



# Knowing the Score

A scoping study on the prevalence, patterns, and attitudes of drug and alcohol use in Tasmanian community sporting clubs

**Catherine Crow**

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The logo for HART SPORT features the word 'HART' in a bold, blue, sans-serif font with a red triangle above the letter 'A'. Below it, the word 'SPORT' is written in a smaller, red, sans-serif font.



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## Executive Summary

The Knowing the Score (KTS) scoping study addresses a recognised need for research into the current prevalence and patterns of alcohol and drug use in addition to related attitudes and behaviours that may exist as part of Tasmanian sporting club culture. The study provides information identifying the occurrence of problems relating to drug and alcohol use in the sporting community, and distinguishes the substance/s and behaviours of concern. Information on current harm reduction practices employed by clubs is also included in the hope that these may be useful to other clubs or promote discussion on this topic. The Knowing the Score study is the first research on alcohol use specific to Tasmanian community sporting clubs, and is believed to be the first of its kind in the world to examine prevalence, patterns and attitudes toward illicit drug use in this arena.

The relationship between alcohol consumption and sport in Australian society is long standing and tightly woven on many levels. Alcohol often features heavily in post-sport celebrations or commiserations for both participants and spectators alike. The involvement of alcohol companies and local hotels through sponsorship of many sporting clubs is evident at both the community and elite levels, while athletes and/or teams are used to link alcohol to desirable personal and social attributes. Previous studies have uncovered large proportions of high risk drinking in sportspeople (Duff, Scealy & Rowland, 2005; Lawson & Evans 1992; Rowe 2003), and also found that drinking is regarded as an important tradition within licensed clubs and furthermore, it is considered to be important for members enjoyment of the time they spend there (Duff, Scealy & Rowland, 2005; Snow & Maher, 2000).

Studies relating to alcohol use in Australian community sporting clubs have been done over the past 10 years through the Good Sports program and have provided a wealth of information on a national level, however, none have attempted to examine illicit drug use concurrently or been specifically targeted to one state. It is anticipated that information

resulting from this study will be used to inform, educate, and ultimately form the basis of future intervention methods to address drug and alcohol issues in this arena.

The Knowing the Score study had the following objectives:

- i. To gather information on the prevalence and patterns of drug and alcohol use in a sample of Tasmanian community sporting clubs
- ii. To assess the attitudes of club members and players in relation to drug and alcohol use within their club
- iii. To document the extent of harmful and risky drug and alcohol related behaviours occurring in sporting clubs
- iv. To seek club members and players input on effective approaches to reduce harm from drug and alcohol use within their club

**Objective One: to gather information on the prevalence and patterns of drug and alcohol use in a sample of Tasmanian community sporting clubs**

Thirty six percent of sporting club members consumed alcohol at levels placing them at increased risk of alcohol-related injury on each occasion they drank at their club or with other club members.

AFL respondents (34%) reported the highest levels of alcohol consumption per visit, consuming 10 or more standard drinks on each occasion. However, it was bowls members however who drank the most frequently at their clubs with 33% drinking there four or more days a week.

By region, southern clubs not only had the highest proportion of members drinking at levels placing them at increased risk of injury (55%), but also almost a quarter (24%) of members drinking 10+ standard drinks on each occasion compared to the northern (14%) and north-western clubs (12%).

The occurrence of underage drinking in licensed clubs (in varying frequencies) was reported by 47% of AFL and 37% of soccer members.

When it came to illicit drugs (including prescription drugs used for non-medical purposes) pain killers and analgesics were the most commonly used (17%), followed closely by cannabis (16%).

Illicit drug use was more prevalent in the southern clubs involved in the study across all drug types with the exception of inhalants and sedatives where the same rates were found for northern clubs. Of particular note was amphetamine use where twice the percentage of southern respondents reported use (10%) compared to north-western (5%) and northern (2%) respondents.

Study results indicate that illicit drug use was generally higher in the study sample than the general Tasmanian population across all drug types. However, while suggestive that illicit drug use is of concern in a number of clubs sampled, no conclusions or generalizations can be made on this point regarding the wider Tasmanian community sporting population, due to the purposive sampling method employed in this study.

When asked about the times and locations that drug use occurred 59% of respondents identifying drug use, reported using after leaving their club; 36% reported taking drugs prior to engaging in club activities; and around one third of all respondents reported taking drugs at their club or playing ground. A low proportion of respondents indicated that this occurred often, with the majority reporting it took place sometimes or rarely.

**Objective Two: to assess the attitudes of club members and players in relation to drug and alcohol use within their club**

A higher proportion of respondents from licensed southern clubs, reported drinking alcohol was important when socialising and celebrating at their club compared to northern and north-western club respondents.



Drinking alcohol at their club was also seen as either a very important or important way to contribute to the club financially for over three quarters of AFL and over half of bowls and golf respondents, while 100% of AFL, bowls and golf, and 75% of soccer club's management reported that a liquor license at their club was important for raising revenue. Between one third and three quarters of all respondents believed drug and alcohol use was a concern to at least a small extent in their sporting club however, fewer respondents believed that family and friends or the wider community perceived there to be any issues within their club.

When asked to identify which drugs respondents felt caused the most problems for their club, alcohol was the clear leader followed by tobacco, cannabis, pain killers/analgesics and amphetamines. These were followed by hallucinogens and sedatives, inhalants and finally opioids.

Club management reported 80% of AFL, three quarters of hockey, two thirds of soccer and half of bowls and golf clubs surveyed were sponsored by an alcohol company, bottle-shop or pub. Sixty percent of AFL, 50% soccer, 25% golf and 20% basketball and netball gave alcohol or drinkcards as prizes, while 75% of hockey, 65% of AFL and 20% of basketball clubs used cocktail parties as fundraisers.

A large proportion of respondents across all sports other than bowls, reported that their club management had very little or no concern regarding drug and alcohol issues within the club. For their part, three quarters of hockey and over half of bowls, basketball and AFL club officials reported believed their State Sporting Organisations (SSO) were concerned about drug and alcohol issues in their community sporting clubs to very little or no extent. Soccer was the only sport where reports of SSO concern to a great extent were identified.

### **Objective Three: to document the extent of harmful and risky drug and alcohol related behaviours occurring in sporting clubs**

Around half of all members from AFL, bowls, golf and unlicensed soccer clubs as well as more than one in five basketball, hockey and licensed soccer respondents reported being sometimes or often concerned with other members driving after drinking alcohol.

Driving after drinking was shown to be a major concern for some sports, with 27% of AFL and 18% of soccer respondents reporting they rarely or never limited the number of alcoholic drinks consumed when driving. These figures however are averaged across each sport and as such were not indicative of all AFL and soccer clubs participating in the study. Compared the general Australian population, of which 78% report limiting their drinks when driving (AIHW, 2008c), a much lower proportion of participants in this study reported doing so.

Individual harm reduction practices relating to both drug and alcohol use were investigated, with eating while consuming alcohol the most common practice reportedly undertaken by around half of all respondents (with the exception of bowls members) always or most of the time. This figure is still below the national percentage (58%) of the general population reporting this harm reduction practice (AIHW, 2008c).

Counting drinks and quenching thirst with a non-alcoholic drink before consuming alcohol were reported by around one quarter of respondents (again lower in bowls members) always or most of the time, compared to 55% and 33% respectively of the general population (AIHW, 2008c). Very few respondents reported frequently drinking only low alcohol drinks (exception one third of bowls respondents) or alternating between alcoholic and non-alcoholic drinks, and while these are the least reported harm reduction practices within the general population at 17% and 25% respectively (AIHW, 2008c) levels are considerably higher than in the study sample.

When asked how often they would refuse an alcoholic drink offered because they didn't want it only around one in five AFL, bowls, netball or soccer reported they would do

always or most of the time with slightly higher percentages for basketball, golf and hockey. Once again these figures are well below the 60% of the general population reporting this practice (AIHW, 2008c), and indicates that overall a much lower proportion of the study sample were utilizing individual strategies to keep themselves safe when consuming alcohol, than would be expected from general population data.

With regard to illicit drug use, only 16% of respondents identifying drug use waited the recommended 45 minutes after testing a small amount of the drug, to take the full amount.

A considerable number of respondents reported personally witnessing or being involved in an off field/court/course incident where somebody was threatened or behaving aggressively at their sporting club. Alcohol was reported to be involved in a large percentage of incidents at AFL (90%) and hockey (80%) clubs and over half of these incidents at bowls and golf clubs. Respondents were less sure if illicit drug use had been involved but was still identified in around 10% of cases in soccer, netball and hockey and 16% in AFL clubs.

Club officials identified incidents of rowdy behaviour as the most common issue relating to alcohol consumption although it was reported to occur infrequently. Fights and property damage were revealed by 10% of clubs but all reported they had not had an incident within the past two years. This was credited by most to the beginnings of a shift in club culture originating from club management and grounded in a desire to provide a safe environment for all members and particularly the clubs youth.

**Objective Four: to seek club members and players input on effective approaches to reduce harm from drug and alcohol use within their club**

Harm reduction practices reported by club management included carrying low alcohol and alcohol-free beverages and having tap water available free of charge. The majority reported having at least light meals available at most times when the bar was operating.

Officials from licensed clubs were asked what measures were taken when members or visitors appeared intoxicated at the club. While 100% of bowls and golf clubs cited that intoxicated individuals were no longer served alcohol, only 80% of AFL and 67% of soccer clubs indicated this.

Other harm reduction behaviour measures reported were calling a taxi, removing keys from intoxicated person, having a committee member take action, removing intoxicated person from premises and in some cases driving the person to their home.

Implementing, reviewing and promoting club alcohol policy would be effective according to 28% of respondents or moderately effective (43%) in reducing alcohol related issues in sporting clubs, while support was shown for the implementation of a designated driver program from the majority of respondents across all sports believing it would be effective (49%) or moderately effective (33%). Only 10% of respondents felt conducting occasional alcohol free functions would be effective or moderately effective (15%).

Serving only low alcohol drinks as a harm reduction practice in clubs was thought to be effective by 15% of respondents and moderately effective by 32%. Seventy-one percent of AFL and 65% of bowls members thought this would not be an effective way to reduce alcohol issues in clubs. The “hot topic” that has gained national attention in the latter stages of this study relates to sponsorship of sporting clubs by alcohol companies, and was explored with the question “how effective do you believe banning alcohol sponsorship of sporting events / clubs would be in reducing alcohol related issues within sporting clubs?” The response was definitive with 68% of respondents believing it would not be effective. Percentages reporting this view were higher again for the AFL, bowls and hockey members.

Clubs with drug and/or alcohol policies described the benefits of these in dealing with alcohol related issues that arose.

Some clubs surveyed were very creative in providing a safer environment for their members while other clubs had experienced barriers. All were keen to share their practices and learn from other clubs experiences.

Two clubs surveyed reported providing free bottled water at club functions, while wrist-bands were used by one club at functions to help bar staff identify legal age drinkers and minimize the chance of serving under-age attendees. The same club has eliminated alcohol related problems when playing away games by having players pay a set amount of money in advance that covers all expenses such as bus travel and meals and also includes a set amount of drink tickets. This club has found that members tend to pace themselves over the evening, knowing they will only get a certain amount of alcoholic drinks to last them the night. This method of changing the mind-set for what could potentially be a “big night out” has reportedly been very successful.

## **Conclusion**

The Knowing the Score study has sought to provide information on the prevalence, patterns and attitudes toward alcohol and drug use within Tasmanian community sporting clubs. It has highlighted the existing use of both individual and club based harm reduction practices, but has also revealed the need for a more varied approach and widespread execution of these behaviours.

This study supports the growing amount of evidence that risky alcohol consumption is occurring in a number of sporting clubs at the community level and furthermore, has identified the existence of concerning levels of illicit drug use within this study sample that may be suggestive of a more widespread problem.

With sporting clubs providing the ideal environment for health promotion, it is important that club management recognise and utilize this opportunity to develop and implement strategies that prevent or reduce alcohol and drug related harm in their clubs and local

communities. It is also important that they be encouraged and supported in doing so at a government / community level with targeted funding and provision of practical resources.

Most importantly, ideas for the design and implementation of any programs and strategies should be driven by the clubs themselves in collaboration with key stakeholders to ensure their needs are being met, they have the capacity to execute and the ownership required to sustain them.

## Introduction

Alcohol, tobacco and illicit drug use contributes significantly to injury, illness, disease, violence and crime. Drug use has been shown to have an extensive impact and consequences on relationships, families and the workplace and can lead to financial and legal difficulties. The economic costs associated with drug use in Australia in 2004-05 were estimated to be \$56.1 billion (Collins & Lapsley, 2008a). This cost is being counted!

The relationship between alcohol consumption and sport in Australian society is long standing and tightly woven on many levels. Alcohol often features heavily in post-sport celebrations or commiserations for both participants and spectators alike. The involvement of alcohol companies and local hotels through sponsorship of many sporting clubs is evident at both the community and elite levels, while athletes and/or teams are used to link alcohol to desirable personal and social attributes such as determination, perseverance, self sacrifice, teamwork and success. Memorable sporting characters promoting alcohol also portray valued Australian characteristics such as cheekiness and larrikinism and their past alcohol-related off-field exploits have become not only accepted, but admired.

While sport has a very open relationship with alcohol, the focus of illicit drug use in this domain is almost entirely centered on performance enhancing substances and as a consequence little is known about the patterns and prevalence of recreational drug use in this arena.

In order to rectify this at a community level the current study “Knowing the Score” was initiated by Sport and Recreation Tasmania following a 2007 forum on alcohol abuse and illicit drug use in sport attended by key stakeholders within the Tasmanian sport and recreation sector. Dissonance was recorded between Sport and Recreation Tasmania and the State Sporting Organisation (SSO) representatives regarding the status of current drug

and alcohol use within the sporting community, and further, whether it constituted a problem that needed to be addressed. Sport and Recreation Tasmania believe drug use, particularly in the form of alcohol, is inherent in the culture of some sporting clubs, and is an area of concern at the community sporting club level based on figures obtained from national Good Sports research (Duff, Scealy & Rowland, 2005; Rowland, 2006). The consensus of the SSO representatives was that drug and alcohol issues and their abuse is predominantly the domain of elite athletes and as such, are not of real concern in a Tasmanian community sport context.

The Knowing the Score scoping study addresses a recognised need for research into the current prevalence and patterns of alcohol and drug use in addition to related attitudes and behaviours that may exist as part of Tasmanian sporting club culture. It will provide information to identify the occurrence of problems relating to drug and alcohol use in the sporting community, and distinguish the substance/s and behaviours of concern. It is anticipated that information resulting from this study will be used to inform, educate, and ultimately form the basis of future intervention methods to address drug and alcohol issues in this arena.

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This report will include:

- A review of the literature on drug use in sporting clubs, the effects of drug use on the individual in a sporting context, patterns and prevalence of drug use in



Tasmania, drug use in the community, alcohol sponsorship and the media and, harm reduction.

- Methodology
- Results
- Discussion
- Conclusion
- Study limitations
- Recommendations

### ***Drug Use in Sporting Clubs***

Alcohol plays an important role for many sports clubs. It not only generates income but at the community level, a clubs license is often the financial backbone that keeps it going. In addition, studies reporting attitudes toward alcohol consumption in Australian sporting clubs have consistently found that drinking is an important tradition within licensed clubs and that it is considered to be important for members enjoyment of the time they spend there (Duff, Scealy & Rowland, 2005; Snow & Maher, 2000).

In a large Australian sample of cricket, AFL, rugby league, rugby union and surf life saving members 83% of respondents indicated that they drank alcohol at their club at least once a week. Ten percent reported drinking between seven and 10 standard drinks each time they drank at the club and a further 11% drank 10 or more standard drinks per sitting (Duff, Scealy & Rowland, 2005). The same study found that 32% of males and 58% of females drank at levels that placed them at risk of long term harm, while for those aged between 18 and 30 years, 17% of males and 32% of females drank to a level that placed them at risk of short term harm on every occasion they drank at their club. It is worth noting that the percentages above were calculated using the previous National Health and Medical Research Centre (NHMRC) Guidelines and would have been higher under the recently revised Guidelines (see Effects of Drug Use on Individuals section).

In an earlier study, Lawson and Evans (1992) found that nearly half of male amateur rugby league players studied reported drinking over 13 standard drinks in a session several times a week. While Rowe (2003), in a survey of male rugby union and field hockey players and female field hockey and netball players found over 60% of males and 50% of females reported high risk drinking on at least one of their last two drinking sessions. Exceptionally high levels of binge drinking were found among rugby union players (78%) and females competing at elite levels (96%).

Highlighting the culture of alcohol in sporting clubs Black, Lawson and Fleishman (1999) found in a study on excessive alcohol use by non-elite sportsmen, that men were more likely to drink excessively when socializing with sporting team mates compared to drinking on social occasions with other groups.

Furthermore, McCrae (2006) in a study examining alcohol and social norms, found high levels of alcohol consumption in Australian state level, netball, cricket, rugby union and soccer players. Members of some of the teams studied expected high risk drinking to be part of the 'sporting experience' and suggested that this expectation is related to their drinking behaviour. Athletes in this study also reported an expectation of higher levels of drinking at team and club social activities.

While the majority of these occasions end without incident, recent examples of possible consequences of this type of behaviour have made Tasmanian newspaper headlines with two separate AFL clubs involved in incidents of property damage, drunken behaviour and members of the public placed in fear from those attending club functions (L. Smith, 2009; A. Smith, 2009). Damage reported from these incidents included bathroom urinals being ripped off walls, urine, and vomit covering floors, faeces in hotel washing machines and on benches, and holes punched in walls. Guests at a hotel where one of the incidents occurred were fearful of their safety in what the hotel licensee described as a rampage.

Research commissioned by the national AFL Players Association in 2007 found that of 25 players testing positive to illicit drugs in the previous two years, only one was not

under the influence of alcohol prior to taking the drugs (Smith, 2007). This supports the view that alcohol consumption is often a precursor to anti-social behaviour and recreational drug use by players. As is the case in the general community, athletes may be more likely to use drugs such as marijuana and ecstasy, engage in risky sexual practices and display heightened aggressive behaviour while under the influence of alcohol.

In recognition of the drinking culture associated with sporting clubs the federal government has introduced a national alcohol code as part of their national binge-drinking strategy where players, coaches, referees and officials who are under the influence of alcohol will be banned from participating in sporting contests (Australian Department of Health and Ageing, 2009). The code addresses the responsibilities of organizations and individuals regarding the consumption of alcohol and promotion of responsible drinking to the broader community but notably fails to address the issue of alcohol advertising and sponsorship within clubs. This is despite 48.5% of Australians supporting a ban of alcohol sponsorship in sport (AIHW, 2008b).

No literature specific to illicit recreational drug use in the Australian sporting arena was found.

### ***Effects of Drug Use on the Individual***

Given the amount of research suggesting sporting groups drink at levels above the average population (Duff, Scealy & Rowland, 2005; Lawson & Evans, 1992; Rowe, 2003; Snow & Maher, 2000; Snow & Munro, 2000) it is important that there is an understanding of its effects not only from a wider community level but also in relation to its impact on sporting performance and recovery.

#### **Alcohol**

Alcohol crosses the blood-brain barrier immediately, depressing the Central Nervous System almost instantaneously. It also has an effect on the Cardiovascular System, Gastrointestinal System, Reproductive System and Immune System. In addition to

accidents and injuries relating to its use, alcohol is known to contribute to an extensive list of longer term harms including certain cancers, diabetes, nutrition related conditions, overweight and obesity, risks to unborn and breast fed babies, liver diseases, mental health conditions, dependence, brain damage, and self harm (National Health and Medical Research Council, 2009).

Consumption of alcohol prior to sporting activities can have physical and behavioural / cognitive consequences for the participant, which will, in-turn effect sporting performance.

According to Stainback (1997) alcohol:

- (i) Dilates blood vessels close to the skin surface affecting temperature control and regulation.
- (ii) Has an anticoagulant effect that will increase blood loss or swelling of injury.
- (iii) Is a diuretic and increases the volume of urine produced, which in turn may disturb the bodies electrolyte balance and lead to dehydration.
- (iv) Suppresses REM sleep.
- (v) Interacts with numerous other drugs which may lead to unintended and undesirable consequences.

Alcohol in small to moderate amounts (40 – 120ml) has negative effects on a variety of psychomotor skills including: reaction time, hand eye coordination, accuracy, balance and complex coordination or gross motor skills. In addition, alcohol impacts on memory, co-ordination, social behaviour and increases a tendency toward aggression (Stainback, 1997).

Research also indicates that consumption of alcohol is a risk factor for higher incidences of on-field injuries (O'Brien & Lyons, 2000). The Australian Sports Commission (2004) reports that athletes typically consume alcohol in binges following exercise, with reported binges exceeding suggested guidelines for low-risk drinking. Many athletes are not fully aware of the direct physical effects of excessive alcohol use after exercise, which are likely to include:

- i. Interference with appropriate rehydration
- ii. Delaying the repair of soft-tissue injuries sustained during exercise
- iii. Disturbance of regular sleep patterns
- iv. Interference with the general recovery process

The 2009 Australian Guidelines to reduce health risks from drinking alcohol produced by the National Health and Medical Research Council have moved from providing prescriptive advice on how much people can/should drink to defining the risk in order to assist people to make informed choices about how much they choose to drink.

**Guideline 1 Reducing the risk of alcohol-related harm over a lifetime: The lifetime risk of harm from drinking alcohol increases with the amount consumed**

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol related disease or injury.

**Guideline 2 Reducing the risk of injury on a single occasion of drinking**

On a single occasion of drinking, the risk of alcohol related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion where a single occasion is defined as a sequence of drinks taken without the blood alcohol concentration returning to zero in between.

**Guideline 3 Children and young people under 18 years of age**

For children and young people under 18 years of age, not drinking alcohol is the safest option.

**A.** Parents and carers should be advised that children under 15 years of age are at greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

**B.** For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

Lifetime risk is associated with both patterns of drinking as well as levels of drinking. The lifetime risk of death from alcohol related disease or injury remains below 1 in 100 if no more than 2 standard drinks are consumed on each drinking occasion, even if the drinking is daily. Every drink above this level however, continues to increase the lifetime risk of both disease and injury. For both men and women the lifetime risk of death from alcohol related disease more than triples when consumption increases from 2 to 3 standard drinks a day (NHMRC, 2009). Having four drinks on a single occasion more than doubles the relative risk of injury in the six hours afterward. In addition, the lifetime risk of hospitalization from injury is about 1 in 10 for men and 1 in 12 for women with a drinking pattern of four drinks on an occasion about once a week (NHMRC, 2009).

## **Tobacco**

Tobacco smoke is a mixture of almost 4000 different chemical compounds including tar, nicotine, carbon monoxide, acetone, ammonia and hydrogen cyanide.

The National Tobacco Strategy 2004-2009 cites research showing smokers are three times more likely to die in middle-age than non-smokers, and are four times more likely than non-smokers to suffer a heart attack before the age of 40. In addition, long-term smokers suffer reduced quality of life and a greater incidence of disease and disability such as chronic obstructive lung disease, stroke, arthritis, vision and hearing loss, loss of fertility and impotence (Ministerial Council on Drug Strategy, 2005).

The Australian Sports Commission (2004) reports research showing tobacco use has the following effects on sporting performance:

- i. Decreased endurance due to fatigue, exhaustion, shortness of breath and leg pain
- ii. During endurance runs, smokers run slower
- iii. The more cigarettes smoked the worse the performance
- iv. Smokers perform worse than non-smokers in tests of muscle endurance

- v. Smoking is detrimental to fitness, even in relatively young fit individuals.

## **Illicit Drugs**

The Australian Sports Commission (2004) reported the following effects of cannabis use on sporting performance:

- i. Decrease in reaction time and hand-eye coordination
- ii. Reduction in motor coordination, tracking ability and perception
- iii. Impairment of concentration

For ecstasy, feelings of physical exhaustion, depression, tiredness, irritability or paranoia as a result of the “comedown” are experienced by many ecstasy users, with overheating and dehydration also a concern. In addition, it can take some time for people to recover from an ecstasy experience, which may affect training and exercise programs (Australian Sports Commission, 2004). According to the Australian Sports Commission (2004), amphetamine use is particularly dangerous for people who are exercising, as it can put a great strain on their heart, and also increase the risk of heat stress during exercise.

