

Tasmanian Psychostimulants action plan 2007–2009

Developed by the
Inter-agency Working Group on Drugs

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Aims

The aims of the Tasmanian Psychostimulants Action Plan 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.

Objective

The Tasmanian Psychostimulants Action Plan is structured so that Agency service delivery in response to the priority areas and objectives of the Tasmanian Drug Strategy 2005-2009 can be clearly linked to relevant performance measures for monitoring and evaluation purposes.

Background

The Tasmanian Drug Strategy 2005-2009 (TDS) developed by the Inter Agency Working Group on Drugs (IAWGD) identified three strategic initiatives for immediate action. These initiatives were: 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 the TDS identified that evidence of increasing psychostimulant use highlighted the importance of developing a Tasmanian Psychostimulants Action Plan (TPAP) as a first priority.

Statement of the Problem

Psychostimulants are a group of drugs that produce euphoria, a sense of well-being, wakefulness and alertness. The three main classes of illicit psychostimulant are:

- amphetamines;
- MDMA (ecstasy); and
- cocaine.

There are particular concerns that amphetamine use, particularly long-term heavy use, has the potential to have a significant negative impact on the mental and physical health of users, and on society as a whole.

For example, amphetamine type stimulant use has been associated with:

- mental health problems, particularly psychosis;
- cardiovascular disorders;
- child abuse and neglect;
- increased rates of organised criminal involvement;
- increased involvement in property crime
- increased amounts of violence;
- driving under the influence of drugs; and
- use of other illicit substances (polydrug use).

The Tasmanian Psychostimulants Action Plan recognises that the stimulants Dexamphetamine and Methylphenidate are used for the treatment of Attention Deficient Hyperactivity Disorder (ADHD) in children and adults. They are also used for the treatment of narcolepsy and depression in adults.

There are specific guidelines in place in relation to the prescribing of these drugs in both adults and children. The prescribing of these drugs must be under the direction of a psychiatrist, paediatrician, or specialist physician and an authorisation is issued to the relevant specialist on application. Prescribing may not legally occur until an authorisation to prescribe is issued. In Tasmania, the Poisons Regulations 2002 require that a medical practitioner seek and obtain the authority of the Secretary of the Department of Health and Human Services before a prescription for the schedule 8 stimulants Dexamphetamine and Methylphenidate can be issued. The required authorisations are issued by Pharmaceutical Services Branch (PSB) on behalf of the Secretary of the Department of Health and Human Services.

One of the main concerns surrounding the use of stimulants for the treatment of ADHD is their potential for abuse. The market for dexamphetamine “speed” is considerable and, with the involvement of many criminal figures, a large illicit industry has been built up around the sale and manufacture of amphetamines and related stimulants in all States.

Illicit Drug Use Trends

Findings from the 2004 National Drug Strategy Household Survey (NDSHS) are summarised below.

- 15.4% of the Tasmanian population aged 14 years and over used an illicit drug in the past 12 months of the survey date; and
- Of those, cannabis (10.9%) was identified as the most used substance followed by pain-killers/analgesics for non-medical use (3.9%). This compares to the national percentages of 11.3% and 3.1% respectively. Tasmania was second only to the Northern Territory in the use of pain-killers/analgesics for non-medical use.

The table below shows changes in Tasmania reported illicit drug use between the 1998 and 2004 NDSHS.

Drug	1998	2001	2004
Cannabis	15.9%	11.9%	10.9%
Pain Killers/Analgesics	6.7%	2.2%	3.9%
Tranquillisers/sleeping pills	2.9%	1.0%	0.7%
Heroin	0.5%	0.3%	0.1%
Methadone (non maintenance)	0.6%	0.1%	0.2%
Meth/Amphetamines	1.6%	2.1%	1.8%
Cocaine	0.1%	0.2%	0.2%
Ecstasy/designer drugs	0.7%	0.8%	1.6%
LSD/synthetic hallucinogens	2.0%	1.0%	0.6%
Injected drugs	0.6%	1.0%	0.5%

The patterns of psychostimulant use demonstrated by the National Drug Strategy Household Surveys, Illicit Drug Reporting System (IDRS), Party Drug Initiative (PDI) and Drug Use Monitoring of Australia (DUMA) highlight the importance of ensuring that priority is given to developing a range of coordinated, complementary and innovative intervention strategies, focussed on psychostimulants, including ecstasy, and addressing prevention, treatment, harm reduction and supply reduction.

