

# Rising Above the Influence

Tasmanian Alcohol Action Framework 2010-2015  
(extended to 2016)

## Activities Report



***Rising Above the Influence – Tasmanian Alcohol Action  
Framework 2010 - 2015***

***Activities Report 2016***

© Government of Tasmania, 2017

Excerpts from this publication may be reproduced, with appropriate acknowledgement, as permitted under the Copyright Act.

For further information please contact:

Mental Health, Alcohol and Drug Directorate  
Department of Health and Human Services  
GPO Box 125  
Hobart Tasmania 7001  
Telephone: + 61 3 6166 0781  
[director.mhadd@dhhs.tas.gov.au](mailto:director.mhadd@dhhs.tas.gov.au)

Website: <http://www.dhhs.tas.gov.au>

Tasmanian Drug Strategy website:  
<http://www.drugstrategy.dhhs.tas.gov.au>

This document was produced by the Interagency Working Group on Drugs on behalf of the Tasmanian Government.

In developing this document, the Mental Health, Alcohol and Drug Directorate would like to acknowledge the contribution of other Tasmanian Government Agencies and Non-Government Sector Organisations from which some of this material was drawn or adapted.

**Contents**

- Foreword .....2
- 1. Summary .....3
  - Background.....3
  - The Tasmanian Alcohol Action Framework.....3
  - Methods used.....4
  - Findings .....5
  - Conclusions and way forward .....5
- 2. Activities under the 3 key strategies .....6
  - Key Strategy 1 - Changing the drinking culture in Tasmania.....6
  - Key Strategy 2 - An effective system for controlling the supply of alcohol in Tasmania .....9
  - Key Strategy 3 - Providing effective interventions to deal with and prevent alcohol-related harm 10
    - Government-Funded AOD Treatment Services.....14
    - Local Government-specific.....17
- 3. Changes in data or trends, and measuring effectiveness .....19
- Appendix 1: Alcohol in Tasmania - Summary.....28
- Appendix 2: Key Strategies and identified areas for action .....34

## Foreword

*Rising Above the Influence* the Tasmanian Alcohol Action Framework 2010 – 2015 (TAAF) has reached the end of its term, having been extended by the Minister for Health to the end of 2016. The TAAF was developed by the Interagency Working Group on Drugs (IAWGD) on behalf of Government as a response to alcohol-related harm in the Tasmanian community, and as the broad structure to guide government agencies, local council, community sector organisations and industry to develop and implement activities and actions to address problems associated with excessive alcohol consumption. Its aims are to reduce the:

- Volume of per capita alcohol consumption in Tasmania
- Incidence of illness, accidents and deaths related to the misuse of alcohol
- Level of social, economic, health and legal costs related to the misuse of alcohol
- Prevalence of violence, including family violence, disruption, antisocial behaviour and crime related to the misuse of alcohol
- Incidence of harmful alcohol use in the Tasmanian community
- Focus on alcohol as a necessary component of social activity in Tasmania

Since 2010, the IAWGD has also been responsible for coordinating its implementation. An Alcohol Advisory Group (AAG) was established to provide support and advice to the IAWGD on alcohol-related matters, and to coordinate the development, implementation and monitoring of Annual Implementation Plans deriving from the TAAF and to report annually on achievements and progress.

The TAAF and the annual implementation plans and reports are all available on the Tasmanian Drug Strategy website <http://www.drugstrategy.dhhs.tas.gov.au/> under the alcohol page. Those annual reports include more activities than are captured in this report and stakeholders are encouraged to also visit the website.

The IAWGD is tasked with reviewing the current TAAF and developing a new alcohol framework for Tasmania. The IAWGD determined that a formal evaluation would not be undertaken, but commissioned the AAG to undertake a desk top review of actions and activities over the life of the TAAF, and source available data.

The AAG has drafted this report on activities to assist to inform the development of a new alcohol framework for Tasmania in 2017.

To also inform the development of a new framework, the Department of Health and Human Services (DHHS) through Public Health Services (PHS) has engaged in a collaborative project with The Australian Prevention Partnership Centre (TAPPC) Sax Institute to develop a simulation model of alcohol use in Tasmania, to forecast the effectiveness of a variety of approaches to reducing alcohol-related harm, and explore what combination of interventions is likely to produce maximum community-wide impact.

PHS has also developed the Tasmanian Alcohol Data and Trends Report 2016, available from the above alcohol page as well as from [http://www.dhhs.tas.gov.au/publichealth/about\\_us/publications/epidemiology\\_publications](http://www.dhhs.tas.gov.au/publichealth/about_us/publications/epidemiology_publications). A summary is provided in Appendix I.



Michael Reynolds

Chair - Interagency Working Group on Drugs

# 1. Summary

## Background

In Tasmania, as elsewhere, a substantial proportion of people drink at levels that increase the risk of alcohol-related harm. This includes a wide range of harms to an individual drinker, those around the individual drinker, and communities and society as a whole. Alcohol is a causal factor in more than 200 disease and injury conditions, encompassing both short-term and long-term harm<sup>i</sup>. Alcohol-attributable cancer, liver cirrhosis, and injury together constitute the majority of the burden of alcohol-attributable mortality<sup>ii</sup>.

In Australia, alcohol hospitalises an estimated 430 people each day (157,132 per year) and kills an estimated 15 people each day (5,554 per year)<sup>iii</sup>. In Tasmania alcohol-attributable hospitalisations were estimated in 2010 to be 2,636 (or more than 50 per week) and alcohol-attributable deaths were estimated to be 155 (over 2 per week).

Alcohol is also responsible for 5.1 per cent of the overall disease burden<sup>iv</sup> and cost the Australian community an estimated \$15.3 billion in 2004-05<sup>v</sup>. The most recent estimates of alcohol consumption show that Tasmanians drink alcohol at levels above the national average<sup>vi</sup> and there is evidence of a significant burden from alcohol harms on the Tasmanian community.

*Rising Above the Influence: Tasmanian Alcohol Action Framework 2010-2015* (TAAF) was released in 2010. The TAAF was developed by the IAWGD as a response to alcohol-related harm in the Tasmanian community, and as the broad structure to guide government agencies, local council, community sector organisations and industry to develop and implement activities and actions to address problems associated with excessive alcohol consumption in Tasmania.

In 2015, the Minister for Health, on the recommendation of the IAWGD, agreed to extend the Framework to the end of 2016 to allow for a comprehensive review that will help inform a new alcohol strategy for Tasmania from 2017, and which will also align with the development of a new National Alcohol Strategy.

The IAWGD is responsible to review the current TAAF and develop a new alcohol framework for Tasmania from 2017. It tasked the AAG with coordinating and facilitating this work.

## The Tasmanian Alcohol Action Framework

The TAAF is Tasmania's strategic response to alcohol use and misuse. The TAAF was implemented in 2010 as one of three sub-strategies under the TDS framework and was developed following broad consultation with state and local government, the non-government sector and industry.

The goal of the current TAAF is to improve individual and community safety and to reduce the human, economic and social costs associated with the misuse of alcohol. Its aims are to:

- I. Reduce the volume of per capita alcohol consumption in Tasmania;

---

<sup>i</sup> World Health Organisation (WHO). Global status report on alcohol and health 2014. Geneva 2014

<sup>ii</sup> Shield KD, Gmel G, Kehoe-Chan T, Dawson DA, Grant BF, Rehm J. Mortality and potential years of life lost attributable to alcohol consumption by race and sex in the United States in 2005. PloS one. 2013;8(1):e51923. PubMed PMID: 23300957. Pubmed Central PMCID: 3534703.

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

<sup>iv</sup> Australian Institute of Health and Welfare. Australian Burden of Disease Study. Impact and causes of illness and death in Australia 2011. Canberra: AIHW, 2016

<sup>v</sup> Collins DJ, Lapsley HM. The costs of alcohol, tobacco and illicit drug use to Australian society in 2004/05. Canberra: Department of Health and Ageing, 2008

<sup>vi</sup> Australian Bureau of Statistics. Apparent consumption of alcohol, Australia, 2013-2014 [Internet]. Canberra 2015 [cited 2016 08 Jun]. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4307.0.55.001/>

2. Reduce the incidence of illness, accidents and deaths related to the misuse of alcohol;
3. Reduce the level of social, economic, health and legal costs related to the misuse of alcohol;
4. Reduce the prevalence of violence, including family violence, disruption, antisocial behaviour and crime related to the misuse of alcohol;
5. Reduce the incidence of harmful alcohol use in the Tasmanian community; and
6. Reduce the focus on alcohol as a necessary component of social activity in Tasmania.

The key strategies of the TAAF, which were agreed upon to achieve the above aims are:

1. changing of the drinking culture in Tasmania
2. an effective system for controlling the supply of alcohol in Tasmania
3. providing effective interventions to deal with, and prevent alcohol-related harm

Each of the key strategy areas identifies a number of areas for action (See Appendix 2), which formed the basis of the annual implementation plans.

In addition, the TAAF is underpinned by the following principles:

1. Commitment to an evidence-based approach to policy development and service delivery and development
2. Commitment to a coordinated whole-of-community approach to alcohol

And the priority areas for action over the past six years have been to address:

1. The health and wellbeing of the population
2. Community Safety and Amenity
3. Intoxication
4. High-risk groups and high-risk behaviours

## Methods used

During the life of the TAAF, stakeholders were invited to identify intended actions, activity(ies), timeframes, key performance indicators, partners and whether a planned activity was new or a continuation. Those were aligned specifically to the identified areas for action under the three key strategy areas (Appendix 2) and comprised the annual implementation plans.

Those plans and corresponding annual reports have captured activities and initiatives across Government agencies, local government and a range of community organisations.

The methods for this desktop review of the TAAF involved:

- Identifying and mapping the range of actions and activities over the life of the TAAF as reported annually by key stakeholders
- Identifying measures and indicators for each of the aims of the TAAF
- Identifying and analysing possible data sources
- Aligning data to the identified measures and indicators
- Analysing the usefulness of measures and indicators and existing data to inform a new alcohol framework for Tasmania

The AAG led by the Mental Health, Alcohol and Drug Directorate (Directorate) of DHHS as the provider of secretariat functions for both the AAG and IAWGD revisited the annual implementation plans and reports provided by stakeholders over the term of the TAAF to consider the range of activities that have been implemented. It also requested and sought data and trends data from member agencies/organisations which includes from within DHHS and the Departments of Police, Fire and Emergency Management (DPFEM), Education (DoE), Treasury and Finance, Liquor and Gaming Branch (L&GB), State Growth (SG), Tasmanian Health Service Alcohol and Drug Services (ADS), Premier and Cabinet (DPaC), the University of Tasmania (UTas), the Local Government

Association of Tasmania (LGAT), and the Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC).