While there is an absence of literature on other forms of illicit drugs relating to sporting performance the National Centre for Education and Training on Addiction (NCETA, 2004) lists the following illicit substances and their effects:

- i. Inhalants cause impaired co-ordination, nausea and vomiting, slurred speech, slowed breathing drowsiness or unconsciousness, poor muscle control, chest pains, bronchial spasms, reckless behaviour, delusions and hallucinations. Withdrawal symptoms feature severe depression, fatigue and loss of appetite.
- ii. Sedatives and sleeping pills produce drowsiness, loss of balance, confusion, disorientation and impaired judgment. Withdrawal includes tremors, anxiety, psychosis and confusion.
- iii. Hallucinogen use dilates pupils, increases skin temperature and sweating, distorts sense of sight, hearing and touch and results in changes in mood and behaviour.

Hallucinogen withdrawal may include flashback episodes, paranoia or fear, depersonalization, and acute anxiety and/or depression.

- iv. Opioids can cause sedation, drowsiness and respiratory depression; other symptoms include nausea and vomiting, constipation, itching, sweating, low blood pressure, dry mouth, skin and eyes and difficulty passing urine. Withdrawal effects can last up to two weeks and include sweating, irritability and loss of appetite, stomach cramps, joint pain, fatigue, diarrhoea and poor concentration.

### ***Patterns and Prevalence of Drug Use in Tasmania***

The following figures have been taken from the 2007 National Drug Strategy Household Survey: First Results, series 20 (2008a), State and Territory Supplement, series 21 (2008b), and Detailed Findings, series 22 (2008c) (Australian Institute of Health and Welfare, 2008).

#### **Alcohol**

Alcohol is by far the most commonly consumed drug in Tasmania. In 2007, 85.6% of Tasmanians aged over 14 years reported drinking alcohol. Of these, 40.5% of people drank weekly and almost twice as many males (9%) drank daily compared to females (4.8%). The proportion of Tasmanians reporting never having had a full serve of alcohol was 8.2%.

Tasmanian alcohol use defies national trends, with an increasing number of people who drink at rates that can cause both short term & long term harm. Just under half of males (48.4%) and 31.2% of females reported drinking at risky or high risk levels, compared to 38.7% of males and 30.5% of females nationally. Tasmania also has the highest proportion of young people who drink alcohol at risky or high risk levels (19.8%) compared to national levels (15.3%) (Tasmanian Department of Health and Human Services [TDHHS], 2008b).



For long term harm, 12.7% of Tasmanian males and 11.2% of females drank at risky or high risk levels compared to the national average for males (10.2%) and females (10.5%). The proportion of Tasmanian adults drinking with a high risk for long term harm has almost doubled from 2.7% to 4.4% over the last ten years in Tasmania (TDHHS, 2008b). This figure reflects an increase in most age groups and for those aged 35-44 years the increase from 10.8% to 14.5% was statistically significant (Australian Bureau of Statistics, 2007).

## **Tobacco**

Tobacco is the second most widely used drug in Tasmania and is the single most preventable cause of ill health and death in Australia. Over one fifth of Tasmanians smoke daily (22.7%) compared to the national average of 16.6%. In fact Tasmania has the second highest proportion of smokers in Australia after the Northern Territory and rates continue to increase despite a national decrease (Cancer Council, 2008).

Tasmanian males more likely than females to be daily smokers with the exception of females aged 14-19 years and 40-49 years. However the Cancer Council (2008) has found that large numbers of Tasmanian women continue to smoke during pregnancy. In terms of amount of tobacco smoked, those aged 50-59 smoke an average of 125 cigarettes a week and while higher numbers of younger age groups identify as recent smokers, on average, they smoke less per week.

## **Illicit Drugs**

Tasmanians are the third highest users of illicit drugs in Australia, with cannabis the most commonly used illicit drug in both Tasmania (10.8%) and nationally (9.1%). Males (14.4%) are twice as likely to use cannabis as females (7.3%) and are also more likely to use cannabis in conjunction with another drug. Australia-wide those aged 20-29 years are the most likely to have used cannabis in the past month.

Pain-killers and analgesics used for non-medical purposes are the second most commonly used illicit drug in Tasmania (3%), rated the second highest in Australia behind the Northern Territory (3.3%).

Ecstasy (2.4%) and meth/amphetamine (1.7%) were the next most prevalent illicit drugs used in Tasmania, however both recorded at rates lower than the national average.

Although sample numbers were small (standard error rate > 50%), Tasmania did rate higher than the national average in usage on the following illicit drug types: barbituates, inhalants, heroin, Methadone or Buprenorphine, other opiates/opioids, hallucinogens and ketamine.

In summary:

- In the last 12 months, 85.6% of Tasmanians over 14 years reported drinking alcohol
- Tasmanian alcohol use defies national trends with an increasing number of people who drink at rates causing short and long term harm
- The proportion of adults drinking at high risk for long term harm has doubled in Tasmania in the last 10 years
- Tasmania has second highest proportion of smokers in the country with increasing rates despite a national decrease
- Tasmanians are the third highest users of illicit drugs in the country

## ***Drug Use in the Community***

Drug use is associated with high health, legal and social costs to communities, families and users. It is associated with violence and crime, sexual assault and domestic violence. It impacts significantly on the workforce and affects public safety and property through perceived threat, and disturbances such a noise, litter and public intoxication.

### **Alcohol**

The total health, economic and crime costs arising from the misuse of alcohol in Australia for 2004-05 was estimated to be \$15.3 billion (Collins & Lapsley, 2008a).

The National Alcohol Strategy reports that within Australia, local governments spend approximately \$62 million each year on alcohol related public safety and order, including cleaning up bodily fluid spills (Ministerial Council on Drug Strategy, 2006).

In Australia, the annual cost of alcohol related crime alone is estimated to be \$1.42 billion (Collins & Lapsley, 2008b). This type of crime is linked with acute drinking episodes and is more frequent in areas with higher sales of alcohol (Alcohol and other Drugs Council of Australia [ADCA], 2004). In Victoria, alcohol is implicated in up to 70% of all violent crimes (Victorian Department of Justice, 2006). The Australian National Council on Drugs (2000) reports over one million people are victims of property damage annually as a result of alcohol within Australian communities.

Alcohol reduces inhibitions, increases risk taking, and tendencies toward violence (White, 2008). Alcohol consumption is known to play a causal role in malicious damage and offensive behaviours (ADCA, 2004).

Research by the Alcohol, Education and Research Foundation (2008) found that 2.2 million Australians over 14 years reported being physically or verbally abused by someone under the influence of alcohol. This same survey found more than 30% of teenagers surveyed claimed they feared for the safety of their family and friends as a consequence of excess drinking. These figures are supported by the AIHW 2007 Household Survey where 25.4% of respondents reported being verbally abused, 4.5% physically abused and 13.1% were put in fear by a person/s under the influence of alcohol in the preceding 12 months.

The Draft Tasmanian Alcohol Action Plan 2009-2014 (TAAP) reports the following 2008 statistics from Tasmania Police.

- i. 1194 family violence offenders and 552 victims reported being affected by alcohol
- ii. Of the 1185 public place assaults, a significant proportion were affected by alcohol; 40% occurred on a Friday or Saturday evening; most occurred at or near a licensed premises

- iii. 2350 liquor infringement notices were issued and there were 1351 instances of liquor confiscations
- iv. 1171 people were detained in custody for drunkenness and 266 detained due to level of intoxication
- v. A 10% increase in alcohol related offenses against police (1238 cases).  
(TDHHS, 2008a)

Figures from the National Drug Research Institute (2004) show that Tasmania had the third highest rate of deaths caused by alcohol consumption for young people aged 15-24 years in the period 1993-2002. While in 2006, 19.2% of all serious motor vehicle casualties in Tasmania involved alcohol as a crash factor, and in 2007 this increased to 23.5%.

In 2007, for drivers aged 17-29 alcohol was implicated in 31.1% of serious casualties, of those 51% involved young people under 21 years (TDHHS, 2008b), and in 2008, alcohol was a factor in 25% of Tasmanian fatal road accidents (TDHHS, 2008b).

Two quotes found in the course of this literature search put this issue into context:

“Alcohol-related harm impacts significantly across a wide range of areas including personal and public safety; property damage; road accidents; law enforcement; workforce productivity; and healthcare services including ambulances, hospitals and treatment services. The economic, social, legal and health care costs of alcohol misuse are significant and affect all aspects of the Tasmanian community.”  
(TDHHS, 2008a, p.2)

And further

“There are few, if any, other commodities which exact such social and health costs which are tolerated by the Australian community to the same extent as alcohol”  
(National Drug Law Enforcement Research Fund, 2008)

## **Illicit Drugs**

The Australian Crime Commission (2009) reports the following Tasmanian statistics for the 2007/08 reporting period:

- i. 1954 arrests for cannabis, increasing from 1733 in 2006/07
- ii. 179 arrests regarding amphetamine type stimulants, equal to 2006/07
- iii. 13 arrests for heroin and other opioids, decreasing from 16 in 2006/07
- iv. 0 arrests for cocaine, decreasing from 1 in 2006/07
- v. 3 arrests for hallucinogens (2006/07 figure unknown)
- vi. 509 arrests reported for other and unknown drugs

## ***Alcohol Sponsorship and the Media***

The current Australian alcohol advertising code stipulates that alcohol advertising must not encourage excessive or underage drinking; have strong appeal to children and adolescents; or suggest that alcohol contributes to significant mood change or social, sexual or sporting success.

While direct advertising of alcohol falls under this code, no recognition is made of media portrayal in terms of sponsorship. Sport has become a Trojan horse for the alcohol industry, a vehicle not only for promotion of its product to a vast audience but also as a medium to create and maintain desirable culture. The extent of its reach can be seen from a recent study where grade five and six primary school students were found to have high levels of recognition for alcohol advertisements shown during television broadcasts of sporting events. Findings highlighted the appeal of certain features such as humour and mascots and a tendency for children to associate a preference for alcohol products with being young, male, sporty and humorous (Phillipson & Jones, 2007).

The liquor industry argues that there no link between alcohol advertising and increased drinking patterns, stating that the focus of advertising is on the creation of brand loyalty. Conversely, Connolly, Casswell, Zhang, and Silva (1994) found that in a cohort of New

Zealand young people, men who recalled more alcohol advertisements at age 15 drank significantly more beer than their peers at age 18.

In a study regarding direct alcohol sponsorship of New Zealand sportspeople and their drinking behaviour, O'Brien and Kypri (2008) suggest that sponsorship and drink subsidies can contribute to hazardous drinking among sportspeople. They found that those receiving alcohol-related sponsorship reported significantly higher levels of hazardous drinking. In addition, those receiving free or discounted alcoholic drinks, and those who felt they should drink at their sponsors' establishment after games and practice, had the highest prevalence of hazardous drinking.

There is an increasing awareness within sporting clubs of all levels regarding the duty of care extended to members in terms of health and safety. With a focus on risk management practices emerging in some sports within Tasmania the issue of alcohol sponsorship, its implications and relevant harm reduction practices will be placed firmly on the agenda.

In a national response to this issue the recently established National Preventative Health Taskforce put forward a key recommendation to ban alcohol sponsorship of sporting and cultural events. This act would potentially strip sporting codes nationwide of \$300 million in revenue generated from the alcohol industry through sponsorships (Lewis, 2009). It should however be noted, that as with most issues linked to alcohol, the question of sponsorship cannot be viewed in isolation. Many licensed clubs are currently reliant on product sponsorship for financial stability and alternative means of generating income would need to be sought for these clubs to remain viable.

## ***Harm Reduction***

The term harm reduction according to the International Harm Reduction Association (2006) refers to policies, programmes and projects which aim to reduce the health, social and economic harms associated with psychoactive substance use. Harm reduction

recognizes that many people use psychoactive substances, and that society is unlikely to ever be drug, drink or nicotine free. It does not exclude abstinence as a goal for individuals who are dependent but, rather provides people with more pragmatic choices such as limiting intake.

The harms of alcohol that can be addressed through harm reduction other than altering consumption levels include injury and violence, road accidents, and social harms. While no results could be found specific to sporting clubs research shows that the drinking environment can be substantially modified to reduce the harms arising from alcohol consumption. Studies have demonstrated a relationship between approaches to closing times (Marsh & Kibby, 1992; Tomsen, 1997), management of aggression (Homel, Tomsen & Thommeny, 1992; Wells, Graham & West, 1998), and crowding (Homel & Clark, 1994).

The following results from the 2007 National Drug Strategy Household Survey show that many people are choosing harm reduction practices on an individual level in relation to their alcohol consumption:

- i. Limiting number of drinks (78%)
- ii. Refusing an unwanted alcoholic drink (60%)
- iii. Purposefully eat when drinking (58%)
- iv. Counting the number of drinks consumed (55%)
- v. Quenching thirst before drinking alcohol (33%)
- vi. Alternating alcohol and non alcoholic drinks (25%)
- vii. Drinking low alcohol drinks only (17%) (AIHW, 2008c).

Harm reduction practices relating to illicit drug use are generally reported on in terms of risks associated with injecting procedures and equipment. For the purposes of this study questions were focused on knowledge of source and contents of drug as well as the safety of the environment, transport and knowledge of signs and actions of overdose.

# **Methodology**

## ***Sample***

The study sample consisted of a purposive sample of members and supporters from 31 Tasmanian community sporting clubs across the sports AFL, basketball, bowls, golf, hockey, netball and soccer. Attempts to secure two clubs from each sport in each of the three regions (North-West, North and South) were unsuccessful (see limitations).

As a scoping study the aim was to provide an insight into the patterns and prevalence of drug use in the clubs surveyed, in addition to exploring the range of responses relating to attitudes and harm reduction practices. As such the study does not attempt to make generalizations based on data collected to the wider community sporting population within Tasmania. A full set of study population demographics have been included in the results section of this report.

## ***Survey Instruments***

Two survey instruments were developed to measure consumption, attitudes, and harm reduction behaviours toward alcohol and other drug use within each sporting club. Each survey had a version for licensed and unlicensed clubs.

Survey One was completed by a club committee member and addressed club alcohol, tobacco and illicit drug policies; harm reduction practices; and sponsorship and fundraising. This survey consisted of a selection of questions from the Duff, Scealy & Rowland (2005) study “The Culture and Context of Alcohol Use in Community Sporting Clubs in Australia”. Additional questions targeted illicit drug issues.



Survey Two, completed by club members and supporters, focused on alcohol, tobacco and illicit drug consumption, prevalence and patterns; together with attitudes toward alcohol use and harm reduction practices.

Like survey One, survey Two included a selection of questions from the Duff, Scealy & Rowland (2005) study, in addition to questions from the 2006 “Good Sports Outcome Study: A comparison of alcohol related consumption, drink-driving, and alcohol-related consequences between Level-1 and Level-2 cricket clubs and non-Good Sports cricket clubs” (Rowland, 2006). Illicit drug categories for survey two were taken from the World Health Organisation ASSIST v3.0 with the addition of the category pain killer/analgesic from the National Drug Strategy Household Survey (AIHW, 2007).

The surveys were piloted on a sporting club in southern Tasmania to test for readability and equipment/software suitability prior to submission for ethics approval.

## ***Procedure***

Tasmanian State Sporting Organisations (SSO) in the targeted sports were contacted explaining the study rationale and requesting affiliated club contact details. Contact lists were supplied by the Bowls, Cricket, Golf and Soccer SSO’s with AFL, Basketball, Hockey and Netball preferring to forward study invitation letters directly to clubs. No reply was received from any club using the later method. Contact numbers for a selection of these clubs were later secured from SSO or their own websites.

Study invitation letters were sent via email or printed letter to all club contacts. This proved to be largely ineffective with many contacts given no longer holding appropriate positions within the club.

Extensive follow up via phone resulted in a greater uptake of clubs participating. Once clubs had indicated their interest they were scheduled to participate in a face to face data collection session held at their club (Survey Two). During this survey all participants

were provided with a study information sheet and consent form in addition to a photographic display of standard drinks and list of drug information and counseling resources. The Turning Point Keypad system was used to collect data confidentially and anonymously in a group setting with participants using hand-held individual keypads to respond to multiple choice questions projected on a screen.

Survey One was conducted with a nominated club representative responding to short answer questions via telephone.

On completion of data collection clubs received either vouchers for Responsible serving of Alcohol Training sessions conducted by the Tasmanian Skills Institute (Licensed clubs) or vouchers for sporting equipment from HART Sport (Unlicensed clubs).

## ***Project Governance***

The Knowing the Score (KTS) study was overseen by a project Steering Committee comprising of a member from both Sport and Recreation Tasmania and the Drug Education Network. A Project Manager was responsible for managing and monitoring the study and stakeholder expectations.

An advisory panel was established for the provision of feedback on draft survey materials and included a member each from Population and Health, Department of Health and Human Services; Local Government Association of Tasmania, Liquor and Gaming Branch, Department of Treasury and Finance; Tasmania Police; and the Drug Education Network.

The Department of Rural Health at the University of Tasmania was engaged as a consultant regarding project methodology and data analysis, and ethics approval for the study was obtained from the University of Tasmania, Human Research Ethics Committee.

## ***Data Analysis***

Descriptive statistics were obtained using 2003 Microsoft Office Excel and Turning Point software packages. Preliminary data screening indicated the presence of some incomplete data however, these cases contained valuable information in other areas and were not excluded from further analysis.

## Results

This section contains an aggregate of survey results reported on by question and sport. With the exception of demographic information, all findings reported below are presented as percentages of the total number of responses for each sport.

In the endeavour to include as many sports as possible in this study, the number of clubs surveyed for each sport in each region was limited to two. As a consequence, the sample size for each sport and region is relatively small and results are limited in their generalisation to other clubs in the Tasmanian sporting community.

### Club Member Survey

#### *Demographic Information*

A total of 31 sporting clubs were surveyed across seven sports. Just under half of all clubs were licensed (48%) however they were not evenly distributed within each sport with 100% of AFL, bowls, and golf clubs being licensed, and 67% of soccer clubs (Table 1). While none of the basketball, hockey or netball clubs surveyed were licensed some played at venues where a license was externally held.

Table 1. Club numbers by sport and license status

	License Status		<b>Total</b>
	Licensed	Unlicensed	
AFL	5	0	<b>5</b>
Basketball	0	5	<b>5</b>
Bowls	2	0	<b>2</b>
Golf	4	0	<b>4</b>
Hockey	0	4	<b>4</b>
Netball	0	5	<b>5</b>
Soccer	4	2	<b>6</b>
<b>Total</b>	<b>15</b>	<b>16</b>	<b>31</b>

Forty-two percent of the participants surveyed were from sporting clubs in the North-West of Tasmania, with 36% from the South and 22% in the North (Table 2). Across the state, soccer recorded the highest number of participants with 25% of the total population followed by AFL (19%), netball (16%), basketball (13%), golf and hockey both (11%), and bowls (5%).

Table 2. Participant numbers by sport and region

Sport	Region			Total
	North- West	North	South	
AFL	60	21	53	<b>134</b>
Basketball	60	9	21	<b>90</b>
Bowls	0	33	0	<b>33</b>
Golf	33	15	25	<b>73</b>
Hockey	11	21	41	<b>73</b>
Netball	62	15	46	<b>123</b>
Soccer	66	39	69	<b>174</b>
<b>Total</b>	<b>292</b>	<b>153</b>	<b>255</b>	<b>700</b>

Sixty-one percent of the study participants were male and 39% female. While a number of sports showed an expected gender bias, no one sport consisted exclusively of male or female participants (Table 3).

Table 3. Participant gender by sport

Sport	Gender		Total
	Male	Female	
AFL	124	10	<b>134</b>
Basketball	36	54	<b>90</b>
Bowls	22	11	<b>33</b>
Golf	48	25	<b>73</b>
Hockey	41	32	<b>73</b>
Netball	15	108	<b>123</b>
Soccer	138	36	<b>174</b>
<b>Total</b>	<b>424</b>	<b>276</b>	<b>700</b>

The highest number of total participants came from the 18-30 year age group (37%) followed by 14-17 years (25%), 50+ years (15%), 31-40 years (14%) and 41-50 year olds (9%) (Table 4). While age groups were not evenly distributed among sports, there was representation for all age groups in each sport with the exception of 14-17 year olds in bowls clubs.

Table 4. Participant age range by sport

Sport	Age Range (years)					Total
	14 - 17	18 - 30	31 - 40	41 - 50	50 +	
AFL	10	88	24	7	5	<b>134</b>
Basketball	32	26	8	17	7	<b>90</b>
Bowls	0	2	1	3	27	<b>33</b>
Golf	1	3	11	4	54	<b>73</b>
Hockey	19	30	21	2	1	<b>73</b>
Netball	50	35	14	16	8	<b>123</b>
Soccer	60	73	19	17	5	<b>174</b>
<b>Total</b>	<b>172</b>	<b>257</b>	<b>98</b>	<b>66</b>	<b>107</b>	<b>700</b>

Players formed the largest category of study participants at 77% as a result of most clubs opting to run a survey session immediately after a club training session. Club officials were the next largest category (9%) followed by coaches (6%), parents (3%), general supporters (2%), other (2%) and player partners (1%) (Table 5).

Table 5. Participant numbers by sport and club involvement

Sport	Involvement at the Club							Total
	Player	Coach	Official	Partner of Player	Parent of Player	Supporter	Other	
AFL	96	6	15	3	3	7	4	<b>134</b>
Basketball	65	7	13	1	4	0	0	<b>90</b>
Bowls	21	0	3	4	0	3	2	<b>33</b>
Golf	61	0	7	0	0	2	3	<b>73</b>
Hockey	63	3	3	1	3	0	0	<b>73</b>
Netball	93	14	8	1	6	0	1	<b>123</b>
Soccer	139	11	11	1	4	4	4	<b>174</b>
<b>Total</b>	<b>538</b>	<b>41</b>	<b>60</b>	<b>11</b>	<b>20</b>	<b>16</b>	<b>14</b>	<b>700</b>

Twenty-nine percent of participants lived within four kilometers of their sporting club. A further 27% lived an estimated five to nine kilometers away. Sixteen percent lived 10-14 km or over 20 km from their club, and 12% lived between 15-20 km (Table 6).

Table 6. Participant numbers by sport and distance from home to club

		Distance from Home to Sporting Club (km)					<b>Total</b>
		0 – 4	5 – 9	10 – 14	15 – 20	20+	
Sport	AFL	37	37	29	10	21	<b>134</b>
	Basketball	25	20	17	12	16	<b>90</b>
	Bowls	21	9	2	1	0	<b>33</b>
	Golf	14	31	13	12	3	<b>73</b>
	Hockey	16	21	15	8	13	<b>73</b>
	Netball	34	26	12	17	34	<b>123</b>
	Soccer	57	42	26	21	28	<b>174</b>
	<b>Total</b>	<b>204</b>	<b>186</b>	<b>114</b>	<b>81</b>	<b>115</b>	<b>700</b>

### ***Attitudes toward Drug Use in Sporting Clubs***

#### **How important to you is drinking alcohol at your club when celebrating after a match or game?**

Forty-two percent of members from licensed clubs reported that drinking alcohol was very important or important when celebrating at their club compared to 38% who indicated it was either of little or no importance. Alcohol was very important for celebrating for just under half (46%) of all AFL respondents compared to 19% for bowls and golf, and 10% of soccer respondents (Figure 1). In a breakdown by region, alcohol was regarded as very important to celebrating by 49% of clubs in the south, 25% in the north and 15% in the north-west.