Surveys indicate that the use of ecstasy and related drugs in Tasmania is on the increase. The use in particular of amphetamine sulphate ('speed') and methamphetamines ('meth', 'crystal meth', 'ice') is increasing throughout Australia¹, used most frequently after cannabis, although this is not the case in Tasmania, with meth/amphetamine use third after cannabis and pain killers/analgesics according to the 2004 NHS survey.

Tasmania has regularly reported very little use of heroin or cocaine but the illicit use of pain killers/analgesics in Tasmania has long been recognised as the most significant differing drug use trend to the remainder of Australia. However there are indications that the ecstasy and meth/amphetamine markets in Tasmania continue to expand. Methamphetamines increased as both the drug first injected (62% in 2005, 49% in 2004) and the drug of choice (34% in 2005, 19% in 2004) amongst people who inject drugs.² Ecstasy was reported as the preferred or favourite drug by 52% of regular ecstasy users surveyed under the Party Drugs Initiative (PDI) 2005 survey, with 9% of respondents reporting they had ever injected ecstasy.³

There are indications that the ecstasy market in Tasmania is continuing to expand. This is supported, in part, by increased seizures by Tasmanian Police. Ecstasy has become a mainstream drug used by a wide variety of people not just those connected with dance party and rave scenes. There are also suggestions from the National Drug Law Enforcement Research Fund (NDLERF) funded PDI and IDRS

¹ National Psychostimulants Initiative Workshop 05 December 2005 Report

² Bruno, R, 2006, **Tasmanian Drug Trends 2005: Findings from the Illicit Drug Reporting System (IDRS)** NDARC Technical Report No. 245

³ Matthews, A & Bruno, R, 2006, **Tasmanian Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drugs Initiative (PDI)** NDARC Technical Report No. 251, Sydney, University of NSW

research that there is a need for harm reduction interventions within this demographic, as 78% reported typically binge drinking (consuming more than 5 standard drinks) while using ecstasy and 67% reported typically using more than one tablet per occasion⁴.

Additionally, 55% of respondents reported recently driving within one hour of consuming ecstasy and related drugs. This pattern of use presents a major challenge for road safety and supports efforts by law enforcement agencies to introduce roadside drug testing in Australia.

The Policy Context for the Tasmanian Psychostimulant Action Plan

Tasmanian Drug Strategy 2005-2009

The TPAP will be linked with the three priority areas identified in the TDS. These priority areas are:

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

The TDS lists a number of objectives under these three priority areas. Objectives relevant to TPAP are:

1. Community Safety

- 1.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs
- 1.3 To further improve safe disposal of injecting equipment
- 1.4 To reduce drug-related problems in population groups identified as being at high risk
- 1.5 To develop local community programs aimed at improving public amenity and reducing problematic drug use and related fear
- 1.6 To continue to participate in and support the Tasmanian Suicide Prevention Steering Committee

2. Prevention and reduction

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

⁴ Matthews, A & Bruno, R, 2006, **Tasmanian Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drugs Initiative (PDI)** NDARC Technical Report No. 251, Sydney, University of NSW

- 2.3 To increase the capacity of primary health care professionals to identify and respond to individuals, families and communities with drug-related problems.
- 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.
- 2.5 To decrease the uptake and onset of high risk patterns of illicit drug use, particularly in high-risk population groups.
- 2.6 To reduce the inappropriate use, supply and diversion of pharmaceuticals.
- 2.7 To reduce and disrupt the supply and manufacture of illicit drugs.
- 2.8 To continue promoting the development of effective legislation for the regulation of alcohol, tobacco and other drugs.
- 2.9 To promote healthy communities and the mental health of individuals.

3. Improved access to quality treatment

- 3.1 To provide equitable access to evidence-based treatments and other interventions for people experiencing problematic drug use.
- 3.2 To increase the range and availability of, and access to, appropriate services for individuals with diverse, complex and high needs, including those with a co-existing substance disorder and mental disorder.
- 3.3 To increase the capacity to evaluate interventions, particularly in the areas of prevention, treatment and law enforcement.
- 3.4 To improve the provision of pharmacotherapy interventions.
- 3.5 To achieve better client outcomes through improved integration of government, local government and non-government 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.
- 3.7 To increase the range of accredited training for people working in drug-related fields.
- 3.8 To improve access to services for Aboriginal and Torres Strait Islander people through implementation of initiatives such as the Complementary Action Plan.