## Findings

The TAAF was developed as a response to alcohol-related harm in the Tasmanian community, and as the broad structure to guide government agencies, local council, community sector organisations and industry to develop and implement activities and actions to address problems associated with excessive alcohol consumption in Tasmania. So has it done that?

Section 2 of this Report summarises the activities that have been undertaken over the life of the TAAF under the three key strategies. It does not reflect all the activities that have been reported each year, but what it and the annual implementation plans and reports, available from the Tasmanian Drug Strategy alcohol page at <http://www.drugstrategy.dhhs.tas.gov.au/> do show is that many agencies, community organisations and local councils have actively engaged in the process over the life of the TAAF, and have either instigated or continued to implement a range of activities to address alcohol-related harm within their community.

Section 3 discusses data and trends, and includes a table (Table 3.7) of measures, indicators and data trends against each of the aims of the TAAF. It concludes that the TAAF lacks clear identification of measures and indicators. It also concludes that there remain significant limitations to access to specific and timely data that can reliably demonstrate whether the activities undertaken have specifically addressed the goal and aims of the TAAF.

Available data indicates:

- Some reductions in lifetime and single occasion risks from alcohol consumption
- No significant difference in underage drinking in recent years
- The number of women drinking alcohol in pregnancy has decreased in recent years
- Increases in alcohol-related hospitalisations for both men and women
- No statistically significant changes in alcohol-related Emergency Department presentations
- Decreases in proportion of fatalities and serious casualty road crashes involving alcohol
- Decrease in proportion of family violence offenders affected by alcohol
- Increase in the number of liquor licenses

## Conclusions and way forward

Section 2 of this report lists a range of initiatives and activities undertaken over the life of the TAAF, and demonstrates significant engagement of stakeholders and a wide variety of activities undertaken in Tasmania to address alcohol-related harm. However, as discussed in Section 3, it is difficult to evaluate or conclusively say that any of the activities have had a direct effect on the goal and aims of the TAAF.

Without pre and post evaluation processes or baseline data it is impossible to evaluate the effect, or correlate available data to each aim or any one specific activity. Any movement in the data may not be directly related to a specific action or policy response, and any movement may also reflect actions that have occurred in other policy arenas or changes to operations within specific agencies or program areas. Furthermore some of the policy outcomes may not be evident in the short and medium term.

Whilst Section 3 and Table 3.7 of this Report discusses and identifies some data and trends, clear identification of the types of measures and indicators needed for a new alcohol framework are required going forward.

The process to collect, collate and report annually on implementation of the TAAF has been the responsibility of the AAG led by the Directorate of DHHS as the provider of secretariat functions for both the AAG and IAWGD. Significant interaction and liaison with engaged stakeholders has been undertaken annually to support the annual implementation plans and annual reports, and whilst a dedicated position to support the work of the IAWGD was created in 2008, that position has not existed since December 2014 which has left a resource gap.

Collecting, collating and analysing data and trends is undertaken on an ad hoc basis as and when deemed necessary or useful, which also makes ongoing monitoring and evaluation difficult. Nor is any one agency or organisation responsible for that process, noting however that PHS of DHHS does collate available data into an alcohol data and trends report when resources allow.

Following completion of TAPPC simulation modelling of alcohol use in Tasmania project, information from that and this report will be provided to key stakeholders with a TAAF review questionnaire. That consultation process will help to determine the levels of support for a variety of approaches, as well as for the current aims, key strategy areas and specific activities. Feedback from those processes will all inform the drafting of a new alcohol framework for Tasmania which will need to include careful consideration of what it should realistically aim to achieve, what success would look like i.e. the measure(s), and how it would be monitored and evaluated, i.e. the indicators and data.

## **2. Activities under the 3 key strategies**

The key strategies and associated areas for action were used as the framework and basis upon which the AAG sought input from stakeholders to inform the annual implementation plans and annual reports.

Many of the activities address more than one key strategy or identified area for action, and a 'best fit' approach has been used.

### **Key Strategy 1 - Changing the drinking culture in Tasmania**

The identified areas for actions are:

- a. developing social marketing and community-based campaigns to promote responsible alcohol consumption, effective harm-reduction strategies (such as legislative amendments, promoting the new NHMRC Alcohol Guidelines, the drink driving and driver education campaigns); and the responsibilities of the community, individuals and licensees (including targeted community education strategies for groups at greater risk of harm)
- b. adopting more stringent regulation of advertising and promotion of alcohol, covering such things as tastings, in-store promotions, aggressive marketing and discounting and more broadly lobbying for mandatory regulation of alcohol advertising at the national level
- c. promoting and supporting strategies in local communities by encouraging alcohol-free events and increasing the capacity of communities to undertake alcohol-related harm minimisation initiatives e.g. promoting alcohol-free events, particularly events targeting children or primarily/substantially attended by children
- d. supporting structural and policy changes within sporting and recreational clubs to reduce the focus on alcohol as a central part of club culture
- e. enhancing processes and systems to inform the public of the liquor licensing process and to provide input into liquor licensing and planning decisions



- f. developing programs to promote positive values and norms amongst Tasmanian youth and support the development of strategies and interventions targeting youth and underage drinking, such as the Social Norms Analysis Project (SNAP), which aims to provide an accurate picture of alcohol-related attitudes and behaviours of high school students
- g. enhancing existing and establishing new partnership programs aimed at supporting early childhood interventions and building resilience
- h. developing strategies and programs for enhancement of evidence-based school alcohol education within a schools-based alcohol policy context

The following activities have been undertaken to support changing the drinking culture in Tasmania:

- The Sale or Supply of Alcohol to Youth, *Police Offences Act 1935* was introduced in 2009. The legislation regulates the supply of alcohol to persons under 18 years of age on private property. The legislative amendment was supported by the dissemination of posters and pamphlets to Tasmanian schools, liquor outlets, *Service Tasmania* and police stations. Social media and the Tasmania Police website were also used to communicate the new laws, and in 2014 this was further supported by the development and distribution of the Sale and Supply of Alcohol to Youth video ([https://youtu.be/HL\\_wRTvjxcQ](https://youtu.be/HL_wRTvjxcQ))
- The *Guidelines for Managing Drug-Related Incidents in Tasmanian Schools 2015-2019* Memorandum of Understanding (MoU) between Tasmania Police and all Tasmanian schools and colleges was revised in 2015.
- Tasmania Police delivered the *Good Mates Guide* social marketing campaign in 2011, as a Tasmanian Government initiative to reduce alcohol-fuelled violence in the 18 to 30 years age group and provide practical skills to lessen the likelihood of becoming a victim. The campaign included the *Mate Minder* iPhone application, the *Good Mates Guide* facebook page, television and metro bus advertising and distribution of posters, coasters and take-away food bags.
- In 2014, the Department of Education updated its *Drug Education and Drug Management* policy, and its *Drug Education and Drug Education and Drug Management* procedure.
- The Drug Education Network (DEN) ran a mass media campaign on buses and taxis across Tasmania, the focus of which was that under the NHMRC Guidelines, bingeing can be considered more than 4 drinks. The campaign ran for 18 months across 2013 and 2014.
- In 2013, the Drug Education Network (DEN) launched the *Party Rules* booklets, revised in 2015, as a guide for parents of young people on understanding alcohol and under 18's and understanding the law in Tasmania. To August 2016, 7 000 *Party Rules* booklets have been distributed by the DEN throughout Tasmania.
- The DEN also launched its *Wiser and Older* brochure in 2014 focusing on the use of alcohol with prescription medication by older Tasmanians. To October 2016, 3 400 copies have been distributed.
- The *Go Easy on the Drink* campaign was launched by Tasmania Police and Marine and Safety Tasmania (MAST) to target private and commercial boat owners and boat licence holders in Tasmania. Since 2012-13, MAST have distributed over 28 600 registration labels, and 53 000 Boatwise publications to private boat owners and licence holders and 5 300 Seawise publications to the commercial boating sector in Tasmania.
- The *Good Sports* program was developed by the Australian Drug Foundation (now the Alcohol and Drug Foundation) (ADF) to assist sporting clubs to manage alcohol responsibly

by using a key strategy of accreditation for alcohol management standards based on levels. The program was re-introduced into Tasmania in 2010 and overall, 160 clubs have reached Level 3 accreditation demonstrating strong program progression up from 80 clubs (23.7 per cent) in December 2014 (Table I.1). It is a requirement that alcohol management plans must exist for football clubs applying for a permit to sell alcohol.

**Table I.1: Good Sports Clubs in Tasmania 2010-2016**

Accreditation Level	Tasmanian Good Sports Clubs						
	2010	2011	2012	2013	2014	2015	2016 <sup>+</sup>
Registered clubs	17	28	34	34	38	7	-
Participating clubs	7	11	14	8	12	2	-
Leads <sup>^</sup>	-	-	-	-	-	-	99
Pre-accredited clubs <sup>*</sup>	-	-	-	-	-	-	15
Level 1 accreditation	26	81	85	66	63	21	13
Level 2 accreditation	16	29	63	84	83	72	62
Level 3 accreditation	4	9	13	49	80	125	80
Level 3 Monitoring <sup>#</sup>							80
Level 0 accreditation	-	-	-	1	1	1	-
Under review	78	35	25	18	18	46	1
<b>Total Tasmanian clubs engaged</b>	<b>148</b>	<b>193</b>	<b>224</b>	<b>260</b>	<b>295</b>	<b>335</b>	<b>349</b>
<sup>+</sup> to 30/9/2016 Note: The ADF implemented a new system in 2015 to track clubs and accreditation categories have now changed: <sup>^</sup> Leads are new clubs that are entering the program <sup>*</sup> Pre-accredited clubs are working towards Good Sports accreditation <sup>#</sup> Level 3 Monitoring clubs have reached Level 3 accreditation and have completed a 'Monitoring Report' to maintain Level 3.							
Source: Alcohol and Drug Foundation 2016							

- The Road Safety Advisory Council (RSAC) continues to heavily promote the anti-drink driving message with its *Real Mates Don't Let Mates Drink Drive* campaign. The campaign was initially launched in August 2012 to support changing drinking behaviours of young male drivers who are at high risk of being involved in a serious casualty crash where alcohol is a factor.
  - The campaign is now in its fifth year (Phase Five) and continues to perform well.
  - Latest market research shows an outstanding awareness rate of 70 per cent.
  - Road crash statistics involving alcohol in the male 17 to 25 age group have decreased by 20 per cent since the launch of the campaign.
  - Various promotional materials are distributed to support the campaign (Table I.2).

