

Tasmanian Drug Strategy

2013–2018

Interagency Working Group on Drugs
April 2013

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Executive Summary

The majority of Tasmanians drink in moderation; are non-smokers; and do not use illicit drugs.

However, using the 2009 National Health and Medical Research Council (NHMRC) Guidelinesⁱ, 22.7 per cent of Tasmanians over the age of 18 exceed lifetime risk associated with their alcohol consumption; and 48.9 per cent exceed single occasion riskⁱⁱ. 44.1 per cent of Tasmanians over the age of 18 have never smoked, but 23.2 per cent are current smokersⁱⁱⁱ the second highest of all Australian states and territories after the Northern Territory and well above the Australian proportion of 18.1 per cent². 88 per cent of Tasmanians have not used illicit drugs, meaning that 12 per cent have^{iv} 3.

Those that do drink at risky levels, smoke and/or use illicit drugs incur a substantial cost to the community. Although the total cost to Tasmania of alcohol, tobacco and other drugs use and misuse is not available, national estimates show that in the 2004-05 financial year the overall cost to Australia was \$56.1 billion, including costs to the health and hospital system, lost workplace productivity, road accidents and crime. Of this, tobacco accounted for \$31.5 billion (56.2 per cent), alcohol accounted for \$15.3 billion (27.3 per cent) and illicit drugs \$8.2 billion (14.6 per cent)⁴.

The *Tasmanian Drug Strategy 2005-2009*, extended by the Minister for Health to the end of 2012 provided the framework to guide whole of government and community activities to reduce the harm associated with the use of licit and illicit drugs in Tasmania. It was underpinned by a number of important principles which are still pertinent today.

1. Partnerships and collaborative effort are essential in shaping our responses to drug use across the community.
2. Building capacity in the community and the alcohol and other drugs sector is fundamental to addressing drug use.
3. The concept of harm minimisation underpins our practice and philosophy.
4. Prevention and early intervention are critical in responding to drug use.
5. Equity of access to evidence-based service delivery is fundamental.
6. Research, data collection and evaluation are critical elements for increasing understanding of and improving responsiveness to emerging trends.

A review of the *Tasmanian Drug Strategy 2005-2009* was undertaken in 2010. The review noted general support of the Strategy and acknowledged a need for it. It also noted that the concept of harm minimisation has served Tasmania's drug policy well and is still relevant.

ⁱ More than two standard drinks on any day

ⁱⁱ More than four standard drinks on a single occasion (a person consuming a sequence of drinks without their blood alcohol concentration reaching zero in between)

ⁱⁱⁱ Includes current daily smokers, current smoker weekly (at least once a week, but not daily) and current smoker less than weekly

^{iv} Includes pain-killers, tranquillisers, steroids, meth/amphetamines, cannabis, heroin, methadone or buprenorphine, cocaine, hallucinogens, ecstasy, ketamine, GHB and inhalants

In recent years there have been a number of reforms and strategic policy developments that are changing the way we need to think about improving our health and wellbeing, and of taking a more proactive preventative health approach. The National Preventative Health Strategy, *Australia: The healthiest country by 2020*⁵ identified tobacco and alcohol as key drivers of chronic disease. The National Partnership Agreement on Preventative Health identifies reducing the proportion of adult daily smokers and reducing harmful and hazardous alcohol consumption in its outcomes.

The goal of the *Tasmanian Drug Strategy 2013-2018* remains to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania.

The priorities for the *Tasmanian Drug Strategy 2013-2018* are to:

- Continue to support initiatives to improve individual and community safety and reduce the human, health, economic and social costs associated with the misuse of alcohol
- Continue Tasmania's commitment to the prevention and reduction of tobacco related harm
- Reduce the supply and use of illegal drugs, both current and emerging, including the use of performance and image enhancing drugs
- Reduce the inappropriate use, supply and diversion of pharmaceuticals
- Support preventative and developmental health approaches to alcohol, tobacco and other drugs use
- Continue to support evidence-based initiatives and programs, including campaigns that address the risks of alcohol, tobacco and other drugs use including risk use practices
- Continue to support, promote and monitor the timely and ongoing development and review of effective legislation and regulation in response to alcohol, tobacco and other drugs use
- Support programs and initiatives to reduce alcohol and other drugs-related violence, including increasing support for frontline workers (eg Police, Ambulance Officers and Emergency Department personnel)
- Strengthen the capacity of the primary health care system in the use of a range of evidence-based screening and brief interventions, to better respond to individuals, families and communities
- Increase the range and availability of, and access to, appropriate services for individuals experiencing problematic alcohol, tobacco and other drugs use including for individuals with diverse, complex and high needs
- Strengthen evidence-based awareness-raising, effective education initiatives and early interventions in a range of targeted settings, population groups and developmental transition points