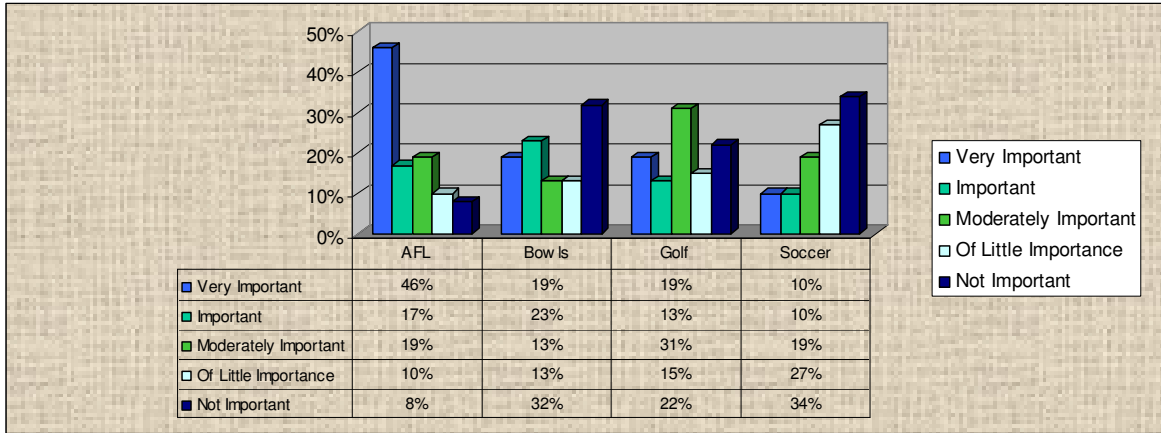


Figure 1. Importance of alcohol when celebrating at licensed clubs

**How important to you is drinking alcohol at your club when socialising with team mates / other club members?**

In licensed clubs respondents rated alcohol as either very important or important when socializing at the club with other members for 63% of AFL respondents, 40% of golfers, 33% of bowls respondents and 18% of soccer respondents (Figure 2). Respondents of non-licensed clubs rated drinking alcohol when socialising with other teammates or club members was rated as very important or important for soccer (29%), hockey (27%), netball (8%) and basketball (6%). Regional differences were found with 41% of southern clubs rating alcohol as very important or important for socialising, compared to 33% of northern clubs and 19% of clubs in the north-west.

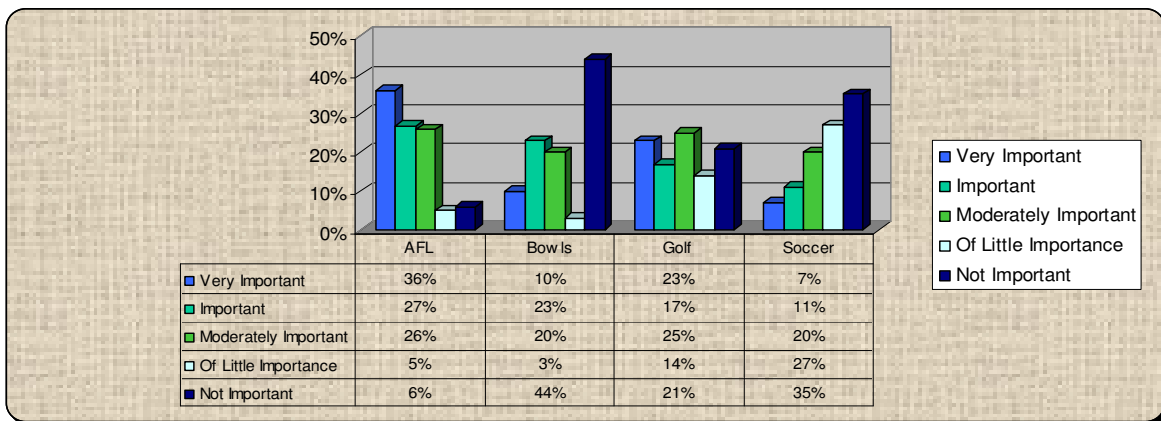


Figure 2. Importance of alcohol when socializing at licensed clubs



**How important to you is drinking alcohol at your club for contributing to the clubs financial well-being?**

Three quarters of AFL (74%) and over half of bowls (64%) and golf (55%) respondents considered drinking alcohol at their club very important or important for supporting their club financially (Figure 3). Soccer respondents thought otherwise with 59% reporting drinking at their club was of little or no importance financially.

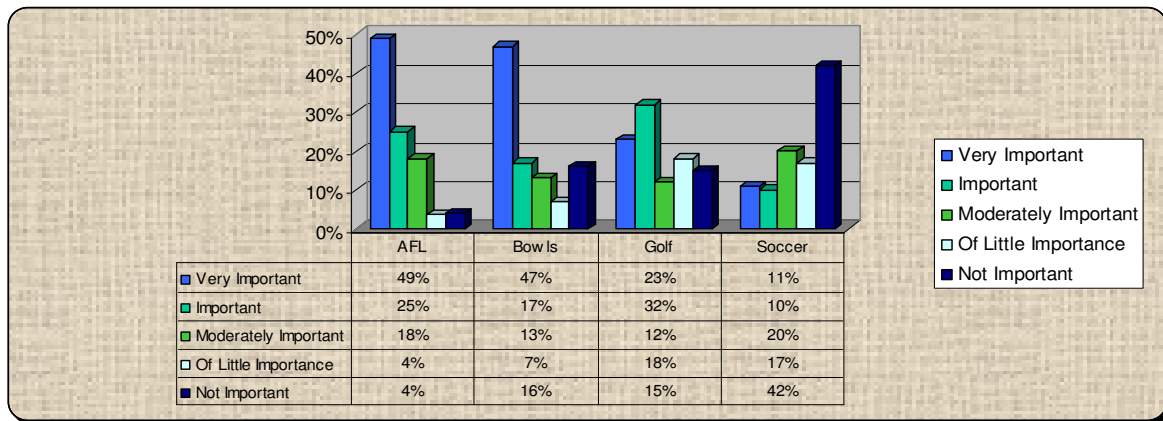


Figure 3. Importance of alcohol for licensed club financial stability

**What drugs do you believe cause the most problems for your sporting club?**

Respondents from all clubs were asked to select one or more options from the categories shown in Figure 4. Alcohol was the most commonly identified problematic drug for all sports followed by tobacco for sports except AFL where cannabis was rated the second highest drug of concern and basketball respondents who identified pain killers/analgesics. Cannabis was also commonly rated by hockey participants with 14% identifying its use as a problem for their club. Various forms of illicit drug use were considered a concern in all clubs with amphetamine type stimulants and pain killers/analgesics scoring relatively highly.

Data analysis by region showed differences for alcohol with 49% of respondents from the North believing alcohol caused the most problems for their club compared to 41% in the North-West and 35% in the South. Southern respondents however identified a slightly higher overall concern for illicit drugs within their clubs particularly for cannabis 11%

(North-West and North 9%), amphetamine-type stimulants 6% (North 4%, North-West 3%), painkillers / analgesics 6% (North-West 4%, North 2%), sedatives or sleeping pills 5% (North-West 2%, North 1%), and hallucinogens 3% (North-West and North 1%).

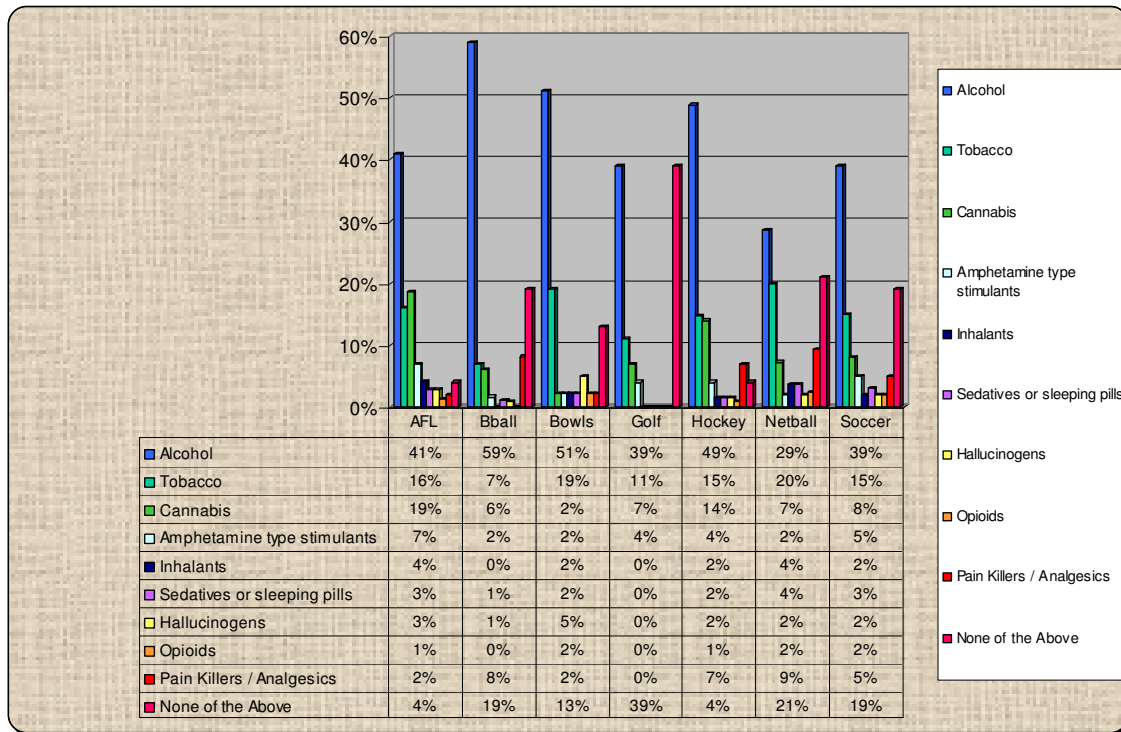


Figure 4. Participant reports of problematic drugs for their sporting clubs

### What drugs do you believe cause the most problems for your sport in Australia?

Participants were again asked to choose as many categories as they felt applied. As reported with their own clubs alcohol was again rated the most problematic drug across the sports although tobacco use was generally thought to be less of a concern on a national scale.

AFL and basketball respondents rated amphetamine use problems at much greater levels than for their own clubs, while less than half the golfers who had reported no problems in their own club felt that was not the case Australia-wide (Figure 5).

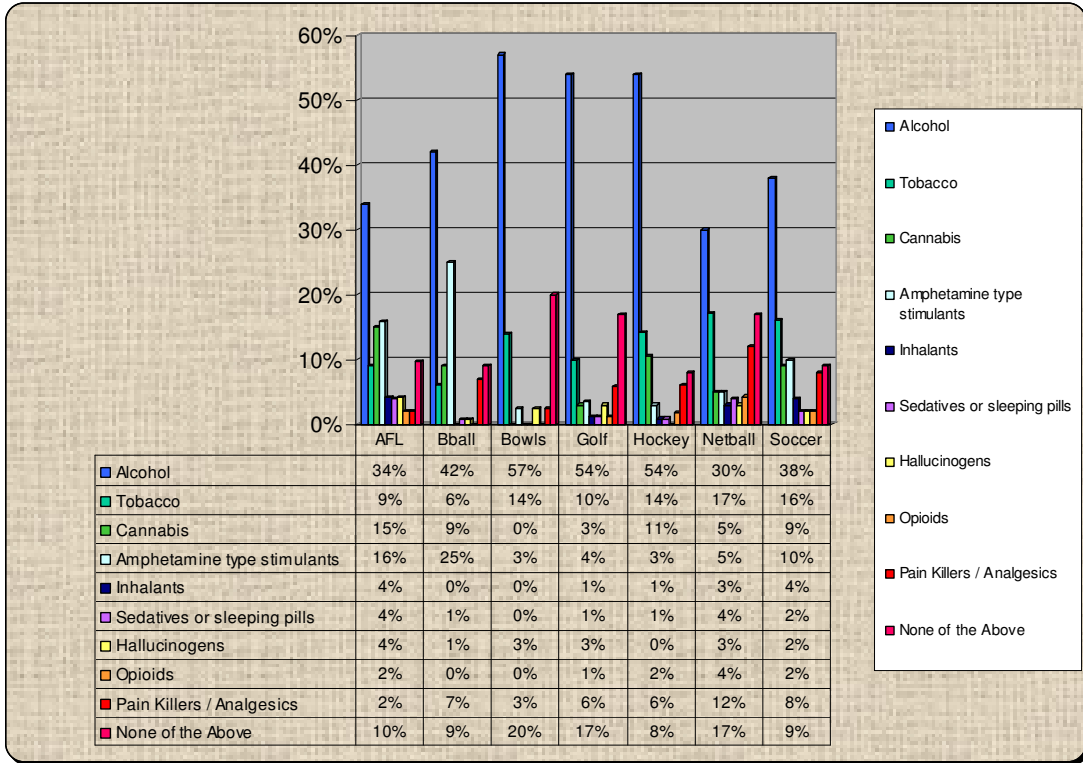


Figure 5. Participant reports of problematic drugs for their sport Australia-wide

**Do you think any of your family or friends believe there is a problem with drugs and/or alcohol in your sporting club?**

The majority of respondents thought that neither family nor friends believed there was a drug problem within their club (Figure 6). Bowls respondents reported the highest number of perceived problems with just under one quarter answering yes to this question. A regional comparison found no differences on this measure.

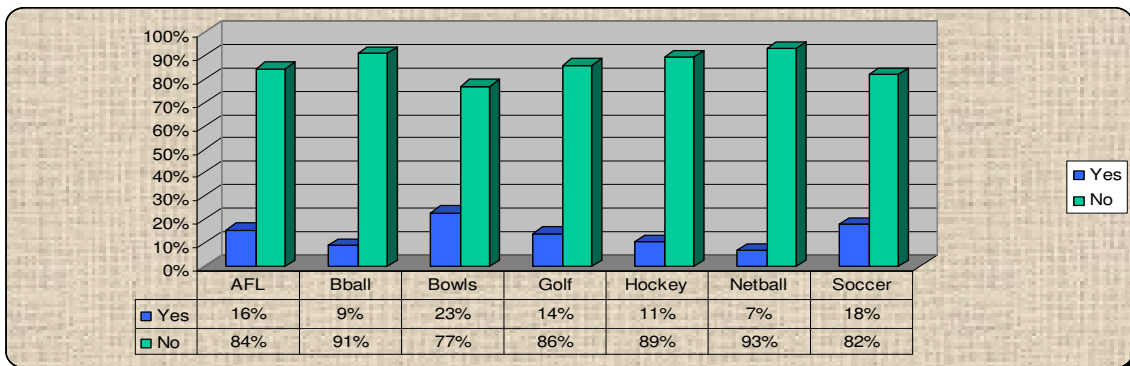


Figure 6. Perception of drug problems in clubs – family or friends

**Do you think any of your family or friends believe there is a problem with drugs and/or alcohol in your sport within Australia?**

Again the majority of respondents thought their family and friends did not perceive there to be drug problems within their sports in Australia. There was however an increase in reported perceptions of drug problems for all sports except bowls most notably a 26% increase in AFL and 20% increase in soccer (Figure 7).

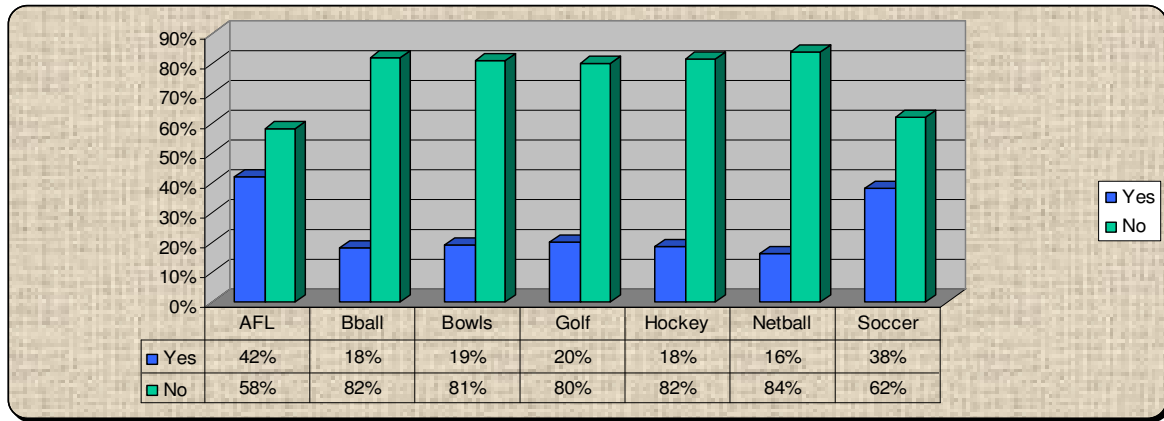


Figure 7. Perception of drug problems by sport in Australia – family or friends

**What do you think shapes their belief?**

For all sports with the exception of hockey, media was thought to be the largest contributor to family and friends beliefs regarding drug problems in the respondents sport. Word of mouth was thought to have more influence than personal experience while over one quarter of bowls and golf respondents believed none of the mentioned categories impacted family and friends perceptions of drug problems in sport (Figure 8).

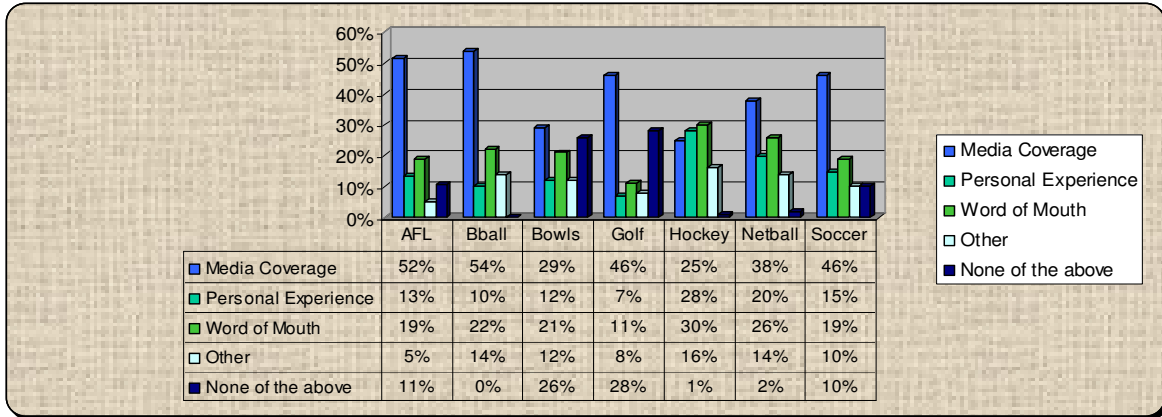


Figure 8. Factors shaping family or friends perceptions of drug issues in sport

**Do you believe the wider community feels there is a problem with drugs and/or alcohol in your sporting club?**

The majority of respondents thought that there was no perception of drug and alcohol problems in their club from the wider community (Figure 9). For soccer and AFL respondents this view was less widely held than for other sports surveyed.

When broken down by region, wider community perceptions of drug problems in clubs were reported by 17% of respondents from the south, 10% from the north and 8% from the north-west.

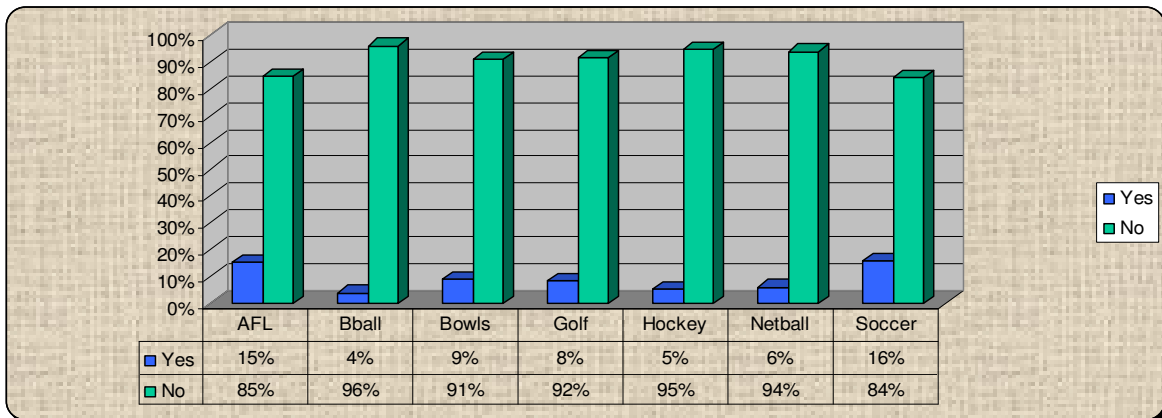


Figure 9. Perception of drug issues in club – wider community

**Do you believe the wider community feels there is a problem with drugs and/or alcohol in your sport within Australia?**

Over half of AFL respondents (55%) believed the wider community perceived there to be drug problems within their sport nationwide (Figure 10). Around one fifth of soccer (21%) and bowls (19%) respondents also identified these beliefs from their wider communities.

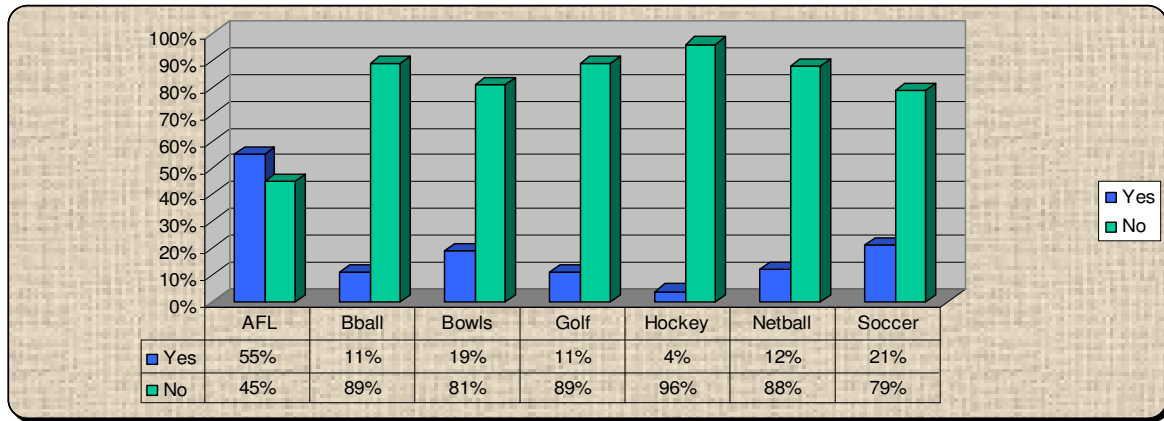


Figure 10. Perception of drug issues in sport within Australia – wider community

**What do you think shapes their belief?**

For all sports with the exception of bowls, media was thought to be the largest contributor to shaping the beliefs of the wider community towards drug problems in the respondents sport (Figure 11). Word of mouth was again thought to have more influence than personal experience while 40% of bowls and one third of golf respondents believed none of the mentioned categories influenced the wider community perceptions of drug problems in their sport.

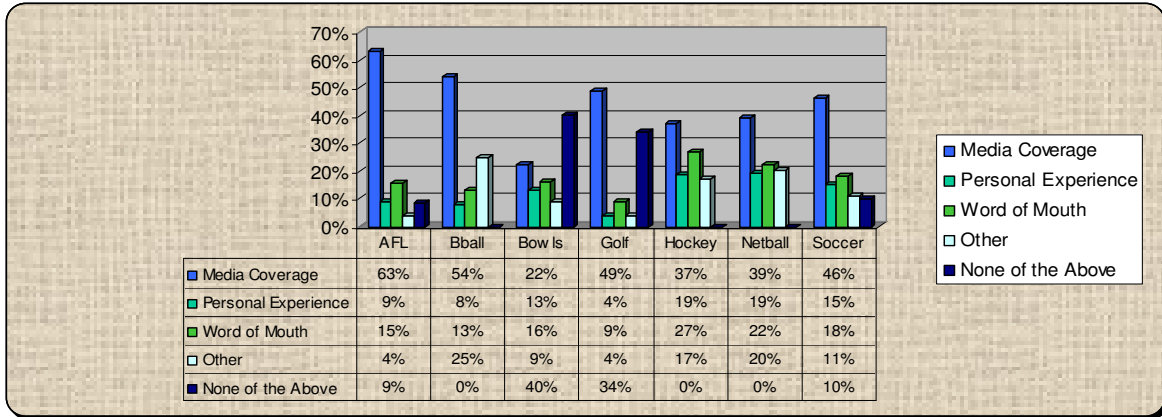


Figure 11. Factors shaping wider communities perceptions of drug issues in sport

**To what extent do you believe drug and alcohol use is a concern in your sporting club?**

Across all sports, respondents were concerned very little or not at all with drug use within their club (Figure 12). Soccer (14%) and AFL (13%) respondents reported being concerned somewhat, while 4% of netball respondents were concerned to a great extent. On a regional level respondents reporting greatest level of concern were from the north-west (4%) and south (3%) with none in the north, while the majority of those reporting being somewhat concerned came from the south (19%) followed by the north (9%) and north-west (6%).