**Table 1.2: Real Mates Campaign Promotional Distributions 2010-2016**

	Year 1	Year 2	Year 3	Year 4	Year 5
Material Distributed	2012	2013	2014	2015	2016
<i>Real Mates</i> Drink Bottles	4000	4000	5000	5000	5000
<i>Real Mates</i> T Shirts (final day only)	200	-	-	-	-
<i>Real Mates</i> Caps - (restricted limit)	3000	3000	2500	500	500
<i>Real Mates</i> Cooler Packs	-	-	1000	1000	-
<i>Real Mates</i> Ponchos	-	-	-	200	200
Source: Department of State Growth Road Safety Advisory Council - November 2016					

## Key Strategy 2 - An effective system for controlling the supply of alcohol in Tasmania

The identified areas for actions are:

- a. reviewing legislation to ensure there is appropriate and consistent legislative and regulatory framework to support the control and supply of alcohol, with an effective and systematic compliance enforcement regime, including mechanisms to deal with complaints about licensee activities and breaches in a timely, appropriate and transparent manner
- b. reviewing legislation to provide the opportunity for police, Public Health, local councils and industry to provide input and influence the licensing process to ensure that the public health and wellbeing, community safety, planning and development, and economic impact are appropriately considered in licensing decisions
- c. supporting national initiatives aimed at reducing the levels of, and harms from intoxication, including alcohol pricing, advertising and promotion restrictions and warning label requirements
- d. increasing the capacity of police, liquor licensing and the community to enhance enforcement of liquor licensing laws pertaining to the serving of intoxicated people

The following activities have been undertaken to support changing the drinking culture in Tasmania:

- Actions under Key Strategy No.2 of the TAAF included a review of Tasmanian legislation. This process commenced with an independent Legislative Scoping Study of the legislative and regulatory framework dealing with the sale of alcohol and the management of alcohol related harm in Tasmania. The scoping study was collaboratively funded by the Department of Health and Human Services; the Department of Police, Fire and Emergency Management; the Liquor and Gaming Branch, Department of Treasury and Finance; and the Alcohol, Tobacco and Other Drugs Council (ATDC).
- Stenning and Associates were contracted to undertake the study and the Stenning Report was released to the public in May 2013. The Report made a number of recommendations to improve the alignment of the legislative and regulatory framework to better support the TAAF, and many of these were considered in the review of the *Liquor Licensing Act 1990*.
- The second part of the legislative review process was the review of the *Liquor Licensing Act 1990* by the Department of Treasury and Finance. This review assessed how effective the

Act and its administrative functions in aligning with the aims of the TAAF and to identify areas that required change for the Tasmanian Government's consideration.

- On 1 September 2016, a number of important changes to the Act and its accompanying regulations came into effect in Tasmania. A major change to the Act was the inclusion of an object provision which clarifies the context and purpose of the legislation and underlies its operation, which provides guidance to its interpretation and provides direction to decision makers. The object provision comprises the key elements of regulation, harm minimisation and responsible development of industry. Other major changes include:
  - Clarification of the terms of 'best interests of the community' and 'intoxication'.
  - Requirement for licensees and permit holders to notify the Commissioner for Licensing of certain changes or events taking place within 14 days.
  - Minimum age of 16 years to sell or serve liquor on licensed or permits premises.
  - The ability of the Commissioner to prohibit or restrict advertising or promotion of liquor.
  - The ability of the Minister to prohibit the sale of undesirable liquor products.
  - Tasmania Police, licensees and permit holders can issue barring orders.
  - New obligations and offences for licensees, most now also applying to permit holders.
  - Requirement for certain licensees to provide wholesales liquor supply information on request of the Minister.
- The *Liquor Licensing Act* is supported by three sets of Regulations:
  - The new *Liquor Licensing Regulations 2016* that rescind the *Liquor Licensing Regulations 2013*
  - *Liquor Licensing (Fees) Regulations 2015*
  - *Liquor Licensing (Infringement Notices) Regulations 2008*
- The Liquor and Gaming Branch continue to monitor compliance with the Act. In Tasmania, from 1 July 2010 to 20 June 2016, the Branch recorded 1 031 liquor-related breaches in Tasmania. Since 2010, 208 liquor licenses have been suspended in Tasmania, and 127 cancelled. It should be noted that the majority of suspensions and cancellations are not as a result of serious compliance issues, but due to non-payment of annual fees and business closures.

### **Key Strategy 3 - Providing effective interventions to deal with and prevent alcohol-related harm**

The identified areas for actions are:

- a. developing and enhancing strategies to address social determinants for risky drinking behaviour, including prevention and early intervention strategies and initiatives to identify and address risk factors for harmful alcohol use to mitigate the emergence or escalation of risky drinking behaviours
- b. establishing appropriate prevention and intervention strategies targeting high-risk groups and high-risk behaviours

- c. ensuring there are strategies and measures to prevent and reduce alcohol-related injuries including road injuries; and workplace injuries
- d. supporting and implementing specific projects such as environmental improvement strategies, e.g. improved lighting, visibility and thoroughfare; and the promotion of practical strategies to avoid drink-driving, e.g. increased transportation, planning ahead, designated driver
- e. developing innovative problem-solving court and sentencing approaches to reduce the cycle of alcohol-related offending behaviour and to address the challenges of repeat drink-driving offenders
- f. ensuring there is an appropriate range and mix of treatment and other services available to ensure people in need of assistance have realistic opportunities to receive advice about a service that is right and accessible for them
- g. improving and encouraging service system and workforce development responses that operate across the primary, secondary and tertiary treatment continuum. This means increasing the capacity of the service system to undertake promotion, prevention and early intervention strategies and to undertake alcohol-related harm screening and risk assessment. This also means enhanced integration of alcohol and other drug interventions within primary health care, correctional primary health and other relevant services to improve linkages and referral mechanisms

The following activities have been undertaken to help provide effective interventions to deal with and prevent alcohol-related harm:

- The Tasmanian Early Intervention Program (TEIP) was introduced in 2011 under the Australian Government *National Binge Drinking Strategy*. TEIP is now core business for Tasmania Police and Alcohol and Drug Service (ADS) and targets young people, under the age of 18 years, who have been apprehended for the possession or consumption of alcohol in a public place. Police can issue an informal or formal caution for these offences, and under a formal caution the young offender is referred to the ADS for assessment, information and education intervention. As part of the pilot program the following outputs were also delivered:
  - Funding for the purchase and distribution of School Health and Alcohol Harm Reduction Project (SHAHRP) teacher resource kits. SHAHRP is a school-based curriculum program that aims to reduce alcohol-related harm that young people experience in alcohol use situations, utilising a harm minimisation approach. SHARP kits were distributed to all Tasmanian high schools in 2013.
  - Development of the DRINK THING website, which went live in May 2016, to provide an early intervention and screening tool for young people aged 12 to 17 years of age to manage their alcohol consumption. In October 2016, there were 2 632 page views registered to the website with 318 (58.9 per cent) being from the Hobart area.
- The *Mandatory Alcohol Interlock Program* (MAIP) was implemented in 2013. The aim of the MAIP is to stop motor vehicle drivers convicted of repeat or high-level drinking offences from driving a motor vehicle if alcohol is present in their system. In 2015-16, 1 535 people were eligible for the MAIP with 798 (52 per cent) of these people completing the program.
- The RSAC has conducted free breath testing services at the Falls Festival every year since its inception in 2001 and various other events in the past such as the Taste of Tasmania and Festivale in Launceston. This is a community service which allows patrons to ascertain their Blood Alcohol Concentration (BAC) levels to avoid driving a motor vehicle over the legally

prescribed limit of 0.05 (50 milligrams of alcohol per 100 mg of blood) for fully licensed drivers and 0.00 (0 milligrams) for provisional licence holders. The Falls Festival presents an opportunity to screen the 'captive' audience of 17-25 year old males using breath testing technology that aligns with Tasmania Police units to ensure accuracy of the testing. The testing numbers at the Falls Festival have steadily increased since 2013-14 (Table 3.1).

**Table 3.1:** Number of breath tests undertaken by RSAC - Hobart Festivals 2013-14 to 2015-16

Financial Year	Number of Patrons Tested	Percentage of Attending Patrons
2013-14	3 400	28 per cent
2014-15	3 727	28 per cent
2015-16	4 208	38 per cent

*Source:* Department of State Growth Road Safety Advisory Council - November 2016

- Since 2009, a Memorandum of Understanding (MoU) between the Motor Accident Insurance Board (MAIB), DPfEM and Department of State Growth has provided a framework for cooperation, implementation and monitoring of road safety education and enforcement programs, aimed at reducing the number of serious motor vehicle crashes on Tasmania's roads. Tasmania Police continue focussed enforcement on the five major causes of motor vehicle crashes: speed, seatbelts, fatigue, distraction and drink/drug driving.
- Community Corrections continues to deliver its *Sober Driver* program. The nine-week program aims to education adult repeat drink drive offenders about issues relating to the physical effects of alcohol, safe driving skills and the social implications of drink driving. The participation rates for this program have increased from 174 eligible participants with 85 per cent (136 participants) completion rate in 2013-14 to 186 eligible participants decreasing to a 79 per cent (155) completion rate in 2015-16.
- Tasmania Police continued to target drink driving offences by conducting 469 610 random breath tests in 2015-16. Of these, 51 per cent were in the South, 27 per cent were in the North and 21 per cent in the West. The data in the table below shows the number of random breath tests and driving offences recorded from 2010 to 2016 compared with drugs-related testing and offences for the same period.

**Table 3.2:** Number of Random Breath Tests (Alcohol) and Oral Fluid Tests (Drugs) conducted and related driving offences detected by Tasmania Police - 2010-2016

Year	Random Breath Tests & Oral Fluid Tests (OFTs) conducted		Driving Offences Detected	
	Alcohol Tests	Drug Tests	Drink Driving	Drug Driving
2010-11	606 991	325	3 903	325
2011-12	554 886	1 687	3561	349
2012-13	550 354	1 698	2 894	454
2013-14	551 444	1 819	2 731	619
2014-25	475 510	3 431	2 571	1 739
2015-26	469 610	3 738	2 309	1 920

*Source:* Tasmania Police Corporate Performance Report 2010-2016.

- Tasmania Police Marine Services continue to patrol Tasmanian waterways with 5 672 hours being allocated to patrols in 2015-16<sup>vii</sup>.
- In 2015-16, Tasmania Police recorded 13 089 public order activities relating to alcohol which is an increase from 11 338 reported in 2010-11<sup>viii</sup>.

**Table 3.3: Public Order Activities - Tasmania 2010 - 2016**

Public Order Activities	2010-11	2011-12	2012-13	2013-14	2014-15	2015-2016
Custody - Public Drunkenness	44	54	*	82	76	102
Licensed Premise Visits	7 644	5 975	*	9 581	10 782	11 600
Liquor Confiscations	1 530	1 040	*	229	296	357
Liquor Infringement Notices	2 120	2 495	3 548	2 696	976	1 030

Source: Tasmania Police Corporate Performance Reports 2010-2016.  
\*Data not available for this time period.

