



# Promotion, Prevention and Early Intervention

2017 progress report on the Tasmanian Alcohol, Tobacco and  
Other Drug Sector implementation of the Everybody's Business  
strategic framework

## Acknowledgements

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Thank you to the following organisations for completing the survey:

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## Advance summary

### Background

In brief, this report aims to answer the question: *'How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?'*

The second survey was completed by a selection of organisations within the Tasmanian ATOD sector. The survey results demonstrate that PPEI activities have occurred across all the sector's implementation plan goal areas and the key priority areas of the strategic framework. There is evidence of considerable and ongoing activity with a PPEI focus within the Tasmanian Alcohol, Tobacco and Other Drug Sector.

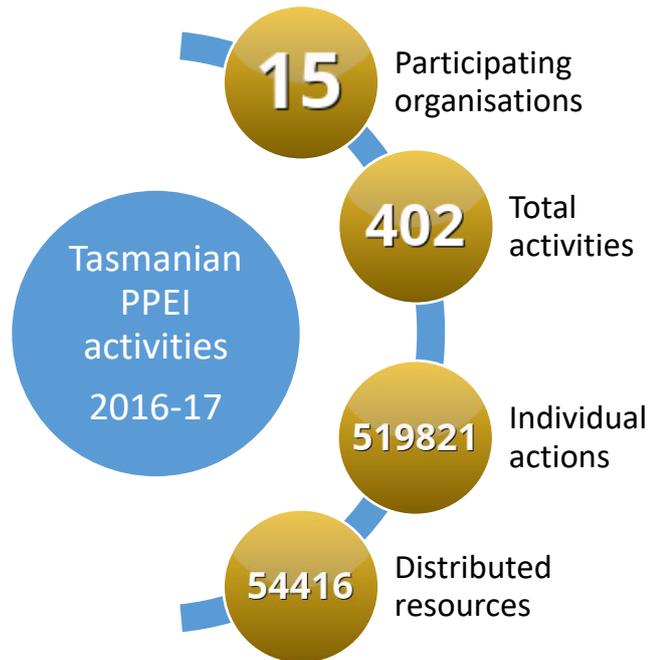


Figure 1: Tasmania PPEI activity overview

### Summary of recommendations

1. A review of the ATOD PPEI implementation plan is recommended in 2018 following the anticipated review of the Everybody's Business Strategic Framework, with the intention to further integrate the aims of both documents, and resolve the reporting and data collection issues currently present.
2. A single data collection tool would enable widespread collection of PPEI activities within the ATOD sector, provide insight into similar activities in the wider community sector, highlight synergistic activities and possible partnerships, and provide a full picture of PPEI implementation. Compulsory reporting on PPEI activities by funding bodies—including, but not limited to, the Department of Health and Human Services (DHHS)—would enable integration and coordination with regular reporting processes.
3. For this PPEI resource to realise its full potential, it will be necessary to promote everybody's business, to create widespread awareness and encourage submissions for the website. Specific funding is recommended for a coordinated mass media and social media campaign to raise awareness of PPEI principles for the ATOD sector, raise general awareness of ATOD issues and signposting to support the general community, and help provide synergy between the ATOD and wider community sectors.
4. The information and knowledge gathered from the current and former (pilot) survey will be used to identify and correct issues with the existing reporting tool and streamline the data collation process. At

this stage in the implementation plan, only minor adjustments will be made. Additional funding will be required to further develop the tool beyond its present technological limitations.

## Key findings

- The majority of PPEI activities were **educational**.
- Mapping the activities against the ATOD PPEI implementation goals showed that the majority of activities were in **advocacy and lobbying**, followed by **workforce development**.
- Mapping the activities against the priority areas of the Everybody's Business strategic framework showed that the majority of activities focused on **whole of population approaches** and **building an integrated service system**.
- The majority of PPEI activities were held in the **south of Tasmania**, and state wide activities occurred more frequently than activities that only occurred in the north or the north west of the state.
- A little more than **a third of all activities were reported as being targeted for a specific age group**.
- The majority of age-targeted activities included **young people**.
- Fewer than a quarter of age-targeted activities included multiple age groups.
- 96% of the activities were not gender-specific.
- Just over **two thirds of the activities did not target a specific community group**.
- **12%** of activities targeted Aboriginal/Torres Strait Islander (A/TSI) groups.
- **11%** of activities targeted Culturally and Linguistically Diverse (CALD) groups.
- **8%** of activities targeted Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

## Introduction

In July 2015, the Minister for Health, The Honourable Michael Ferguson MP, launched the Alcohol, Tobacco and Other Drugs (ATOD) sector implementation plan for *Everybody's Business: a strategic framework for implementing Promotion, Prevention and Early Intervention (PPEI) approaches*.

The *Everybody's Business: PPEI implementation plan* was developed by the Alcohol, Tobacco and other Drugs Council (ATDC) of Tasmania, working closely with the ATOD sector. The purpose of the implementation plan is to identify priority goals and activities that need to be undertaken to progress the vision of Everybody's Business.

**An aim of the implementation plan is to draw organisations together—each working to their strengths to create synergy between service providers and, ultimately, create a more efficient sector with better outcomes for clients and the Tasmanian population.**

The Drug Education Network (DEN) has been nominated as the lead agency for this project, to support the implementation of the ATOD PPEI initiatives and provide support to the participating organisations.

## Purpose

The purpose of this report is to help answer the question: *'How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?'* The report is provided to the Tasmanian Department of Health and Human Services (DHHS) to inform the Interagency Working Group on Drugs (IAWGD).

## Background

The Everybody's Business strategic framework, which was launched in 2013 by then-Minister for Health, Michelle O'Byrne MP, established a vision to guide the formulation of Promotion, Prevention and Early Intervention (PPEI) activities and actions in Tasmania. Everybody's Business advocates a holistic approach that deals with the Social Determinants of Health and Wellbeing using multiple, complementary, evidence-based strategies to promote health and wellbeing at the community and individual level. This framework embraces a developmental health approach that recognises that people's lives are a pathway of interconnected phases.

The consultation process for the strategic framework, which was undertaken by government, government agencies, non-government services and the broader community, identified **five priority areas** for action:

1. **Nurturing the early years and strengthening families**
2. **Fostering resilient individuals**
3. **Building an inclusive community**
4. **Building an integrated service system**
5. **Focusing on whole of population approaches.**

Implementing the Everybody's Business framework requires a long-term outlook and whole of sector involvement. As a response to the release of *Everybody's Business: a strategic framework*, the Tasmanian ATOD sector released the *Everybody's Business: PPEI implementation plan* (ATOD PPEI implementation plan). The intent of the plan is to further refine and focus the efforts of the sector towards the areas with the highest need.

As the nominated lead agency for this project, the Drug Education Network (DEN) performs the following duties:

- coordinate, monitor and report on the activities highlighted in the implementation plan
- provide advice regarding ATOD PPEI initiatives
- develop appropriate resources and deliver training and education about PPEI—including the broader social determinants of health and ATOD use—to government and non-government service providers
- develop and maintain a register of PPEI initiatives in Tasmania.

## Everybody's Business: ATOD PPEI implementation plan

The ATOD PPEI implementation plan is grouped under five main goals. Each of these goals has been assigned certain activities (see Appendix 2) that have been identified as necessary to achieve the aims of the plan.

Goal 1: Advocacy and lobbying	1.1	For the ATOD sector to play a prominent and active role in public debate on alcohol, tobacco and other drug issues
	1.2	To reduce the stigma and discrimination associated with drug use
	1.3	To challenge Tasmania's drinking and drug-taking culture
	1.4	To ensure the responsible sale and supply of alcohol
	1.5	To support the creation and maintenance of drug user organisations within Tasmania
Goal 2: Partnerships and collaboration	2.1	To improve links within the ATOD sector with external agencies
	2.2	To build collaborative working partnerships within the community which address ATOD use
Goal 3: Information and resources	3.1	To develop a repository of evidence-based resources about PPEI
	3.2	To adopt a range of evidence-based school drug education
Goal 4: Workforce capacity building	4.1	To build knowledge and capacity of the ATOD workforce in PPEI principles and strategies
	4.2	To build the knowledge and capacity of the non-ATOD sector workforce in PPEI principles and strategies
Goal 5: Communication and marketing	5.1	To maximise the use of technology and social media for the exchange of information, online resources and promotion of the PPEI message
	5.2	To promote recreational, educational and cultural activities to target audiences
	5.3	To promote positive role models through community groups and in community settings

Table 1: ATOD PPEI implementation plan goals

The ATOD PPEI implementation plan activities are aligned to the five main priority areas defined in *Everybody's Business: a strategic framework*, as shown in Table 2.

		Strategic framework PPEI priority areas				
		Nurturing early years and strengthening families	Fostering resilient individuals	Building an inclusive community	Building an integrated service system	Focusing on whole of population approaches
ATOD sector plan goal areas	Advocacy and lobbying					
	Partnerships and collaboration					
	Information and resources					
	Workforce capacity building					
	Communication and marketing					

Table 2: Implementation plan alignment to Everybody's Business strategic framework

## Report scope

This report aims to answer the question, *'How is Tasmania progressing in the implementation and uptake of a Health Promotion, Prevention and Early Intervention (PPEI) approach to Alcohol, Tobacco and Other Drug (ATOD) issues?'*

To this end, in 2016 the Drug Education Network (DEN) undertook a pilot survey of select participant organisations across the state. Following the success of the pilot, the survey questions were adjusted and a second round of response collection commenced in December 2016.

This report shows the collected data and key findings from the survey, and briefly explores the relationship between *Everybody's Business: a strategic framework* and the *ATOD PPEI implementation plan*.

This report provides a snapshot of activities from a key group of specialist Alcohol, Tobacco and Other Drug (ATOD) organisations. It cannot identify wider trends within the ATOD sector, due to the small and targeted sample size. This sample group is not representative of the entire Tasmanian ATOD sector.

## Survey reach

Ten organisations responded to the initial pilot survey. The second survey round aimed to extend the survey's reach to specialist ATOD organisations, including government organisations, in order to gather a clearer picture of the breadth of PPEI activity within Tasmania.

Twenty four organisations were invited to report in the 16–17 survey round. Of these, 15 organisations responded. Further information on survey reach can be found in the *Analysis and discussion* section of this report.