Six principles have been identified as priorities to inform the development of strategies within any Action Plans developed under the TDS. These principles are:

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

National Drug Strategic Plan 2004-09

The TPAP will also be consistent with the directions set out in the National Drug Strategy 2004-09 (NDS) which adopts a harm minimisation approach aimed at reducing drug use and drug related harm.

The NDS is a 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 NDS identifies a number of priority areas, including:

- Prevention
- Reduction of supply
- Reduction of drug use and related harms
- Improved access to quality treatment
- Development of the workforce, organisations and systems
- Strengthened partnerships
- Implementation of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003–2006; and
- Identification of and response to emerging trends.

Tasmania Together

Tasmania Together is a 20-year plan setting future directions for Tasmania and seeks to promote collaborative efforts to achieve a broad range of goals.

Tasmania Together identifies a number of goals which provide a context for the development of policy and program responses under the Tasmanian Drug Strategy.

The goals identified in *Tasmania Together* as being of direct relevance are:

Goal 2: Confident, friendly and safe communities.

Goal 4: Active, healthy Tasmanians with access to quality and affordable health care services.

Goal 5: Vibrant, inclusive and growing communities where people feel valued and connected.

Tasmania Together has fostered the establishment of a number of policy clusters with relevance to the Tasmanian Drug Strategy. These include the Healthy Lifestyles cluster, the Poverty cluster and the Community Safety cluster.

Priority Areas for Action

Priority Area I: Community Safety

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
I.1 To reduce the incidence of crime and disorder associated with the use of licit and illicit drugs	I.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 MOU.	New indicators to be agreed upon and reported against.	DHHS DPEM	DoE	June 2008
	I.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.	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
	I.1.3 Development and implementation of early intervention programs.	Inter-Agency Support Teams Tasmanian Police Illicit Drug Diversion Initiative Project <i>U-Turn</i>	DPEM	DHHS DoJ	

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
I.1.4	<p>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. 	<p>Offenders charged</p> <p>Quantity and type of drugs seized</p> <p>Number of offenders diverted</p> <p>Effective training provided to police officers and other personnel</p> <p>Community perceptions as measured by National Survey.</p>	DPEM		Continuous, seasonal and targeted operations
I.1.5	<p>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' 	<p>Drug-driving information is developed and provided to the community</p> <p>Evidence of change in road-user attitude and behaviour to drug-driving</p> <p>Traffic enforcement patrol hours and operations</p> <p>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		Continuous, seasonal and targeted operations

TDS Objectives	Actions/Activities or activities.	Performance Indicators	Lead Agency	Partners	Timeframe
	I.1.6 Implementation of the cognitive skills offender program Substance Abuse Is Not The Only Choice- (SAINTOC) for offender supervised by Community Corrections.	Number of programs facilitated Number of offenders completed program.	DoJ		Subject to availability of funding.

TDS Objectives	Actions/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 Govt NGO'S	2006-08
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
	1.3.2 Continue to support drug treatment services and harm reduction outcomes through appropriate policing and training.	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

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TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
1.4 To reduce drug-related problems in population groups identified as being at high risk	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
	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	Number and type of programs developed Number of intra-agency referrals and collaborative case conferences undertaken.	DHHS	NGOs	December 2008
				DoJ DoE DPPM	Annual reporting
1.4.3 Establish programs under the CMD for individuals who have complex drug related offending patterns that require intensive, multi-modal interventions.	Establishment and implementation of CMD.	DoJ	DPEM DHHS NGOs Australian Govt	2006-08	
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
	1.5.1.1 Work with communities and other stakeholders within Partnership Agreements to respond to local needs.	Incorporation within Partnership Agreements of actions to improve public amenity and reduce drug use and related fear.	DPEM	DHHS Local Councils as appropriate	Ongoing

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TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
	1.5.2 Involvement by DHHS in Local Government Drug Strategies	Number of meetings attended, and by whom.	DHHS		Annual Report
1.6 To continue to participate in and support the Tasmanian Suicide Prevention Steering Committee	1.6.1 Actions under the TSPSC Workplan and related activities.	To be developed.	DHHS	DoE	Ongoing