Strategic Framework and Context

The Tasmanian Inter Agency Working Group on Drugs (IAWGD) is responsible for coordinating and implementing Tasmania's alcohol, tobacco and other drug strategies. The previous Tasmanian Drug Strategy identified three strategic initiatives (sub-strategies) for immediate action, an Alcohol Action Plan; further development of the Tasmanian Tobacco Action Plan; and plans targeting the use of illicit drugs. In relation to the use of illicit drugs, evidence at the time of increasing psychostimulant use highlighted the importance of developing a Tasmanian Psychostimulant Action Plan.

The *Tasmanian Psychostimulants Action Plan 2007-2009* was developed as a priority, and following two internal reviews was extended to the end of 2013. In the intervening years, drug use trends in Tasmania have changed. Psychostimulants remain an issue of concern with the emergence of a range of new substances; however issues in relation to illicit drugs are more broad-reaching. There are growing concerns in regard to the high levels of pharmaceutical drugs misuse; increasing use of cannabis after a decrease; poly drug use; the emergence of synthetic analogue substances such as methcathinone; and a new generation of performance and image enhancing drugs.

The National Pharmaceutical Drug Misuse Framework for Action is under development and expected to be endorsed mid-2013, and a National Illicits Drug Strategy is also under development and expected to be finalised in 2013. In view of these developments, the IAWGD has determined that Tasmania should have in place a broader Illicit Drugs (including Pharmaceuticals) Action Plan. It is intended that a Tasmanian Illicits (including Pharmaceuticals) Action Plan will be developed later in 2013 in alignment with national plans and emerging illicit drugs use issues.

During 2009, the IAWGD on behalf of Government developed the Tasmanian Alcohol Action Framework 2010 - 2015 *Rising Above the Influence* as the Tasmanian Government's overarching policy on alcohol. Its goal is to improve individual and community safety and reduce human, health, economic and social costs associated with the misuse of alcohol. Since the launch of *Rising Above the Influence*, the IAWGD has developed, implemented and reported against the 2011 and 2012 Annual Implementation Plans and developed the 2013 Implementation Plan.

The *Tasmanian Tobacco Action Plan 2011-2015* builds on the achievements of the first Tasmanian Tobacco Action Plan 2006-2010, particularly the legislative reforms contained in the *Public Health Act 1997*. It continues to incorporate the goals and targets of *Tasmania Together* on tobacco issues and commits to the National Partnership Agreement on Preventative Health benchmarks which aim to achieve the long-term goal of 10 per cent smoking prevalence by 2020.

Prevention and early intervention is one of the key principles identified in the previous Tasmanian Drug Strategy, which stipulates that "implicit in the priorities and strategies of the TDS are proactive schemes and interventions to prevent the uptake of harmful drug use". In response to this and the national prevention agenda, in 2012 the IAWGD finalised the development of the *Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention Approaches in Averting Alcohol, Tobacco and Other Drugs (Everybody's Business)*, launched in 2013. The development of *Everybody's Business* aligns with the growing evidence base in support of the effectiveness of early intervention and prevention strategies and is consistent with the expansion at state and national levels for co-ordinated promotion, prevention and early intervention actions to reduce alcohol, tobacco and other drugs use harms at population, community, family and individual levels.