- The table below shows the number of family violence incidents reported where offenders and/or victims were affected by alcohol.

**Table 3.4: Family Violence Incidents - Offender and Victim affected by Alcohol 2010 - 2016**

Year	Offender Affected by Alcohol	Victim Affected by Alcohol
2010-11	825	370
2011-12	783	302
2012-13	759	228
2013-14	715	239
2014-15	619	220
2015-16	761	271

Source: Tasmania Police Corporate Performance Reports 2010-2016.

- Tasmania Police conducted *Operation Unite – a Blitz on Drunken Violence* statewide on a number of occasions during 2010 – 2013. The cross-jurisdictional policing initiative aimed to heighten community awareness of the issues associated with excessive alcohol consumption and related harm.
- As part of its research agenda, the National Drug and Law Enforcement Research Fund (NDLERF) funded a partnership project involving Deakin University, the Australian Institute of Criminology and the University of Tasmania, the Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts (DASHED) study. DASHED investigated harms associated with alcohol in the night-time economy in Canberra and Hobart between April and December 2015. The study used a combination of interviews with patrons in night-time entertainment precincts, covert observations in and around licensed establishments, and examination of administrative data sources such as alcohol and substance related ambulance attendances, alcohol related presentations in emergency department, recorded alcohol-related offence data and liquor licence enforcement

<sup>vii</sup> Not all Tasmania Police vessel patrol hours data pertains to alcohol-specific engagements.

<sup>viii</sup> \* Data was not included in the 2012-13 Tasmania Police Corporate Performance Report.

actions. In Hobart the project was undertaken from 10pm to 2am (Friday and Saturday nights) outside entertainment venues, with 738 patrons participating, and almost 150 hours of structured observation in licenced venues in this time. The DASHED report was released in November 2016<sup>ix</sup>. In Hobart:

- Two-thirds of people interviewed consumed alcohol (pre-drinking) before attending licensed venues; this rate was equal amongst males and females but was greater among younger age groups; and typically an average of 4 standard drinks were consumed prior to attending venues
- Around one quarter of those interviewed between 10 PM and midnight had breath alcohol levels of 0.1 or greater; and after midnight approximately one in six had such high breath alcohol readings
- Around 1 in 10 reported using substances other than alcohol (excluding tobacco) during the night they were interviewed
- Half of those interviewed had experienced some kind of aggression around licensed venues in past three months – 33 per cent verbal aggression, 26 per cent unwanted sexual attention and 16 per cent physical aggression; but it is notable that participants had high ratings of perceived safety both in and around the venues where they were interviewed
- One in twenty reported being refused service in a licenced venue in the past three months, however, in venue observations when people were displaying clear indications of intoxication, only around 10 per cent of these people were refused service
- The Tasmania Prison Service continued to provide its Getting Smart (until it was replaced by the Equips – Addiction program in May 2016) and Pathways programs. Between the 1 January 2010 and 12 January 2017:
  - the Getting Smart program had 385 commencements and 295 completions;
  - the Pathways program had 166 commencements and 103 completions; and
  - the Equips – Addiction program had 51 commencements and 24 completions.
- The residential-style alcohol and drug treatment program began operating in mid-July 2015 from the Tasmanian Prison Service. It supports prisoners with ongoing and long-term alcohol and drug use issues to address the underlying thoughts, feelings and behaviours that contribute to their criminal behaviour. External service providers such as Holyoake delivered additional group-based treatment to prisoners at the Ron Barwick Minimum Security Prison. The Salvation Army's X-Cell program provided individual alcohol and drug treatment throughout the Tasmanian Prison Service.

### Government-Funded AOD Treatment Services

A range of Government and non-Government alcohol, tobacco and other drug treatment services are provided across Tasmania.

The State Government current invests approximately \$17.6 million in alcohol and drug services. This includes \$12 million for specialist alcohol and drug services delivered through the Tasmanian Health Service (THS) and \$5.6 million for alcohol and drug services provided by community sector

---

<sup>ix</sup> Miller P, Bruno R, Morgan A, Mayshak R, Cox E et al. Drug and Alcohol intoxication and Subsequent Harm in night-time Entertainment Districts (DASHED). National Drug Law Enforcement Research Fund (NDLERF) Monograph no. 67. Canberra: NDLERF. [http://www.ndlerf.gov.au/pub/Monograph\\_67.pdf](http://www.ndlerf.gov.au/pub/Monograph_67.pdf)



organisations (CSOs). In addition to this the Government has provided further funding of \$4.8 million over four years to implement recommendations from the review into drug use in the North West.

Specialist clinical alcohol and drug services and community sector services support people with alcohol misuse issues. Alcohol is consistently the most common principal drug of concern for clients seeking treatment from alcohol and drug services – averaging around 40 per cent of closed episodes of treatment each year.

The THS deliver specialist alcohol and drug services Statewide including:

- Psychosocial interventions and support including outreach, relapse prevention, management of complex needs, brief and early intervention, and specialist interventions for young people and consultation liaison services;
- Pharmacotherapy services; and
- A ten bed Statewide inpatient withdrawal management facility, based in the South

A small number of CSOs are funded by the State to provide a range of services including advocacy support services, care coordination, counselling and support services, family support services, health promotion, education and training services, non-medical sobering up facilities/places of safety facilities, residential rehabilitation programs and some youth specific services.

Organisations and purpose of funding is summarised in the table below:

**Table 3.5:** Organisations funded and purpose of funding

Organisation	Purpose of funding	Location of services
Advocacy Tasmania	Individual and systemic advocacy support	Statewide
Alcohol and Drug Foundation	Good Sports Program	Statewide
Alcohol, Tobacco and other Drugs Council Tasmania	Peak Body	Statewide
Anglicare	Family Support AOD services Care Coordination	North and North West Break O'Day, East Coast Statewide
Circular Head Aboriginal Corporation	Tasmanian Early Intervention Program (TEIP) Illicit Drug Diversion (IDDI)	North West
Drug Education Network	Health Promotion	Statewide
Holyoake	Counselling TEIP & IDDI	South
Launceston City Mission	Case Management support (for residential rehabilitation) Places of Safety	North North & North West
Salvation Army	Residential Rehabilitation TEIP & IDDI Places of Safety	South & North West North South
The Link Youth Health Service	Youth alcohol and drug TEIP and IDDI	South

Organisation	Purpose of funding	Location of services
Velocity Transformations	Case Management support (for residential rehabilitation)	South
Youth, Family & Community Connections	Youth alcohol and drug TEIP & IDDI	North West

Funding from the ADS enabled the Salvation Army Tasmania to introduce the 'Street Teams' initiative to the Hobart Salamanca area on Friday and Saturday nights. The Hobart Street Teams have recorded 20 406 contacts since inception in 2015. Of these, 786 presented with severe intoxication and 102 required first aid.

The Salvation Army expanded its 'Street Teams' concept to Launceston following discussion with the Launceston City Council and Tasmania Police. The intent of the programme is to support events such as Australian Football League (AFL) fixtures, and has operated four times since July 2016. These occasions of volunteering have had 371 contacts with 7 instances of significant intoxication and 7 others requiring first aid or ambulance support. The Launceston Street Team is funded from local Salvation Army resources and public donations.

Places of Safety (POS) under the *Police Offences Act 1935* provide a safe, supported and supervised environment as an acceptable alternative to incarceration for persons found intoxicated in a public place:

- The Launceston City Mission received 121 referrals and admitted 97 clients to its POS program at Serenity House in the North West and Orana House in the North of Tasmania from 2012-13 to 2014-15.
- The Salvation Army received 189 referrals and admitted 152 clients to its POS at the Bridge Program in the South from 2011-12 to 28 September 2016.

For the Tasmanian Government and publicly funded services, the Alcohol and other Drug Treatment Services in Australia (AODTS) 2014-15<sup>x</sup> showed that:

- In Tasmania, 19 publicly funded alcohol and other drug services provided 3 241 treatment episodes in 2014-15 to 2 595 clients. Of these episodes, alcohol was the most common principle drug of concern in episodes provided to clients for their own drug use in 2014-15, and the most common principal drug of concern for clients receiving treatment from 2011-12 to 2014-15.
- Counselling was the most common type of treatment in Tasmania for 2014-15 (45 per cent of clients and 43 per cent of episodes), followed by assessment only (32 per cent of episodes) and rehabilitation (11 per cent of episodes). The following table shows the number of closed episodes provided for Tasmanians for own drug use and by principal drug of concern.

Alcohol is consistently the most common principal drug of concern for clients seeking treatment for their own drug use as the table below shows.

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

**Table 3.6:** Closed episodes provided for own drug use, by principal drug of concern, Tasmania 2009-2010 to 2014-15.

Drug of Concern	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Codeine	8	20	24	47	48	41
Morphine	87	84	102	110	110	81
Buprenorphine	2	8	8	8	24	19
Heroin	9	8	6	14	10	6
Methadone	18	20	15	29	31	26
Other opioids	12	9	20	18	70	32
Other analgesics	16	12	12	83	96	70
Alcohol	500	642	619	840	1,078	1,200
Benzodiazepines	19	31	17	45	50	37
Other sedatives and hypnotics	1	1	1	1	1	0
Amphetamines	88	142	154	263	290	545
Ecstasy (MDMA)	28	10	8	4	8	15
Cocaine	1	2	1	2	4	3
Nicotine	4	7	16	16	15	19
Other stimulants and hallucinogens	11	10	5	1	7	5
Volatile solvents	2	1	2	6	5	1
Cannabis	643	643	540	638	784	861
Other	2	3	4	5	17	11
Not stated	0	0	0	0	1	0
<b>Total</b>	<b>1,451</b>	<b>1,653</b>	<b>1,554</b>	<b>2,130</b>	<b>2,649</b>	<b>2,972</b>

Source: Australian Institute of Health and Welfare 2016. Alcohol and other drug treatment services in Australia. Drug treatment series. Canberra: AIHW.

### Local Government-specific

Over the years of the current TAAF, many of Tasmania's local councils have engaged with the AAG and provided annual implementation plans and annual reports of activities being undertaken in their particular local government area. Many councils also engaged with and actively promoted the Good Sports Program to sporting clubs within their local areas. Some of the other activities undertaken by councils include:

- As part of its *Youth Health Strategy 2010-2013*, the Kentish Council delivered a 2 week alcohol education campaign using its network of youth centres in Sheffield, Railton and Wilmot. The key focus of the campaign was to provide harm minimisation strategies to young people in the Kentish community.
- The Launceston City Council:
  - Offers information and free breathalysing to patrons of the Festivale festival under its *Breatho, Stay below .05!* campaign. This initiative was supported by Rotary Launceston West, community organisations and interested individuals from the community.
  - Disseminates information about alcohol in its annual *Safe Summer in Launceston* publication available from the CoL website. The timing of the information coincides

with the festive season as an appropriate safety message that complements food safety, water safety, theft prevention, snake awareness and emergency information.