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	2.1.1 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 (NDSEP)	<p>A significant improvement in the teaching skills and understanding of teacher participants as a result of participation in NSDEP professional learning activities, as measured by:</p> <ul style="list-style-type: none"> • numbers of teacher participants in professional learning workshops • numbers of positive teacher self-assessments / reflections post workshops • number of positive surveys of teachers received several months after workshops. 	DoE	DHHS DPEM	2007-2009
	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.	The number of parents/carers participating in all workshops in the suite badged MaD.	DoE	DHHS	2005-09
	2.1.3 Implementation of Indigenous, Rural and Remote Initiative, including contributing to development of community-driven projects (NSDEP)	<p>Collaborative relationships established between key community stakeholders</p> <p>Identification of community needs completed</p> <p>Community project objectives developed reflecting community needs, especially needs relating to learning outcomes of Aboriginal students and needs related to managing drug use</p> <p>Positive evaluations of activities under this Initiative.</p>	DoE	DHHS	2005-09

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TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
	2.1.4 Implementation of Peer-led drug education forums in school communities (NSDEP)	<p>Numbers of students involved in conducting forums</p> <p>Numbers of parents involved in forum attendance</p> <p>Numbers of positive post forum evaluations indicating improvement in knowledge, skills, engagement and motivation as a result of participation in forums.</p>	DoE	DHHS DPEM	2005-08
	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
	2.1.6 Establishment under CMD of joint training and workforce development initiatives across service delivery systems and sectors	Establishment and implementation of CMD.	DoJ	DHHS NGOs Australian Govt	2006-08
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

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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
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.	2.4.1 Participation with other agencies in Drug Action Week, promoting NSDEP activities.	Professional learning opportunities scheduled to coincide with Drug Action Week and relevant information forwarded for promotion on the DAW website	DHHS	DoE DHHS DPEM	Ongoing
	2.4.2 Professional learning opportunities to YIG representatives	Number of learning opportunities and number of participants.	DHHS	DOE DPEM	2005-09
	2.4.2.1 Continued participation in promotion of the NSDEP.			DoJ	
2.5 To decrease the uptake and onset of high risk patterns of illicit drug use, particularly in high-risk population groups.	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.	Establishment and implementation of CMD.	DoJ	DHHS NGOs Australian Govt	2006-08
	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 expiated	DHHS	DPEM DoE DoJ NGOs	June 2008

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TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
	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.			
	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.	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. 	DPEM	DHHS	Annual Reporting June 2008
	2.5.2.3 Develop implementation and evaluation plans.				
	2.5.4 Provision of educative information packages for Community Corrections clients regarding substance use.	Number of packages provided.	DoJ		Ongoing
	2.5.5 Introduction of individual 'contracts' for inmates to provide incentives to remain drug free.		DoJ		2007/08
	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
2.6 To reduce the inappropriate use, supply and diversion of pharmaceuticals.	2.6.1 Monitor, analyse and report on PSB data	Decrease in the percentage of IDUs reporting purchase of illicit pharmaceuticals through the IDRS reports.	DHHS	DHHS	Annual Reporting
	2.6.2 Support IDRS and EDRS annual surveys		DPEM		
	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

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
	<p>2.6.4.1 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.</p>	<p>Number of visits to pharmacies</p> <p>Reduction in percentage and number of pseudoephedrine containing pharmaceuticals on unrestricted public display.</p>	DPEM	DHHS and Pharmacy Guild	Ongoing
	<p>2.6.4.2 Support national roll-out of Project STOP.</p>	<p>Roll-out of Project STOP</p> <p>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</p> <p>Improved identification of offenders doctor shopping and forged offences.</p>			
<p>2.7 To reduce and disrupt the supply and manufacture of illicit drugs</p>	<p>2.7.1 Conduct investigations to detect offenders and bring them to justice.</p>	<p>Offenders charged</p> <p>Quantity and type of drugs seized</p> <p>Number of offenders diverted</p> <p>Effective training provided to police officers and other personnel</p> <p>Community perceptions as measured by National Survey.</p>	DPEM	DHHS	Ongoing
	<p>2.7.2 Maintain and as necessary upgrade offence provisions, particularly in the Misuse of Drugs Act 2001, to facilitate the successful prosecution of drug offenders.</p>	<p>No prosecutions fail due to flaws or gaps in legislation</p>	DoJ	DPEM	Ongoing

