair (Deputy Secretary, Corporate Services, DoH), Deputy Chair (Assistant Commissioner, Operations, Department of Police, Fire and Emergency Management) and senior representatives from DoH; the Department of Police, Fire and Emergency Management (DPFEM); the Department of Treasury and Finance; the Department of Education (DoE); the Department of Justice (DoJ); and the Department of Premier and Cabinet (DPAC).

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

IAWGD Role and Function

The role and function of the IAWGD is to:

- Oversee the development, implementation, monitoring and coordination of strategic policy and whole-of-government responses to reduce the harms from the use of alcohol, tobacco and other drugs in Tasmania;
- Monitor changes in prevalence, levels and patterns of alcohol, tobacco and other drugs use in Tasmania;
- Consider the implications of the NDS and other national policy or reform initiatives; making recommendations regarding the adoption and/or implementation in the Tasmanian context;

and overseeing the implementation and reporting of national drug strategic plans and related initiatives;

- Provide advice and input to other national and state strategies and initiatives where alcohol, tobacco and other drugs are identified as issues of concern, with particular emphasis on prevention and the social and health determinants associated with drug use;
- Consult, liaise and collaborate with a range of key stakeholders and representative groups, service providers and other agencies/organisations as appropriate.

Reporting

The IAWGD may make recommendations to the Minister for Health (the Minister) and raise whole-of-government alcohol, tobacco and other drugs issues with Cabinet through the Minister.

IAWGD Meeting Protocols

The IAWGD meets a minimum of three times annually and, where possible, schedule meetings to coincide with associated national forums such as the NDSC and MDAF.

In the 2017-18 reporting period, four meetings were held. Other business was managed out of session.

The following table outlines the IAWGD meetings held and attendees for 2017-18.

Organisation	Rep(s)	23 Aug 2017	13 Dec 2017	13 Mar 2018	12 June 2018	O-O-S Input
DoH - Corporate Services	Michael Reynolds (Chair)	-	-	✓	✓	✓
Department of Police, Fire and Emergency Management	Glenn Frame (Deputy Chair)/ Emma Fitzpatrick	✓ (A/Chair)	✓	✓	✓	✓
DoH - Mental Health, Alcohol and Drug Directorate	Narelle Butt	-	-	-	✓	✓
	Sylvia Engels	✓	✓	✓	✓	✓
DoH - Public Health Services	Siobhan Harpur	✓	✓ (A/Chair)	✓	✓	✓
DoH - Government Relations and Strategic Policy	Erin Taylor/Georgina Hill	✓	-	✓	-	✓
Department of Treasury and Finance – Liquor and Gaming Branch	Melissa Ford	✓	✓	-	✓	✓
Department of Justice	Nick Evans	✓	-	✓	✓	✓
Department of Education	Suzanne Pennicott-Jones/Nadine Davey/ Mark Sivills	✓	✓	✓	✓	✓
Department of Premier and Cabinet – Policy Division	Andrew Rayner	-	✓	✓	✓	✓
The Alcohol, Tobacco and Other Drugs Council (ATDC)	Debra Rabe/Jackie Hallam	✓	✓	✓	✓	✓
Local Government Association of Tasmania (observer status)	Penny Finlay	-	✓	-	✓	✓

Key Achievements for 2017-18

Continuing to respond to the use of Ice in Tasmania and contributing to the NIAS

The IAWGD continues to lead the Tasmanian response to the use of Ice and contribute to national efforts to address its use.

During 2017-18, the following occurred:

- The *Sentencing Act 1997* was amended to allow offenders who appear before the Supreme Court and whose offending is linked to illicit drug use to be eligible for the Court Mandated Drug Diversion program managed through the Magistrates Court. These legislative amendments make more people eligible for the program and widen the pool of those who can be treated for illicit drug use. The amendments were discussed in the 2016-17 IAWGD Annual Report and commenced in February 2017.
- Tasmania Police continued to work with the Office of the Director of Public Prosecutions on matters of unexplained wealth, as part of efforts to disrupt organised criminal activity.
- Tasmania Police progressed legislative reforms to increase control over the presence and identification of organised criminal groups. In September 2017, the *Removal of Fortifications Act 2017* was introduced to provide for the removal, modification, or fortifications from premises used by organised crime in furtherance of criminal enterprises. The introduction of legislation to target consorting and prohibited insignia of organised crime groups came into effect in 2018.
- An independent review of Part 9 of the *Crime (Confiscation of Profits) Act 1993* has commenced. The intention of Part 9 of the Act is to:
 - deter organised crime by targeting ‘profit’ and removing the funds which would otherwise be available for use in further criminal activities;
 - target people who organise and derive profit from crime and whose wealth exceeds the value of their lawful earnings but who may be difficult to prosecute and convict of specific crime or offences;
 - provide for unexplained wealth declarations to be made without having to prove that the respondent has engaged in specific criminal activity or prove a link between the commission of a specific offence and the person’s wealth;
 - introduce non-conviction based civil forfeiture laws involving a presumption that respondents have not lawfully acquired their wealth unless they prove otherwise.
- The controlled drugs, plant and precursor schedules of the *Misuse of Drugs Act 2001*, administered by DoJ continues to be reviewed annually by the DPFEM in conjunction with DoH, Forensic Science Service Tasmania and other relevant stakeholders.

North West Review Report recommendations

In response to the recommendations of the 2014 *Review of Drug Use and Service Responses in North West Tasmania* final report (NW Review Report), in 2017-18, Siggins Miller Consultants Pty Ltd was engaged, and completed an internal review on current alcohol and other drugs treatment services in Tasmania. The final report was delivered in June 2017 which identified areas for improvement and these actions are informing the development of the Alcohol and Other Drugs Service System Framework.

Alcohol and Other Drugs Service System Framework

The development of the Alcohol and Other Drugs Service System Framework has been informed largely by the work of Siggins Miller. An advisory group, communications working group and drafting working group were all convened in 2017-18 to inform this key project. The project is being led by the Mental Health, Alcohol and Drug Directorate who is working closely with ATDC, Primary Health Tasmania and the Tasmanian Health Service.

The work of Siggins Miller also identified the need for more residential rehabilitation beds in Tasmania. In the 2018 State Budget, additional funding of \$6 million over three years was provided for 30 new alcohol and other drugs residential beds across Tasmania. A request for grant proposal process was commenced in June 2018.

Wastewater Analysis

The National Wastewater Drug Monitoring Program (NWDMP) arises from a recommendation of the National Ice Taskforce to improve and expand available data sources to provide a more accurate understanding of drug use in Australia. The NWDMP is included in the NIAS.

The NWDMP is managed by the University of Queensland and the University of South Australia for the Australian Criminal Intelligence Commission (ACIC). The first of nine reports on the NWDMP was released in March 2017. The third in the series was released in November 2017 and the fourth in March 2018. Findings are summarised in the alcohol, tobacco and other drugs use and harm section of this report.

Tasmanian Alcohol Action Framework 2010 – 2015 (TAAF)

The TAAF has been extended to the end of 2019, to enable the Alcohol Simulation Modelling Project to be undertaken, and to inform the development of a new TAAF.

Alcohol Simulation Modelling

DoH, through PHS, has engaged in a collaborative project with the Australian Prevention Partnership Centre Sax Institute of New South Wales to develop a simulation model of alcohol use in Tasmania.

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

The model will forecast the likely effectiveness of a variety of approaches to reducing alcohol-related harm in Tasmania and explore what combination of interventions is likely to produce maximum community-wide impact.

Tasmanian Tobacco Control Plan 2017-2021

The Tasmanian Tobacco Control Plan 2017-2021 was accepted by the IAWGD out of session in June 2017. The Plan has four priority areas: to encourage and help people who smoke to quit for good; to prevent smoking uptake and de-normalise tobacco use; to reduce smoking by high prevalence groups; and to strengthen and integrate the evidence base. There are three working

groups to implement the plan from 2017 onwards: Smoke Free Priority Populations, Smoke Free Young People and Tobacco Action Evaluation.