- Promotes its *Don't Drink and Drive* message as part of local radio advertising and local radio stations towards the end of each year approaching the festive season.
- Invited Liquor and Gaming Officers and representatives of the Alcohol and Drug Service (ADS) attend the monthly Launceston Safer Communities Partnership meetings, which allow regular flow of information on alcohol-related issues and legislation. This meeting was also used as an opportunity for the Salvation Army to provide a report on their Launceston *Street Teams* program.
- The West Tamar Council continues to provide its *Party Safe* program. The program focuses on a harm minimisation approach to engage year ten students in the West Tamar municipal area by providing information to enable them to make informed decisions about drinking and associated risk taking behaviours. The program is coordinated each year to coincide with school leavers parties.
- The Circular Head Council developed the *Look out for your Mates* campaign in 2010 in response to the high level of fatalities in the municipality. The campaign targets drink driving, speed, inattention and seat belts. The campaign won the State and National Safer Communities Award in 2011, and the 2013 Community Road Partnership Major Award. The Council continues to use the campaign as an overarching road safety education strategy.
- The Glenorchy City Council successfully applied for funding under the National Binge Drinking Strategy in 2013 to support the development, implementation and reporting of a young people and binge drinking project – the development of an online interactive resource.
- The Hobart City Council:
  - Convenes the Safer Hobart Community Partnership which was formed in 2009 to improve safety and the perception of safety in the City of Hobart. It is a strategic partnership which brings together key stakeholders responsible for the delivery of community safety and associated issues, including crime prevention initiatives, at a senior level, to achieve effective, efficient and coordinated outcome
  - In late-2014, the Safer Hobart Community Partnership introduced the Hobart Safer Streets Program under which Tasmania Police, the Salvation Army and City of Hobart focus efforts on the Hobart waterfront entertainment areas from 10pm to 3am, Friday and Saturday nights. Supporting this approach, the City of Hobart funds security for the Salamanca taxi rank, the Tasmania Police Public Safety Group provides an additional police presence, and the Salvation Army Street Teams program engages with patrons and offers free water/tea/coffee and assistance to intoxicated and vulnerable people.
  - Implemented the Public Toilet Awareness Raising Program (PTARP) alcohol harm minimisation and health messages in Council-owned public toilets in 2012-13. The campaigns included DHHS binge drinking message, and SASS '*Off your Head, Don't Share Your Bed*' a message for young people about keeping safe when drinking.

### 3. Changes in data or trends, and measuring effectiveness

The ultimate outcome of alcohol, tobacco and other drug-related strategic initiatives is to reduce the quantum of harm, whether that consists of injury or deaths caused by drink driving; premature deaths caused by smoking; chronic diseases including cancers caused by both smoking and alcohol consumption; or family and domestic violence, child abuse, poverty and intergenerational disadvantage caused by, or resulting in, alcohol or drug use.

The information in this report relates to the key strategy areas and the activities that have been undertaken. The data and trends in this report in Table 3.7 below and in Appendix I relate to the six aims of the TAAF, and ideally the data needs to be able to show whether there has been:

- a reduction in the volume of per capita alcohol consumption in Tasmania
- a reduction in the incidence of illness, accidents and deaths related to the misuse of alcohol
- a reduction in the level of social, economic, health and legal costs related to the misuse of alcohol
- a reduction in the prevalence of violence, including family violence, disruption, antisocial behaviour and crime related to the misuse of alcohol
- a reduction in the incidence of harmful alcohol use in the Tasmanian community
- a reduction in the focus on alcohol as a necessary component of social activity in Tasmania.

But how or what effect do the types of activities currently undertaken have on the overarching goal and aims of the TAAF, and do the key strategy areas for action and those activities and the data and trends align with the above aims?

Some are direct indicators, i.e. reducing the volume of per capita alcohol consumption in Tasmania (indicated by per capita consumption levels); reducing the incidence of harmful alcohol use (indicated by less alcohol-related illness, hospitalisations, deaths, motor vehicle crashes etc); and reducing the prevalence of alcohol-related violence (indicated by less violence, less family-violence incidents and less alcohol-related crime) could all indicate that there has been a shift in changing the drinking culture. They could also indicate that there is in place an effective system for controlling the supply of alcohol in Tasmania in that the evidence is strong that less easily accessible and available alcohol equates to less harm. Less alcohol-related illness, hospitalisations and deaths and reduced prevalence of violence could also indicate there are in place effective interventions to deal with, and prevent alcohol-related harm.

Certain activities should in theory impact the aims and key strategy areas, i.e. the implementation and promotion of the changes to the *Police Offences Act 1935*, sale and supply of alcohol to youth amendment in 2009 should have an effect on the drinking culture by raising awareness of both young people and their parent/guardian of the risks of underage drinking. Likewise the various campaigns undertaken by a range of agencies/organisations over the years should also raise awareness of the risks associated with alcohol use and thus also have an effect on the drinking culture.

However, without pre and post evaluation processes or baseline data it is impossible to evaluate the effect, or correlate available data to each aim or any one specific activity. Any movement in the data may not be directly related to a specific action or policy response, and any movement may also reflect actions that have occurred in other policy arenas or changes to operations within specific agencies or program areas. Furthermore some of the policy outcomes may not be evident in the short and medium term.

So the question for the new Tasmanian alcohol framework is what should it realistically aim to achieve, what then would success look like, i.e. the measure(s) and then how would that be evaluated, i.e. the indicators and data that would be needed, and how or what effect do the types of activities currently undertaken have on any overarching goal or objectives?

The other difficulty is that responsibility for collecting, collating and analysing data and trends is undertaken on an ad hoc basis as and when deemed necessary or useful, which also makes ongoing evaluation difficult.

There is also a range of other issues in attempting to quantify outcomes associated with alcohol (and other drug-related) policies. Regardless of which data is used and how the measures are reported, there will always be concerns, whether it is in regard to the reliability and validity of the data, the timeliness of the data, sample sizes, the methodologies used in the collection of the data and the way the data is interpreted.

The table below does demonstrate some changes in Tasmania against the identified measures:

- Some reductions in lifetime and single occasion risks from alcohol consumption
- No significant difference in underage drinking in recent years
- The number of women drinking alcohol in pregnancy has decreased in recent years
- Increases in alcohol-related hospitalisations for both men and women
- No statistically significant changes in alcohol-related Emergency Department presentations
- Decreases in proportion of fatalities and serious casualty road crashes involving alcohol
- Decrease in proportion of family violence offenders affected by alcohol
- Increase in the number of liquor licenses

**Table 3.7:** Data trends for measures and indicators against the aims of the TAAF

<b>Aim</b>	<b>Measure(s)</b>	<b>Indicator(s)</b>	<b>Data and Trends</b>	<b>Comments</b>
1. Reduce the volume of per capita alcohol consumption in Tasmania	Population level alcohol consumption in Tasmania decreases	Per capita consumption of pure alcohol	National per capita consumption of pure alcohol decreased from 10.53 litres per person in 2009-10 to 9.7 litres per person in 2013-14. <sup>xi</sup>	No Tasmanian specific data is available  Tasmania has agreed to re-commence the collection and reporting of wholesale alcohol sales data which will be able to provide indications of population level alcohol consumption levels.
	Alcohol is less accessible or available	Number, type and location of liquor licenses	There has been a 22.6 per cent increase in the number of liquor licenses over the last 12 years. <sup>xii</sup>	
2. Reduce the incidence of illness, accidents and deaths related to the misuse of alcohol	Less illness(es) that can be attributed to the use of alcohol	Number of alcohol-related hospital separations by principal drug of concern – on per capital or per 100,000 basis	Alcohol-related hospitalisations increased from 859 per 100,000 in men and 582 per 100,000 in women in 2009-10 to 1,021 per 100,000 in men and 845 per 100,000 in women in 2014-15. <sup>xiii</sup>	Derived by applying aetiological fractions to particular death or illness is associated with alcohol consumption) to population level mortality and morbidity data.
		Presentations to emergency departments for acute alcohol intoxication	Alcohol-related ED presentations rate was 152.2 per 100,000 in 2009-10 and 159.5 per 100,000 in 2014-15 (no statistically significant change). <sup>xiv</sup>	Based on coding using only primary diagnosis of ICD-10 3 digit codes T51 (Toxic effect of alcohol) or F10 (Mental and behavioural disorders due to use of alcohol) so likely to significantly underestimate indicator. National data indicates approximately 8 per cent.

<sup>xi</sup> Australian Bureau of Statistics. Apparent consumption of alcohol, Australia, 2013-2014. 2015. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4307.0.55.001/> (accessed 08 Jun 2016).

<sup>xii</sup> Department of Treasury and Finance. Liquor industry data in Tasmania. 2016; <http://www.treasury.tas.gov.au/domino/dctf/dctf.nsf/v-liquor-and-gaming/E1E056468959C8E7CA257D8200177211>. Accessed 16 Aug, 2016.

<sup>xiii</sup> Epidemiology Unit DHHS. Alcohol-related morbidity and mortality, unpublished data. Tasmanian Government; 2016.  
<sup>xiv</sup> Ibid.

Aim	Measure(s)	Indicator(s)	Data and Trends	Comments
		Number of alcohol-related ambulance attendances	163 ambulance call outs per month involving alcohol in 2015.	No trend data available
Less accidents where alcohol is a contributing factor	Less accidents where alcohol is a contributing factor	Number and rate of alcohol-related motor vehicle crashes	<ul style="list-style-type: none"> <li>Proportion of serious casualty road crashes involving alcohol fell from 25.1 per cent in 2010 to 15.4 per cent in 2015 for all ages.</li> <li>For 17-29 year olds the proportion fell from 43.8 per cent in 2010 to 17.9 per cent in 2015.<sup>xv</sup></li> </ul>	
Less deaths where alcohol is identified as a contributing factor	Less deaths where alcohol is identified as a contributing factor	Number and rate of motor vehicle fatalities where alcohol is a factor	<ul style="list-style-type: none"> <li>There were 51 road fatalities and serious injuries involving alcohol in 2015<sup>xvi</sup></li> <li>Among 17-29 year olds 17.9 per cent of road fatalities and serious injuries involve alcohol</li> <li>There has been a statistically significant (<math>p &lt; 0.001</math>) downward trend in the likelihood of serious casualties involving alcohol for all ages of 1.6 per cent per annum on average between 2008 and 2015, and a decrease of 23.5 per cent per annum on average for 17-29 year olds between 2010-2015</li> </ul>	

<sup>xv</sup> Department of State Growth. Crash Data, unpublished data. Tasmanian Government; 2016.