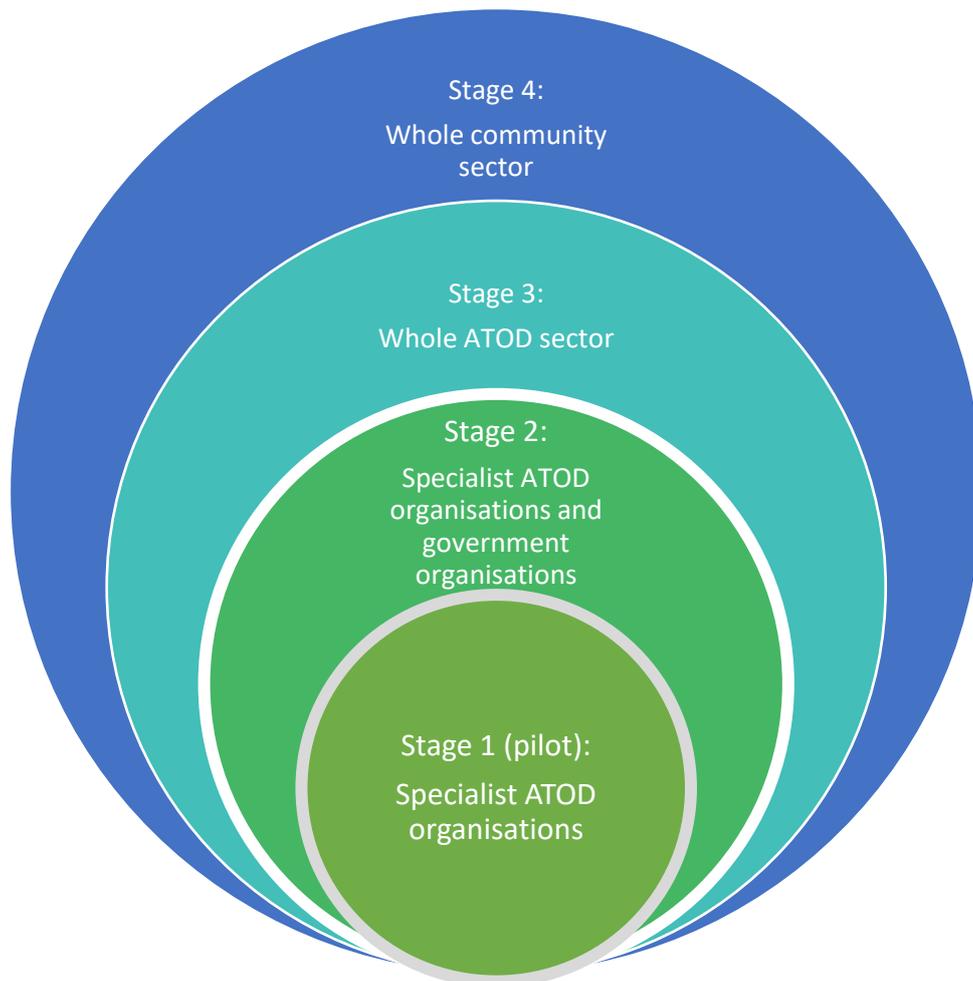


Figure 2: PPEI survey stages

## Data definitions

For the purpose of clarity in data collection and interpretation, the survey questions were allocated definitions in instances where the PPEI implementation plan did not provide a definition.

### Type

The term 'type' was not defined in the ATOD PPEI implementation plan. In the second survey round, the list of available types was expanded to accommodate feedback from the pilot participants. Respondents could choose from the following types:

- ATOD sector activity**
- Collaboration (e.g. working group)**
- Community activity**
- Consumer engagement initiative**
- Education**
- Project**
- Resource development**
- Training**
- Other**

### Age groups

For the purposes of this report, the following age groups have been defined:

- Child: 0–11 years**
- Young person: 12–24 years**
- Adult: 25–64 years**
- Older person: 65+ years**
- All ages: 0-65+**

### Regions

The term 'region' was not defined in the ATOD PPEI implementation plan. In the second survey round, this question was split into *Location* and *Target* region in order to understand where PPEI events are most commonly physically located, as opposed to the regions for which these events are intended. Respondents could choose from the following locations:

- North**
- North West**
- South**

Respondents could choose from the following target regions:

- North**
- North West**
- South**
- East Coast**

**State Wide**

**National**

**International**

The regions listed in the survey match commonly understood terms used within the Tasmanian ATOD sector.

#### Gender

The question of gender in the second survey round has changed from the pilot survey, from *Gender* to *Targeted for gender*. This question also changed from an open-ended response to a list selection. These changes were intended to provide more clarity around activities that actively target specific genders, as opposed to activities that include specific genders. Respondents could choose from the following gender targets:

**No target**

**(Cis) Female**

**(Cis) Male**

**(Trans) Female**

**(Trans) Male**

**Non-binary genders**

**All men**

**All women**

#### Activity vs Actions

For the purposes of comparison to the pilot survey, lines of data have been defined as *Individual activities* or *Activities*. The total number of activities, including multiple sessions, has been defined as *Individual actions*.

## PPEI Progress 2016–17

The second survey round covers the period from 1 July 2016 until 30 June 2017. Fifteen organisations submitted data on their PPEI activities, of which 12 organisations reported using the survey template.

Collectively, the participating organisations conducted 402 activities across 519,821 actions, including brief interventions and policing activities such as random breath tests. These organisations distributed 54,416 resources to the Tasmanian community.

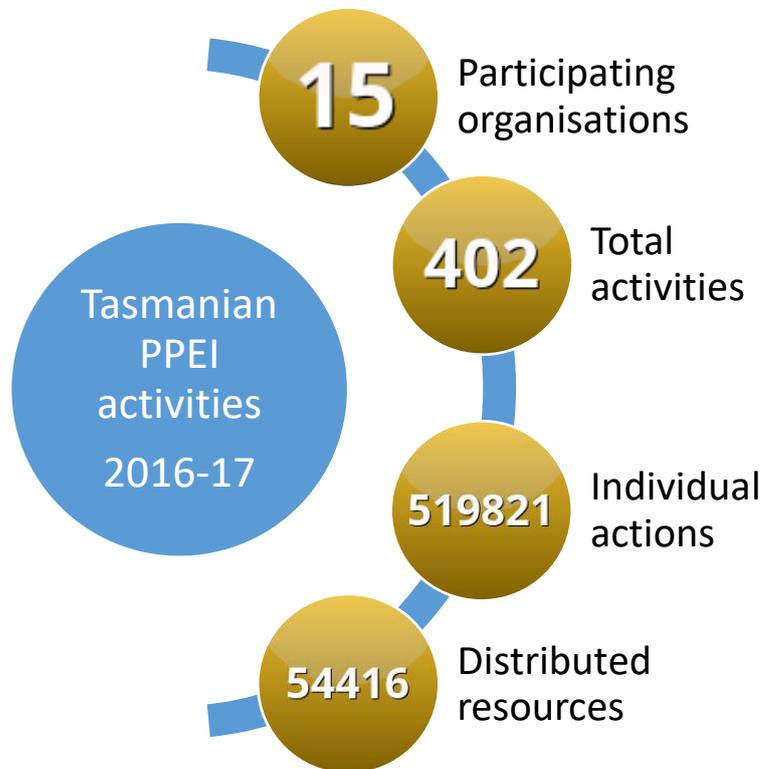


Figure 3: Tasmanian PPEI overview

### Key findings

- The majority of activities were recorded as Education (38%), followed by ATOD Sector Activity (24%).
- Grouped according to the ATOD PPEI implementation plan goals, the majority of activities were: Information and Resources (25%), Partnerships and Collaboration (25%) and Workforce Capacity Building (18%).
- Grouped according to the Everybody's Business strategic framework priority areas, the majority of activities were: Fostering Resilient Individuals (38%), Building an Integrated Service System (24%) and Building an Inclusive Community (20%).
- One third (33%) of all activities were conducted within a partnership.
- The majority of activities were located in the South (63%), followed by the North (24%) and North West (13%).
- The majority of activities targeted the South (41%), followed by State Wide (31%).
- The majority of activities (57%) did not target a specific age group.
- Of those activities targeting a specific age group, the majority targeted Young people (22%).
- The vast majority of activities did not target a specific gender (89%).
- Of those activities targeting a specific gender, the majority targeted (Cis) Men (8%).
- The vast majority of activities did not target a specific group (81%).
- 7% of activities targeted Aboriginal/Torres Strait Islander (A/TSI) groups.
- 6% of activities targeted Culturally and Linguistically Diverse (CALD) groups.
- 6% of activities targeted Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

## Activity types

Figure 4 shows the breakdown of reported PPEI activities according to type, as defined in *Data definitions*.

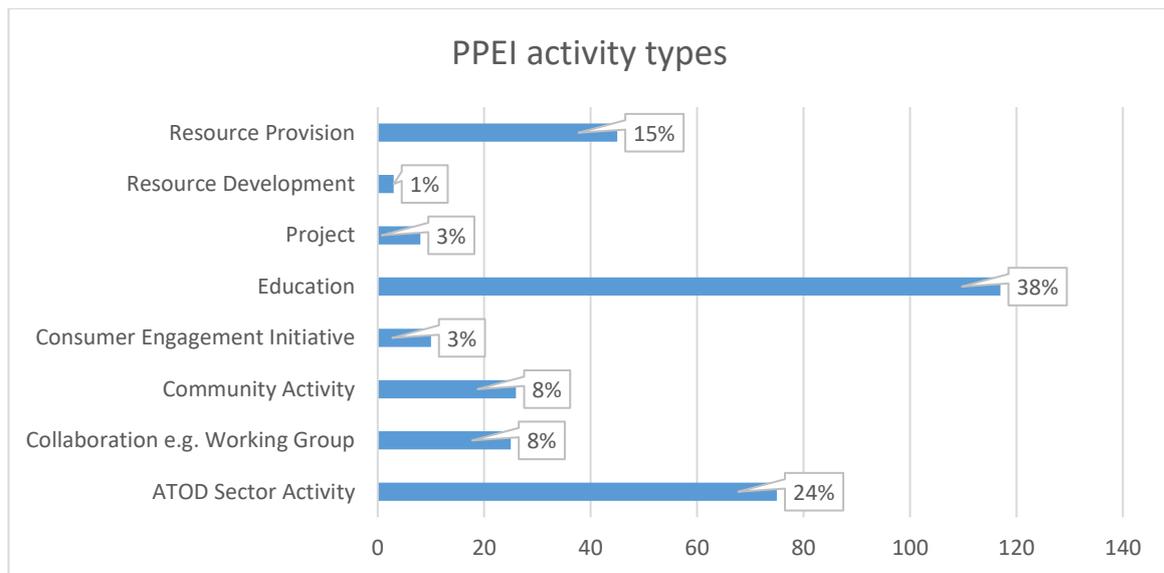


Figure 4: PPEI activity types

- The majority of activities were: Education (38%), followed by ATOD Sector activity (24%)
- The remaining activities were: Resource provision (15%), Collaboration (8%), Community activity (8%), Consumer Engagement initiatives (3%), Projects (3%) and Resource Development (1%)

## Locations and regions

The second survey round split the original 'region' question into *Location* and *Target region*.

Figure 5 shows the physical location distribution within Tasmanian geographical regions. Figure 6 shows the regions targeted by activities.