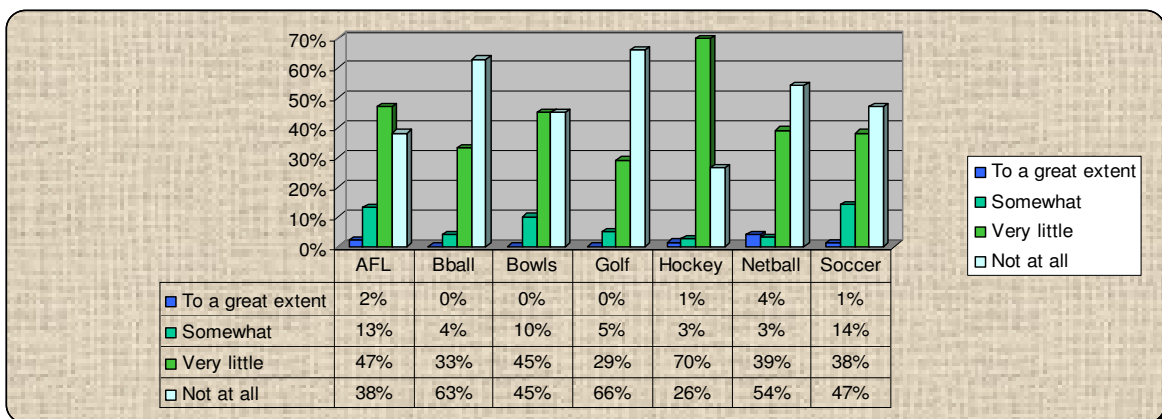


Figure 12. Concern of drug use in sporting club

**To what extent do you believe your sporting club management is concerned about drug and alcohol issues within the club?**

Forty-one percent of soccer and only around one third of AFL (35%) and golf (30%) respondents felt their club management was concerned somewhat or to a great extent about the issue of drugs within the club with the number dropping to around one fifth for hockey (22%), netball (21%) and basketball (19%) respondents (Figure 13). Bowls was the exception with 71% of respondents believing their management to hold a concern about drug issues.

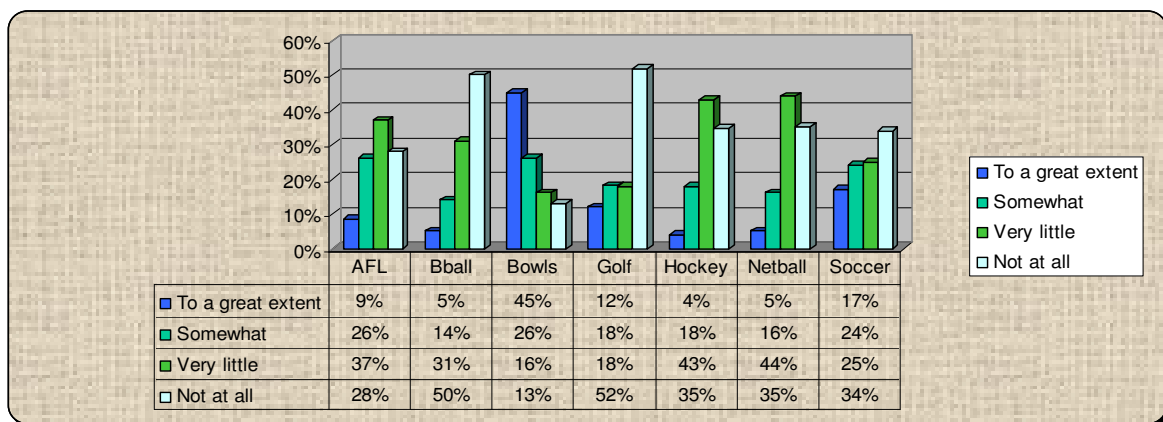


Figure 13. Reported belief of club management concern of drug issues within club

**To what extent do you believe drug and alcohol use is a concern for elite athletes involved in your sport?**

The majority of respondents in each sport reported they were concerned very little or not at all regarding drug use by elite athletes, however, over one third of AFL (35%) and soccer (35%), and a quarter of basketball respondents (25%) believed it to be somewhat of a concern (Figure 14). Of all sports surveyed, bowls respondents reported the highest proportion of respondents believing drug use in their elite athletes was of great concern.



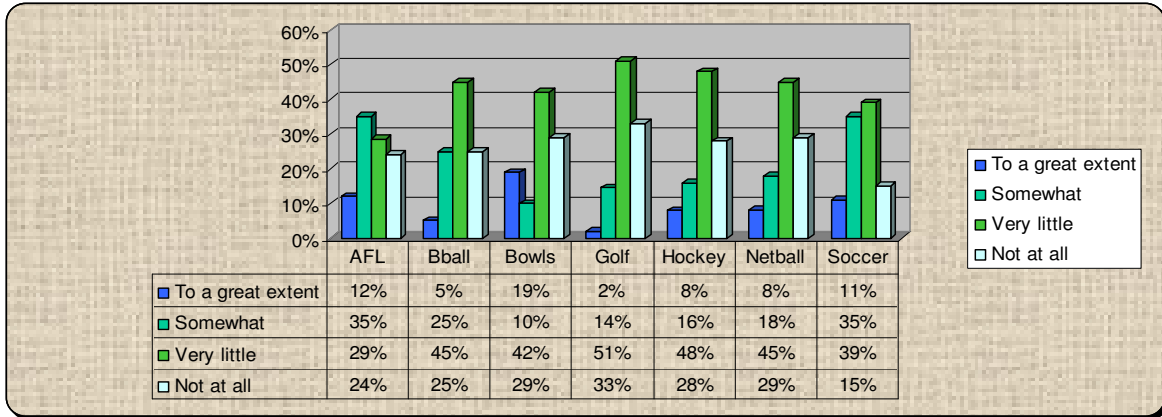


Figure 14. Reported belief of drug use issues in elite athletes by sport

**Do you believe the publicised incidents of elite athletes using drugs and alcohol encourages increased use in community sportspeople?**

The answer to this question was no for the majority of respondents across all sports, however, around a third of bowls, golf, hockey and soccer respondents believed that this type of publicity promoted use in community sportspeople (Figure 15).

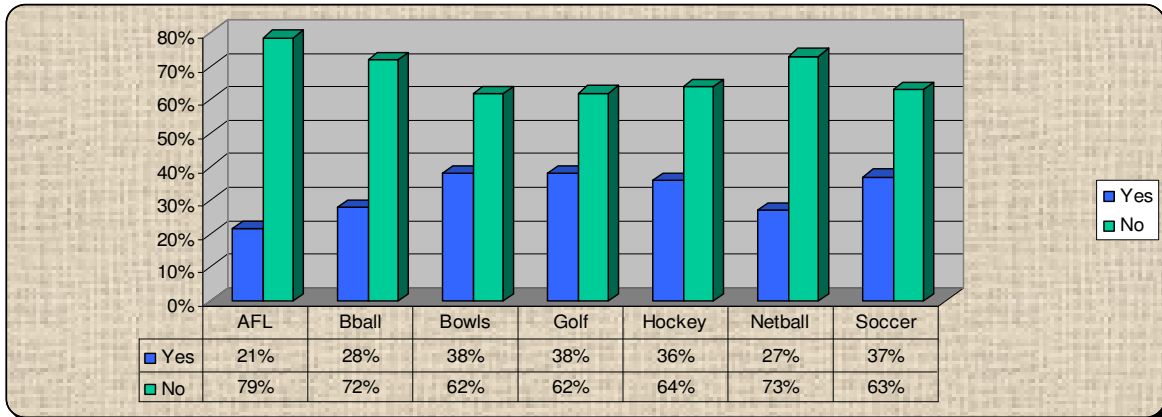


Figure 15. Reported belief of elite athlete drug use increasing use in community sportspeople

## Prevalence of Drug Use

### Tobacco

#### Which of the following best describes you?

The majority of respondents indicated they were non-smokers, either, having never been a smoker (66%) or being an ex-smoker (16%). AFL clubs consisted of the highest number of respondents identifying as regular or casual smokers, while bowls and golf had the highest percentages of ex-smokers (Figure 16).

Non-smokers were reasonably evenly distributed across regions with 83% in the south, 81% in the north and 79% in the north-west. The proportion of regular smokers was highest in the north-west (14%) followed by 10% in the north and 8% in the south.

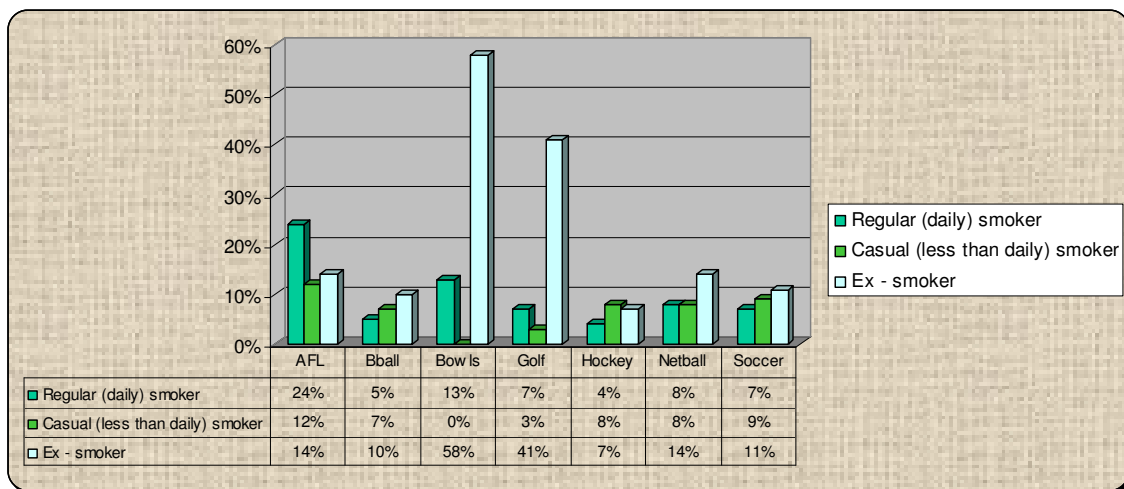


Figure 16. Prevalence of tobacco use by sport

### Alcohol

#### When you drink alcohol at your sporting club, how much do you generally drink on each occasion?

Of the respondents who drink alcohol at their licensed club over half of golf (63%) and soccer (51%) members drink four or less standard drinks on each occasion compared to 38% of bowls and 32% of AFL club members (Figure 17). One third of AFL respondents reported drinking 10 or more standard drinks on each occasion.

Respondents from non-licensed clubs were asked about drinking amounts when with other members of their club. Eighty-nine percent of basketball members reported drinking four standard drinks or less followed by 71% for netball, 56% for soccer and 46% for hockey. Reported rates of drinking 10 or more standard drinks per occasion were soccer (17%), hockey (11%), basketball (7%) and netball (3%).

By region 68% of north-west respondents who consumed alcohol either at their club or with other club members drank four or less standard drinks on each occasion compared to 52% in the north and 45% in the south. The south recorded the highest percentage of those drinking 10 or more standard drinks at 24%, much higher than the north (14%) or the north-west (12%).

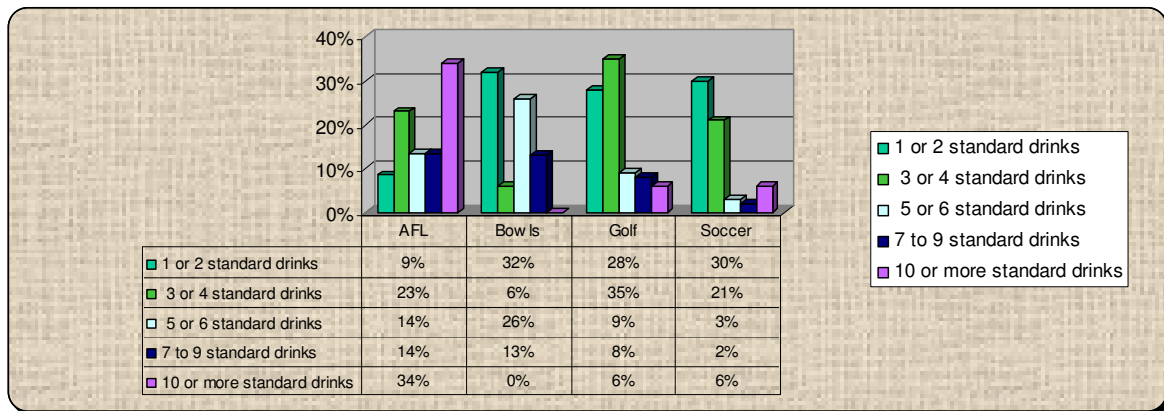


Figure 17. Prevalence of alcohol consumption at sporting club by sport

## Illicit Drugs

**Over the past 12 months how frequently have you used cannabis (marijuana, pot, grass, hash) for non-medical purposes?**

Eighty-four percent of respondents across all sports had not used cannabis in the previous 12 months including 100% of bowls respondents. For those who had used, 41% used every six months, while daily use was minimal for all clubs except AFL (8%) which also rated highly in all categories except weekly use (Figure 18). Hockey reported the highest weekly and six monthly use while monthly and three monthly use was also reported among clubs. Little difference was seen for cannabis use by region with 18% from the south, 17% from the north and 15% from the north-west.

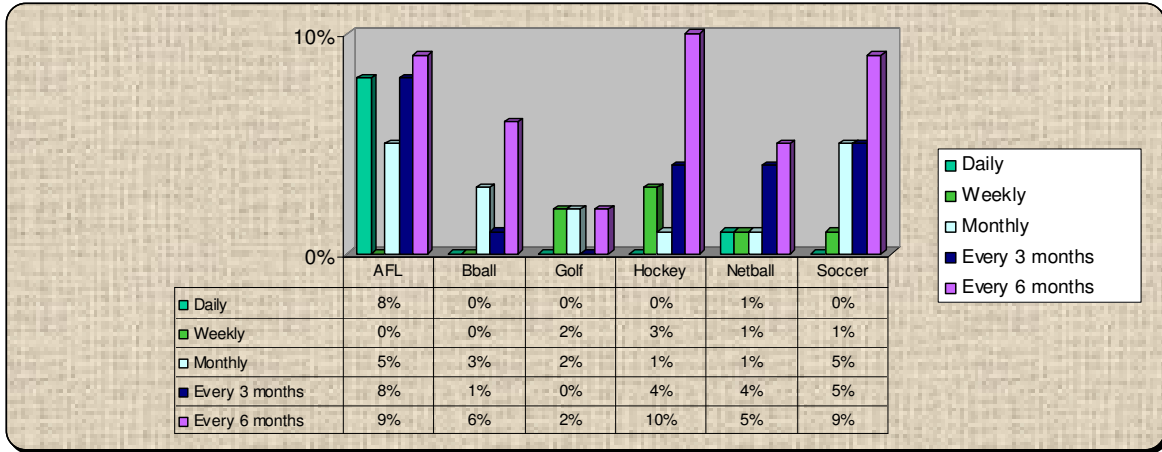


Figure 18. Prevalence of cannabis use by sport

**Over the past 12 months how frequently have you used amphetamine type stimulants (speed, diet pills, ecstasy) for non-medical purposes?**

More than 92% of respondents had not used amphetamine type stimulants in the previous 12 months including 100% of bowls and golf members. AFL reported the highest overall use at 17% while followed by soccer with 12% (Figure 19). Amphetamine users were most likely to use every six months. South had the highest rate of amphetamine use at 10% followed by the north-west (5%) and north (2%).

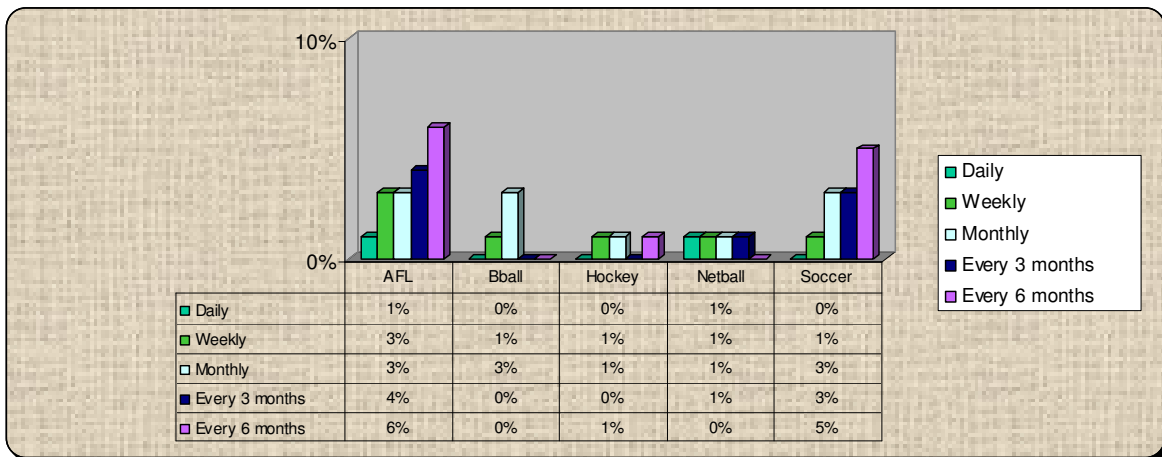


Figure 19. Prevalence of amphetamine use by sport

**Over the past 12 months how frequently have you used inhalants (nitrous, glue, petrol, paint thinner) for non-medical purposes?**

The majority of respondents (98%) had not used inhalants in the previous 12 months including 100% of bowls and golf members. Inhalants users were most likely to use daily (6%) with netball the sport with the highest overall use (Figure 20). Both north and south reported 3% use while 1% was recorded for the north-west.

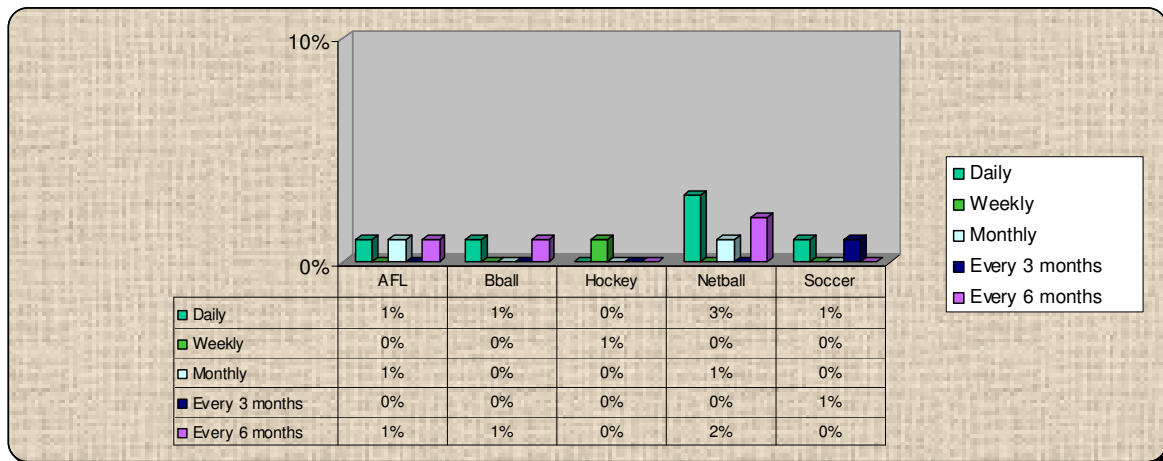


Figure 20. Prevalence of inhalant use by sport

**Over the past 12 months how frequently have you used sedatives or sleeping pills (Valium, Serapax, Rohypnol) for non-medical purposes?**

Ninety-six percent of all respondents had not used sedatives or sleeping pills for non-medical purposes in the past 12 months. Golf (3%) reported the highest daily use while netball had the highest number of weekly (1%) and monthly (4%) users (Figure 21).

Overall sedatives or sleeping pills were most likely to be used every six months. Little difference was recorded regionally with north and south showing 4% and north-west 3%.

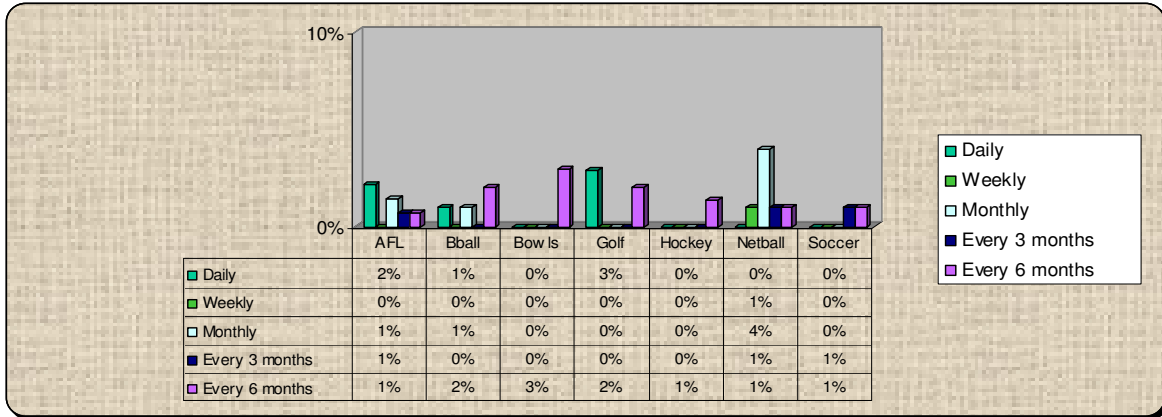


Figure 21. Prevalence of sedative use by sport

**Over the past 12 months how frequently have you used hallucinogens (LSD, acid, mushrooms, PCP, Special K) for non-medical purposes?**

Ninety-six percent of respondents had not used hallucinogens in the past 12 months, including 100% of bowls and golf members. Respondents taking hallucinogens were most likely to use every six months with soccer (5%) and hockey (4%) the highest for this category (Figure 22). A small number of AFL members also reporting use on a daily, weekly and monthly basis. Southern respondents reported slightly higher overall use at 5% compared to 3% for the north and north-west.

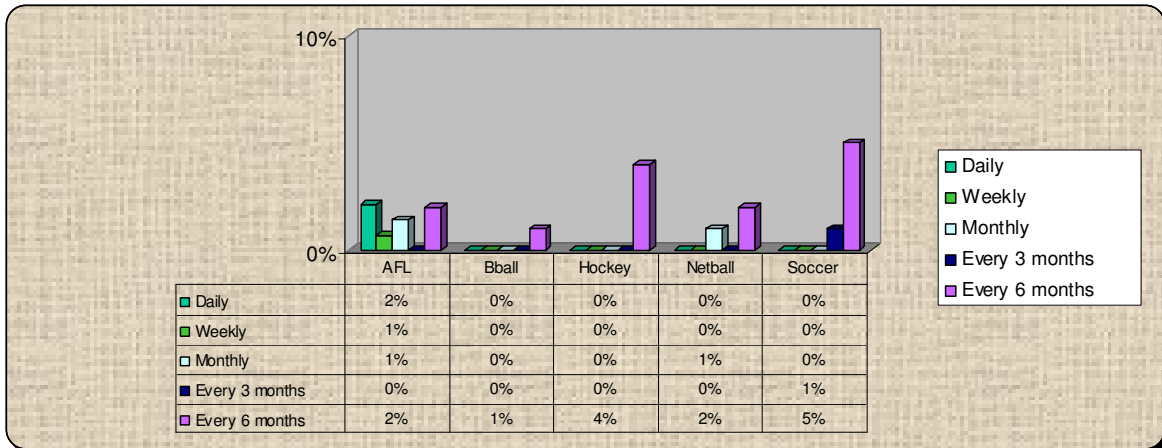


Figure 22. Prevalence of hallucinogen use by sport

**Over the past 12 months how frequently have you used opioids (heroin, morphine, methadone, codeine) for non-medical purposes?**

The majority of respondents (98%) had not used opioids in the past 12 months including 100% of basketball and golf members. AFL and netball had the highest rate of use as well as being the only weekly and daily (AFL) users (Figure 23). Bowls reported the highest monthly use at 3%. Overall opioids were most likely to be used monthly. By region, 3% of southern respondents had used opioids in the previous 12 months compared to 2% of northern and 1% of north-western respondents.