In addition, there are a number of other state and national strategic policy frameworks and directions that also intersect with Tasmania's strategic policy response to the use of alcohol, tobacco and other drugs, including but not limited to:

- *A Healthy Tasmania: Setting new directions for health and wellbeing*
- *Connecting Care – Chronic Disease Action Framework for Tasmania 2009-2013*
- *Sharing Responsibility for Our Children, Young People and Their Families: Government Embracing Change (incorporating Our Children Our Young People Our Future - Tasmania's Agenda for Children and Young People)*
- *A Social Inclusion Strategy for Tasmania*
- *Breaking the Cycle: A Strategic Plan for Tasmanian Corrections 2011-2020*
- *Healthy Prisons, Healthier Communities - Alcohol, Tobacco and Other Drugs Strategy 2010-2013*
- *Healthy Prisons, Healthier Communities – Blood Borne Virus Strategy 2010-2013*
- *Hepatitis and HIV – An Agenda for Action, Tasmania 2011-2013*
- *Our Safety, Our Future – Tasmanian Road Safety Strategy 2007-2016*
- *The Australian Government's National Preventative Health Strategy – Australia: the Healthiest Country by 2020*
- *National Partnership Agreement on Preventative Health*
- *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*
- *The National Drug Strategy 2010-2015, and the development of new sub-strategies, all of which are anticipated to be finalised in 2013 or early 2014:*
 - *The National Tobacco Strategy 2012-2018*
 - *The National Pharmaceutical Drugs Misuse Framework for Action*
 - *The National Alcohol Strategy*
 - *The National Illicit Drug Strategy*
 - *The National Aboriginal and Torres Strait Islander Drug Strategy*
 - *The National Research and Data Strategy (for the alcohol and other drugs sector)*
 - *A National Workforce Development Strategy (for the alcohol and other drugs sector)*

About the Tasmanian Drug Strategy 2013-2018

The *Tasmanian Drug Strategy 2013-2018* (the Strategy) does not seek to establish a new policy direction for Tasmania in response to the use of alcohol, tobacco and other drugs. It seeks instead to build upon previous efforts and to provide the overarching framework that draws together and links existing policy responses to the use of alcohol, tobacco and other drugs into one concise strategy.

As with previous iterations of the Tasmanian Drug Strategy, this Strategy maintains the concept of harm minimisation as its underlying concept. This concept is based on reducing the supply, or availability, of alcohol, tobacco and other drugs; reducing demand through prevention, early intervention and treatment; and reducing the harms associated with the use of alcohol, tobacco and other drugs. Also consistent with previous iterations of the Tasmanian Drug Strategy, this Strategy provides the framework for coordinated effort to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use.

In considering the need for a new Tasmanian Drug Strategy, the IAWGD acknowledged that the Tasmanian Drug Strategy was developed to address the unique character and patterns of drug use in Tasmania; however there is a connection with the National Drug Strategy (NDS) which has guided the establishment of the key concepts, principles, direction and priorities over a number of years. This nexus provides a consistent and coherent approach between national and state strategic actions. The IAWGD agreed that in the development of the next phase of the Tasmanian Drug Strategy, localising the NDS as the principal strategic document would be the most appropriate course of action.

This Strategy sets out to articulate some of the key areas for Tasmania to focus attention over the next few years, using both the existing Tasmanian sub-strategies mentioned previously and the NDS priorities and objectives as the overarching guiding documents.

Goal and Aims of the Tasmanian Drug Strategy 2013-2018

The goal of this Strategy remains to prevent or reduce the harmful effects of alcohol, tobacco and other drugs use in Tasmania, aiming to:

- Significantly improve the health of Tasmanians by reducing the number of Tasmanians who smoke, drink alcohol at risky levels, misuse pharmaceuticals or use illicit drugs
- Support preventative and developmental health approaches to alcohol, tobacco and other drugs use
- Improve individual and community safety
- Reduce the harms and human, health, economic and social costs associated with alcohol, tobacco and other drugs use
- Improve integration of services across government, non-government, the community and private organisations to better support individuals and families

Tasmanian Priorities

Activities for Tasmania as identified under the *Tasmanian Tobacco Action Plan 2011-2015* and the *Tasmanian Alcohol Action Framework 2010-2015* will continue to be implemented and monitored in accordance with those plans. Activities for Tasmania under *Everybody's Business* will be identified through its implementation planning occurring mid-2013.

As a priority, in 2013 the IAWGD will oversee the development of a Tasmanian Illicits (including Pharmaceuticals) Action Plan.