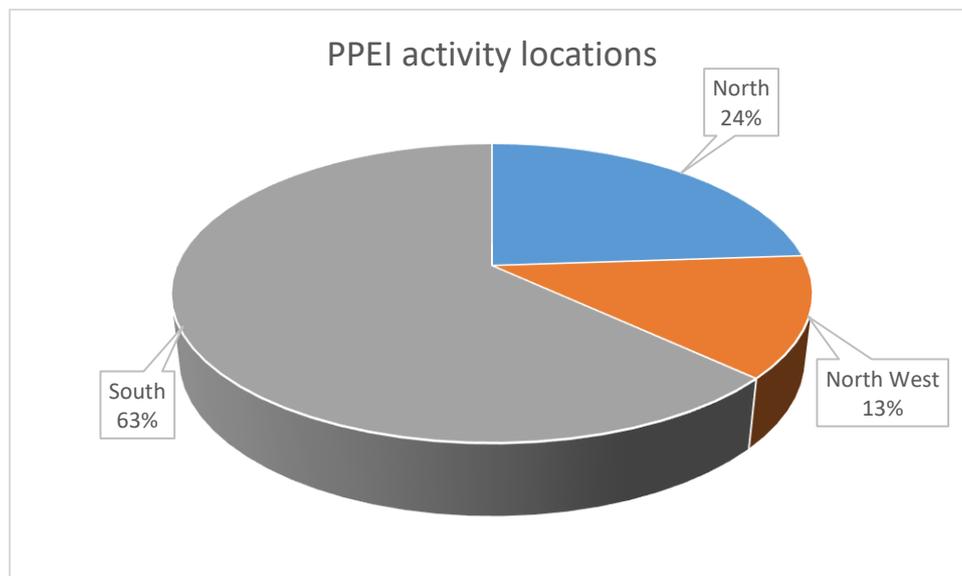


Figure 5: PPEI activity locations and regions

- The majority of activities (63%) were physically located in Tasmania's South.
- The remaining activities were physically located in North Tasmania (24%) and North-west Tasmania (13%).

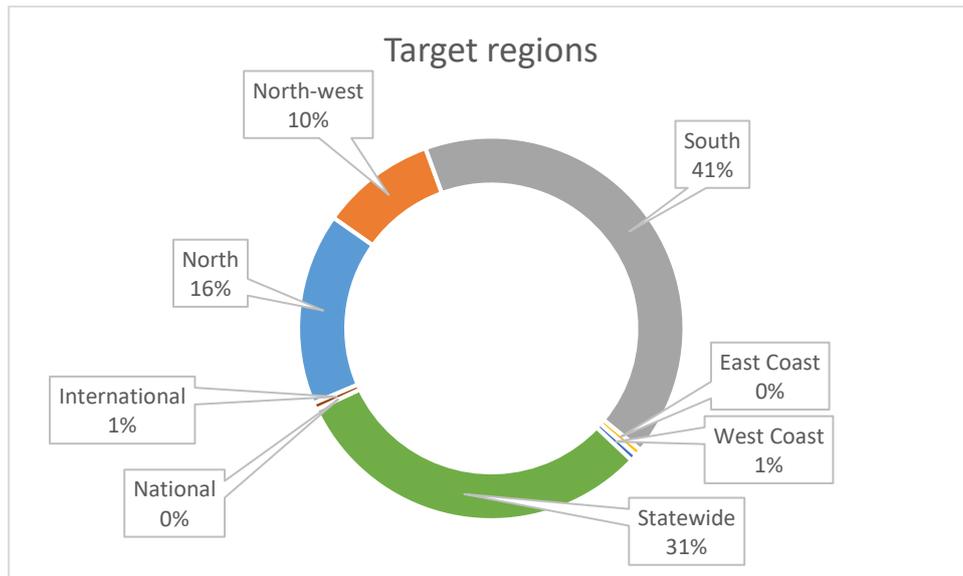


Figure 6: PPEI activity target regions

- The majority of activities were targeted for Tasmania's South (41%), followed by Statewide (31%).
- North (16%) and North-west Tasmania (10%) were the next most frequently targeted regions.
- The least frequently targeted regions were West Coast (1%), International (1%), National (0%) and East Coast (0%).

### Age groups

A little less than half (43%) of all activities were reported as being targeted to a specific age group. Figure 7 shows the distribution of age groups within the reported activities.

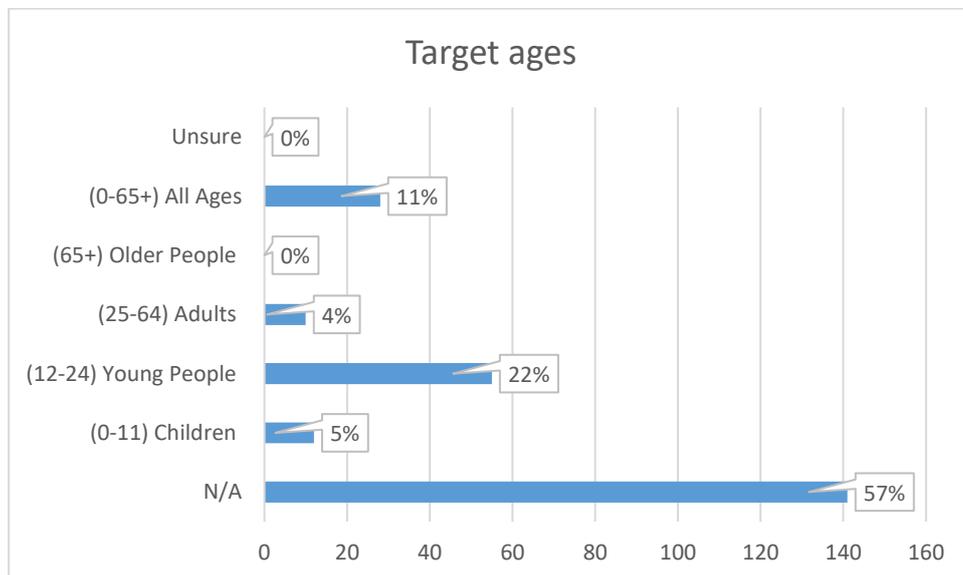


Figure 7: PPEI Target Ages

- The majority of activities (57%) did not report a target age.
- 12% of all activities targeted all ages.
- For activities targeting an age group, Young people (22%) was the most common targeted group.
- Children (5%) and Adults (4%) were the next most common targeted groups.
- No activities in this survey round targeted Older people (0%).

## Gender

Figure 8 shows the distribution of specific genders, as targeted by all activities.

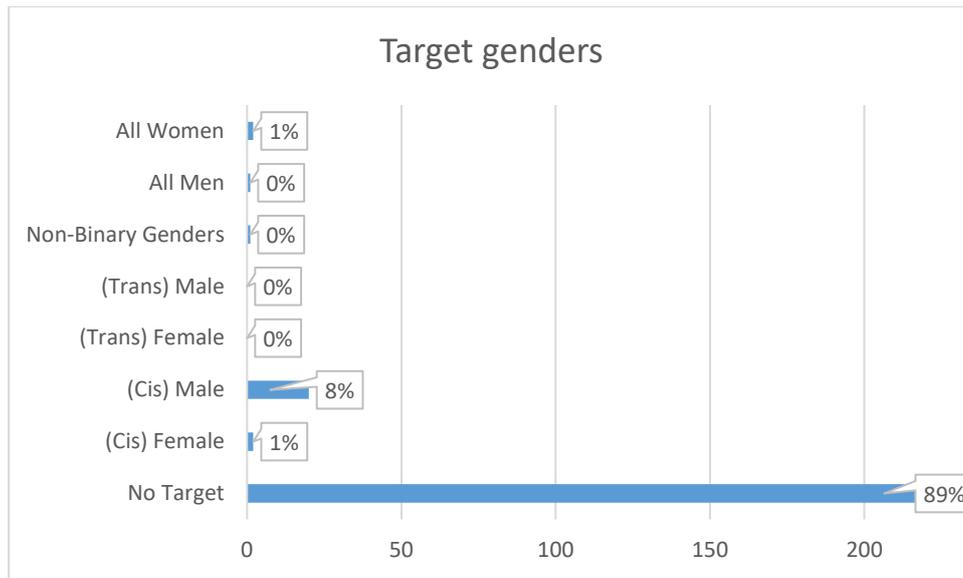


Figure 8: PPEI target genders

- The vast majority of activities did not target a specific gender (90%).
- Where activities targeted a specific gender, (Cis) Men (8%) was most the frequently reported target group.
- Activities targeting (Cis) Women (1%), All women (1%), and Non-binary genders (1%) were equally represented.
- No reported activities targeted (Trans) Men or (Trans) Women.

## Specific groups

Figure 9 demonstrates the distribution of specific groups as targeted by all activities.

The vast majority of activities did not focus on Aboriginal/Torres Strait Islander people, Culturally and Linguistically Diverse (CALD), or Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups.

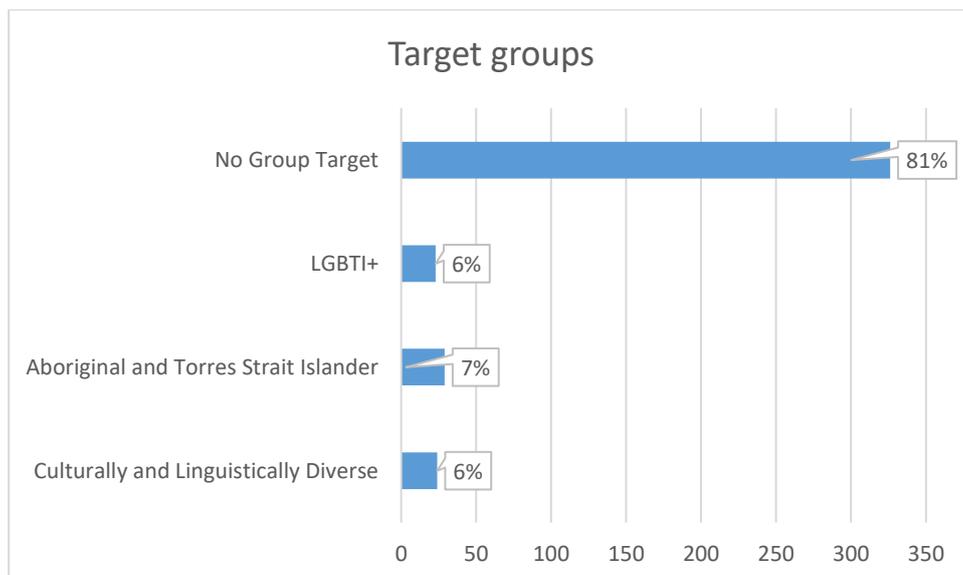


Figure 9: PPEI target groups

- The vast majority of activities did not target a specific group (81%).
- 7% of activities targeted Aboriginal and Torres Strait Islander people.

- 6% of activities targeted Culturally and Linguistically Diverse (CALD) people.
- 6% of activities targeted Lesbian, Gay, Bisexual, Trans, Intersex etc. (LGBTI+) people.

## Partnerships

One third (33%) of all activities occurred within a partnership comprising one or more additional organisations. Figure 10 shows the percentage of activities that occurred within a partnership. Figure 11 shows partnerships within the PPEI priority areas. Figure 12 shows partnerships within the ATOD PPEI implementation goals.