<sup>xvi</sup> Ibid.



Aim	Measure(s)	Indicator(s)	Data and Trends	Comments
		Alcohol-related deaths	Between 2008 and 2012 there was an average of 115 deaths each year due to alcohol <sup>xvii</sup> . Men have a significantly higher death rate from alcohol-related disease than women. Rates have not changed significantly over the last decade.	
	Access to treatment	Number of people in treatment services by principal drug of concern	Alcohol accounted for 40.7 per cent of closed treatment episodes in 2014-15 (1 200 closed treatment episodes) <sup>xviii</sup> . This is consistent with previous years.	Access to treatment can be confounded by many factors including number and type of treatment services available; awareness of available services; access; willingness of people to enter into treatment, etc and this measure has been left in the table, but cannot be taken as a true indicator or otherwise of the effectiveness of this aim.
3. Reduce the level of social, economic, health and legal costs related to the misuse of alcohol		No indicators or data currently available in Tasmania		Whilst there are no direct costings for Tasmania, the new TAAF will consider whether a range of possible measures can be identified which have the potential to provide indicators related to this aim, e.g. the proportion of court times related to alcohol, the proportion of prisoners in the Tasmanian prison system with alcohol related offences, etc.

<sup>xvii</sup> Epidemiology Unit DHHS. unpublished work. 2016.

<sup>xviii</sup> Australian Institute of Health and Welfare 2016. Alcohol and other drug treatment services in Australia 2014-15. Drug treatment series no. 27. Cat. no. HSE 173. Canberra: AIHW. This is the most recent publicly available data report

Aim	Measure(s)	Indicator(s)	Data and Trends	Comments
4. Reduce the prevalence of violence, including family violence, disruption, antisocial behaviour and crime related to the misuse of alcohol	Less violence	Community perception of safety and public order	<ul style="list-style-type: none"> <li>The number of people in Tasmania who experienced physical assault and reported alcohol or any other substance having contributed to the incident has reduced since 2010-11 from 10,300 people to 9,000 in 2014-15<sup>xix</sup></li> <li>The proportion of people in Tasmania who believed alcohol or any other substance contributed <sup>xx</sup> to a physical assault incident remained steady but did increase from 63.9 per cent in 2010-11 to 77.1 per cent in 2014-15</li> </ul>	
Less family violence where alcohol is a factor	Police-recorded alcohol-related family violence incidents	Police-recorded alcohol-related family violence incidents	The proportion of family violence incidents where offenders affected by alcohol fell from 30.8 per cent in 2010-11 to 24.0 per cent in 2015-16. <sup>xxi</sup>	
Less alcohol-related crime	Police-recorded public place assaults where alcohol was involved	Police-recorded public place assaults where alcohol was involved	From 2012-13 to 2015-16 the percentage of recorded public place assaults involving alcohol was around 30 per cent each year <sup>xxii</sup>	Information has only been collected since mid-2012, and is based on the perception of police officers. There is a high percentage of 'unknown' criteria recorded, i.e. between 47.3 to 56.6 per cent.

<sup>xix</sup> Australian Bureau of Statistics 2017. 4530.0 - Crime Victimization Australia, 2014-15. Internet. [www.abs.gov.au/ausstats/abs@.nsf/mf/4530.0](http://www.abs.gov.au/ausstats/abs@.nsf/mf/4530.0)

<sup>xx</sup> Ibid.

<sup>xxi</sup> Department of Police and Emergency Management. Annual Reports 2010-11 to 2015-16: Tasmanian Government, 2016.

<sup>xxii</sup> Department of Police and Emergency Management. Public Place Assaults by alcohol/drug involvement. Data extracted from Tasmania Police Offence Reporting System (ORS) 24/02/17

Aim	Measure(s)	Indicator(s)	Data and Trends	Comments
5. Reduce the incidence of harmful alcohol use in the Tasmanian community	Less people drinking alcohol at levels that puts them at risk	Prevalence of risky alcohol consumption: <ul style="list-style-type: none"> <li>Lifetime risk</li> <li>Single occasion risk</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of Tasmanian adults aged 18 and over exceeding NHMRC lifetime risk guideline was 22.7 per cent in 2011-12 and 18.6 per cent in 2014-15<sup>xxiii</sup></li> <li>Proportion of Tasmanian adults aged 18 and over exceeding NHMRC single occasion risk guidelines was 48.9 per cent in 2011-12 and 49.2 per cent in 2014-15<sup>xxv, xxvi</sup></li> </ul>	
		Prevalence of young people's alcohol use	<ul style="list-style-type: none"> <li>Proportion of 12-15 year olds drinking in their lifetime has fallen from 85 per cent in 2008 to 71 per cent in 2014 (significant difference <math>p &lt; 0.01</math>) and having drunk in last 7 days has fallen from 21 per cent in 2008 to 10 per cent in 2014 (significant difference <math>p &lt; 0.01</math>)<sup>xxvii</sup></li> </ul>	

<sup>xxiii</sup> Australian Bureau of Statistics. Australian Health Survey: First Results, 2011-12. 2012. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012011-12?OpenDocument> (accessed 21 Dec 2016).

<sup>xxiv</sup> Australian Bureau of Statistics. National Health Survey: First Results, 2014-15. 2015. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument> (accessed 15 Jun 2016).

<sup>xxv</sup> Australian Bureau of Statistics. Australian Health Survey: First Results, 2011-12. 2012. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012011-12?OpenDocument> (accessed 21 Dec 2016).

<sup>xxvi</sup> Australian Bureau of Statistics. National Health Survey: First Results, 2014-15. 2015. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument> (accessed 15 Jun 2016).

<sup>xxvii</sup> Williams T, Katherine S. The use of alcohol, tobacco, over-the-counter substances, among Tasmanian secondary school students in 2014 and trends over time: Centre for Behavioural Research in Cancer Council Victoria, prepared for Cancer Council Tasmania, 2016.

Aim	Measure(s)	Indicator(s)	Data and Trends	Comments
			<ul style="list-style-type: none"> <li>Proportion of 16 to 17 year olds drinking in their lifetime has fallen from 97 per cent in 2008 to 93 per cent in 2014 (significant difference <math>p &lt; 0.05</math>) and having drunk in last 7 days has fallen from 48 per cent in 2008 to 34 per cent in 2014 (significant difference <math>p &lt; 0.01</math>)<sup>xxviii</sup></li> </ul>	
	Rates of drinking during pregnancy	Rates of drinking during pregnancy	Women self-reporting of drinking alcohol in pregnancy fell from 11.2 per cent in 2009 to 6.4 per cent in 2013. <sup>xxix</sup>	
Less people drink driving	Number and rate of drink-driving incidences	The number of people charged with drink driving offences has decreased since 2011-12 <sup>xxx</sup> , however the number of random breath tests undertaken has also decreased.	The number of people charged with drink driving offences has decreased since 2011-12 <sup>xxx</sup> , however the number of random breath tests undertaken has also decreased.	Whilst this data has been left in this table and the body of the report, the number of random-breath testing undertaken by Tasmania Police fluctuates year to year.
Safer drinking settings	Number, type and location of liquor licenses	The number of liquor licenses increased over the last 12 years by 22.6 per cent <sup>xxxi</sup> . The largest increase has been in off licenses	The number of liquor licenses increased over the last 12 years by 22.6 per cent <sup>xxxi</sup> . The largest increase has been in off licenses	

<sup>xxviii</sup> Ibid.

<sup>xxix</sup> Department of Health and Human Services. Council of Obstetric & Paediatric Mortality & Morbidity Annual Report 2013. Hobart: Tasmanian Government; 2015.

<sup>xxx</sup> Department of Police and Emergency Management. *Annual (June) 2015 Corporate Performance Report, Tasmania Police*. Tasmanian Government; 2015.

<sup>xxxi</sup> Department of Treasury and Finance. Liquor industry data in Tasmania. 2016; <http://www.treasury.tas.gov.au/domino/dttf/dttf.nsf/v-liquor-and-gaming/E1E056468959C8E7CA257D8200177211>.

Accessed 21 February 2017.

Aim	Measure(s)	Indicator(s)	Data and Trends	Comments
			<p>which have increased by 78.3 per cent over the last 12 years, from 18 to 83.</p> <p>The number of Liquor Infringement Notices issued by Tasmania Police fluctuates year to year as indicated in Table 3.3</p>	<p>Whilst this has been left in this table as an indicator and in the body of the report, the number of license infringements is dependent upon a number of other factors, e.g. number of licensed premises visited; Tasmania Police and Liquor and Gaming resources.</p>
<p>6. Reduce the focus on alcohol as a necessary component of social activity in Tasmania</p>		<p>No indicator or data currently available in Tasmania</p>		<p>Whilst there is no identified measure or indicator for Tasmania, the new TAAF will consider a range of possible measures and indicators which have the potential to provide data for this aim e.g. special permits in the community; Tasmanian school's fund-raising activities where alcohol is involved or where school age children service alcohol.</p>

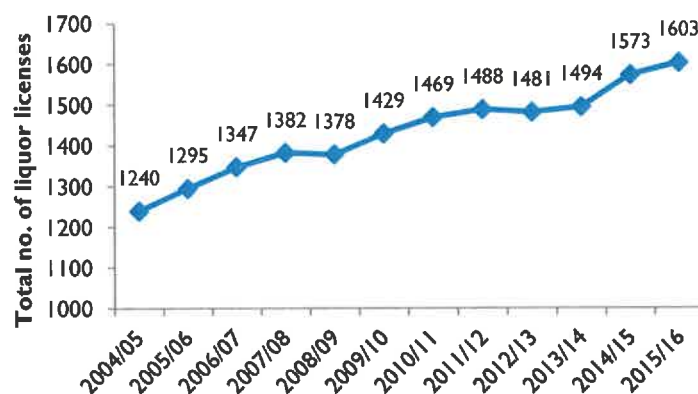
## Appendix 1: Alcohol in Tasmania - Summary

### Alcohol as a Risk Factor

In Tasmania, as elsewhere, a substantial proportion of people drink at levels that increase the risk of alcohol-related harm. This includes both short term harms, such as accidents, injuries, car accidents, and violence; as well as longer term harms, such as some cancers, cardiovascular disease, liver disease, diabetes, mental illness, and dependence.<sup>1</sup>

### Alcohol Availability

Alcohol has become more readily available in Tasmania, with a 22.6 per cent increase in the number of liquor licenses over the last 12 years.<sup>2</sup>



**Total number of annual liquor licences issued, Tasmania, 2002-2015.**  
Source: Department of Treasury and Finance. Licensed premises in Tasmania

### Alcohol Consumption

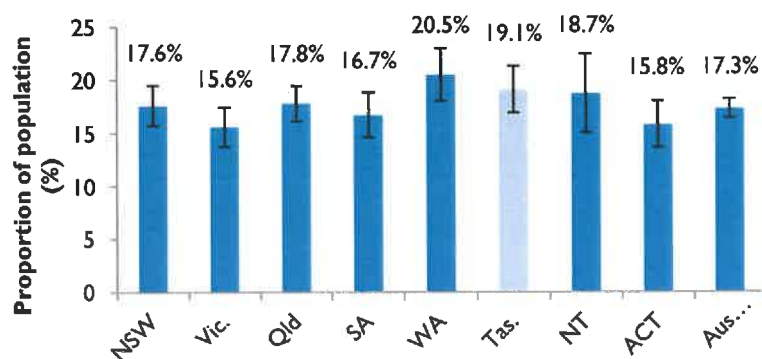
In Australia we drink on average 2.1 standard drinks per day (2013-14).<sup>3</sup> This has decreased since 2004-05 when average consumption was 2.3 standard drinks per day.