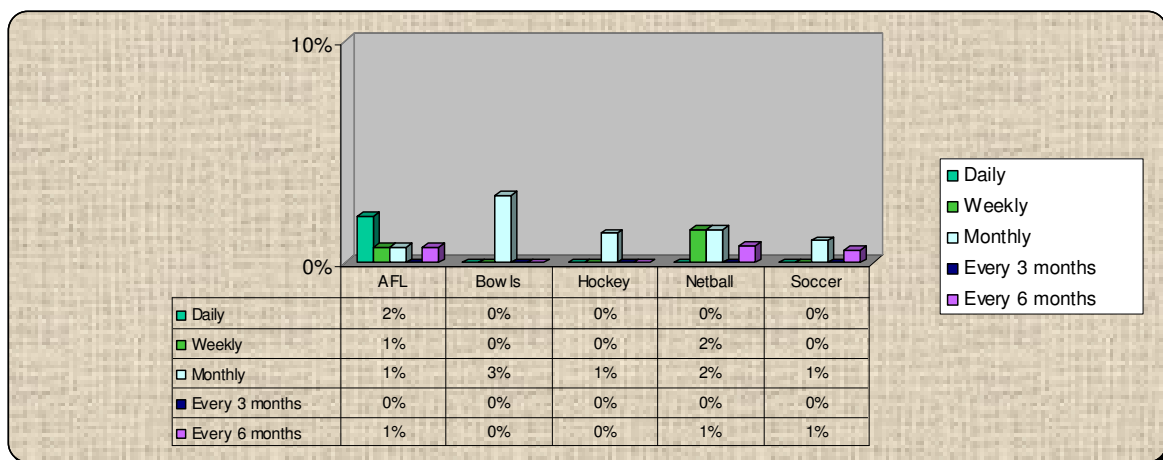


Figure 23. Prevalence of opioid use by sport

**Over the past 12 months how frequently have you used pain killers/analgesics (Aspirin, Paracetamol, Mersyndol, Panadeine Forte, Nurofen Plus) for non-medical purposes?**

Eighty-three percent of respondents had not used pain killers or analgesics for non-medical purposes in the past 12 months. Netball (23%), AFL (21%) and golf (20%) reported the highest overall use with netball also recording the highest daily use (Figure 24). Weekly use was common in all sports except basketball and hockey as was monthly use across the sports with bowls recording the highest monthly use of 10%. Overall pain killers were most likely to be used monthly, and by southern respondents (20%) compared to 17% of northern and 15% of north-western respondents.

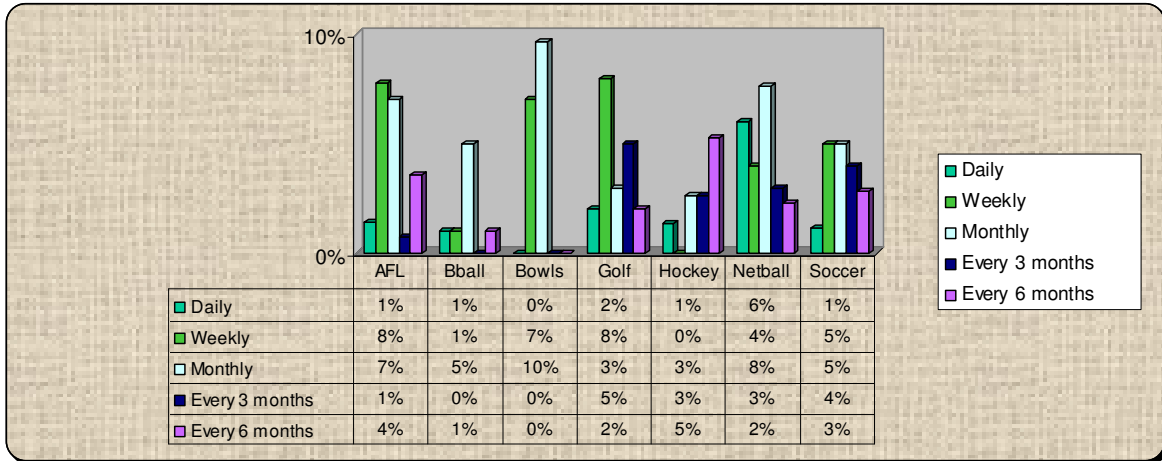


Figure 24. Prevalence of pain killer/analgesics use by sport

## ***Patterns of Drug Use***

### **Alcohol**

**When do you socialise (i.e. mix with friends) outside of playing and training, at your sporting club?**

The largest category of respondents (42%) reported that they socialise at their club during club functions, after games or trainings and after work (Figure 25). Four percent of all respondents reported not socialising at the club on any occasion however this varied slightly by sport (hockey and netball 6%, soccer 5%, AFL and golf 3%, basketball and bowls 0%).



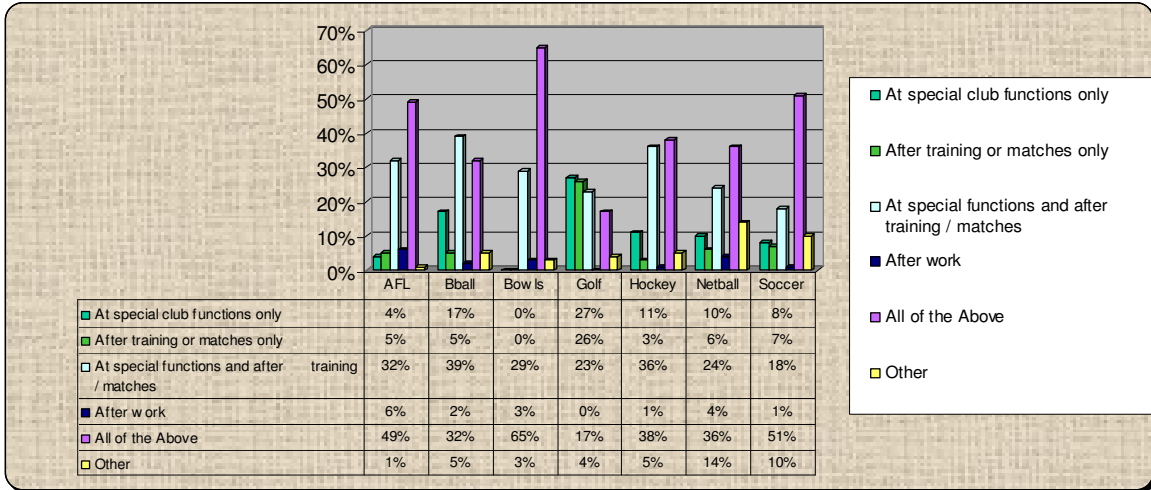


Figure 25. Participant patterns of socialising at club by sport

**When you drink alcohol with other club members, where do you prefer to drink?**

The clubhouse/clubrooms were the preferred location for drinking alcohol with other club members for respondents, regardless of clubs license status with the exception of netball and hockey (Figure 26). Other favoured locations were at home especially by golf and netball respondents, and the local pub which varied by sport.

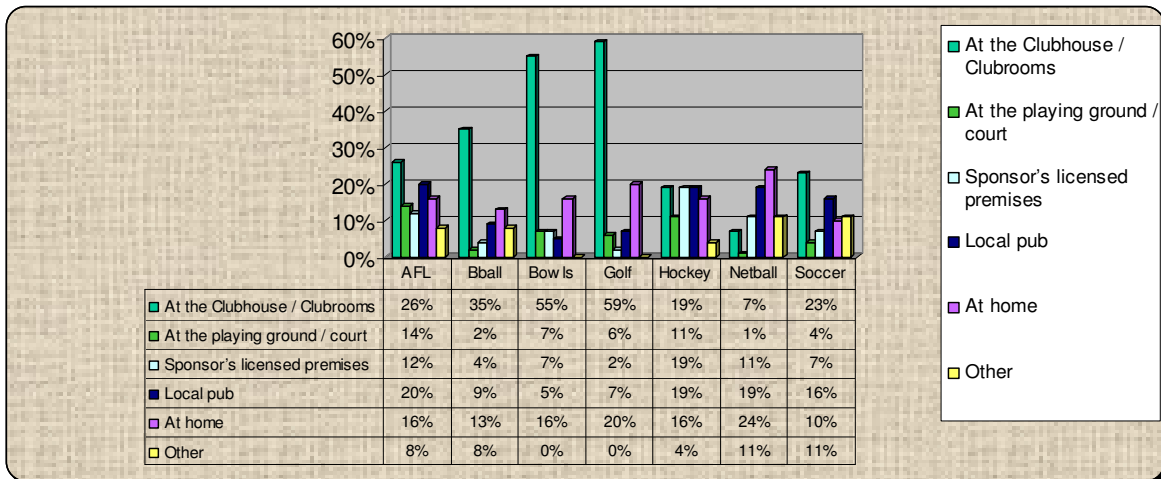


Figure 26. Participants choice of drinking location with club members

**On how many days a week would you drink alcohol at your club?**

Bowls members drank at their club the most frequently with one third reporting drinking there four days or more a week, compared to only two to three percent from other licensed sporting clubs (Figure 27). Sixty-four percent of AFL respondents drank at their club two or three times a week and golf reported the highest percentage of members drinking at their club on only one day a week.

Participants from unlicensed clubs were asked how many days a week they drank alcohol with other club members with the majority reporting drinking one day a week (hockey 48%, basketball 47%, soccer 36% and netball 30%). A smaller number reported two days a week (hockey 12%, soccer 6%, and netball 4%), and three days a week (basketball and soccer 1%), while only 1% of soccer members indicated they drank with other club members four or more days a week.

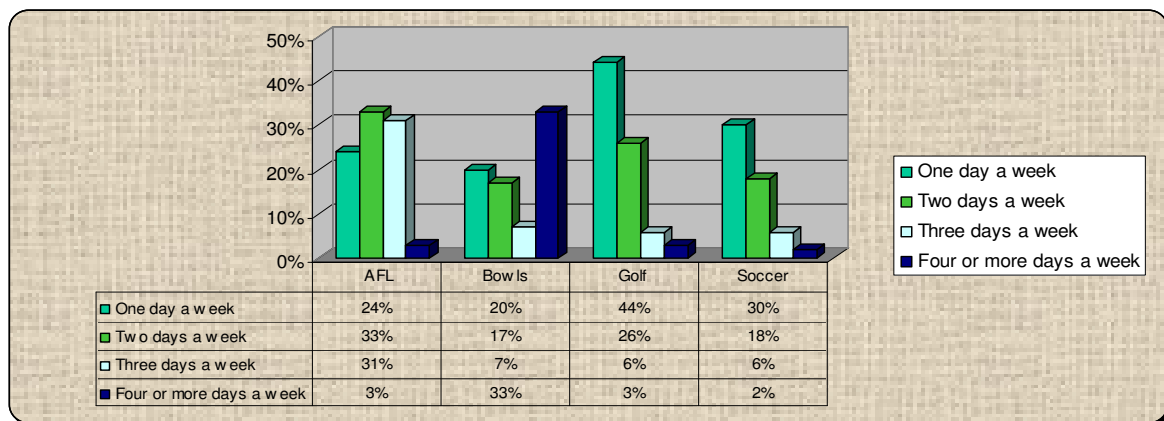


Figure 27. Days per week spent drinking at licensed clubs

**Does your club have a written policy regarding responsible serving of alcohol?**

Respondent awareness of club alcohol policy was greater in licensed clubs with bowls recording the highest percentage at 94% and soccer the lowest at 52% (Figure 28). In comparison, unlicensed clubs showed a larger proportion of members who were unsure whether such a policy existed (38%), or reported it was not in place (22%).

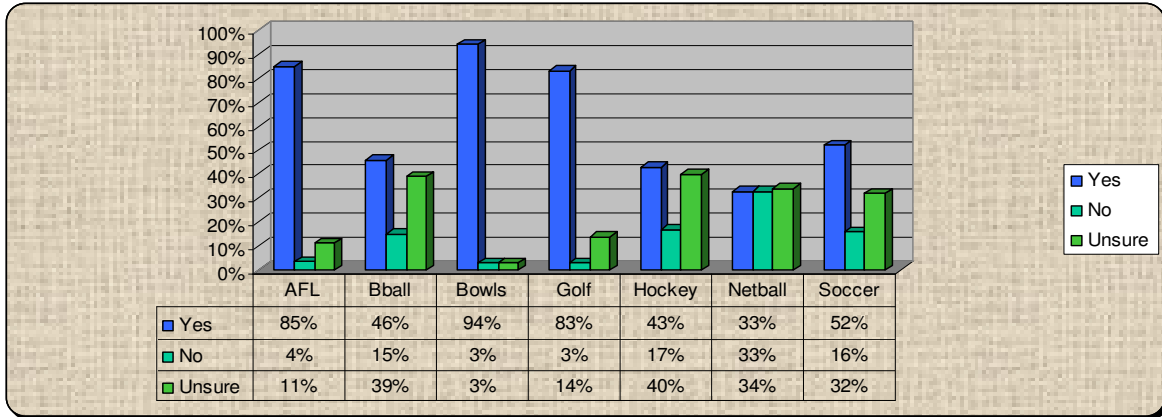


Figure 28. Reported presence of Responsible Serving of Alcohol policy

**Do people who are under-age (17 years or less) drink alcohol at your club?**

In the majority of licensed clubs, respondents reported that under-age drinking only rarely occurred if ever (Figure 29). However, a number of members from AFL and soccer clubs identified that it sometimes took place or that it always happened 4% and 3% respectively.

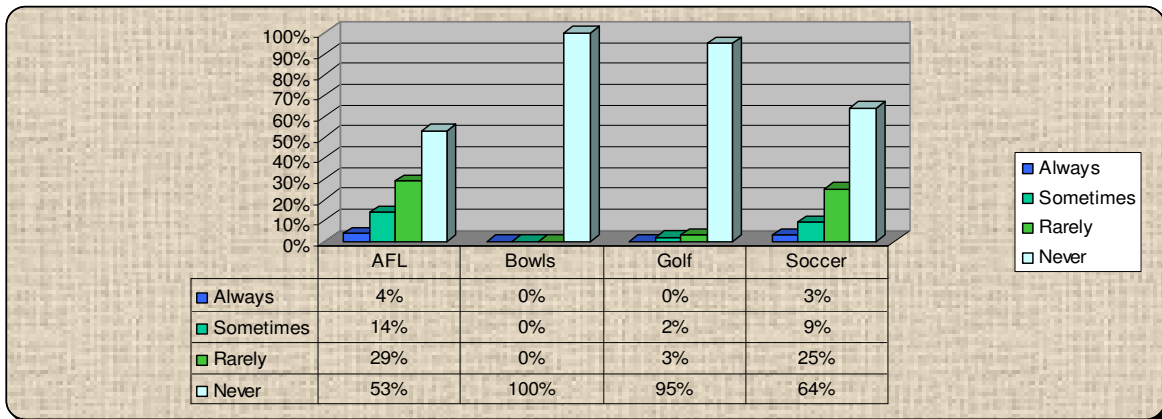


Figure 29. Reported occurrence of under-age drinking at licensed clubs

**Think back over the past two years. On the whole, would you say that alcohol consumption in your club is:** (see Figure 30)

Bowls was the only sport where the majority of respondents felt that alcohol consumption had increased over the past two years. Most members from other licensed clubs reported

that the consumption levels had remained consistent with a smaller number identifying a reduction in the amount of alcohol consumed at their club over this timeframe.

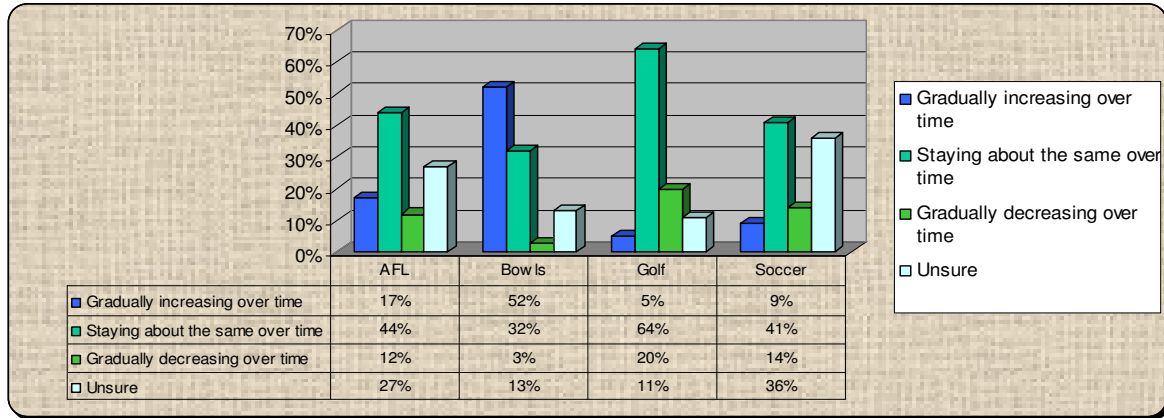


Figure 30. Reported changes in levels of alcohol consumption at licensed club

**How often have you been concerned about a club member driving after drinking alcohol at your sporting club?**

Almost one quarter of AFL members (23%) reported often being concerned about another club member driving after consuming alcohol at their club (Figure 31). This figure was consistent within two percent across the three regions.

Forty-one percent of golf and 39% of bowls respondents reported being sometimes concerned while 44% of soccer respondents had never felt cause for concern.

Respondents from unlicensed clubs were asked how often they had been concerned about a club member driving after drinking alcohol when socializing. For soccer respondents 22% replied often compared to 5% of basketball and hockey, and 2% of netball members. Soccer again had the highest percentage reporting they were sometimes concerned about a club member drink driving at 25% followed by hockey (21%), basketball (15%) and netball (5%). Netball recorded the highest percentage having never been concerned with 76%, followed by hockey (48%), basketball (44%) and soccer (41%).

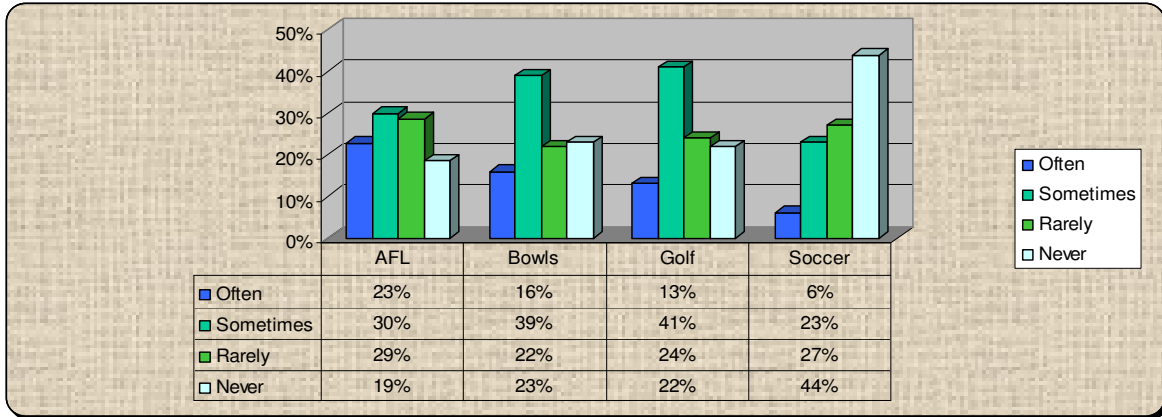


Figure 31. Level of concern reported for members of licensed clubs drink driving

**How often have you driven home or to another venue after drinking alcohol at your club?** (This question was further qualified as having drunk any amount of alcohol while at the club).

Sixty-two percent of golf respondents often or sometimes drove after drinking alcohol at their licensed clubs along with 57% of AFL, 46% of bowls and 33% of soccer respondents (Figure 32). Fifty-five percent of soccer and 41% of bowls members never drove after drinking alcohol however, it should be noted that this group includes both those who don't drink alcohol and/or those who don't have a drivers license. By region, 45% of southern respondents often or sometimes (24%) drove after drinking alcohol compared to 32% (often) and 16% (sometimes) for northern and 18% (often) and 22% (sometimes) for north-western respondents.

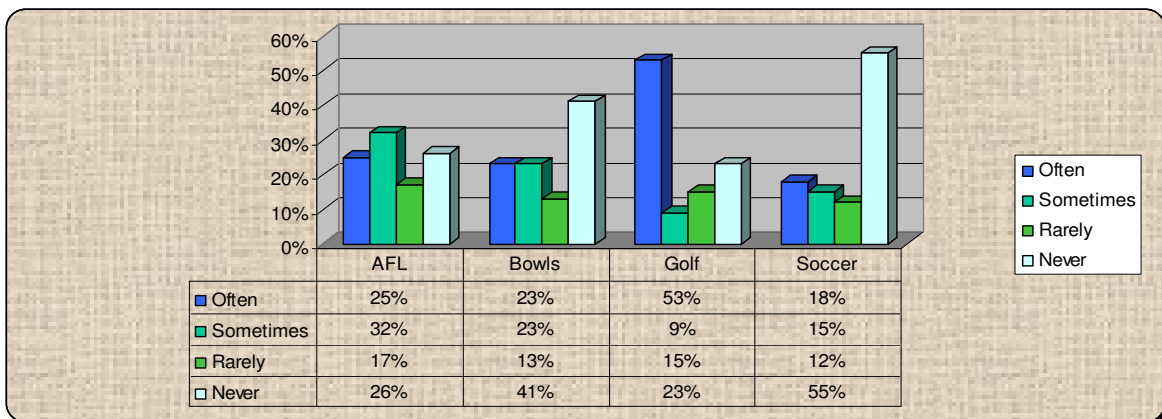


Figure 32. Reported frequency of driving after drinking at licensed clubs

**While attending your sports club in the last 12 months, have you personally been involved in or witnessed an incident (not including on field/court incidents) in which someone threatened someone else?**

AFL (57%), bowls (47%) and soccer (44%) recorded the highest percentage of members witnessing a threatening incident within their club (Figure 33), followed by 29% of hockey, 28% of netball and 25% of basketball respondents. Golf recorded the smallest proportion at 12%. By region, 46% of members from southern clubs had witnessed a threatening incident compared to 32% in the north-west and 28% in the north.

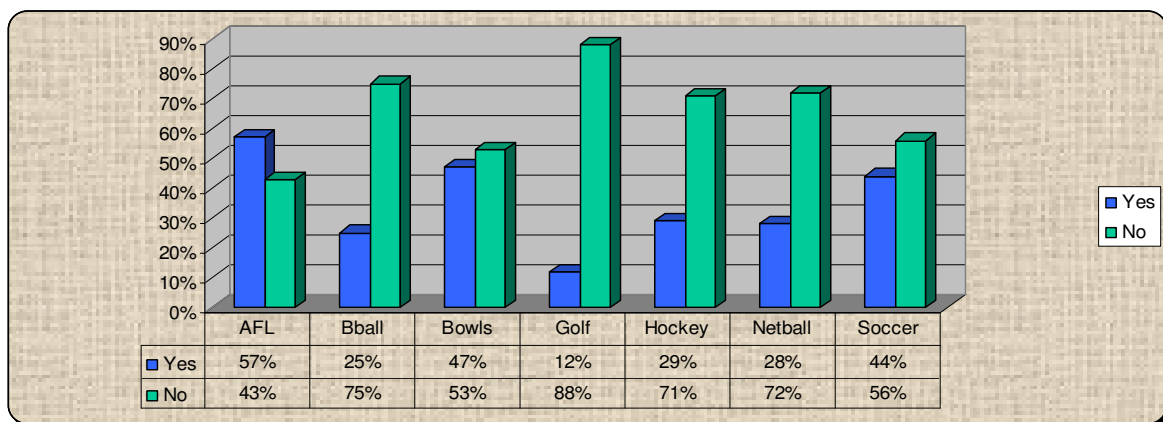


Figure 33. Reported occurrence of threats witnessed within club

**Had anyone involved in this incident been drinking alcohol?**

Of those responding yes to the above question, alcohol had been involved in a large percentage of the AFL (90%) and hockey (80%) incidents, just over half of the golf (53%) and bowls (52%) cases, over one third of soccer (37%) incidents and a smaller number of netball (17%) and basketball (8%) cases (Figure 34).