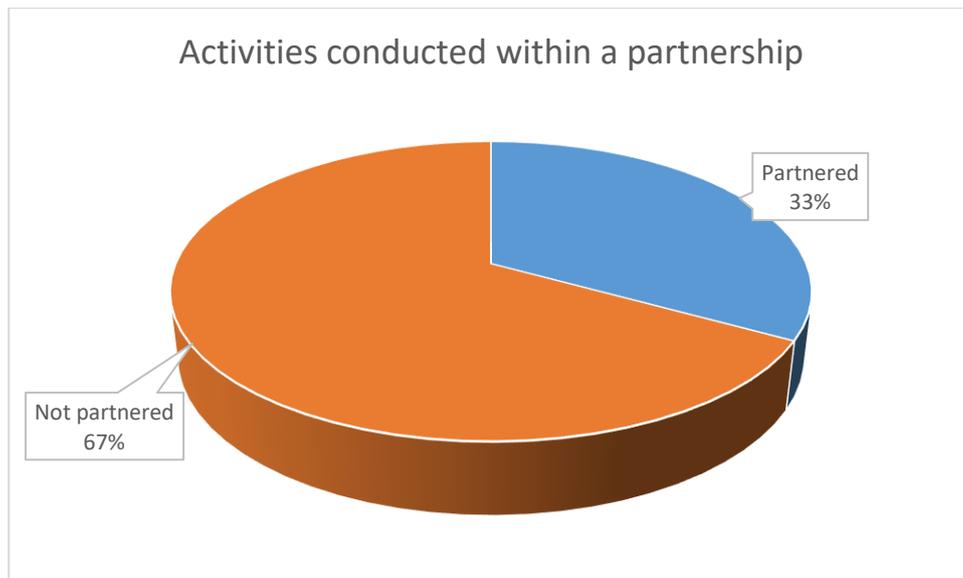


Figure 10: PPEI activity partnerships

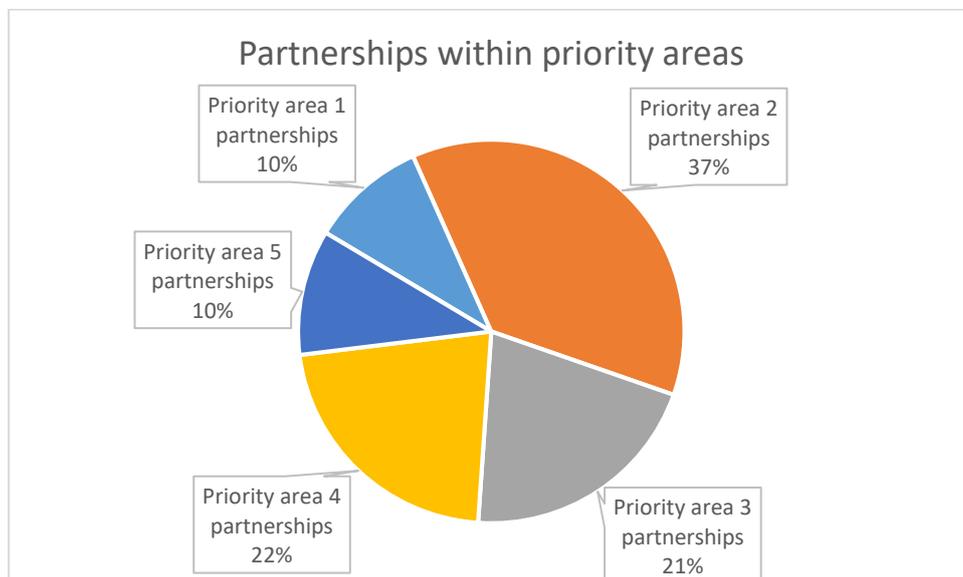
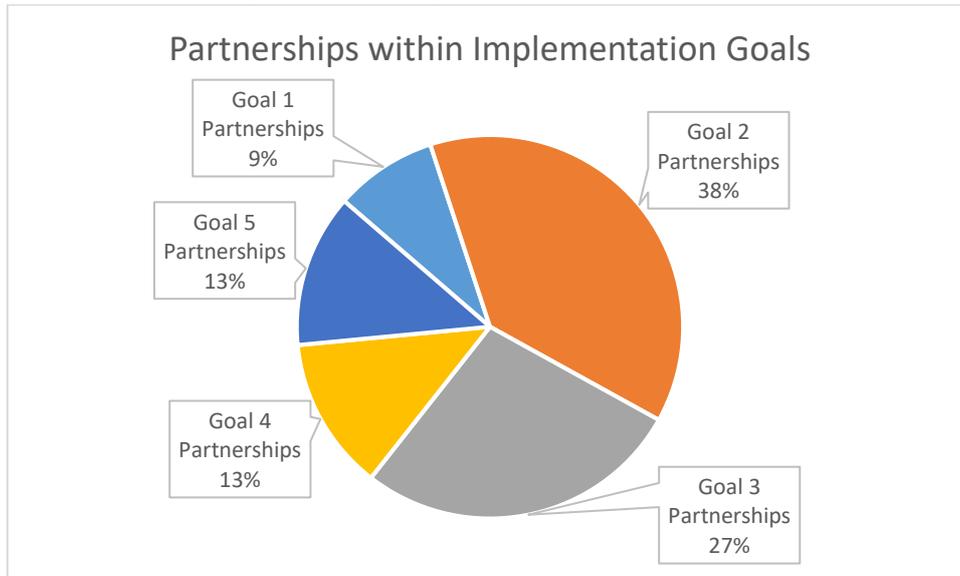


Figure 11: Partnerships within priority areas

- The majority of partnered activities occurred within priority area 2: Fostering resilient individuals (37%), followed by priority area 4: Building an integrated service system (24%) and priority area 3: Building an inclusive community (21%).
- The remaining partnered activities occurred within priority area 1: Nurturing early years and strengthening families (10%) and priority area 5: Focusing on whole of population approaches (10%).

## Partnerships within ATOD sector implementation goals



*Figure 12: Partnerships within implementation goals*

- The majority of partnerships occurred within implementation plan goal 2: Partnerships and collaboration (38%), and goal 3: Information and resources (27%).
- The remaining partnerships occurred within goal 4: Workforce capacity building (13%), goal 5: Communication and marketing (13%), and goal 1: Advocacy and lobbying (9%).

## Activities within the Everybody's Business strategic framework priority areas

Figure 13 shows the distribution of activities according to the priority areas described in the Everybody's Business strategic framework.

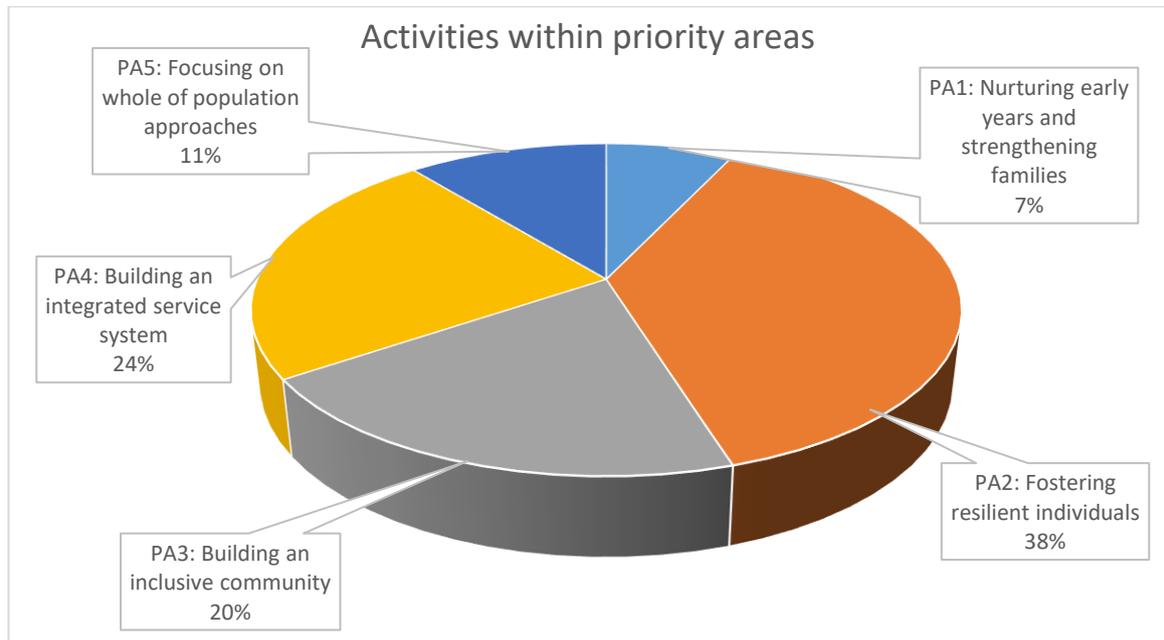


Figure 13: Activities within priority areas

- The majority of activities were within priority area 2: Fostering resilient individuals (38%), followed by priority area 4: Building an integrated service system (24%).
- The remaining activities were within priority area 3: Building an inclusive community (20%), priority area 5: Focusing on whole of population approaches (11%), and priority area 1: Nurturing early years and strengthening families (7%).

Example activities within priority areas (as reported by participating organisations)				
Priority area 1: Nurturing early years and strengthening families	Priority area 2: Fostering resilient individuals	Priority area 3: Building an inclusive community	Priority area 4: Building an integrated service system	Priority area 5: Focusing on whole of population approaches
DRUMBEAT program sessions Healthy parenting workshops Fetal Alcohol Spectrum Disorder (FASD) campaigns, training and community forums AOD training for community nurses Grandparents information workshops	Consumer engagement forums Youth conferences Local (guerrilla) media campaigns (information, posters) Brief interventions and counselling Safe partying and school programs Needle and syringe programs	Media campaigns Prison workshops Information and health promotion resources Sessions with community houses Community development initiatives CALD initiatives Sporting club initiatives	AOD services bus tour Inter-agency collaborative forums Inter-agency training sessions Alcohol modelling framework workshops Brief intervention framework and working group	Mass media campaigns Social media campaigns Health Week activities (e.g. International Overdose Awareness Day) Positive parenting sessions Accessibility adaptations (captions on YouTube videos)

Table 3: Example activities within priority areas

### Activities within the ATOD PPEI implementation plan

Figure 14 shows the distribution of activities according to the goals of the ATOD PPEI implementation plan.