Actions under the Tasmanian Tobacco Control Plan which also link to the Healthy Tasmania initiative are:

- The Tobacco Control Coalition developed the Tobacco Control Implementation Plan 2017-2021 to guide activity and measure performance over the next four years, with progress reports to be completed in 2019 and 2021. Highlights for implementation include:
 - An online licensing system for tobacco sellers
 - Collection of information from retailers on the volume of products they sell
 - A new focus on smoking cessation for population groups with high smoking prevalence
 - Further reduce exposure to second hand smoke by addressing smoke-free areas, particularly around schools and public hospitals
 - Further strengthen existing laws on how tobacco is sold
 - An evaluation framework to guide performance monitoring and reporting.
- Changes were made to the *Public Health Act 1997* effective from 29 November 2017 to regulate the sale, use and display of electronic cigarettes; increase penalties for tobacco supply to children; and to introduce 'fit and proper' checks for tobacco seller licence holders.
- A Compliance and Education officer position was created to ensure the new laws are understood, and to undertake additional education and enforcement activity.
- The licence fee to sell tobacco increased from \$370.45 to \$731.34 as of 1 January 2017 and to \$1111.35 from 1 January 2018.
- \$100 000 was provided to enable the *Antenatal Carbon Monoxide Monitoring Opt-out Referral* pilot to be conducted in southern Tasmania. The project aims to increase cessation by pregnant women through improved screening, referral and counselling.
- Additional funds were provided to Cancer Council Tasmania to implement best practice anti-tobacco campaigns.

Medical Cannabis

The Tasmanian Government's medical cannabis Controlled Access Scheme (CAS) opened on 1 September 2017. Tasmanians who suffer from treatment refractory conditions are now able to access unregistered medical cannabis products through their approved treating medical specialist. The CAS provides nation leading quality assurance on applications for access to unregistered medical cannabis products through necessarily rigorous review by an expert panel of clinicians. Additionally, Tasmania is the only jurisdiction to fund the cost of these substances so that patients are not financially disadvantaged by these relatively expensive and non-Commonwealth funded products. The State Government provided \$3.75 million in the 2017 State Budget to support the comprehensive clinical assessment of paediatric patients with treatment refractory epilepsy, one of the conditions where medical cannabis research is most active.

Promotion, Prevention and Early Intervention (PPEI)

Everybody's Business

Everybody's Business was developed by the IAWGD in 2013 as the Strategic Framework for implementing PPEI approaches in averting alcohol, tobacco and other drugs use in Tasmania.

Everybody's Business strengthens the importance of health promotion, prevention of harms and early intervention in the Tasmanian context and guides the formulation and development of PPEI activities and actions.

The Drug Education Network is the lead agency to support the implementation of alcohol, tobacco and other drugs PPEI activities, and is required to report annually to the IAWGD.

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

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

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

The Ministers for Health and Police are represented at MDAF. A National Drug Strategy Committee (NDSC) was also established to support MDAF. IAWGD Chair and Deputy Chair, Michael Reynolds and Assistant Commissioner, Glenn Frame were the Tasmanian representatives on the NDSC during the reporting period.

In 2017-18, MDAF:

- Endorsed the final NDS 2017-2026 which was released in September 2017, and will run for a period of 10 years for the first time.
- Launched the new National Alcohol and Other Drugs Hotline – 1800 250 015 – which is linked to existing state and territory telephone information services.
- Agreed to progress the development of the National Alcohol Strategy (a sub-strategy of the National Drug Strategy) as a priority. Consultation on the new National Alcohol Strategy (NAS) 2018-2026 was conducted between 11 December 2017 and 11 February 2018. Negotiations on the NAS will continue in 2019.
- Endorsed the National Quality Framework (NQF) for Alcohol and Other Drugs (AOD) services, noting that mapping against existing accreditation standards is still to be undertaken to determine acceptable standards to which all AOD services will be required to adhere, with a three year transition period. The NQF will be supported by a national register/directory of accredited treatment service providers to assist consumers identify services suitable to their needs.
- Endorsed the scope and progression of the development for the National Treatment Framework for AOD Services.
- Progressed development of the new National Fetal Alcohol Spectrum Disorders Strategic Action Plan which will sit under the new NAS.
- Progressed renewal of the National Tobacco Strategy 2012-2018 for a further five years. A consultant was appointed and consultation with stakeholders occurred mid-2018.