The table below identifies the priorities on which to focus over the next few years together with some examples of existing or proposed initiatives or projects. It also identifies links with the National Drug Strategy framework areas of demand reduction, supply reduction and harm reduction. The NDS framework is summarised in Appendix 1, and is available on the NDS website at <http://www.nationaldrugstrategy.gov.au/>

Priority	Current or proposed strategic framework(s) or projects	Relevant NDS Objective(s)
Continue to support initiatives to improve individual and community safety and reduce human, health, economic and social costs associated with the misuse of alcohol	<i>Rising Above the Influence: Tasmanian Alcohol Action Framework 2010-2015</i>	Demand Reduction Objectives 1; 2; and 3 Supply Reduction Objective 2 Harm Reduction Objective 1; 2 and 3
Continue Tasmania's commitment to the prevention and reduction of tobacco related harm	<i>Tasmanian Tobacco Action Plan 2011-2015</i>	Demand Reduction Objectives 1 and 2 Supply Reduction Objective 2 Harm Reduction Objective 1; 2 and 3
Reduce the supply and use of illegal drugs, both current and emerging including use of performance and image enhancing drugs and Reduce the inappropriate use, supply and diversion of pharmaceuticals	Development of a Tasmanian Illicits (including Pharmaceuticals) Action Plan <i>A Review of Opioid Prescribing in Tasmania – A blueprint for the Future</i> Drugs and Poisons Information System Online Remote Access (DORA)	Demand Reduction Objectives 1; 2; and 3 Supply Reduction Objectives 1 and 2 Harm Reduction Objectives 1; 2 and 3
Support preventative and developmental health approaches to alcohol, tobacco and other drugs use	<i>Everybody's Business: The Tasmanian Alcohol, Tobacco and Other Drugs Promotion, Prevention and Early Intervention Strategic Framework</i> <i>A Healthy Tasmania – Setting new directions for health and wellbeing</i>	Demand Reduction Objectives 1; 2 and 4 Supply Reduction Objective 2 Harm Reduction Objectives 1; 2 and 3
Continue to support evidence-based initiatives and programs, including campaigns, that address the risks of alcohol, tobacco and other drugs use including risk use practices	Social marketing and promotion of smoke free messages – <i>Tasmanian Tobacco Action Plan 2011-2015 (Quit Tasmania)</i> Needle and Syringe Program Good Sports and Build Your Game programs	Demand Reduction Objective 1; 2; and 3 Supply Reduction Objective 2 Harm Reduction Objectives 1; 2 and 3

Continue to support, promote and monitor the timely and ongoing development and review of effective legislation and regulation in response to use of alcohol, tobacco and other drugs use	Investigate strengthening of the <i>Public Health Act 1997</i> with regards to alcohol (Review of) the <i>Liquor Licensing Act 1990</i> (Review) of the <i>Alcohol and Drug Dependency Act 1968</i> <i>Misuse of Drugs Act 2001 and Misuse of Drugs Order 2012</i>	Demand Reduction Objectives 1 and 2 Supply Reduction Objectives 1 and 2 Harm Reduction Objectives 1; 2 and 3
Support programs and initiatives to reduce alcohol and other drugs related violence, including increasing support for frontline workers (eg Police, Ambulance Officers and Emergency Department personnel)	Tasmania Police Public Order Response Teams Tasmania Police Public Order and Safety Forum Liquor Accords Safer Hobart Community Partnership	Demand Reduction Objective 2 Supply Reduction Objectives 1 and 2 Harm Reduction Objective 1; 2 and 3
Strengthen the capacity of the primary health care system in the use of a range of evidence-based screening and brief interventions, to better respond to individuals, families and communities	<i>Everybody's Business: The Tasmanian Alcohol, Tobacco and Other Drugs Promotion, Prevention and Early Intervention Strategic Framework</i> ABC for Smoking Cessation	Demand Reduction Objectives 1 and 2 Harm Reduction Objectives 1; 2 and 3
Increase the range and availability of, and access to, appropriate services for individuals experiencing problematic drugs use including for individuals with diverse, complex and high needs	Alcohol and Drug Services, DHHS <i>Future Service Directions Plan</i> <i>Tasmanian Opioid Pharmacotherapy Program – Policy and Clinical Practice Standards</i> <i>Healthy Prisons, Healthier Communities Blood Borne Virus Strategy 2010-2013</i> <i>Healthy Prisons, Healthier Community Alcohol, Tobacco and Other Drug Strategy 2010-2013</i>	Demand Reduction Objective 2 and 3 Harm Reduction Objectives 1; 2 and 3
Strengthen evidence-based awareness-raising, education initiatives and early interventions in a range of targeted settings, population groups and developmental transition points	<i>Everybody's Business: The Tasmanian Alcohol, Tobacco and Other Drugs Promotion, Prevention and Early Intervention Strategic Framework</i> <i>The Management of Drug Issues and Drug Education in Tasmanian Schools Policy</i> Illicit Drug Diversion Initiative; Court Mandated Diversion Program; Early Intervention Program (alcohol); Youth Courts	Demand Reduction Objectives 1; 2 and 3 Harm Reduction Objectives 1; 2 and 3