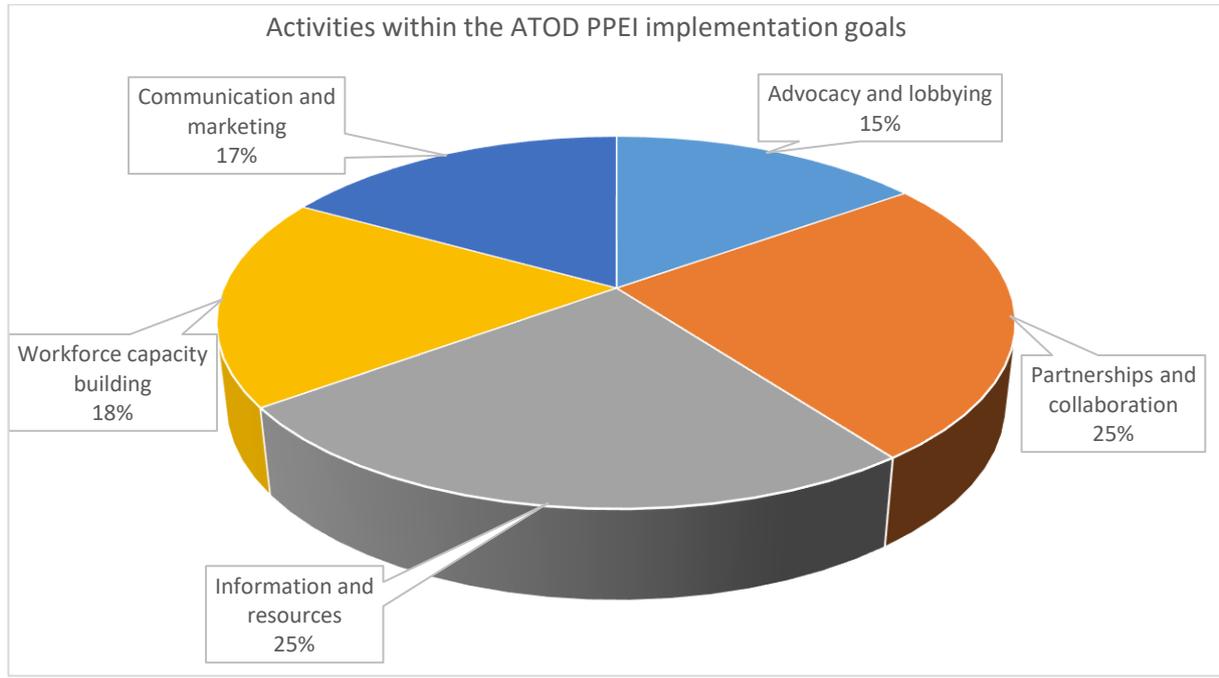


Figure 14: Activities within the implementation plan

- The majority of activities were: Information and resources (25%) and Partnerships and collaboration (25%)
- The remaining activities were: Workforce capacity building (18%), Communication and marketing (17%), and Advocacy and lobbying (15%)

Example activities within implementation goals (as reported by participating organisations)				
Goal 1: Advocacy and lobbying	Goal 2: Partnerships and collaboration	Goal 3: Information and resources	Goal 4: Workforce capacity building	Goal 5: Communication and marketing
Consumer reference groups	Neighbourhood House conference	Brief intervention working group	AOD services bus tour	Social media campaigns
Mass media campaigns	AOD services bus tour	Social media campaigns	PPEI: service information pack	Media interviews
Health Promotion Week activities (e.g. International Overdose Awareness Day)	Inter-agency collaborative forums	DRUMBEAT sessions	AOD information and training for teachers	Community drug forums
Health literacy presentations	ATDC regional member meetings	Brief interventions	Inter-agency service tours	Health Promotion Week activities (e.g. International Overdose Awareness Day)
Young Person's Smoke Free Working Group	Organisation newsletters	Resource provision	Inter-agency training and workshops	Brief interventions
	Inter-agency training	Professional / worker tools and resources	Sector conferences and forums	Safe partying and school programs
		Community information sessions		

Table 4: Example activities within implementation goals

## Comparisons to Year 1 (pilot survey)

For a number of reasons, it is difficult to compare the results of the pilot survey with the second survey. The methodology changed significantly between both surveys, and the sample group of participating organisations changed—with a number of very specialised services adding emphasis in some statistics that may or may not be more representative of the entire Tasmanian picture.

### Differences in analysis

An outline of analysis differences is shown in Table 5.

	Pilot survey	Second survey	Change
Participating organisations	10	15	+50%
Activities (line of data)	203	402	+100%

Table 5: Differences in data analysis

### Differences in survey questions

The second survey questions were adjusted according to feedback from reporting organisations and the data analysis team. The main differences between the two sets of survey questions are outlined in Table 6.

Pilot Survey Question Options	Second Survey Round Question Options	
<b>Activity Type</b>		
Project	ATOD Sector Activity	
Education	Collaboration e.g. Working Group	
Resources	Community Activity	
Event	Consumer Engagement	
Other	Education Project Resource Development Resource Provision	
<b>Gender</b>		
Open-Ended Response	No Target (Cis) Female (Cis) Male (Trans) Female (Trans) Male Non-Binary Genders All Men All Women	
<b>Age Range</b>		
Open-Ended Response	N/A (0-11) Children (12-24) Young People (25-64) Adults (65+) Older People (0-65+) All Ages Unsure	
<b>Region (Location/Region)</b>		
North	<b>Location:</b>	<b>Target Region:</b>
South	North	North
North-West	North West	North West South
	South	East Coast
		West Coast
		State Wide
		National
		International

Table 6: Differences in survey questions

### Activity types

Despite a large difference between the survey questions in the pilot and second survey rounds, Education remained the dominant activity type in the PPEI space.

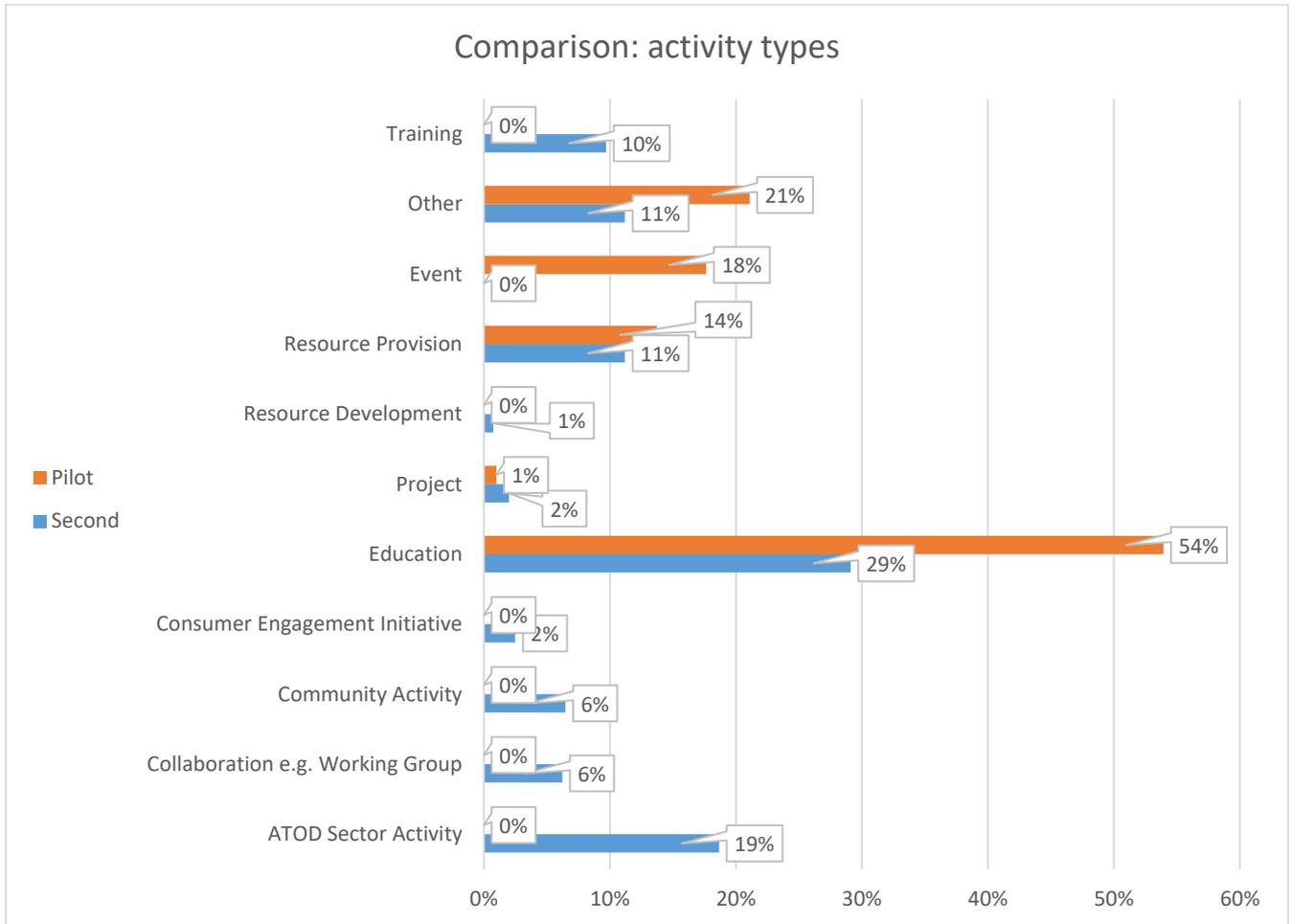


Figure 15: Comparison of activity types

### Total partnerships

The percentage of activities within partnerships has decreased from 50% in the pilot survey to 33% in the second survey. This change may be due to the second round survey including a clarified definition of the term 'partnerships'.

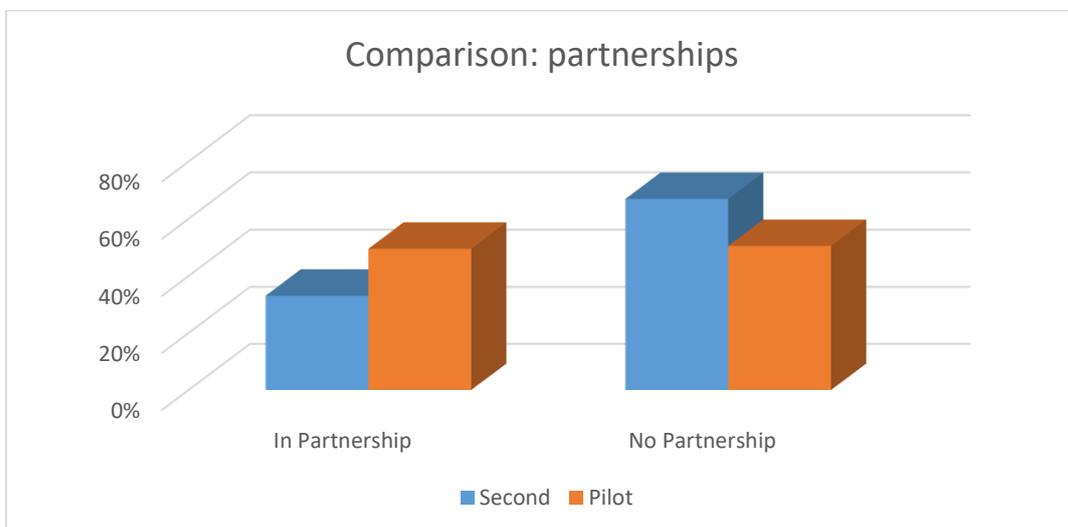


Figure 16: Comparison of partnerships

### Targeted age groups

Of those activities targeting a specific age group, Young people continues to be the overwhelming majority target group. There has been a significant decrease in activities reported as targeting Older people.