Alcohol, tobacco and other drugs use and harms in Tasmania

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

The information below has been provided with data from the 2016-17 annual report as well as any updated data that has been made available during the 2017-18 reporting period.

The Tasmanian Alcohol Data and Trends Report 2016, and associated fact sheets are available from the PHS Publications page – [Tasmanian Alcohol Data and Trends Report 2016](#).

According to the Australian Institute of Health and Welfare's National Drug Strategy Household Survey 2016 (NDSHS)¹, alcohol and tobacco remained the most widely used drugs in Tasmania by those aged 14 years and over. In 2016, self-reported alcohol, tobacco and other drug use shows:

- 16.0 per cent smoked daily, 41 per cent exceeded the single occasion risk guidelines for alcohol consumption¹ (up from 30 per cent in 2013) and 17.4 per cent reported recent use of any illicit drug (up from 15.1 per cent in 2013, and higher than the national average of 15.6 per cent).
- Tasmania reported the least improvement between 2001 and 2016 of daily smokers (from 20.6 per cent to 16 per cent). This was the second highest smoking rate after the Northern Territory (17.2 per cent).
- Tasmania had the highest proportion of daily smokers in their 20s (20 per cent), 30s (21.4 per cent) and 40s (21 per cent).
- Daily drinking status in Tasmania for those aged 14 years and over was 5.6 per cent and weekly drinking was 37.1 per cent, compared to the national averages of 5.9 per cent and 35.8 per cent respectively.
- The rate of single-occasion risky drinking (more than four standard drinks at least once a week) was 14.4 per cent, down slightly from 16.1 per cent in 2016.
- Across all jurisdictions, people in their twenties were more likely to drink five or more standard drinks at least once a month, ranging from 33 per cent in the Australian Capital Territory to 53 per cent in Tasmania. This compares to the national average of 39.9 per cent.
- Use of any illicit drug² increased in Tasmania from 12.0 per cent in 2010 and 15.1 per cent in 2013 to 17.4 per cent in 2016. This is now higher than the national average of 15.6 per cent, and the second highest of all states and territories after the Northern Territory (21.6 per cent).
- Cannabis is the illicit drug most commonly used at 12.4 per cent, followed by any pharmaceutical (excluding over the counter (OTC)³) at 5.6 per cent. Of the pharmaceuticals, pain-killers/analgesics and opioids (excluding OTC) for non-medical purposes were the most commonly reported at 3.3 per cent, followed by tranquilisers/sleeping pills at 2.9 per cent.
- Across all jurisdictions, people aged 20–29 were the most likely to have use an illicit drug in

¹ On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion. This report mainly presents the proportion of people exceeding the single occasion risk guidelines once a month or more often (at least monthly).

² Used at least 1 of 16 illicit drugs in 2016, noting the number and type of illicit drug used varied between 2010 and 2016.

³ OTC refers to paracetamol, aspirin and other non-opioid over-the-counter (OTC) pain killers/analgesics.

the past 12 months. People living in Tasmania and Queensland had the highest proportion of people in their twenties who had recently used an illicit drug (33 per cent for both) while people in the Australian Capital Territory had the lowest (22 per cent).

- Across all jurisdictions, there were very few significant changes by age group except for people aged 60 or older living in Tasmania who used drugs, which increased considerably from 3.7 per cent in 2013 to 10.1 per cent in 2016.
- Nationally, recent use (i.e. in the previous 12 months) of meth/amphetamines declined significantly between 2013 and 2016 – from 2.1 per cent to 1.4 per cent. The decline was the most significant in New South Wales where it went from 1.4 per cent to 0.7 per cent.
- People living in Western Australia (2.7 per cent), Tasmania⁴ (2.1 per cent) and South Australia (1.9 per cent) all reported higher rates than the national average of 1.4 per cent.
- The table below summarises self-reported tobacco, alcohol and illicit drug use for Tasmania from the 2016 NDSHS, by Statistical Area Level.