In Tasmania a high proportion of people are drinking at levels that put them at risk.

#### Lifetime risk of harm

**Drinking more than 2 standard drinks on any day increases our risk of lifetime harm from alcohol-related disease and injury<sup>4</sup>**

- 19.1 per cent of Tasmanian adults (over 18 years) exceeded the lifetime risk guideline in 2014-15<sup>5</sup>. This has decreased from 22.7 per cent in 2011-12.
- Tasmania had the second highest rate of adults exceeding the guideline in Australia<sup>5</sup>



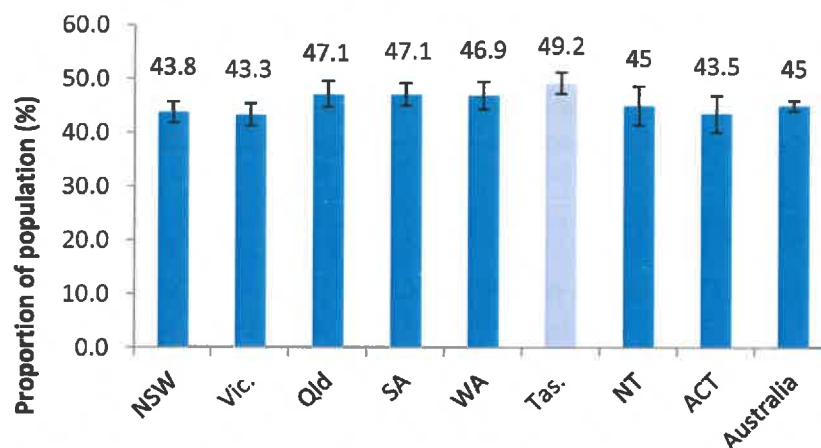
### Alcohol consumption exceeding lifetime risk NHMRC 2009 guidelines by jurisdiction 2014-15 (age standardised)

Source: Based on Australian Bureau of Statistics material, Australian Health Survey First Results, 2014-15 (10)

#### Single occasion risk of harm

Drinking more than 4 standard drinks on any occasion increases our risk of alcohol-related injury on that occasion<sup>4</sup>

- 49.2 per cent of Tasmanian adults exceeded the guidelines in 2014-15<sup>5</sup>. The rate was similar (48.9 per cent) in 2011-12.
- Tasmania has the highest rate of adults exceeding the guideline in Australia<sup>5</sup>



### Alcohol consumption exceeding single occasion risk, 18 years and over, by jurisdiction, 2014-15 (age standardised).

Source: Based on Australian Bureau of Statistics material, Australian Health Survey First Results, 2014-15 (10)

## Alcohol use by Young People

Young people under the age of 18 are at higher risk of alcohol related harm and are recommended not to drink any alcohol<sup>4</sup>

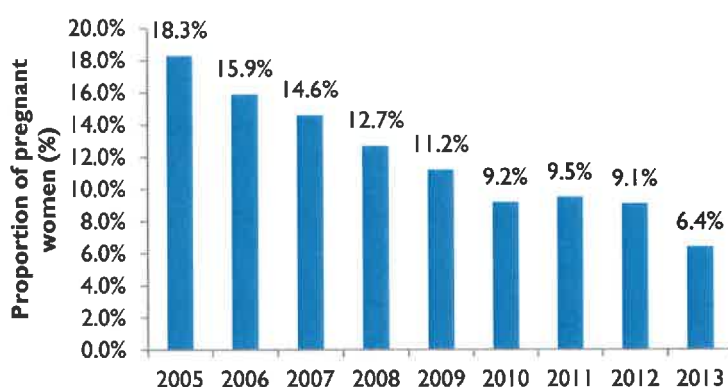
- In Tasmania, many young people have had some experience with alcohol, with 58 per cent of 12 to 13 year olds, and 95 per cent of 17 year olds reporting having ever drunk alcohol<sup>6</sup>
- Just over 40 per cent of young people believe that it is “easy” or “very easy” to obtain alcohol<sup>6</sup>
- 18-24 year olds are the age group with the highest level of single occasion risky drinking (76.2 per cent)<sup>5</sup>

## Alcohol use in Pregnancy

Drinking alcohol in pregnancy can harm the unborn baby. Pregnant or breastfeeding women, and women planning a pregnancy are recommended not to drink any alcohol<sup>4</sup>

- The number of women drinking alcohol in pregnancy has decreased in recent years in Tasmania<sup>7</sup>
- In 2013 6.4 per cent of women reported consumption of alcohol during pregnancy<sup>7</sup>

- Alcohol consumption in pregnancy is more common in older mothers and public obstetric patients<sup>7</sup>



### Self-reported alcohol consumption during pregnancy, Tasmania, 2005-2013

Source: Based on data derived from Council of Obstetric and Paediatric Mortality and Morbidity, DHHS (12)

## Alcohol Related Harms

Alcohol consumption in Tasmania is putting a significant burden on our health and wellbeing. The data presented here does not represent the full burden of disease from alcohol related harms.

### Ambulance attendances

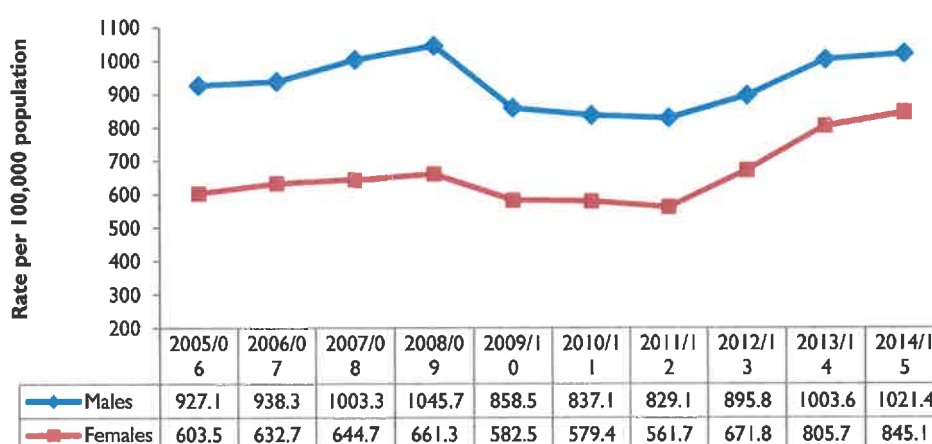
- In 2015 there were an estimated 163 ambulance callouts per month (1,956 over the year)<sup>8</sup>

### Emergency department presentations

- Approximately 1 in 12 Emergency Department presentations are alcohol-related, rising to 1 in 8 at peak times<sup>9,10</sup>
- The rate of presentations has risen significantly over the last decade<sup>11</sup>

### Hospitalisations

- In 2014-15 there were an estimated 5,210 hospitalisation due to alcohol-related injury or disease (2797 in men and 2413 in women)<sup>11</sup>
- Hospitalisation rates for women have risen over the last decade<sup>11</sup>



### Alcohol-attributable hospitalisations, Tasmania, 2005-06 to 2014-15

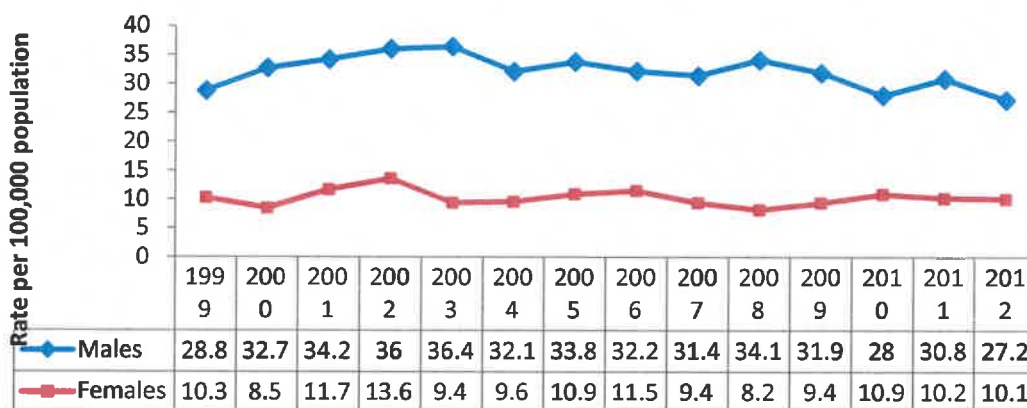
Notes: 1. Rates are age standardised to the Australia 2001 population. 2. Alcohol-attributable hospitalisations were estimated using age and sex-specific aetiological fractions (Collins) 3.



Average annual percentage change for males: 0.08 per cent ( $p=0.715$ ); for females: 3.0 per cent.  
Source: Epidemiology Unit, DHHS

## Deaths

- Between 2008 and 2012 there were an average of 115 deaths due to alcohol each year<sup>11</sup>
- Men have a significantly higher death rate from alcohol-related disease than women<sup>11</sup>
- Rates have not changed significantly over the last decade<sup>11</sup>



### Alcohol-attributable deaths, Tasmania, 1999-2012

Notes: 1. Rates are age standardised to the Australia 2001 population. 2. Alcohol-attributable hospitalisations were estimated using age and sex-specific aetiological fractions (Collins) 3. Average annual percentage change: for males: -1.0 per cent ( $p=0.176$ ); for females: -0.6 per cent ( $p=0.669$ ). Source: Epidemiology Unit, DHHS.