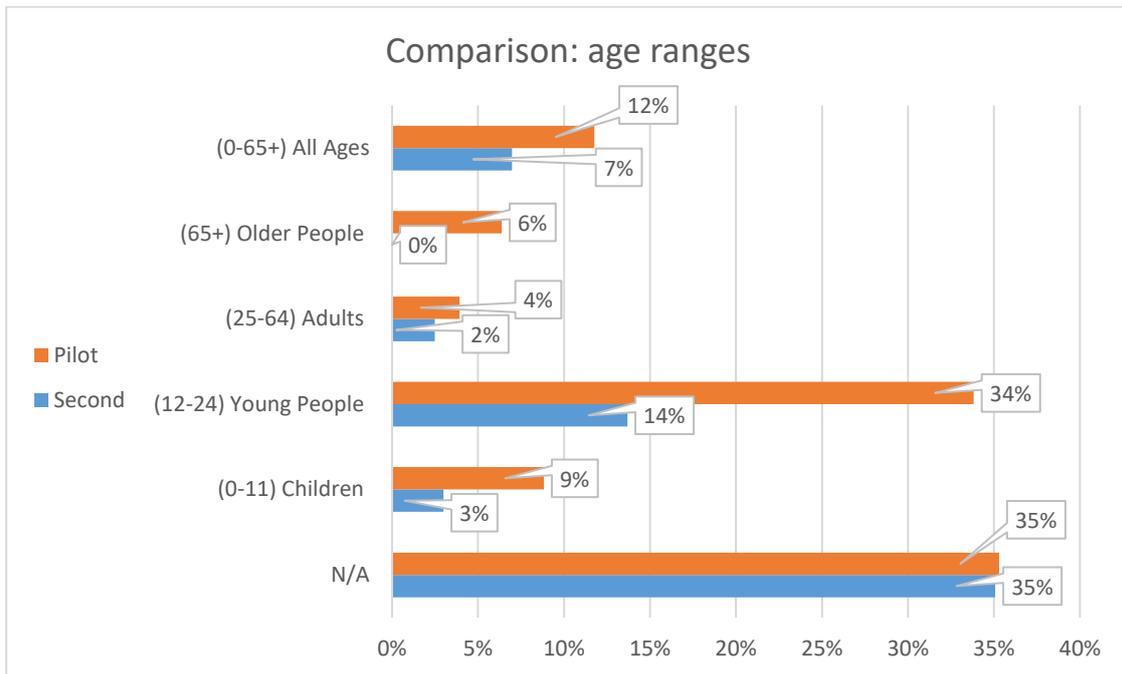


Figure 17: Comparison of age ranges

### Targeted genders

Due to differences in question methodology, answers from the pilot and second survey have been grouped into four categories: No target, Other genders (including Non-binary and Other responses), Male genders (including Cis and Trans men) and Female genders (including Cis and Trans women). There has been a significant increase in reported activities targeting male genders. These changes may be explained by the addition of specific participating organisations, some of which include male-gender-only services.

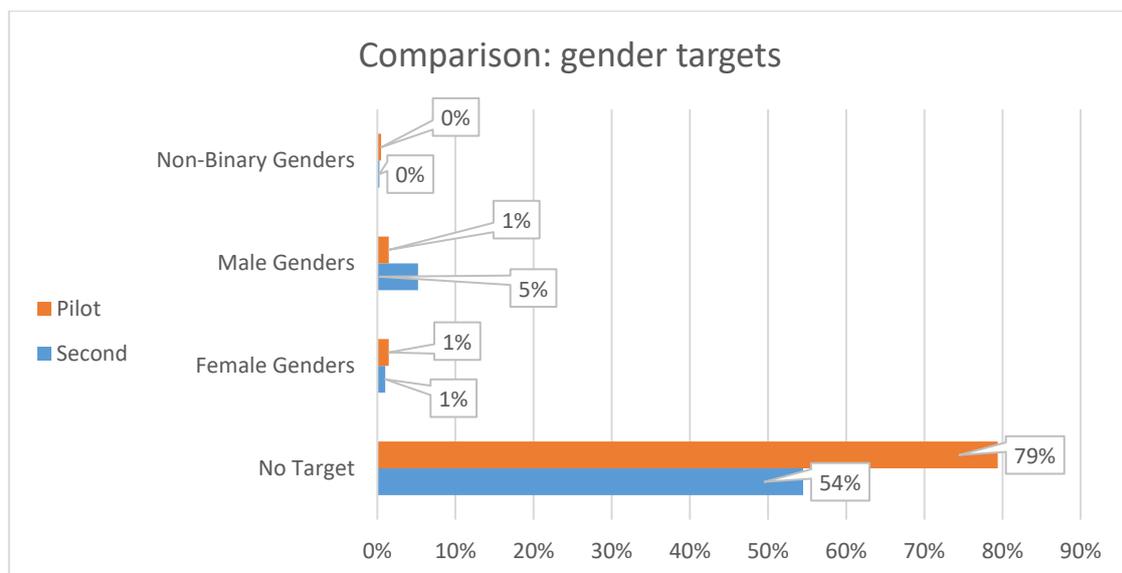


Figure 18: Comparison of gender targets

### Targeted groups

A decrease in targeted activities across all specific groups was reported. A small change to the questions surrounding target groups occurred between the pilot and second surveys, which may explain the decrease in reported targeted activities.

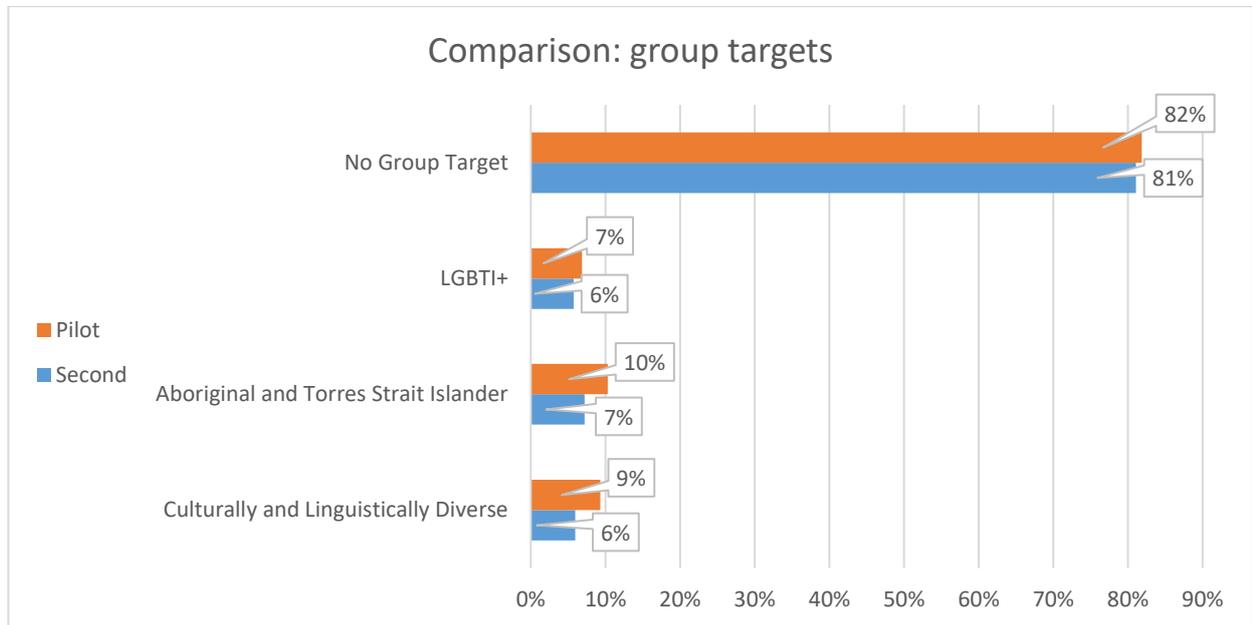


Figure 19: Comparison of target groups

### Priority areas

Focus in the PPEI priority areas has shifted from a strong focus in Building an integrated service system and Focusing on whole of population approaches, to a slightly more even spread with some emphasis on Fostering resilient individuals. This change may be the result of the addition of organisations to the survey.

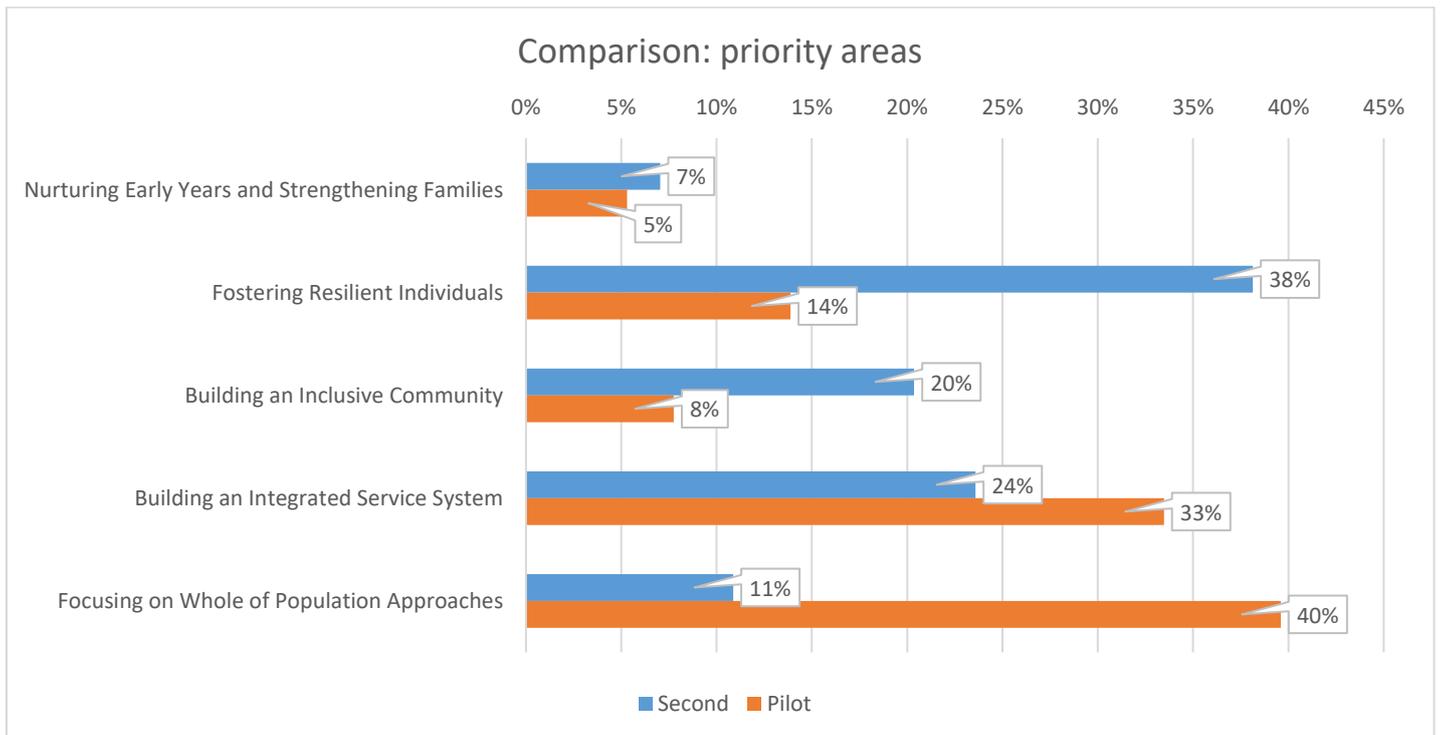


Figure 20: Comparison of priority area emphasis

### Implementation goals

Focus inside the implementation goals has shifted from a very strong focus on Advocacy and lobbying to a more even spread, with almost even emphasis across Partnerships and collaboration and Information and resources. This change may be the result of the addition of organisations to the survey, as well as slightly less strict assignment by the analysis team.