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

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

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

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

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

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

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

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

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

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

Other available data:

The *National Health Survey 2014-15*

- The National Health Survey indicates that nationally 17.4 per cent of adults aged 18 and over consumed more than two standard drinks on average, exceeding the lifetime risk guideline. Tasmania had the second highest age standardised proportion of adults exceeding the lifetime risk guideline, at 19.1 per cent. This has decreased since 2011-12 when 22.7 per cent exceeded this guideline.

⁴ Estimate has a relative standard error of 25 to 50 per cent and should be used with caution.

- It also shows that almost half of Tasmanian adults (49.2 per cent) consumed alcohol on at least one occasion to risky levels for acute harms in 2014-15, similar to the value for 2011-12 (48.9 per cent). Tasmania now has the highest proportion of consumption at a risky level (at 49.2 per cent) and a rate that is statistically significantly higher than the national level (45.0 per cent).
- In 2014-15, 76.2 per cent of Tasmanian young people aged 18-24 years of age were estimated to be drinking at levels putting them at risk of short term alcohol related harm. These numbers have decreased slightly since 2011-12, when 82.3 per cent of 18-24 years olds were at short term riskⁱⁱ.

The Council of Obstetric and Paediatric Mortality and Morbidity Database Report

- The Council of Obstetric and Paediatric Mortality and Morbidity Database Reportⁱⁱⁱ reported that, overall, 7.6 per cent of Tasmanian women consumed alcohol during their pregnancy in 2015 which was slightly higher than the 2014 figure of 6.5 per cent. Reported alcohol consumption during pregnancy in 2015 for private patients (10.0 per cent) was significantly higher than in 2014 (6.3 per cent). Unlike in previous years, reported alcohol consumption during pregnancy among public patients (6.8 per cent) was significantly lower than for private patients
- The proportion of Tasmanian women who reported smoking during pregnancy has fallen significantly since 2010. In 2015, 12.9 per cent of women reported smoking whilst pregnant, slightly lower than for 2014 (14.3 per cent). Although this proportion continues to fall, smoking during pregnancy continues to be more prevalent among young mothers under 20 years, although this too is dropping – from 34.9 per cent in 2014 to 33.6 per cent in 2015ⁱⁱⁱ.

The Australian School Students Alcohol and Drug Survey (ASSAD)

- The survey^{iv} for Tasmania in 2014 shows that experience with alcohol increased with age, with use increasing from 58 per cent of 12 to 13 year olds to 95 per cent of 17 year olds. Since the 2008 survey there have been some encouraging trends. The proportion of 12 to 15 year olds drinking in their lifetime had decreased from 80 per cent in 2011 to 71 per cent in 2014, while the proportion of current drinkers 16 to 17 years olds drinking at risky levels has also decreased over time (2008: 56 per cent; 2011: 54 per cent; 2014: 39 per cent).
- Alcohol attributable deaths and hospitalisations are derived by applying aetiologic fractions (the probability that a particular death or illness is associated with alcohol consumption) to population level mortality and morbidity data. Rates of hospitalisation are significantly higher for males than females in Tasmania, although the gap appears to have narrowed over the last decade, with rates for females increasing at 3 per cent per year while rates for males have remained fairly stable. In 2014-15 there were an estimated 5 210 hospitalisations in Tasmania (2 797 men and 2 413 women) attributable to alcohol^v.
- Estimating the true number of Emergency Department (ED) presentations secondary to alcohol-related harm is challenging due to the fact that presentations are not always coded as being alcohol related. Using a 'primary diagnosis' only, it is estimated that 0.5 per cent of all ED presentations in Tasmania are alcohol related, with 822 presentations in 2014-15 financial year. The rate per 100 000 population has increased significantly between 2005-06 and 2014-15 (with an average annual increase of 2.5 per cent). National studies in which more detailed assessment occurs reveal that approximately 8.3 per cent overall and 12 per cent at peak times of ED presentations are alcohol related^{vi}.
- In Tasmania in 2010, there were an estimated 155 deaths attributable to alcohol and 2 636 hospitalisations^{vii}.