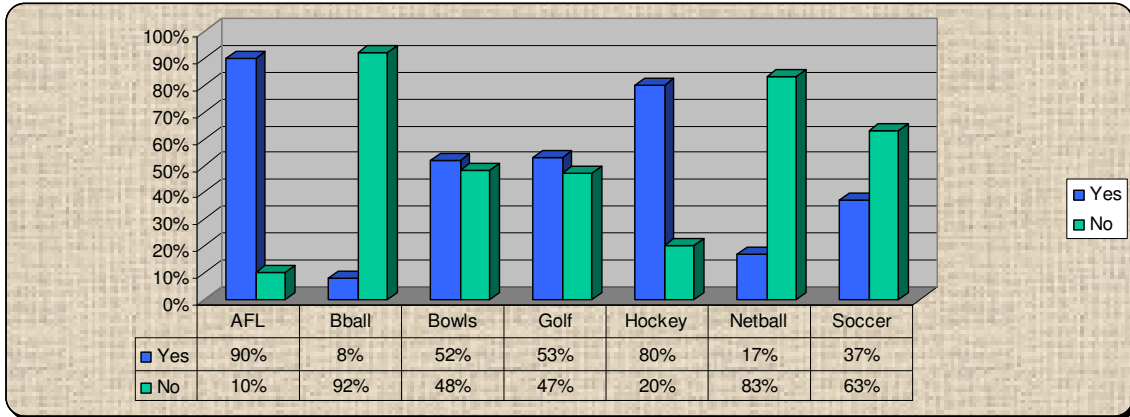


Figure 34. Occurrence of threatening incidents involving alcohol

**Had anyone involved in this incident been using illicit drugs?**

Of those respondents reporting yes to witnessing a threatening incident within their club the majority from bowls (71%), golf (60%), basketball (56%) and soccer (56%) believed illicit drugs were not involved (Figure 35). A large level of uncertainty was recorded among many respondents particularly in hockey (59%), netball (49%), AFL (44%) and basketball (42%) clubs, however illicit drug use was identified in some instances, most notably with AFL (16%), soccer (11%), netball (10%) hockey (9%) and golf (6%).

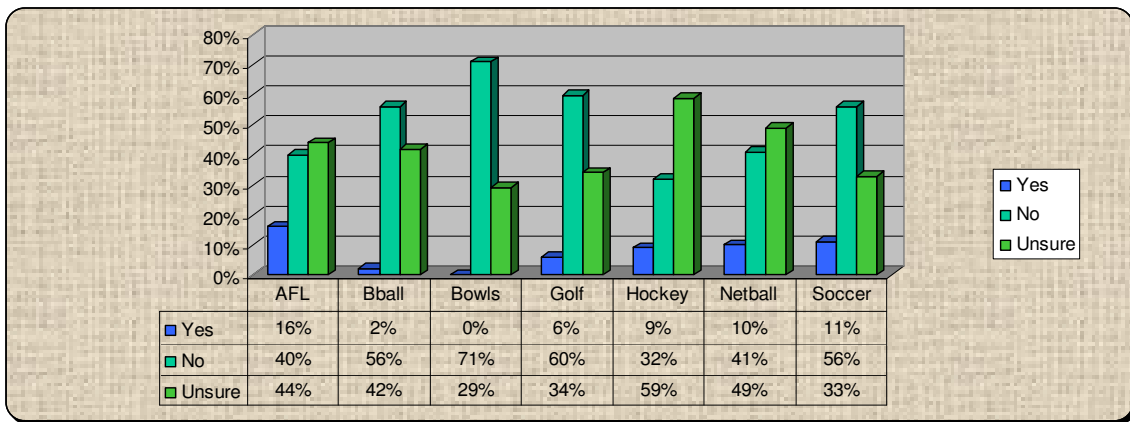


Figure 35. Occurrence of threatening incidents involving illicit drugs

**While attending your sports club in the last 12 months, have you personally been involved in or witnessed an incident (not including on field/court incidents) in which someone grabbed, pushed, shoved, hit or kicked another person in an aggressive way?**

Sixty percent of AFL respondents reported witnessing aggressive behaviour at their club, compared to 39% of soccer and 23% of bowls, hockey and netball members. Golf was the sport with the lowest percentage of members witnessing such an incident (Figure 36). By region, 39% of members from southern clubs reported witnessing aggressive behaviour compared to 27% in the north-west and 26% in the north.

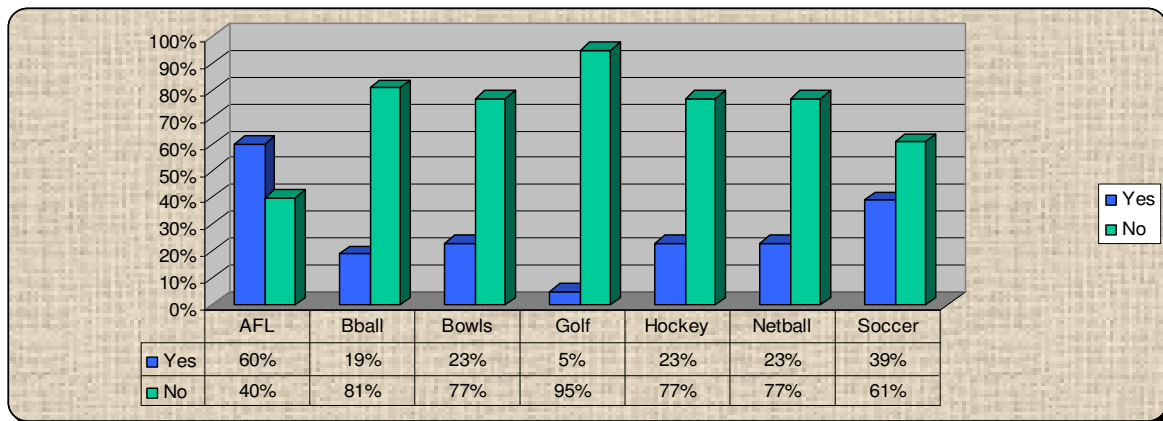


Figure 36. Reported occurrence of aggressive behaviour within club

**Had anyone involved in this incident been drinking alcohol?**

The involvement of alcohol was identified by a large percentage of AFL (79%) and bowls (74%) respondents in relation to incidents of aggressive behaviour within their clubs (Figure 37). A smaller but still noteworthy proportion reported the same for hockey (35%) and soccer (30%) clubs. Alcohol was implicated in incidents of aggressive behaviour by 22% of basketball and golf members and 18% of netball respondents.



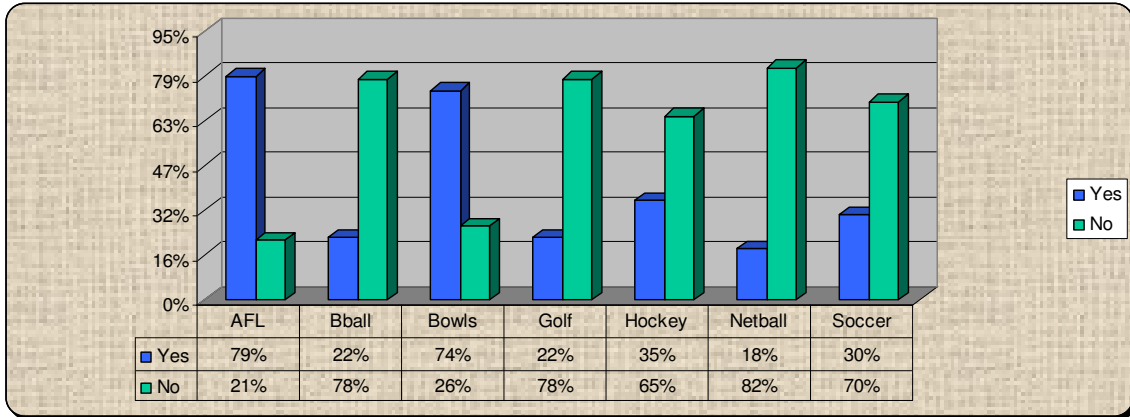


Figure 37. Occurrence of aggressive behaviour involving alcohol

**Had anyone involved in this incident been using illicit drugs?**

Of those respondents reporting yes to witnessing an aggressive incident within their club the majority from all sports except AFL believed illicit drugs were not involved (Figure 38). AFL recorded a considerable level of uncertainty among respondents (47%), as did soccer (42%) which was also shown to a lesser extent by respondents from all clubs.

Eleven percent of respondents from AFL and netball clubs did report the involvement of illicit drugs in the aggressive incident, as did 8% of hockey and 4% of soccer members.

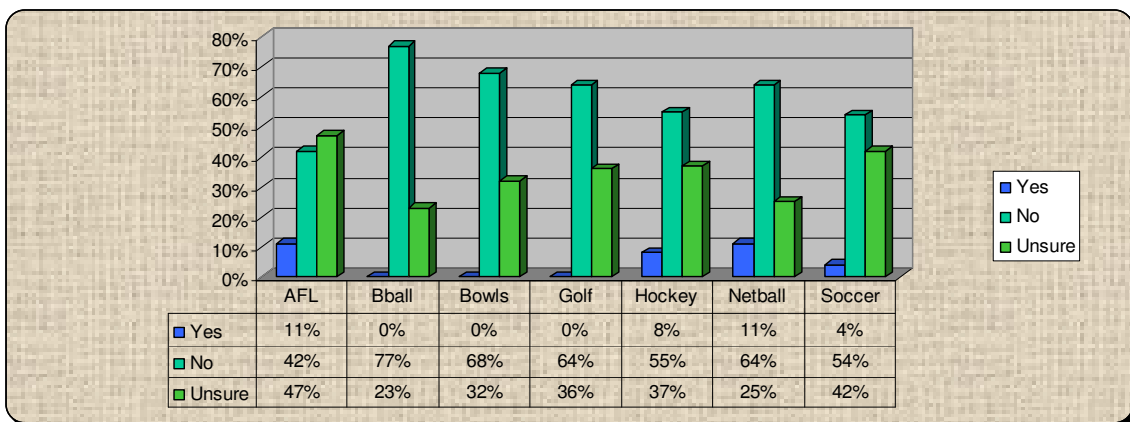


Figure 38. Occurrence of aggressive behaviour involving illicit drugs

## Illicit Drugs

The following four questions relate to behaviours regarding use for those who identified taking drugs other than alcohol and tobacco. One of the possible responses was “I don’t use drugs” and another was “never” meaning I use but never in the described situation. Although this was clearly explained at the time of data collection, a review of the results, in particular the high proportion of respondents selecting “never” would suggest that some respondents have confused the two options. This possibility should be taken into account when reading the following four results.

The questions were not withdrawn from the results because they contained valuable and useful data regarding drug use behaviours that was not felt to be compromised by the confusion of the two stated response categories.

### How often do you take drugs at your club or playing ground?

For respondents reporting drug use, the majority across all sports did not use at their club or playing ground (Figure 39). For those who did, AFL had the highest proportion using sometimes or rarely while hockey recorded the highest frequent use (3%).

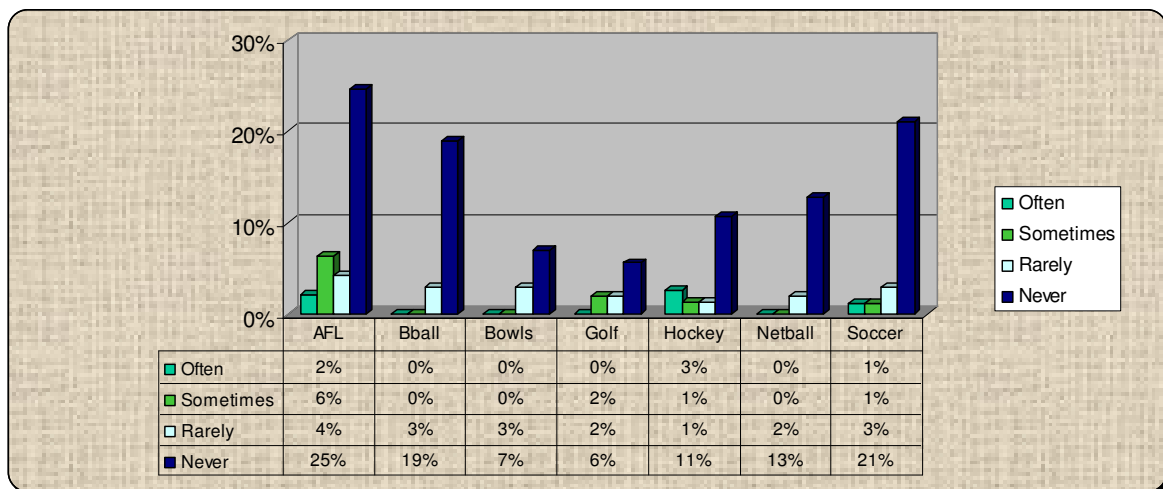


Figure 39. Reported occurrence of drug use at club or playing ground

**How often do you take drugs prior to engaging in club activities?**

Seventy-eight percent of respondents reporting drug use across all sports did not take drugs prior to engaging in club activities (Figure 40). While all sports recorded some use AFL members had the greatest proportion using before club activities at the highest frequency (3%).

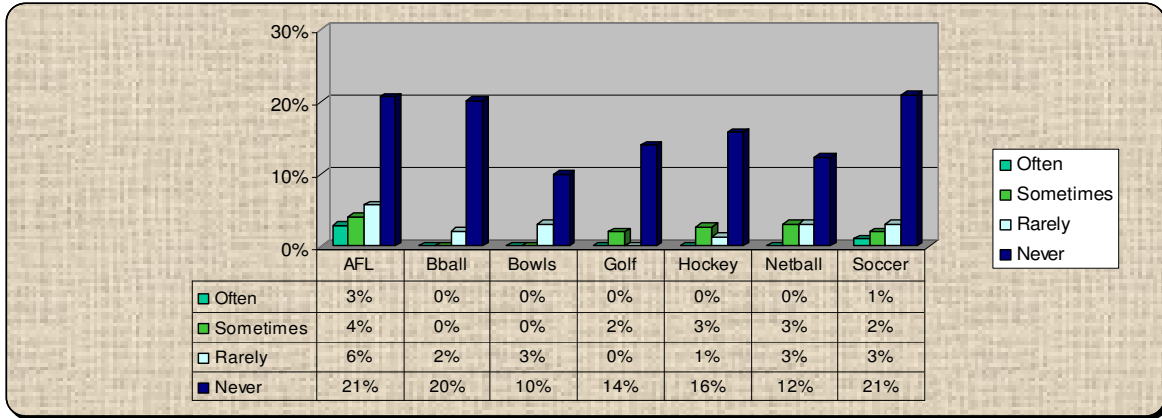


Figure 40. Reported drug use prior to club activities

**How often do you take drugs at another location after leaving the club?**

Netball had one of the lowest proportions of members using drugs after leaving the club but those who did, were among the most frequent users (Figure 41). Other sports where members reported often using drugs after leaving the club were AFL (4%), hockey (4%) and soccer (1%).

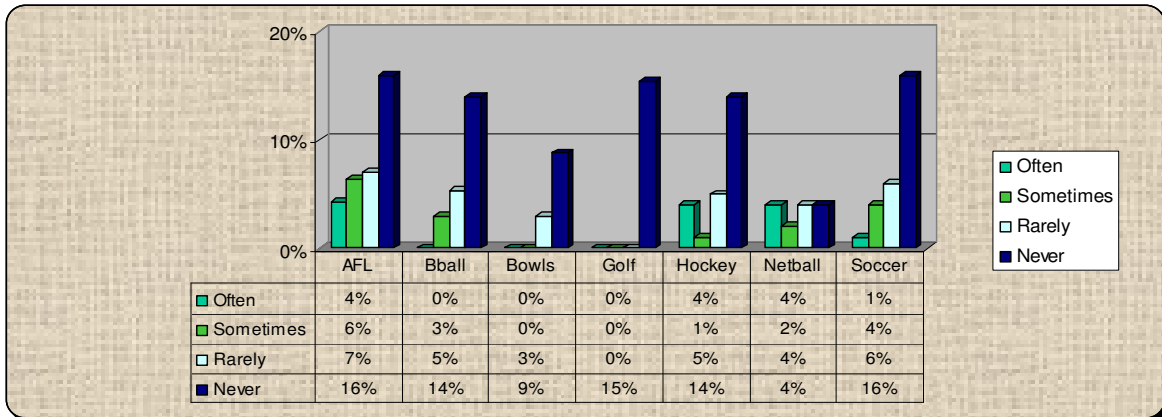


Figure 41. Reported drug use after leaving club

### How often do you take drugs with other members of your club?

The majority of respondents reporting drug use did not use drugs with other members of their club. Only 3% of all netball, AFL (2%), and hockey and soccer (1%) members indicated they were doing it often (Figure 42).

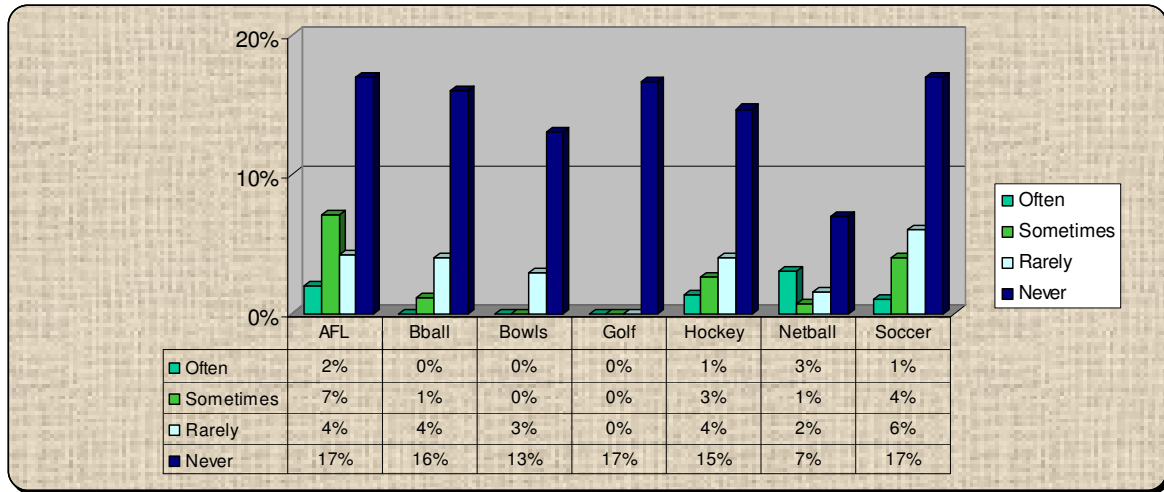


Figure 42. Reported drug use with other club members

## Harm Reduction Behaviours and Attitudes

### Alcohol

**When you are drinking alcohol, how often do you count the number of drinks that you have?**

Over half of golf respondents (56%) counted their alcoholic drinks always or most of the time, with smaller proportions for hockey (41%), basketball and bowls both 32%, soccer (26%), AFL (25%), and netball (24%) (Figure 43). Just under half of AFL respondents (48%) and 41% of netball respondents reported rarely or never counting their alcoholic drinks.

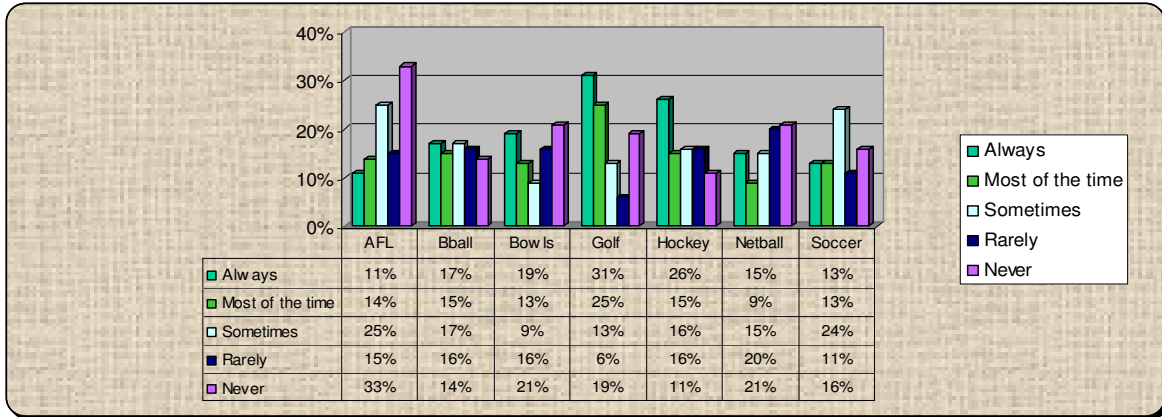


Figure 43. Reported frequency of counting alcoholic drinks

**When you are drinking alcohol, how often do you deliberately alternate between alcoholic and non-alcoholic drinks?**

Almost three quarters of AFL respondents (72%) rarely or never alternate alcoholic with non-alcoholic drinks (Figure 44). Numbers were also high for bowls and soccer both (50%), golf (49%) and hockey (41%).

Netball respondents reported the highest proportion of their members engaging in this practice most of the time or always at 26%.

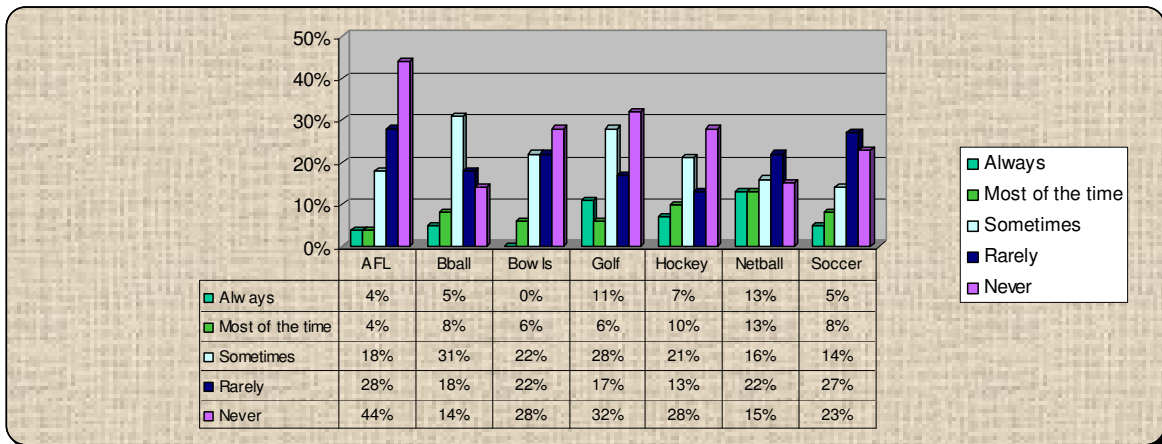


Figure 44. Reported frequency of alternating alcoholic and non-alcoholic drinks

**When you have an alcoholic drink, how often do you make a point of eating while consuming alcohol?**

A large percentage of respondents across all sports reported they ate always or most of the time while consuming alcohol, the exception being bowls whose members were only sometimes or rarely likely to eat while consuming alcohol (Figure 45).

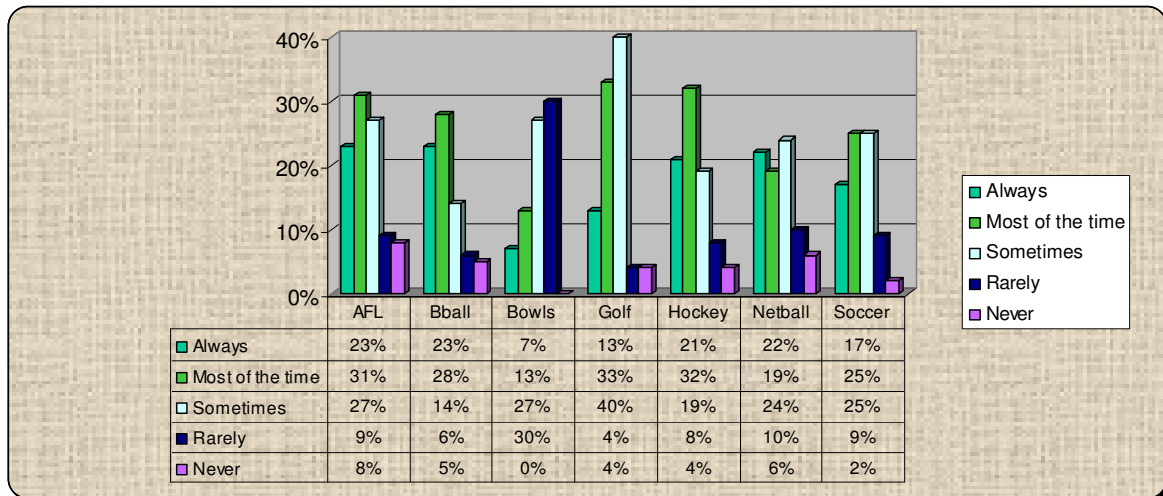


Figure 45. Reported frequency of eating while consuming alcohol

**When you are drinking alcohol, how often do you quench your thirst by having a non-alcoholic drink before having alcohol?**

Results were varied between sports for this question with just under half of hockey respondents (48%) and over a third of netball (38%), AFL and soccer (36%) respondents most of the time or always using non-alcoholic drinks to quench their thirst before moving on to alcoholic drinks (Figure 46). However, AFL also had the highest percentage of members rarely or never engaging in this practice (39%) followed by bowls (37%) and golf (36%).