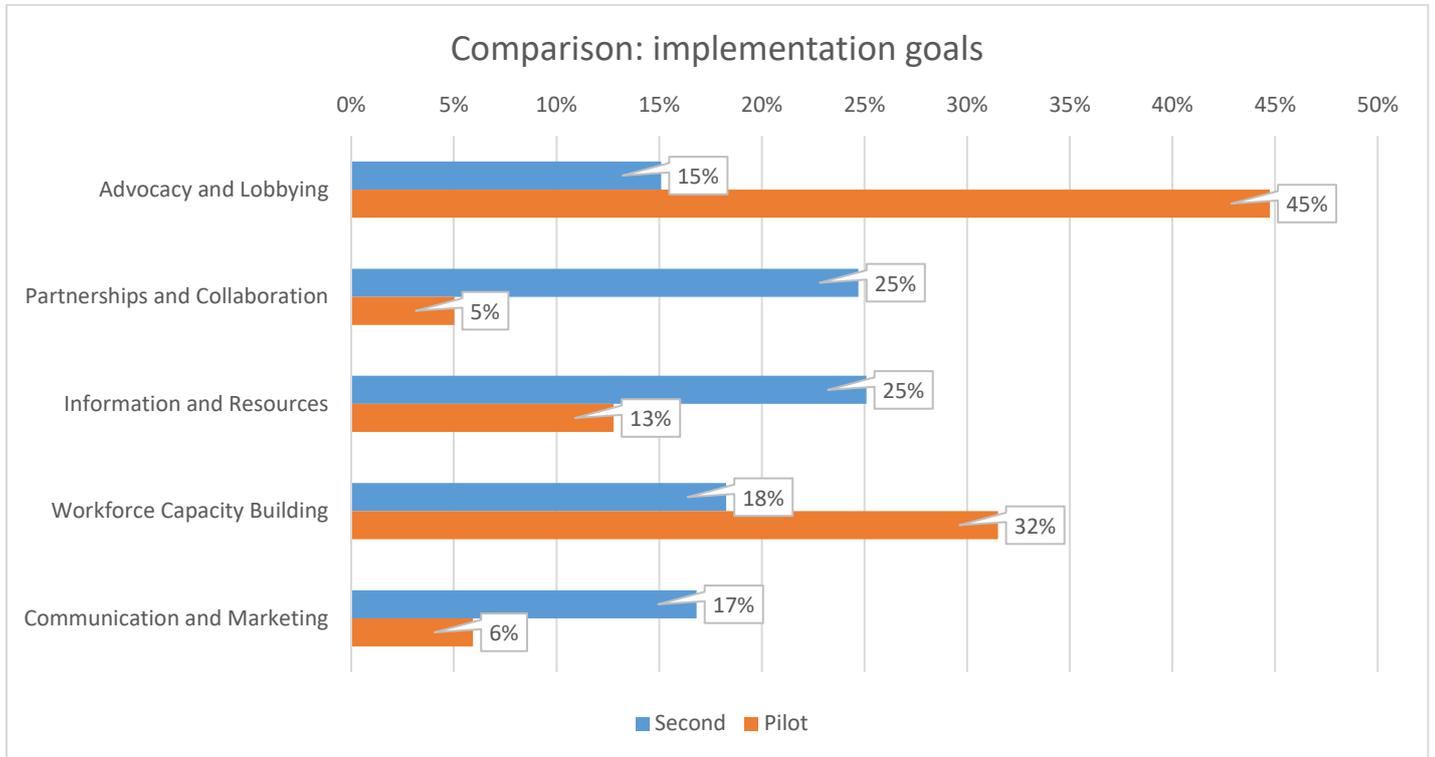


Figure 21: Comparison of implementation goal emphasis

## Analysis and discussion

### Challenges and decisions regarding the pilot survey

#### Reach

Reporting PPEI activities to the Drug Education Network (DEN) is strictly voluntary; most organisations do not have PPEI reporting as a requirement of their funding. In addition, reporting requirements and methodology vary widely between organisations. Lack of a standard reporting system within the wider community sector places a burden on organisations and causes a reluctance to engage in further reporting. A small number of organisations declined to report in this period, citing that their current data collection methods do not enable reporting on PPEI outcomes. Further, some organisations were unable to provide a full year report and others were unable to meet the reporting deadlines. DEN has attempted to address the issue of reporting fatigue by reducing the work required from each participating organisation to the minimum possible contribution, however, reporting on PPEI activities remains a considerable task for each organisation.

#### Software restrictions

The Tasmanian community sector does not have a standardised reporting system. No existing databases or reporting systems are widely adopted within the sector, and organisations have broad differences in computer literacy and software compatibility. The creation of an online database or other custom solution is out of scope for the current PPEI Implementation Plan.

The Microsoft Excel survey sheet has been refined according to feedback and results from the pilot survey. This tool may be further refined as needed for the remainder of the current Implementation Plan.

Microsoft Excel is a suboptimal survey tool. Excel has many limitations, including the inability to hold multiple pieces of data within a cell, and to allow users to add and remove data points as required, without a certain level of skill in using the software. These limitations have necessarily affected the type and quantity of data collected for this report.

#### Data interpretation

##### *Type of activity*

The pilot survey provided five 'type' options for activities: Project, Education, Resources, Event and Other. Based on feedback and limitations of the pilot survey, the type options were adjusted. Most notably, the open-ended cell 'Other' was omitted, allowing respondents to select this option but not offer clarification on their choice. The options presented to respondents were:

- ATOD Sector Activity
- Collaboration e.g. Working Group
- Community Activity
- Consumer Engagement Initiative
- Education
- Project
- Resource Development
- Resource Provision
- Training
- Other

No definition was provided for these options. Due to software restrictions (Microsoft Excel), the survey did not allow for an activity to be assigned multiple types.

### Partnerships

A definition of partnerships was not provided in the ATOD PPEI implementation plan, and was therefore not defined in the pilot survey. For the purpose of the first pilot report, both types of partnership have been counted simply as 'partnerships'.

A leading question including a definition of partnerships was provided in the second survey, as shown below, in order to correct this issue:

**Partnership question hover-over text: *'Was this activity delivered or developed in collaboration with another organisation?'***

### Activities assigned to goals

In an effort to reduce the burden on volunteer reporting organisations, respondents were not asked to assign their activities to a listed goal in this first survey. The pilot survey was analysed by a single staff member making decisions based on the following hierarchy:

**Specific activity (e.g. 3.1.3, 5.2.1) > Specific topic area (e.g. 5.1, 5.2) > Overarching goal (e.g. Goal 1, Goal 3)**

The hierarchy resulted in some activities not being assigned to the overarching goal that would seem immediately apparent.

With an increase in participating organisations and the original analyst staff unable to process the full set of data, it was necessary to increase the number of staff working on assigning activities and analysing results. While this was important for ensuring data could be processed within deadlines, difficulties in KPI interpretation became apparent in multiple areas. These discrepancies have been adjusted as far as timelines would allow.

### Activity counting

In an attempt to reduce reporting fatigue for organisations, the pilot and second surveys each included a 'number' column, allowing organisations to report that a particular activity was repeated more than once. The pilot survey did not define the column, resulting in the column being used for different data types, including participant numbers. This resulted in data from the 'number' column being disregarded.

In the second survey, this column was defined as 'session number'. However, some organisations reported several thousand sessions for particular activities. As the nature of the activities was not equal—e.g. a random breath test compared with a counselling session—the data analysis team had concerns about the validity of priority area and goal weighting. This was exacerbated by some organisations preferring to include multiple lines of data, rather than making use of the session number column.

## PPEI activity summary

This report details the results from a pilot survey of a selected group of non-government Alcohol, Tobacco and Other Drug (ATOD) organisations and their progress in the ATOD PPEI implementation plan. This report does not attempt to, and cannot, report on the progress of the wider Tasmanian ATOD sector, nor any trends within it. However, it is noted that the results of the pilot group may show some indication towards general trends.

Within the second survey round, 15 participating organisations achieved 402 activities across 519,821 individual actions. The majority of activities occurred within the following priority areas: 2: Fostering Resilient Individuals, 4: Building an integrated service system, and 3: Building an inclusive community. The majority of activities fell within the following implementation plan goals: 3: Information and resources, and 2: Partnerships and collaboration.

Every individual priority area and implementation goal KPI was represented within the data. This clearly demonstrates a strong inclination among the Tasmanian AOD sector to achieve within the PPEI space.

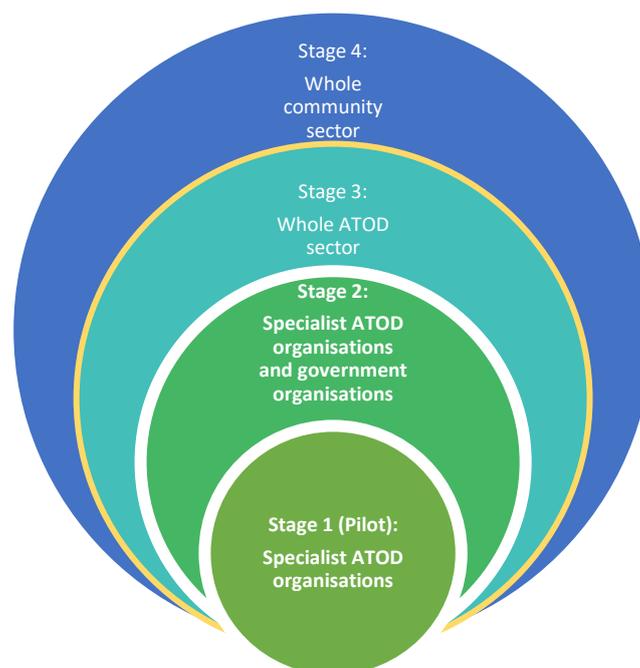
## Moving forward

[everybodys.business](http://everybodys.business)

The [everybodys.business](http://everybodys.business) website was launched late 2016, and so far contains more than 300 individual service websites, screening tools, research papers, fact sheets, and other resources. Based on careful monitoring of traffic and user feedback, the website will be upgraded in late 2017, prior to the start of a marketing campaign to encourage public awareness of the resource.

### ATOD sector PPEI development

A PPEI sector forum will be held in late 2017 in Campbell Town, Tasmanian Midlands, with the aim of increasing awareness of the PPEI plan within and beyond the Tasmanian sector. Non-specialist ATOD organisations will be invited to participate in the forum, thereby moving the implementation forward to Stage 3. The third survey round will occur between December 2017 and June 2018, with the final report released in late August 2018.



*Figure 22: Stages of PPEI survey rollout*

## Recommendations

1. A review of the ATOD PPEI implementation plan is recommended in 2018 following the anticipated review of the Everybody's Business Strategic Framework, with the intention to further integrate the aims of both documents, and resolve the reporting and data collection issues currently present.
2. A single data collection tool would enable widespread collection of PPEI activities within the ATOD sector, provide insight into similar activities in the wider community sector, highlight synergistic activities and possible partnerships, and provide a full picture of PPEI implementation. Compulsory reporting on PPEI activities by funding bodies—including, but not limited to, the Department of Health and Human Services (DHHS)—would enable integration and coordination with regular reporting processes. Alternatively, further specific funding should be considered to resource a partnership with an organisation independent from the ATOD sector (such as UTAS) to develop a robust, usable and powerful data collection tool for the entire community sector, or the addition of PPEI reporting activities in existing data-collection working groups already operating within Tasmania.
3. For this PPEI resource to realise its full potential it will be necessary to promote everybody's.business to create widespread awareness and encourage submissions for the website. Specific funding is recommended for a coordinated mass media and social media campaign to raise awareness of PPEI principles for the ATOD sector, raise general awareness of ATOD issues and signposting to support the general community, and help provide synergy between the ATOD and wider community sectors.
4. The information and knowledge gathered from the current and former (pilot) survey will be used to identify and correct issues with the current reporting tool and streamline the data collation process. At this stage in the Implementation Plan, only minor adjustments will be made. Additional funding will be required to further develop the tool beyond its present technological limitations.