- The number of drug-induced deaths⁵ in Tasmania in 2016 was estimated to be 52, or a rate of 9.4 per 100 000 of estimated population^{viii}, the second highest of all states and territories after Western Australia. This includes 19 drug-related deaths due to pharmaceutical opioids in 2016.
- Opioid-related hospital separations in Tasmania have increased since 2009-10, with 394 separations per million persons in 2013-14 compared to 265 per million persons in the past four years^{ix}. Tasmania and the ACT recorded the lowest rate of amphetamine-related separations relative to other jurisdictions (146 and 122 separations per million persons respectively). Tasmania recorded the second highest rates of cannabis-related separations, with the increase to 2013-14 driven by separations for cannabis dependence (accounting for 51 per cent of separations).
- The wider use of alcohol is reflected in the number of drug and alcohol treatment service episodes, with alcohol the most common principal drug of concern in 32.3 per cent of closed episodes in 2016-17^x, down from 39 per cent in 2015-16.
- For the first time, amphetamines, at 25.7 per cent of closed treatment episodes, were the second most common principal drug of concern. This was followed by cannabis at 21.7 per cent.
- In the five years from 2012-13, amphetamines as the principal drug of concern has more than doubled, from 12 per cent in 2012-13 to 25.7 per cent in 2016-17. This compares with cannabinoids which have reduced from 30 to 21.7 per cent, over the same period.

Australian Criminal Intelligence Commission's National Wastewater Drug Monitoring Program

- ACIC released two NWDMP reports during 2017-18; the third in the series in December 2017 and the fifth in August 2018.
- The third report included sampling from six Tasmanian sites, but the fourth has dropped one regional site. Future sampling and reports will be from three capital city sites from Hobart and surrounds, and two regional sites – one in the North and one in the North West. ACIC selects the sites, these are not made public.
- Tasmanian findings from the fourth report include^{xi}:
 - For capital city sites, Tasmania's estimated average consumption of alcohol was around 2 400 standard drinks per 1 000 people per day and 2 700 cigarettes per 1 000 people per day, compared to a national average for city sites of around 1 250 standard drinks and 1 250 cigarettes per 1 000 people per day,
 - For regional sites, Tasmania's estimated average consumption was around 2 000 standard drinks per 1 000 people per day and 2 100 cigarettes per 1 000 people per day, compared to a national average for regional sites of around 1 250 standard drinks and 1 800 cigarettes per 1 000 people per day.
 - Tasmania's estimated consumption of oxycodone in the capital city sites was significantly higher than any other capital city consumption and most regional consumption, at around 18 doses per 1 000 people. In comparison, the national average consumption was 4.5 doses per 1 000 people per day. Tasmania's capital city consumption also

⁵ Deaths are considered "drug induced" if directly attributable to drug use. Deaths can be directly attributable to drug abuse such as overdoses, or deaths can occur where a drug is found to be a contributory factor such as a traffic accident where the deceased was found to be under the influence of a substance at time of death. The majority of drug induced deaths in 2016 nationally were due to acute accidental overdoses (71.3%), followed by suicidal overdoses (22.7%). Other types of drug deaths, including addictions and chronic complications of drug abuse as well as homicide and undetermined intent accounted for the remaining 6.0%.

showed an increase between August 2017 and December 2017, from approximately 8.5 to 18 doses per 1 000 people per day. At the same time, there was a decrease in estimated regional consumption, from around 8.8 doses to 4.2 per 1 000 people per day.