## Alcohol treatment services

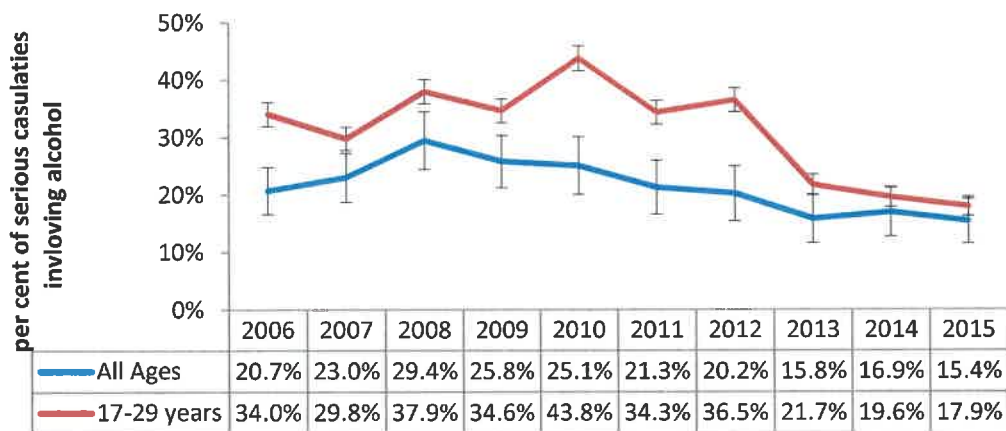
- Alcohol is the most common drug that Tasmanians require treatment for, accounting for 40.7 per cent of closed treatment episodes in 2014-15 (1200 closed treatment episodes)<sup>12</sup>
- The number of treatment episodes provided for alcohol has more than doubled over the last decade<sup>12</sup>, although the number of treatment episodes for all drugs has also more than doubled over the last decade, and the percentage of treatment episodes for alcohol has remained steady

## Drink driving

- 2,309 people were charged with drink driving offences in 2015-16<sup>13</sup>
- Although this number has decreased since 2011-12, the number of random breath test has also decreased and the rate has not reduced significantly

## Road fatalities and serious injuries involving alcohol

- There were 51 road fatalities and serious injuries involving alcohol in 2015<sup>14</sup>
- Among 17-29 year olds 17.9 per cent of road fatalities and serious injuries involve alcohol<sup>14</sup>
- There has been a statistically significant ( $p<0.001$ ) downward trend in the likelihood of serious casualties involving alcohol for all ages of 11.6 per cent per annum on average between 2008 and 2015, and a decrease of 23.5 per cent per annum on average for 17-29 year olds between 2010-2015

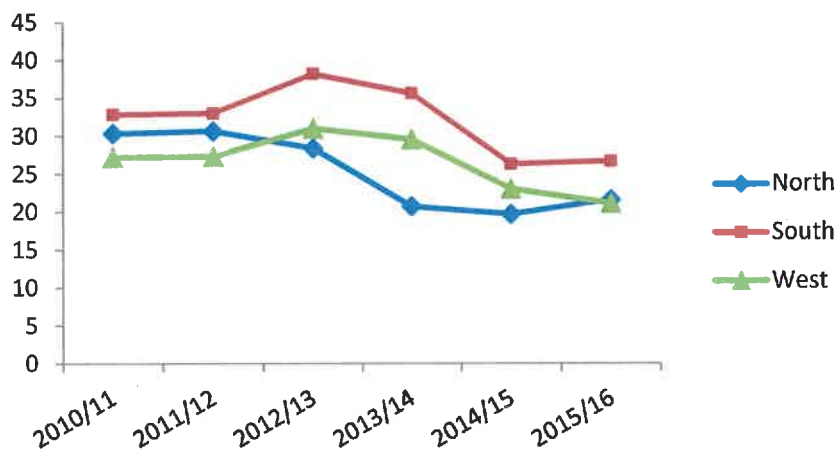


**Proportion of serious casualties\* involving alcohol as a crash factor, Tasmania, 2006-15**

\*includes fatalities and serious injuries (hospitalised for 24 hours or more). Source: Epidemiology Unit, DHHS, using data derived from Department of State Growth, Crash Data Manager

**Family violence**

- In 2015-16 there were 761 family violence incidents where the offender was affected by alcohol (23.9 per cent of all incidents)<sup>13</sup>
- The highest proportion of incidents with alcohol involved was seen in the South of Tasmania<sup>13</sup>
- The proportion of family violence incidents with alcohol involved has decreased over the last 5 years (2010-11: 30.8 per cent of all incidents)<sup>13</sup>



**Percentage of family violence incidents where the offender was affected by alcohol by Police district, 2010/11-2015/16**

Source: Based on data derived from Department of Police and Emergency Management, Tasmania Police Corporate Performance Reports

**References**

1. World Health Organization. *Global status report on alcohol and health 2014*. Geneva 2014.
2. Department of Treasury and Finance. *Liquor industry data in Tasmania. 2016*; <http://www.treasury.tas.gov.au/domino/df/df.nsf/v-liq-and-gaming/E1E056468959C8E7CA257D8200177211>. Accessed 16 Aug, 2016.
3. Australian Bureau of Statistics. *Apparent consumption of alcohol, Australia, 2013-2014*. [Internet]. 2015; <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4307.0.55.001/>. Accessed 08 Jun, 2016.

4. National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia; 2009.
5. Australian Bureau of Statistics. National Health Survey: First Results, 2014-15. [INTERNET]. 2015; <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012014-15?OpenDocument>. Accessed 15 Jun, 2016.
6. 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.
7. Department of Health and Human Services. Council of Obstetric & Paediatric Mortality & Morbidity Annual report 2013. Hobart: Tasmanian Government; 2015.
8. Turning Point. Coding and analysis of Ambulance Tasmania data; unpublished data. Melbourne 2016.
9. Australian College for Emergency Medicine. Alcohol Harm in Emergency Departments (AHED) Program. [Internet]. 2016; [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). Accessed 10 July, 2016.
10. 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;201(10):584-587.
11. Epidemiology Unit D. unpublished work. 2016.
12. Australian Institute of Health and Welfare. Alcohol and other drug treatment services in Australia 2014-15. Drug treatment series no. 27. Cat. no. HSE 173. Canberra: AIHW. Alcohol and other drug treatment services. 2016; <http://aihw.gov.au/alcohol-and-other-drug-treatment-services-data/>. Accessed 25 July, 2016.
13. Department of Police and Emergency Management. *Annual (June) 2015 Corporate Performance Report, Tasmania Police*. Tasmanian Government;2015.
14. Department of State Growth. Crash Data, unpublished data. 2016
15. Department of Health and Human Services. Tasmanian Alcohol Data and Trends Report 2016. Hobart: Tasmanian Government; 2016.

## Appendix 2: Key Strategies and identified areas for action

Key Strategies	Identified Areas for Action
<p>KS1. Changing the drinking culture in Tasmania</p>	<ul style="list-style-type: none"> <li>a. developing social marketing and community-based campaigns to promote responsible alcohol consumption, effective harm-reduction strategies (such as legislative amendments, promoting the new NHMRC Alcohol Guidelines, the drink driving and driver education campaigns); and the responsibilities of the community, individuals and licensees (including targeted community education strategies for groups at greater risk of harm)</li> <li>b. adopting more stringent regulation of advertising and promotion of alcohol, covering such things as tastings, in-store promotions, aggressive marketing and discounting and more broadly lobbying for mandatory regulation of alcohol advertising at the national level</li> <li>c. promoting and supporting strategies in local communities by encouraging alcohol-free events and increasing the capacity of communities to undertake alcohol-related harm minimisation initiatives e.g. promoting alcohol-free events, particularly events targeting children or primarily/substantially attended by children</li> <li>d. supporting structural and policy changes within sporting and recreational clubs to reduce the focus on alcohol as a central part of club culture</li> <li>e. enhancing processes and systems to inform the public of the liquor licensing process and to provide input into liquor licensing and planning decisions</li> <li>f. developing programs to promote positive values and norms amongst Tasmanian youth and support the development of strategies and interventions targeting youth and underage drinking, such as the Social Norms Analysis Project (SNAP), which aims to provide an accurate picture of alcohol-related attitudes and behaviours of high school students</li> <li>g. enhancing existing and establishing new partnership programs aimed at supporting early childhood interventions and building resilience</li> <li>h. developing strategies and programs for enhancement of evidence-based school alcohol education within a schools-based alcohol policy context</li> </ul>
<p>KS2. An effective system for controlling the supply of alcohol in Tasmania</p>	<ul style="list-style-type: none"> <li>a. reviewing legislation to ensure there is appropriate and consistent legislative and regulatory framework to support the control and supply of alcohol, with an effective and systematic compliance enforcement regime, including mechanisms to deal with complaints about licensee activities and breaches in a timely, appropriate and transparent manner</li> <li>b. reviewing legislation to provide the opportunity for police, Public Health, local councils and industry to provide input and influence the licensing process to ensure that the public health and wellbeing, community safety,</li> </ul>

Key Strategies	Identified Areas for Action
<p>KS3. Providing effective interventions to deal with and prevent alcohol-related harm</p>	<p>planning and development, and economic impact are appropriately considered in licensing decisions</p> <ul style="list-style-type: none"> <li>c. supporting national initiatives aimed at reducing the levels of, and harms from intoxication, including alcohol pricing, advertising and promotion restrictions and warning label requirements</li> <li>d. increasing the capacity of police, liquor licensing and the community to enhance enforcement of liquor licensing laws pertaining to the serving of intoxicated people</li> </ul> <ul style="list-style-type: none"> <li>a. developing and enhancing strategies to address social determinants for risky drinking behaviour, including prevention and early intervention strategies and initiatives to identify and address risk factors for harmful alcohol use to mitigate the emergence or escalation of risky drinking behaviours</li> <li>b. establishing appropriate prevention and intervention strategies targeting high-risk groups and high-risk behaviours</li> <li>c. ensuring there are strategies and measures to prevent and reduce alcohol-related injuries including road injuries; and workplace injuries</li> <li>d. supporting and implementing specific projects such as environmental improvement strategies, e.g. improved lighting, visibility and thoroughfare; and the promotion of practical strategies to avoid drink-driving, e.g. improved increased transportation, planning ahead, designated driver</li> <li>e. developing innovative problem-solving court and sentencing approaches to reduce the cycle of alcohol-related offending behaviour and to address the challenges of repeat drink-driving offenders</li> <li>f. ensuring there is an appropriate range and mix of treatment and other services available to ensure people in need of assistance have realistic opportunities to receive advice about a service that is right and accessible for them</li> <li>g. improving and encouraging service system and workforce development responses that operate across the primary, secondary and tertiary treatment continuum. This means increasing the capacity of the service system to undertake promotion, prevention and early intervention strategies and to undertake alcohol-related harm screening and risk assessment. This also means enhanced integration of alcohol and other drug interventions within primary health care, correctional primary health and other relevant services to improve linkages and referral mechanisms</li> </ul>