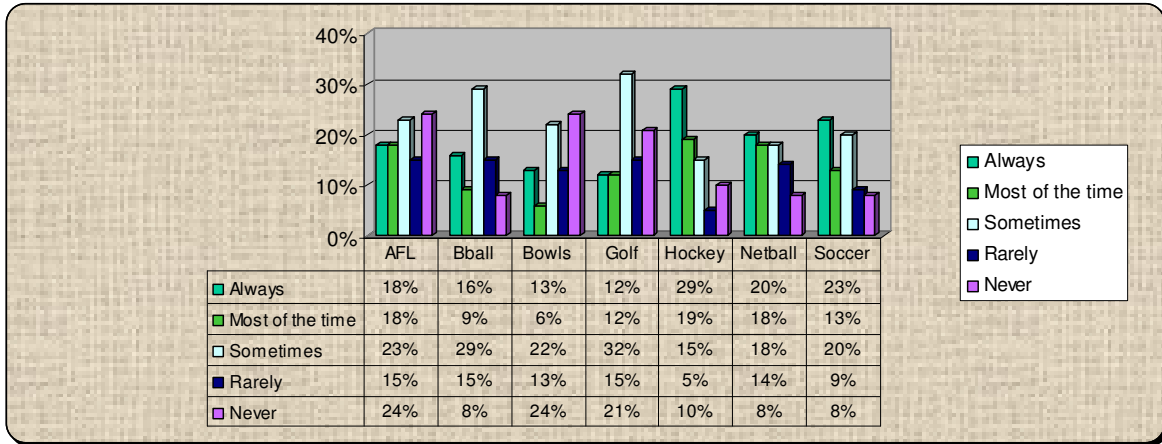


Figure 46. Reported frequency of quenching thirst with non-alcoholic drink prior to drinking alcohol

**When you are drinking alcohol, how often do you only drink low alcohol drinks?**

Thirty-eight percent of bowls respondents and 30% of golf members chose low alcohol drinks always or most of the time (Figure 47). A third of netball respondents reported drinking them sometimes. However, the majority across all sports rarely or never solely drank low alcohol beverages (AFL 75%, soccer 53%, hockey 50%, golf 45%, basketball 43%, bowls 35% and netball 32%).

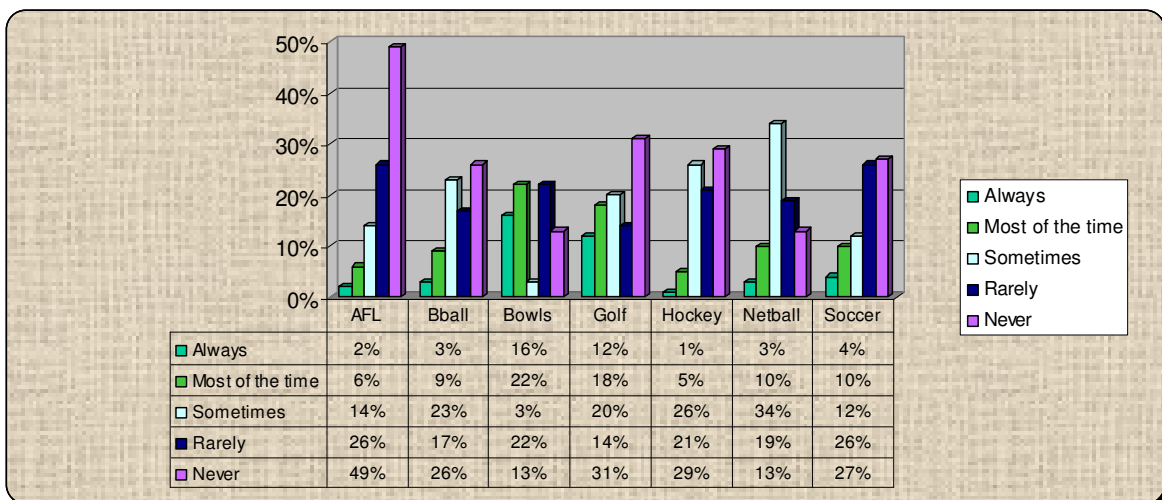


Figure 47. Reported frequency of drinking only low alcoholic drinks

**When you are drinking alcohol, how often do you limit the number of drinks you have while driving?**

Over half of basketball, hockey, netball and golf respondents reported always limiting their number of drinks while driving, while the majority across all sports reported limiting their drinks most of the time or always (golf 74%, bowls 68%, basketball 63%, netball 61%, hockey 60%, soccer 50% and AFL 46%) (Figure 48). Twenty-seven percent of AFL and 18% of soccer respondents reported rarely or never limiting their alcohol consumption when driving.

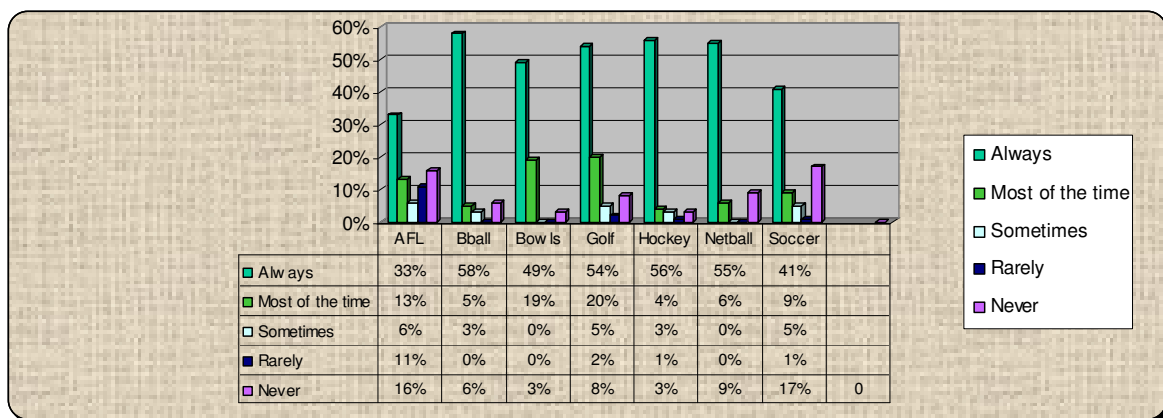


Figure 48. Reported frequency of limiting drinks when driving

**When you are drinking alcohol, how often do you refuse an alcoholic drink you are offered because you don't really want it?**

For all sports except hockey and basketball, a larger proportion of respondents would rarely or never refuse an unwanted alcoholic drink compared to those who would refuse most of the time or always (AFL 59% to 21%, basketball 29% to 31%, bowls 38% to 19%, golf 31% to 29%, hockey 29% to 37%, netball 35% to 22% and soccer 36% to 20% respectively) (Figure 49).



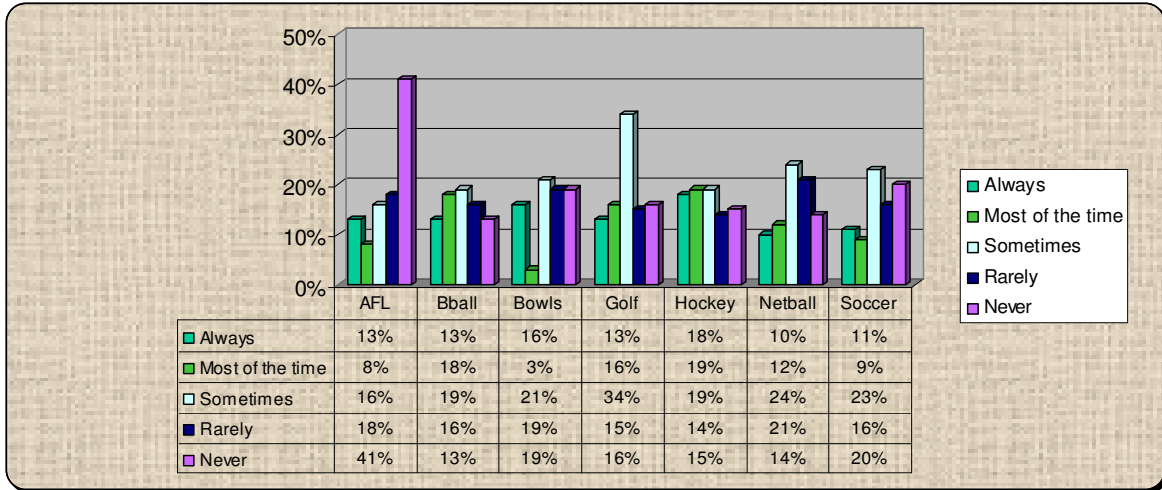


Figure 49. Reported frequency of refusing unwanted alcoholic drinks

**How effective do you believe implementing a designated driver program would be in reducing alcohol related issues within all sporting clubs?**

Support was shown for a designated driver program from the majority of respondents across sports believing it to be either effective (49%) or moderately effective (33%) in reducing alcohol related issues within clubs (Figure 50). Ten percent of all respondents felt it would not be effective with 19% of those from hockey clubs and 15% from golf clubs.

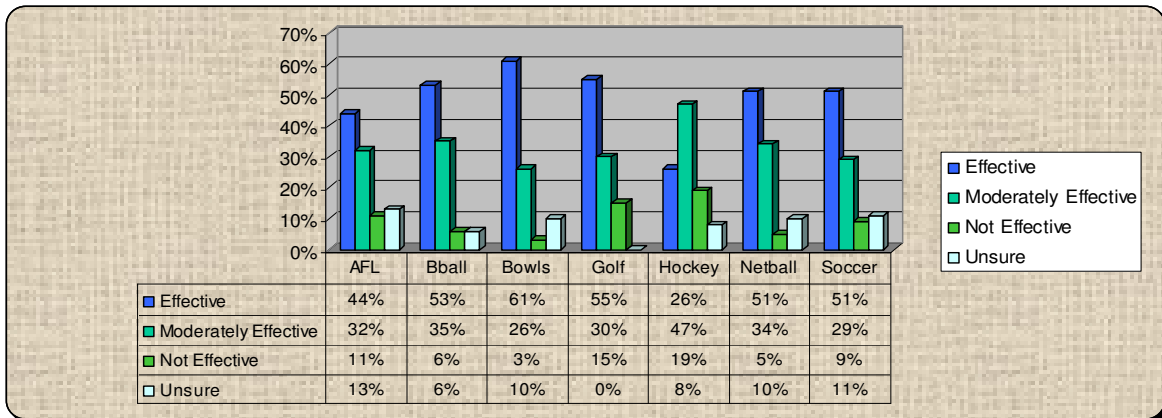


Figure 50. Reported possible effectiveness of designated driver program

**How effective do you believe implementing, reviewing and promoting club alcohol policy would be in reducing alcohol related issues within all sporting clubs?**

Implementing, reviewing and promoting club alcohol policy would be moderately effective according to 43% of all survey respondents (Figure 51). Twenty-eight percent believed it would be effective and 21% believed it would not, 8% were unsure.

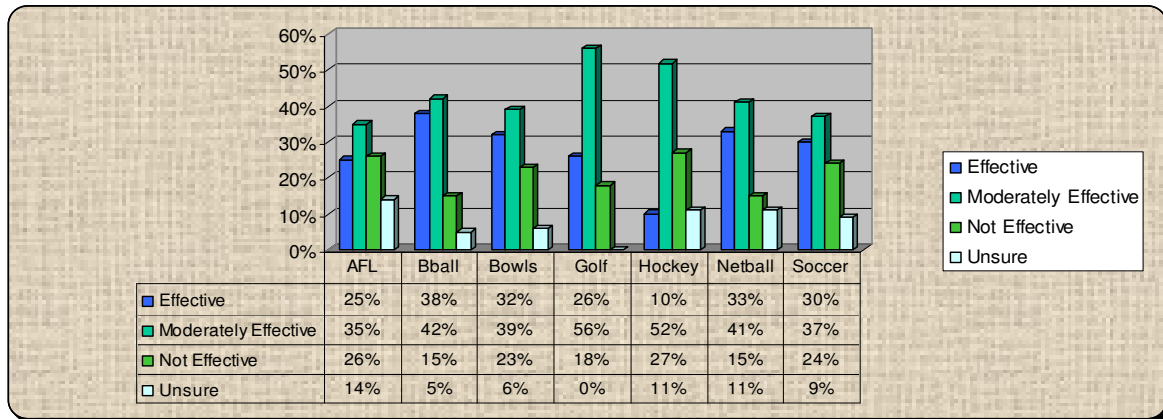


Figure 51. Reported possible effectiveness of promoting club alcohol policy

**How effective do you believe conducting occasional alcohol free functions would be in reducing alcohol related issues within all sporting clubs?**

Sixty-three percent of respondents felt that occasional alcohol free functions would not be effective in reducing alcohol related issues in sporting clubs (Figure 52). Smaller numbers believed it would be moderately effective (15%) or effective (10%).

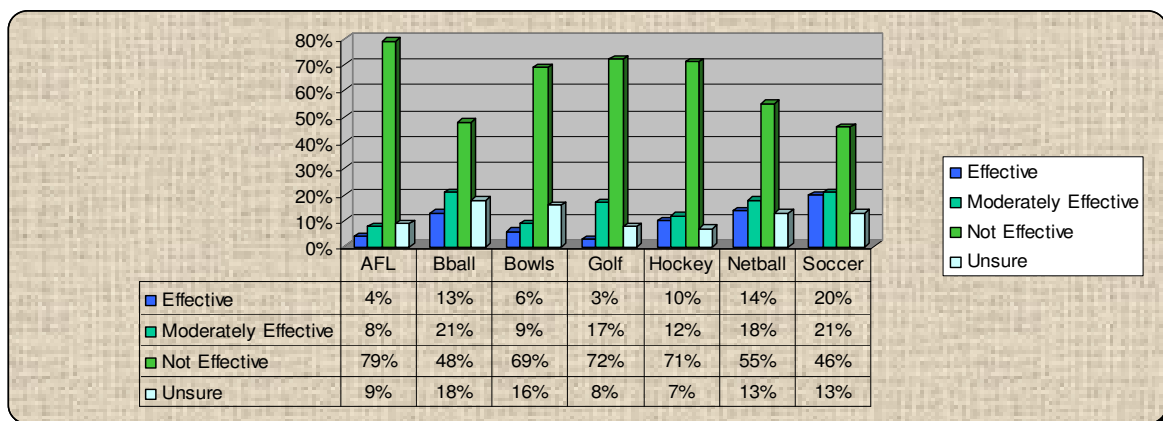


Figure 52. Reported possible effectiveness of alcohol free functions

**How effective do you believe having meals available would be in reducing alcohol related issues within all sporting clubs?**

The majority of respondents supported having meals available in clubs to reduce alcohol issues with 47% believing it would be effective and 40% believing it would be moderately effective (Figure 53). Only 7% felt it would be not effective in reducing alcohol problems.

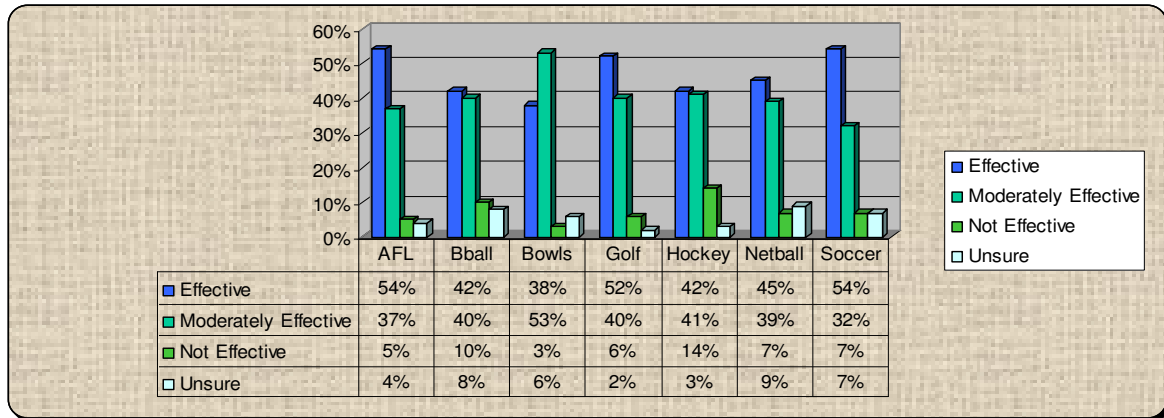


Figure 53. Reported possible effectiveness of availability of meals with alcohol

**How effective do you believe serving only low alcohol beverages would be in reducing alcohol related issues within all sporting clubs?**

Overall 47% of respondents did not believe that serving only low alcohol beverages in clubs would be effective in reducing alcohol related issues (Figure 54). This view however was supported by a larger proportion of AFL and bowls respondents than those from other sports. Thirty-two percent of respondents felt this system would be moderately effective while 14% felt it would be an effective way of reducing alcohol related issues in sporting clubs.

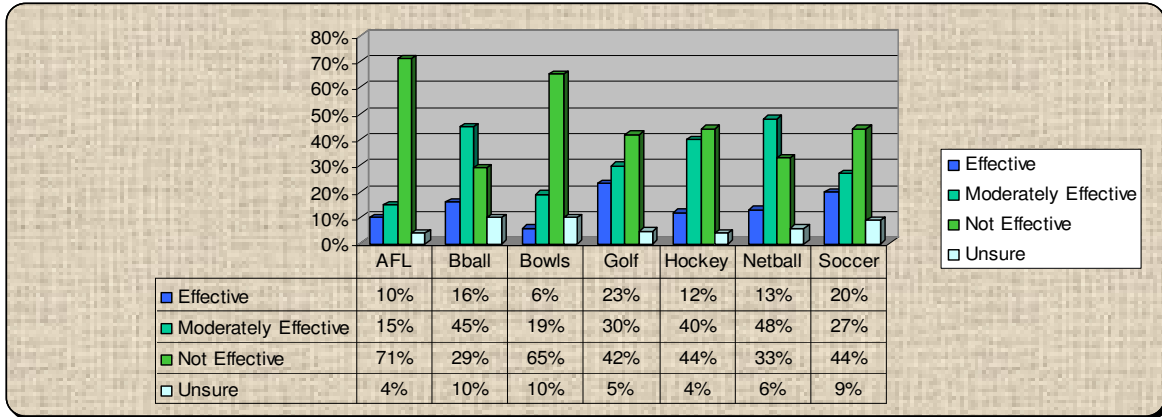


Figure 54. Reported possible effectiveness of serving only low alcohol beverages

**How effective do you believe banning alcohol sponsorship of sporting events / clubs would be in reducing alcohol related issues within all sporting clubs?**

Sixty-eight percent of respondents believed banning alcohol sponsorship of sporting event and /or clubs would not be an effective way of reducing alcohol related issues within sporting clubs (Figure 55). This view was held by 88% of bowls and 83% of AFL members. While 17% felt it would be moderately effective, only 6% believed it to be an effective way to reduce alcohol issues within clubs.

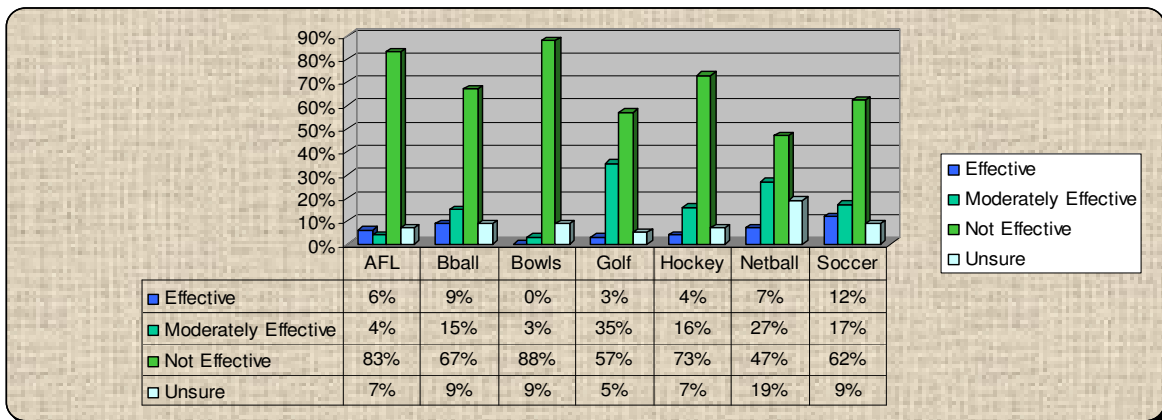


Figure 55. Reported possible effectiveness of banning alcohol sponsorship of sporting event or clubs

## Illicit Drugs

The following five questions relate to behaviours regarding use for those who identified taking drugs other than alcohol and tobacco. One of the possible responses was “I don’t use drugs” and another was “never” meaning I use but never in the described situation. Although this was clearly explained at the time of data collection, a review of the results, in particular the high proportion of respondents selecting “never” would suggest that some respondents have confused the two options. This possibility should be taken into account when reading the following five results.

The questions were not withdrawn from the results because they contained valuable and useful data regarding drug use behaviours that was not felt to be compromised by the confusion of the two stated response categories.

### How often do you use a regular supplier for the drugs you take?

Six percent of AFL and Hockey respondents and five percent of netball and soccer respondents always or often used a regular supplier (Figure 56). Six percent of golf respondents followed by basketball (5%), AFL and soccer (4%) reported that they rarely did so.

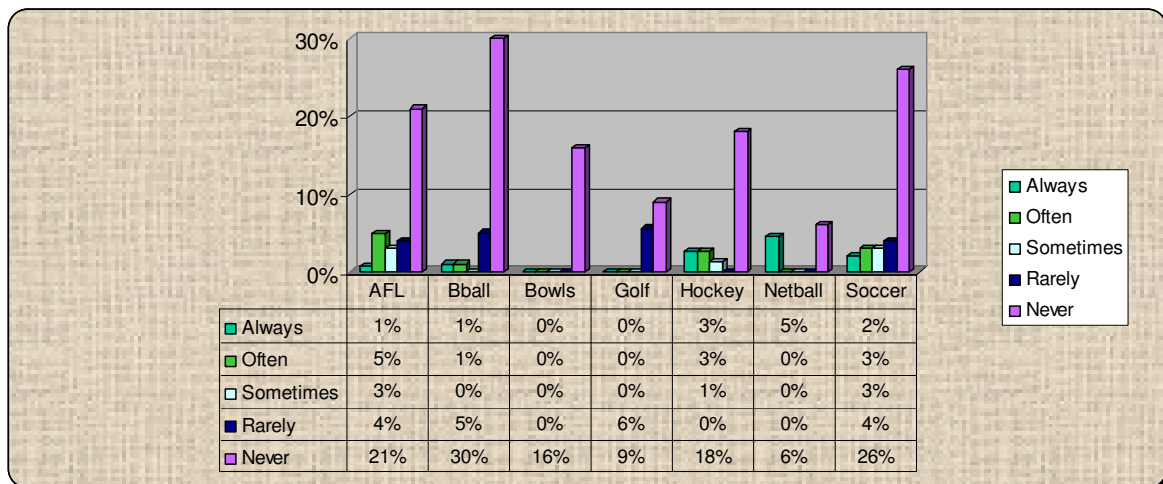


Figure 56. Frequency of use for regular supplier for drugs

**How often when you take drugs do you know exactly what you are taking?**

Excluding the “never” category for reasons stated above, several respondents reported always knowing what they were taking, 11% of AFL, soccer (9%), basketball (6%), hockey (5%) and 2% of netball reported only knowing often, sometimes or rarely (Figure 57).