Implementation and Monitoring

The IAWGD will continue to coordinate implementation of this Strategy and report to the Tasmanian Government through the Minister for Health on progress towards meeting the aims and priorities. Annual Implementation Plans under the *Tasmanian Tobacco Action Plan 2011-2015* and the *Tasmanian Alcohol Action Framework 2010-2015* will continue to be implemented and monitored in accordance with those plans, with annual reports being provided to the IAWGD.

During the last year of this Strategy's operation, the IAWGD will consider whether a formal evaluation of its effectiveness and usefulness will be undertaken.

Appendix I – National Drug Strategy 2010-2015 framework

Pillar I: Demand Reduction

Objective	Actions
<p>1. Prevent uptake and delay onset of drug use</p>	<ul style="list-style-type: none"> • Explore and implement strategies that contribute to the development of a population culture that promotes healthy lifestyles. • Develop and implement treatment and family support strategies that can prevent and break patterns of drug use, including intergenerational patterns. • Work collaboratively with other national policies to reduce risk factors and build protective factors, while recognising the diverse range of influences on drug use. • Continue to implement and support well-planned social marketing campaigns that address the risks of alcohol, tobacco and other drug use, the risks about specific drug use practices (e.g. injecting) and promote healthy lifestyles and safer drinking cultures, including targeted approaches and local complementary initiatives for different population groups. • Use the internet and other media to sustain and strengthen the provision of credible and accurate information about alcohol, tobacco and other drugs to target particular population groups. • Limit or prevent exposure to alcohol and tobacco advertising, promotion and sponsorship through both regulation and, where appropriate, voluntary and collaborative approaches with business. • Explore ways of influencing responsible media reporting/portrayal of alcohol, tobacco and other drug use. • Support community-based initiatives, including in Indigenous communities, to change the culture of smoking, harmful alcohol use and other drug use. • Improve the application of evidence-based whole-of-school drug education policies and programs.
<p>2. Reduce use of drugs in the community</p>	<ul style="list-style-type: none"> • Build on efforts to increase the range of, access to, and links between, evidence-based treatment and other support services. • Sustain efforts to increase access to a greater range of culturally sensitive services. • Improve access to screening and targeted interventions for at risk groups eg: young people, people living in rural and remote communities, pregnant women, Aboriginal and Torres Strait Islander people. • Increase the community's understanding of effective drug interventions through the provision of factual, credible information. • Continue efforts in diverting people from traditional criminal justice pathways by providing information and/or referring them to assessment and treatment. • Increase awareness, availability and appropriateness of evidence based telephone and internet counselling and information services. • Strengthen the capacity of the primary healthcare system to manage prevention, early intervention and treatment of tobacco use and harmful alcohol use. • Develop planning models for treatment services that anticipate needs. • Develop and implement quality frameworks for treatment services. • Create incentives for people who misuse drugs or are dependent to access effective treatment and to make healthier choices. • Encourage family members to access and make use of support services to help improve treatment outcomes for clients.