## Appendices

### Appendix 1: ATOD PPEI implementation plan goal and activity list

#### Advocacy and lobbying

#### **Goal: 1.1 For the ATOD sector to play a prominent and active role in public debate on alcohol, tobacco and other drug issues**

1.1.1 Convene public forums and events (e.g. research symposiums, training and information sessions)

1.1.2 Formulate and issue position statements

1.1.3 Collaborate with institutions (e.g. UTAS) to promote and stimulate public awareness and debate

#### **Goal: 1.2 To reduce stigma and discrimination associated with ATOD use**

1.2.1 Maintain a position statement about stigma and discrimination

1.2.2 Support existing campaigns (e.g. Support Don't Punish) as well as explore and develop new campaigns that address stigma and discrimination regarding ATOD use

#### **Goal: 1.3 To challenge Tasmania's drinking and drug-taking culture**

1.3.1 Develop public education messages about ATOD use and associated risks/harms (such as the dissemination of the NHMRC guidelines for low risk drinking)

1.3.2 Highlight positive role models in the local community

#### **Goal: 1.4 To ensure the responsible sale and supply of alcohol and tobacco**

1.4.1 Advocate for relevant legislative amendments around sale and supply of alcohol and tobacco. For example:

- restrictions on promotions in licensed premises that encourage rapid and/or excessive consumption of alcohol
- reviewing the legal drinking age
- reviewing the legal blood alcohol level for driving to 0.00
- advocating for the reduction of liquor licenses issued and restrict those issued for sporting and family events

1.4.2 Support, inform and contribute to relevant legislation, regulatory frameworks and compliance regimes

1.4.3 Maintain a strong focus on frontline policing, including:

- a high visibility approach in and around licensed venues
- targeting of underage alcohol-related issues
- broader community activity, such as random and targeted breath alcohol testing

#### **Goal: 1.5 To support the creation and maintenance of Drug User Organisations within Tasmania**

1.5.1 Advocate for sustainable funding for consumer driven, peer-based drug user organisations

#### Partnerships and collaboration

#### **Goal: 2.1 To improve strategic linkages within the ATOD sector with external agencies**

2.1.1 Encourage and support awareness of ATOD service providers and programs

#### **Goal: 2.2 To build collaborative working relationships within the community which address ATOD use**

2.2.1 Develop new, and enhance existing, partnership programs and resources:

- which promote strong messages around responsible ATOD use and harm reduction
- aimed at early interventions and building resilience

2.2.2 Strengthen ATOD capacity within child and maternal health and family centres

2.2.3 Develop connections with Neighbourhood Houses to strengthen worker capacity regarding ATOD issues

2.2.4 Support and encourage ATOD organisations to maximise consumer engagement in service planning and delivery

## Information and resources

### **Goal: 3.1 To develop a repository of evidence-based resources about PPEI**

3.1.1 Develop and launch an Everybody's Business website and highlight 'champions' in the community

3.1.2 Develop mechanisms that will support the work of the strategic framework:

- an ATOD PPEI website
- a register of ATOD PPEI activities across Tasmania
- aimed at building resilience and raising awareness of drug harms

3.1.3 Review and disseminate brief intervention tools and programs:

- that the ATOD sector can embrace as part of everyday business
- specific to young people
- aimed at building resilience and raising awareness of drug harms

### **Goal: 3.2 To adopt a range of evidence-based school drug education**

3.2.1 Develop and provide best-practice ATOD teaching resources for prevention and education

3.2.2 Provide resources within the Principles of Drug Education which facilitate student engagement, building resilience and referral to appropriate support services for young people, their families and communities around ATOD use

3.2.3 Facilitate joint projects between schools and the community to enhance ATOD knowledge

## Workforce capacity building

### **Goal: 4.1 To build the knowledge and capacity of the ATOD sector workforce in PPEI principles and strategies**

4.1.1 Provide training and information sharing within the ATOD sector through events (e.g. research symposiums, workplace exchange programs)

4.1.2 Provide consultancy and training in PPEI to the ATOD sector regarding the incorporation of PPEI programs into current work

4.1.3 Advocate for specific funding for PPEI Community Educators within the ATOD sector

### **Goal: 4.2 To build the knowledge and capacity of the non-ATOD sector workforce in PPEI principles and strategies**

4.2.1 Provide training and workforce education specifically promoting PPEI principles and develop PPEI resources to distribute

## Communication and marketing

### **Goal: 5.1 To maximise the use of technology and social media for the exchange of information, online resources and promotion of the PPEI message**

5.1.1 Maintain and promote the everybody's.business website

5.1.2 Develop mechanisms for the ATOD sector to obtain and share PPEI information and resources

5.1.3 Promote ATOD sector organisations' individual newsletters, publications, and social media (e.g. Facebook, Twitter)

### **Goal: 5.2 To promote recreational, education and cultural activities to target audiences**

5.2.1 Use age and culturally appropriate methods and channels to deliver responsible ATOD use messages

### **Goal: 5.3 To promote positive role models through community groups and in community settings**

5.3.1 Highlight champions in the community through the everybody's.business website and other media channels



## Appendix 2: Survey reporting tool – further explanation

[Click here to return to Data entry sheet](#)

		North	South	North West
Regions		Akaroa	Abels Bay	Abbotsham
		Alanvale	Acton Park	Aberdeen
		Alberton	Adventure Bay	Acacia Hills
		Ansons Bay	Albion Heights	Acton
		Avoca	Allens Rivulet	Alcomie
		Badger Head	Alonnah	Ambleside
		Banca	Andover	Arthur River
		Bangor	Antill Ponds	Bakers Beach
		Beaconsfield	Apollo Bay	Barrington
		Beaumaris	Apslawn	Beulah
		Beauty Point	Apsley	Black River
		Beechford	Arthurs Lake	Boat Harbour
		Bell Bay	Austins Ferry	Boat Harbour Beach
		Bellingham	Baden	Brittons Swamp
		Ben Lomond	Bagdad	Broadmeadows
		Binalong Bay	Bagdad North	Brooklyn
		Birralee	Barnes Bay	Bungaree
		Bishopsbourne	Barretta	Burnie
		<b>Age Groups</b>	For the purpose of this report, the following age groups have been defined: <b>Child:</b> 0-11 years <b>Young Person:</b> 12-24 years <b>Adult:</b> 25-64 years <b>Older Person:</b> 65 + years	Blackstone Heights
<b>Non-Binary Genders</b>	Gender identities that are not exclusively masculine or feminine.	Blackwall	Bellerive	Camdale
<b>(Cis) Female</b>	A person who identifies with their birth assigned sex e.g. ciswoman, cisman	Blackwood Creek	Berriedale	Camena
<b>(Cis) Male</b>		Blessington	Bicheno	Castra
<b>(Trans) Female</b>	In addition to including people whose gender identity is the opposite of their assigned sex (trans men and trans women), it may include people who are not exclusively masculine or feminine (people who are genderqueer, e.g. bigender, pangender, genderfluid, or agender).	Blue Rocks	Birchs Bay	Cethana
<b>(Trans) Male</b>		Blumont	Black Hills	Chasm Creek
<b>CALD</b>	People who are culturally and linguistically diverse.	Boobyalla	Blackmans Bay	Christmas Hills
<b>ATSI</b>	A person of Aboriginal or Torres Strait Islander descent, who identifies as being of Aboriginal or Torres Strait Islander origin.	Bracknell	Bonnet Hill	Claude Road
<b>LGBTI</b>	People who are lesbian, gay, bisexual, trans, and/or intersex.	Branxholm	Boomer Bay	Coee
		Breadalbane	Bothwell	Corinna
		Bridgenorth	Boyer	Couta Rocks
		Bridport	Bradys Lake	Cowrie Point
		Burns Creek	Brandum	Cradle Mountain

Data Entry **Further Explanation**

## Appendix 4: Activity count – overall

Total participating organisations	15		
Total reported activities	402		
Total partnerships	133		
Total reported actions	510,743		
Total distributed resources	54,416		
<b>Activities within priority areas</b>			
Priority area	Activities	Sessions	Note
Priority 1: Nurturing Early Years and Strengthening Families	46	640	
Priority 2: Fostering Resilient Individuals	249	8661	
Priority 3: Building an Inclusive Community	133	512977	
Priority 4: Building an integrated service system	154	981	
Priority 5: Focusing on Whole of Population approaches	71	511974	
<b>Partnerships within priority areas</b>			
Priority area	Partnerships		Note
Priority 1: Nurturing Early Years and Strengthening Families	24		
Priority 2: Fostering Resilient Individuals	91		
Priority 3: Building an Inclusive Community	51		
Priority 4: Building an integrated service system	54		
Priority 5: Focusing on Whole of Population approaches	26		
<b>Activities within implementation goals</b>			
Implementation goal	Activities	Sessions	Note
Goal 1: Advocacy and Lobbying	157	510743	<i>Most activities fell within 1.3.1, 1.1.1, 1.1.3 and 1.2.2</i>
Goal 2: Partnerships and Collaboration	257	1300	<i>Most activities fell within 2.2.1, 2.1.1, and 2.2.3</i>
Goal 3: Information and Resources	261	3245	<i>Most activities fell within 3.1.3, 3.2.2 and 3.2.1</i>
Goal 4: Workforce Capacity Building	190	153	<i>Most activities fell within 4.2.1 and 4.1.1</i>
Goal 5: Communication and Marketing	175	5810	<i>Most activities fell within 5.2.1, 5.1.3, and 5.1.1</i>
<b>Partnerships within implementation goals</b>			
Implementation goal	Partnerships		Note
Goal 1: Advocacy and Lobbying	26		
Goal 2: Partnerships and Collaboration	115		
Goal 3: Information and Resources	83		
Goal 4: Workforce Capacity Building	39		
Goal 5: Communication and Marketing	39		

## Appendix 4: Activity Count – specifics

Activities and their Physical Location		
Physical location	Activities	Note
North	88	
North West	48	
South	232	
Activities and their Target Location		
Target Region	Activities	Note
North	57	
North West	34	
South	146	
East Coast	2	
West Coast	2	
State Wide	109	
National	0	
International	2	
Activities per Target Group		
Target Group	Activities	Note
CALD	24	
ATSI	29	
LGBTI	23	
Activities per Target Age		
Target Age	Activities	Note
Children	12	
Young People	55	
Adults	10	
Older People	0	
All Ages	28	
Activities per Target Gender		
Target Gender	Activities	Note
No Target	219	
Cis Female	2	
Cis Male	20	
Trans Female	0	
Trans Male	0	
Non-Binary Genders	1	
All Men	1	
All Women	2	