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TDS Objectives	Actions/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 and community settings.	DoJ	Australian Customs Service DPEM	Additional dog to be introduced in 2006/07
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.	Evaluation undertaken of current jurisdictional controls and reports prepared.	DPEM DoJ	DHHS	2008
	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.	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	2008
2.9 To promote healthy communities and the mental health of individuals	2.9.1 Delivery of drug education in schools in the context of health and wellbeing in its widest definition, in partnership with others with contingent roles (mental health, sexual health, physical activity, nutrition, etc.)	Continued promotion of the links between healthy communities and the mental health of individuals through distribution of an updated NSDEP community brochure, <i>Healthy communities-resilient kids</i> Numbers of teachers accessing professional learning opportunities, reinforcing the links between young people's drug use and wider health and wellbeing issues including <i>MindMatters</i> training.	DOE	DHHS	2005-09

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
	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.	Establishment and implementation of CMD.	DoJ		2006-08

Priority Area 3: Improved Access to Quality Treatment

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
3.1 To provide equitable access to evidence-based treatments and other interventions for people experiencing problematic drug use	3.1.1 Implement applicable action(s) under the Comorbidity Framework and Implementation Plan 2005-2008.	Consumers and carers surveys report improved access to and exit from service(s)	DHHS		In-line with time frames identified within the Plan.
	This will be achieved through: <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. 	Improved community awareness about comorbidity issues and services			
		Increased number and type of events, materials and resources disseminated			
	3.1.2 Establish state-wide programs consistent with the Australian Offender Program Standards in relation to evidence-based practice.	Proportion of ADS and MHS staff who have received comorbidity training			
	3.1.3 Partnership development between Prison Service and the Alcohol and Drug Service.	Increased number of shared care plans between ADS and MHS.			
		Establishment and implementation of CMD.	DoJ		2006-08
		Development of a memorandum of understanding aimed at better outcomes	DoJ/DHHS		2008+
		Strengthened referral mechanisms			
		Participation in collaborative case management.			

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TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
3.2 To increase the range and availability of, and access to, appropriate services for individuals with diverse, complex and high needs, including those with a co-existing substance disorder and mental disorder.	3.2.1 Assessment and case management of inmates to assist exit planning and referrals to programs delivered/funded by DHHS	Development of protocols and referral pathways.	DoJ	DHHS	2007-09
	3.2.2 Address workforce development needs in relation to issues such as co-morbidities, pharmacotherapy, and integrated service delivery and case management in a multi-disciplinary context	Establishment and implementation of CMD.	DoJ	DHHS NGOs	2006-08
	3.2.3 Support mechanisms identified in the Housing Support Project	% of clients with identified alcohol and drug issues appropriately referred	DHHS		Annual Reporting
	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			
	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.			
3.3 To increase the capacity to evaluate interventions, particularly in the areas of prevention, treatment and law enforcement	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 of substance use.	DoJ	DHHS DPEM	2007+

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
	3.3.2 The CMD will implement a comprehensive evaluation framework to identify the effectiveness of various treatment interventions on recidivism.	Establishment and implementation of CMD.	DoJ	DPEM DPPS DHHS NGOs Australian Govt	2006-08
	3.3.3 Development and implementation of an evaluation framework under IDDI – both PDD and CMD.	Number and type of referrals.	DHHS	NGOs	
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 Increased number of patients accepted into the Program Number of referrals under the CMD.	DHHS		Ongoing
	3.4.2 Implementation of the CMD will provide a major new opportunity to develop a shared approach and commitment to 'joined up' service delivery system across the health and criminal justice systems and between Government and the NGO sector.	Establishment and implementation of CMD.	DoJ	DHHS NGOs	2006-08
	3.4.3 Under the CMD protocols, performance agreements and data tracking systems will be developed across services and between relevant agencies.	Establishment and implementation of CMD.	DoJ	DPEM DHHS NGOs	2006-08

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TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
3.5 To achieve better client outcomes through improved integration of government, local government and non-government services.	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
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/DHHS		2007+
3.7 To increase the range of accredited training for people working in drug-related fields	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 of CMD.	DoJ	DHHS NGOs Australian Govt	2006-08
	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
3.8 To improve access to services for Aboriginal and Torres Strait Islander people through implementation of initiatives such as the Complementary Action	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

TDS Objectives	Actions/Activities	Performance Indicators	Lead Agency	Partners	Timeframe
Plan.	<p>3.8.2 Review and implement the Tasmanian Aboriginal Complementary Action Plan.</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. 				June 2008



Tasmania
Explore the possibilities

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