	<ul style="list-style-type: none"> • Explore and develop opportunities in the criminal justice system, including correctional services, to assist drug users through education, treatment and rehabilitation services.
<p>3. Support people to recover from dependence and reconnect with the community</p>	<ul style="list-style-type: none"> • Develop new evidence based national planning tools to help jurisdictions better estimate the need and demand for alcohol and other drug health services across Australia including the full spectrum of services from prevention and early intervention to the most intensive forms of care, and the spectrum of services across the life span. • Develop a set of national clinical standards for alcohol and other drug treatment services. • Improve the linkages and coordination between primary health care and specialist alcohol and other drug treatment services to enhance the capacity for all health needs to be dealt with as well as to facilitate the earlier identification of health problems and access to treatment. • Improve the communication and flow of information between primary care and specialist providers, and between clinical and community support services to promote continuity of care and development of cooperative service models. • Investigate appropriate structures that could be developed to help engage families and other carers in treatment pathways and ensure that information about the pathways is readily accessible and culturally relevant. • Identify and link the necessary services to provide those impacted by drug use and dependence, such as family members, children and friends, with on-going support including linkages to child welfare and protection services. • Move towards a nationally consistent approach for the non-government treatment services sector including quality frameworks and reporting requirements. • Develop a sustained and comprehensive stigma reduction strategy to improve community and service understanding and attitudes to drug dependence, help seeking and the related problems of individuals. • Improve linkages and coordination between health, education, employment, housing and other sectors to expand the capacity to effectively link individuals from treatment to supports required for them to reconnect with the community.
<p>4. Support efforts to promote social inclusion and resilient individual, families and communities</p>	<ul style="list-style-type: none"> • Support whole-of-government and whole-of-community efforts to build parenting and family capacity, creating communities that support the positive development of children. This may include evidence-based approaches to drug prevention in schools. • Continue to implement skills training to provide individuals with coping skills to face situations that can lead to risky behaviours including harmful drug use. • Implement preventive support programs targeting life transition points – primary to secondary school, secondary school to tertiary education, school to work, prison to community – to help individuals with the skills to manage the next stage of life. • Support efforts to encourage participation of at-risk groups in community life including recreational, sporting and cultural activities. • Provide support services to parents in recovery to ensure the needs of dependent children are met.

Pillar 2: Supply Reduction

<p>1. Reduce the supply of illegal drugs (both current and emerging)</p>	<ul style="list-style-type: none"> • Prevent the importation of illegal drugs, and control the legitimate trade of equipment and chemicals used in their manufacture. • Increase and improve enforcement targeting cultivation, manufacture and trafficking of illegal drugs, including the financial proceeds arising from these activities. • Improve powers of detection through supportive technology (and systems), access to relevant information and workforce development. • Strengthen collaboration between law enforcement, industry and relevant agencies to prevent the diversion of precursor chemicals into the manufacture of illegal drugs. • Improve cooperation and collaboration between law-enforcement agencies, especially with respect to information and intelligence access and exchange. • Develop closer relationships with international partner agencies and bodies and enhance Australia's national approach to implementing its obligations under international drug control treaties. • Build upon Australia's capacity to utilise the border as a significant choke point for the supply of illegal drugs into Australia through promoting nationally consistent drug control laws, which would also limit the opportunity for organised crime to exploit legislative inconsistencies. • Ensure the ongoing and timely review of legislation and regulation to reflect the dynamic nature of illegal drug markets and manufacture. • Research, investigate and gather information on all aspects of drug supply markets including the identification of emerging drugs and manufacturing techniques to properly inform law enforcement responses. • Foster research and development in technological innovation to provide investigative tools for use in the disruption of the supply markets.
<p>2. Control and manage the supply of alcohol, tobacco and other legal drugs</p>	<ul style="list-style-type: none"> • Improve and strengthen the regulatory framework surrounding the promotion, sale and supply of legal drugs (both from domestic and overseas sources) to prevent their diversion, misuse and consequent harm. • Increase and improve the enforcement of regulatory mechanisms concerned with the supply and availability, including via the internet, of legal drugs that are subject to misuse and harm. • Target the illegal importation and illegal supply and cultivation of tobacco. • Participate in negotiations to finalise the Protocol to Eliminate the Illicit Trade in Tobacco Products under the WHO Framework Convention on Tobacco Control. • Further foster relationships between all levels of government with industry, relevant agencies and the community to assist in regulating and reducing inappropriate access to legal drugs that are subject to misuse and harm. • Improve the capacity of law enforcement, health professionals and agencies, industry groups and other relevant agencies through the development of supportive systems or technology to identify and respond to the inappropriate use of legal drugs. • Increase training and support to those at the point of supply of pharmaceutical drugs (eg doctors, pharmacists, veterinarians) to reduce the inappropriate supply, misuse and diversion of these drugs into the black market. • Increase training and support to those at the point of sale of alcohol to reduce the inappropriate supply of alcohol and in particular the supply of alcohol to young people. • Consider the development of a set of national principles on liquor