- Tasmania was the only state with higher capital city consumption of fentanyl than regional areas. Two capital city sites in Tasmania tested higher than the national capital average, with one site having an estimated consumption of around 10 doses per 1 000 people per day.
- Methylamphetamine (including crystal methamphetamine 'Ice') continues to be the most consumed illicit drug tested. Tasmanian estimated methylamphetamine consumption was much lower than the national averages in both capital and regional areas, at around 25 doses per 1 000 people per day compared to a national average of around 37. Consumption has remained stable over the reporting periods.
- Estimated consumption of MDMA (ecstasy) was low across the country and appears to be on the decline in both the capital city and regional sites in Tasmania.
- Tasmania had the highest estimated average capital city excretion of MDA (a metabolite of MDMA), with around 15 milligrams per 1 000 people per day. The national capital city average is around 6 milligrams per 1 000 people per day.
- Some regional areas of Tasmania and New South Wales recorded the highest levels of all measured locations for estimated regional heroin consumption. The highest consumption in Tasmania was recorded at a regional site at 7.5 doses per 1 000 people per day. The national regional average was around 3 doses per 1 000 people per day. This is unusual given Tasmanian consumption of heroin has been historically very low. However, total Tasmanian estimated average consumption of heroin for combined capital and regional sites remained well below the national average for all sites. Tasmanian rates were around 1.5 and 3 doses per 1 000 people per day for city and regional sites respectively, compared to an overall national average for all sites of 5.5 doses per 1 000 people per day.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection

- The number of Tasmanians receiving opioid pharmacotherapy on the snapshot day in 2017 was 748. Almost half (46.7 per cent) were on methadone, whilst 42.6 per cent were on buprenorphine-naloxone and 10.7 per cent on buprenorphine. The majority of clients were dosed in a community pharmacy (658 or 88 per cent)^{xii}.

Further Information

- In 2017-18, Tasmania Police recorded 494 serious drug offences. This represents a one per cent increase on the previous year's figure. Tasmania Police also recorded 2 684 non-serious drug offenders, with 2 811 total drug offenders recorded in 2017-18.
- Tasmania Police conducted 478 219 random breath tests in 2017-18, a decrease from the 505 445 conducted in 2016-17. In 2017-18, 2 173 drivers were charged with exceeding the prescribed alcohol limit or driving under the influence of intoxicating liquor, compared with 2 296 in 2016-17. A total of 112 drivers were also charged with refusing to provide a breath or blood sample for analysis in 2017-18.
- Tasmania Police regularly conduct oral fluid testing to detect the presence of prescribed drugs in drivers. In 2017-18, 3 936 tests were conducted, an increase from 3 726 the previous year.

A total 2 212 drivers were subsequently charged with driving while a prescribed illicit drug was present in blood, an increase from 2 158 charged in 2016-17.

Government Services Budget Paper - Performance Measureⁱ	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Target	2017-18 Actual
Random breath tests conducted	Number	475,510	469,610	505,445	440,000	478,219
Number of drink driving offenders	Number	2,591	2,400	2,296	2,550	2,173
Oral fluid tests conducted	Number	3,431	3,738	3,726	3,250	3,936
Number of drug driving offenders	Number	1,500	2,021	2,158	1,700	2,212

Source: Annual Report 2017-18 Department of Police, Fire and Emergency Management

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

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

ⁱⁱⁱ Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2015. (2017) State of Tasmania, Department of Health and Human Services, 2017

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

^v Department of Health and Human Services, 2016. Tasmanian Alcohol Data and Trends Report 2016.

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

^{vii} Egerton-Warburton D, Gosbell A, Wadsworth A, Fatovich DM, Richardson DB. Survey of alcohol-related presentations to Australasian emergency departments. The Medical journal of Australia. 2014 Nov 17;201(10):584-7. PubMed PMID: 25390264; Gao, C., Ogeil, R.P., & Lloyd, B. 2014. Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point

^{viii} ABS (Australian Bureau of Statistics) (2016) Drug Induced Deaths in Australia 2016, Cat. No. 3303.0 Canberra: ABS

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

^x Australian Institute of Health and Welfare 2018. Alcohol and other drug treatment services in Australia: 2016-17. Drug treatment series no. 31. Cat. no. HSE 207. Canberra: AIHW.

^{xi} Australian Criminal Intelligence Commission 2018. National Wastewater Drug Monitoring Program Report 4, March 2018.

^{xii} AIHW, 2018. National opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection. Cat. No. HSE 199. Canberra: AIHW. <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/nopsad-2017/contents/summary>