	<p>licensing.</p> <ul style="list-style-type: none"> • Increase the community’s understanding of the inappropriate supply and diversion of alcohol, tobacco, pharmaceutical and other legal drugs and the associated consequences through targeted public information campaigns, information sharing and social marketing. • Research, investigate and gather information on all aspects relating to the supply of alcohol, tobacco and other legal drugs, including the impact upon individuals and the community. • Research the effectiveness of strategies aimed at curtailing the inappropriate supply of alcohol, tobacco and other legal drugs.
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Pillar 3: Harm Reduction

<p>1. Reduce harms to community safety and amenity</p>	<ul style="list-style-type: none"> • Make local communities and public places safer from alcohol-related violence and other incidents through stronger partnerships between health, law enforcement, liquor licensing, local government and planning and transport authorities. • Continue to work within jurisdictions on transparent approaches on alcohol outlet density and takeaway hours and share examples of best practice. • Consider further reforms to drink driving laws and develop effective evidence-informed responses to driving under the influence of illegal and pharmaceutical drugs. • Provide new supports for frontline workers (such as police, emergency medical service workers, paramedics, emergency department personnel and welfare workers) to manage poly-drug use and related aggressive behaviours in public places. • Continue existing harm reduction efforts including needle and syringe programs and safe disposal of used injecting equipment and improve access for disadvantaged populations. • Improve community and workforce awareness of the health dangers of clandestine laboratories and the need for remediation of sites. • Work with industry and consider regulation and other ways to reduce harms from emerging substances of concern, for example to address the potential for energy drinks to exacerbate alcohol related problems in public places.
<p>2. Reduce harms to families</p>	<ul style="list-style-type: none"> • Enhance child and family sensitive practice in alcohol and other drug treatment services and build links and integrated approaches with community, family and child welfare services. • Review existing national frameworks which address some of the causes of drug use, for example, domestic violence strategies, and consider related actions that could be taken under the National Drug Strategy. • Develop initiatives to reduce the secondary supply of alcohol to minors including through community education and information campaigns advising parents of health and social harms from alcohol and potential criminal justice outcomes. • Continue preventive approaches to alcohol, tobacco and other drug use during pregnancy, including community education. • Develop coordinated measures to prevent, diagnose and manage fetal alcohol spectrum disorders and make available appropriate supports to affected children and families. • Consider the introduction of health warning labels, including pregnancy health warnings, on alcohol products. • Introduce regulation and other appropriate measures to reduce the exposure of children to tobacco smoke in cars and other places.

<p>3. Reduce harms to individuals</p>	<ul style="list-style-type: none"> • Strengthen evidence based drug education initiatives to ensure they are appropriately targeted in terms of patterns of drug use through the life span and mode of delivery. • Enhance treatment and associated service systems across settings to provide help at all stages of drug use, particularly for disadvantaged populations. • Raise awareness of the harmful impacts of drug use in the workplace including through resources to promote improved practice and better linkages to treatment and other supports. • Develop and implement internet-based approaches to target individuals with problematic drug use who do not think they have a problem and encourage them into treatment and/or other service supports. • Continue successful illicit drug diversion programs and extend their application to alcohol and other substances where indicated. • Sustain efforts to prevent drug overdose and other health harms through continuing substitution therapies, withdrawal treatment and other pharmacotherapies. • Support peer-based approaches to reducing the harms associated with an individual's drug use. • Continue support for needle and syringe programs and encourage safe injecting practices.
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