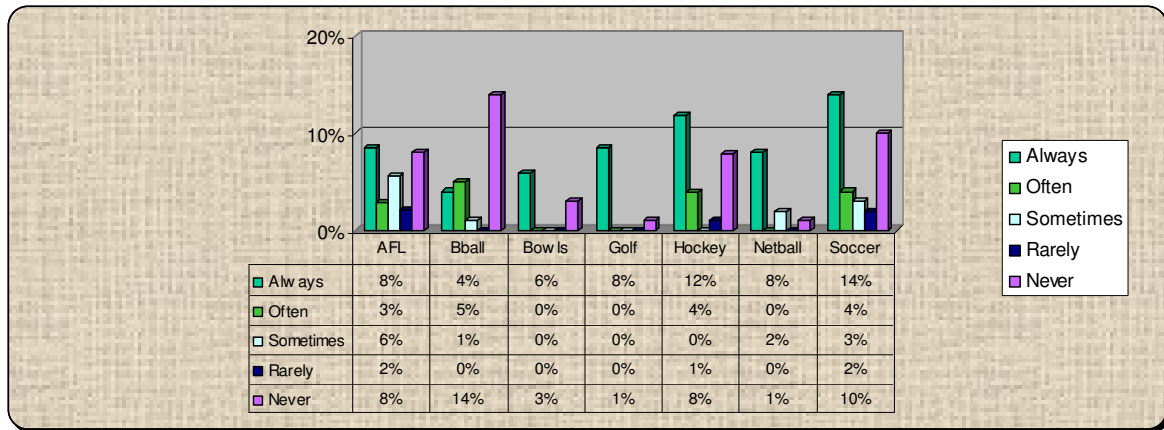


Figure 57. Frequency of knowledge on drug content

**When you take drugs, how often do you have someone who is not taking drugs with you?**

AFL (10%), hockey (7%), basketball (7%) and bowls (3%) respondents were more likely to have somebody not taking drugs with them when they were using, compared to netball respondents who were twice as likely to do so only sometimes or rarely (4%) (Figure 58).

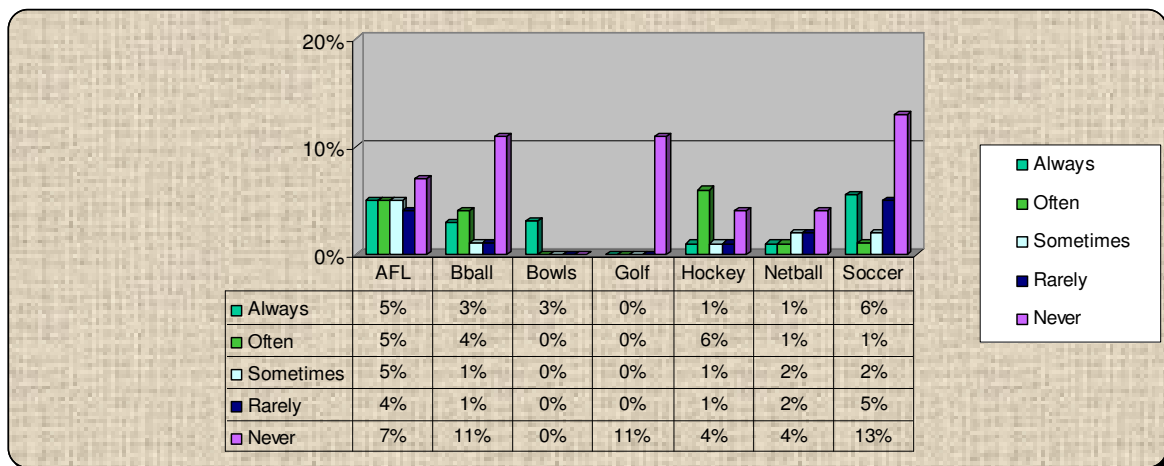


Figure 58. Frequency of having a person there not using drugs at time of drug use

**How often do you only take one drug at a time (including alcohol)?**

Nineteen percent of AFL respondents reported that they used one drug at a time only sometimes or rarely with 17% of basketball respondents, 16% soccer, 14% hockey, 13% bowls and golf, and 10% or netball respondents reporting the same (Figure 59).

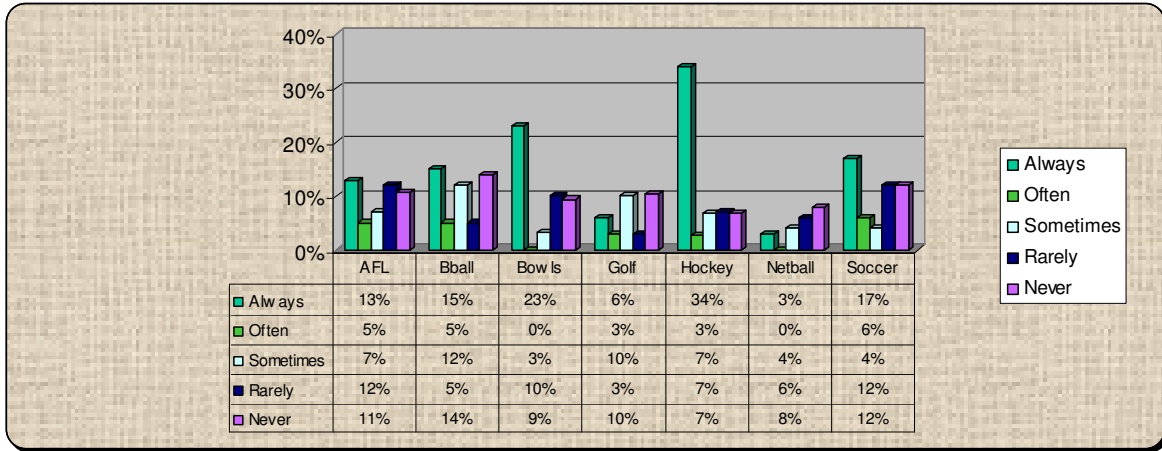


Figure 59. Polydrug use

**How often after taking drugs do you have ways of getting home safely?**

The majority of respondents identifying drug use reported they always or often had safe transport options after using drugs (Figure 60). However a number of respondents reported this happened only sometimes, rarely or not at all (AFL 14%, soccer 11% basketball 8%, hockey 7%, netball 4%, golf 3%).

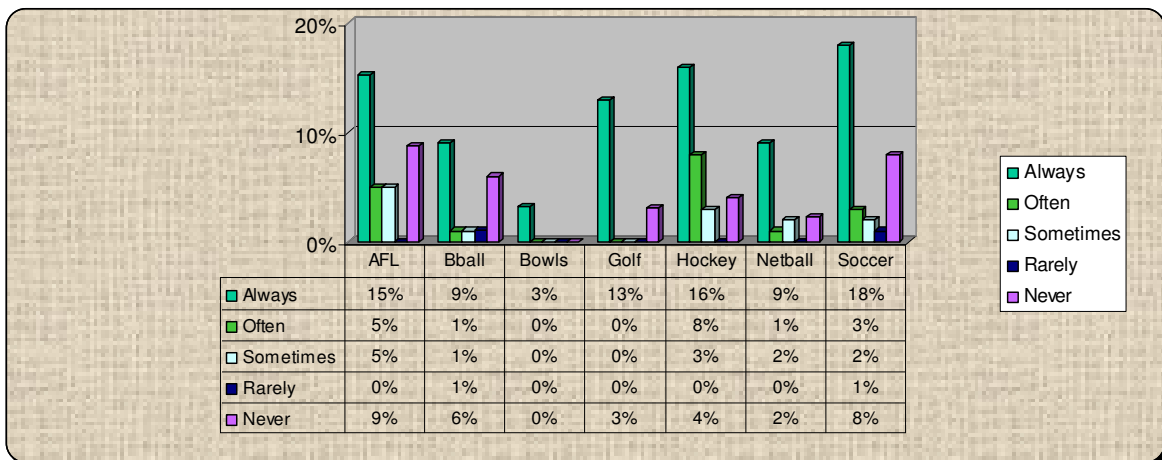


Figure 60. Frequency of safe transport options when using drugs

**How do you find out information on your drug/s of choice?**

For those searching for information on drug use friends were the most common source for hockey (19%), soccer (16%), AFL (15%), and basketball (11%) respondents while 25% of bowls, 21% of golf and 18% of netball preferred to get information from their GP (Figure 61). The internet was also reported as a source of information across sports, as were health providers to a lesser extent with the exception of bowls respondents for whom these were the second most common source of drug related information.

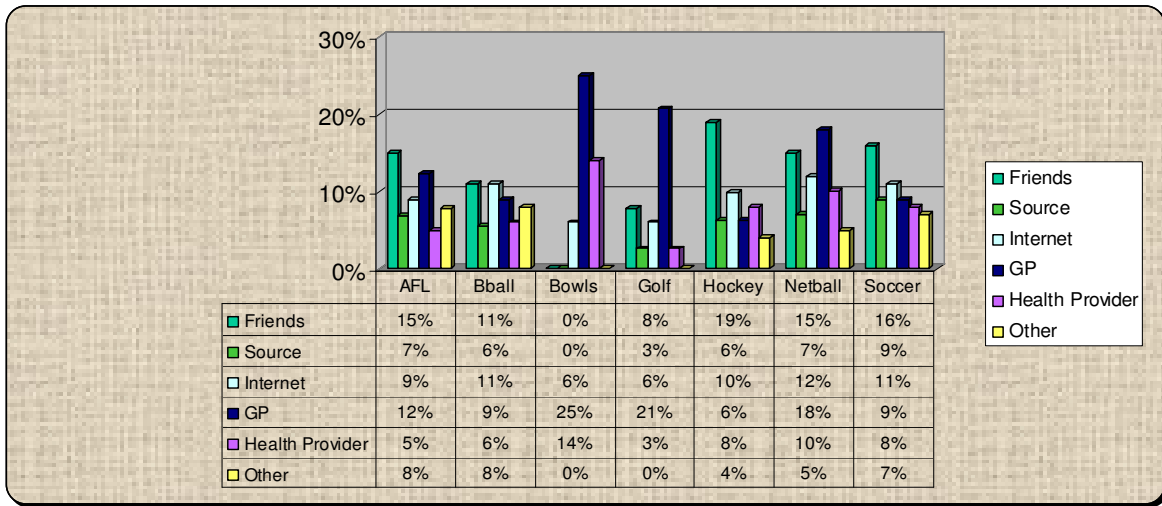


Figure 61. Source of information on drug of choice

**Many users take a small amount of the drug to test the effects before taking the full amount. How long do you wait between testing and taking the full amount?**

For those identifying drug use the largest proportions of AFL, hockey, soccer and netball members reported allowing no time between testing and taking the full amount of the drug (Figure 62). The majority of basketball respondents waited 30-45 minutes while equal number of golf respondents did not wait or waited 10-30 minutes.



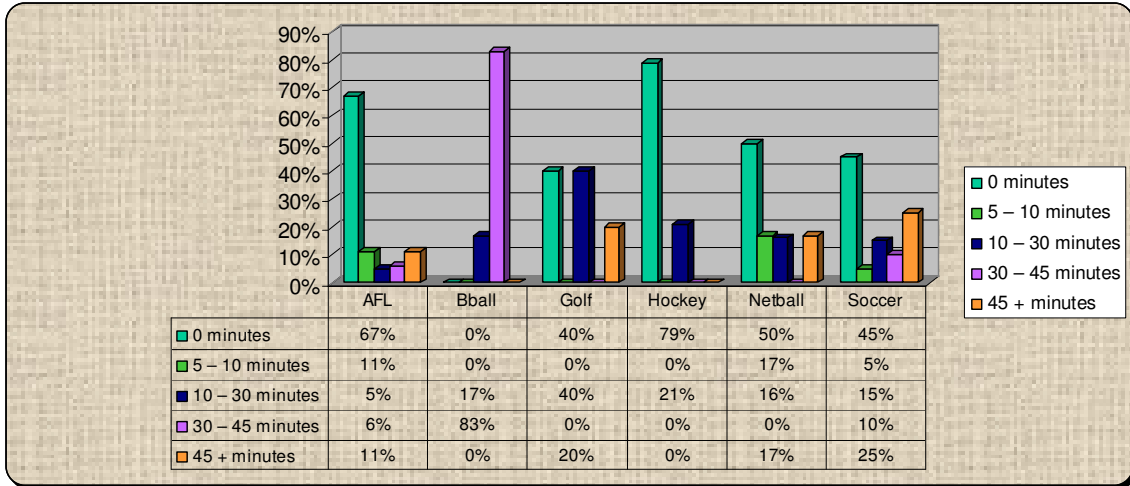


Figure 62. Reported time waited between testing and taking full amount of drug

**Do you know the signs and symptoms of drug overdose?**

Over three quarters of soccer respondents knew the signs and symptoms of drug overdose while this was the case for only 35% of golf and 48% of bowls members (Figure 63).

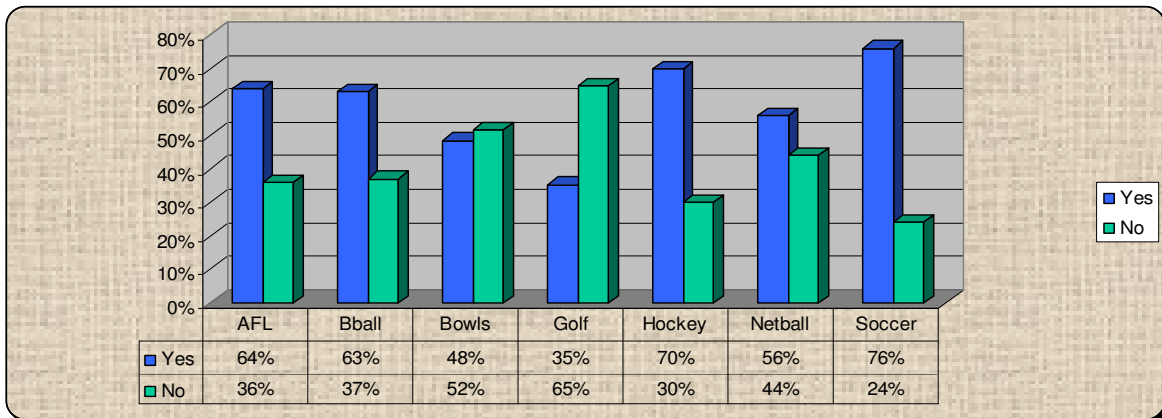


Figure 63. Reported recognition of drug overdose symptoms

**Do you know what to do in case of overdose?**

Less than half of golf, bowls, netball and AFL respondents knew what to do in case of drug overdose with golf and bowls reflecting the highest numbers (Figure 64). Soccer, hockey and basketball had the highest percentage of respondents reporting knowledge on overdose procedures.

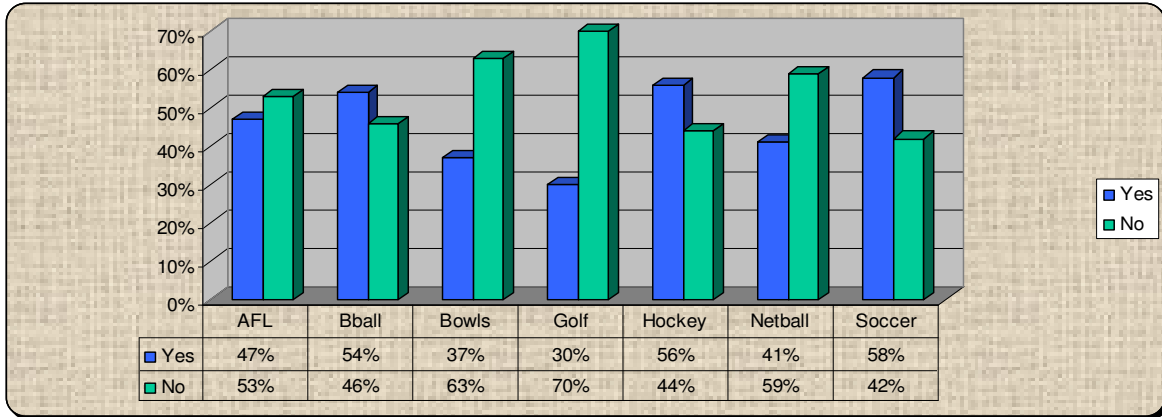


Figure 64. Reported knowledge of action for drug overdose

**Does your GP / Health Provider / School Social Worker know what drugs (all kinds) you are taking?**

A high proportion of both bowls and golf respondents reported that their GP or health provider knew what drugs they are taking (inclusive of all licit and illicit drugs). Other sports were more evenly balanced with 58% for soccer, 56% for netball, 55% for AFL, 48% for basketball and 45% of hockey members reporting GP knowledge of drug's taken (Figure 65).

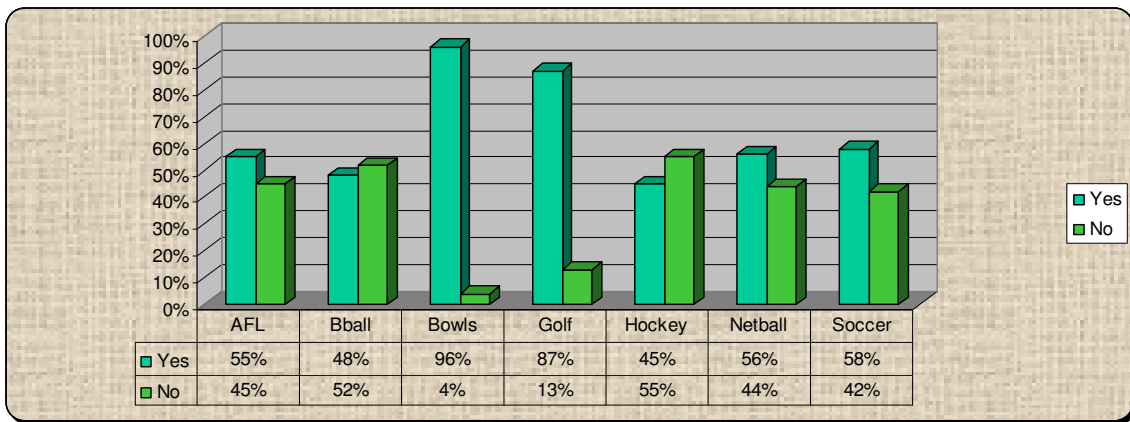


Figure 65. Health provider knowledge of drug use

## Club Management Survey

A member of management from each club was surveyed for a club perspective on drug policy, sponsorship and fundraising, current harm reduction practices, attitudes toward drug use and drug issues experienced by the sporting club.

### Club Policy

Thirty-two percent of the clubs surveyed had obtained at least level 0 Good Sports accreditation, according to club management (Figure 66), of which one third were unlicensed clubs.

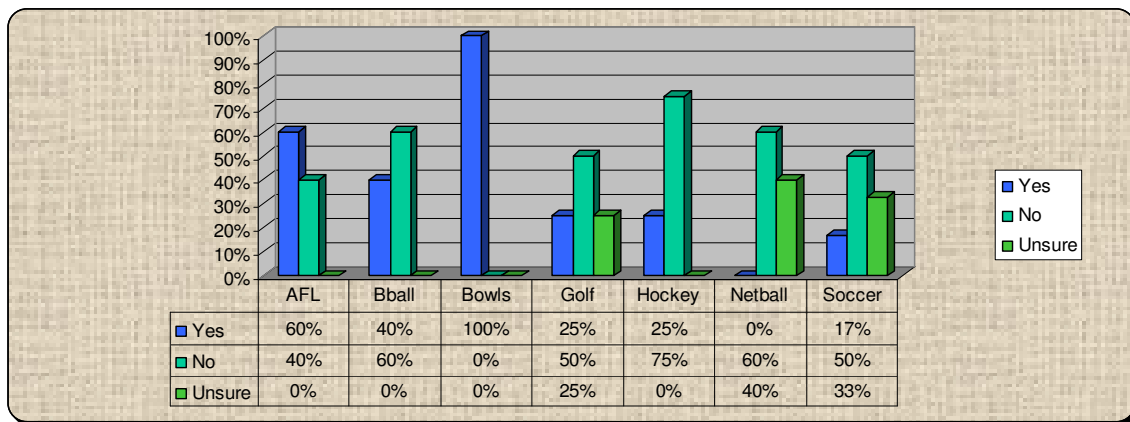


Figure 66. Club Good Sports accreditation

Club officials were asked if smoking was allowed in any area of their club or sports ground. Sixty-five percent indicated smoking was allowed in certain areas with 75% identifying outside, the carpark (20%) or a designated area (5%) (Figure 67).

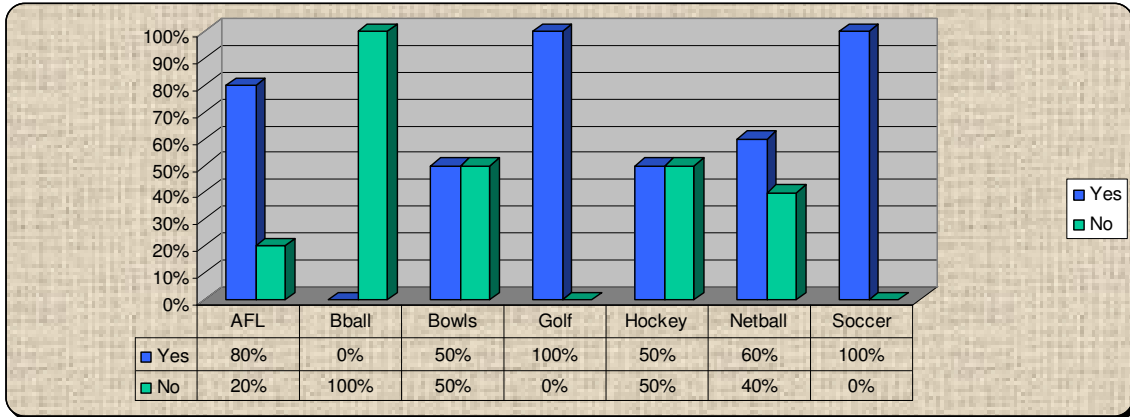


Figure 67. Smoking in club or sports ground

Just over half of the club officials surveyed (55%) reported their clubs had their smoking policy displayed (Figure 68). Smoking policies were displayed in all AFL, bowls and hockey clubs but not in any soccer clubs.

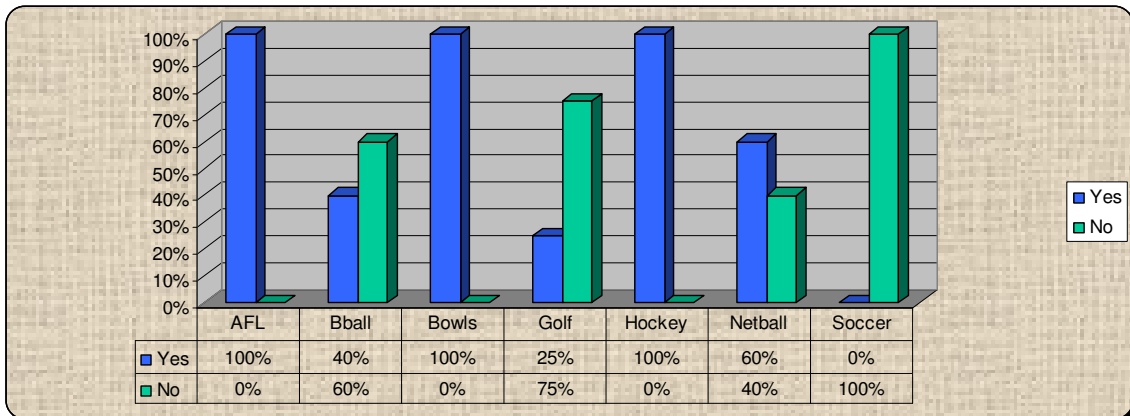


Figure 68. Smoking policy displayed within club

Seventy-nine percent of officials from licensed clubs reported having their alcohol policies displayed (Figure 69). Twenty percent of AFL clubs were not sure if their policy was displayed while half of soccer clubs and one quarter of golf clubs reported that it was not.

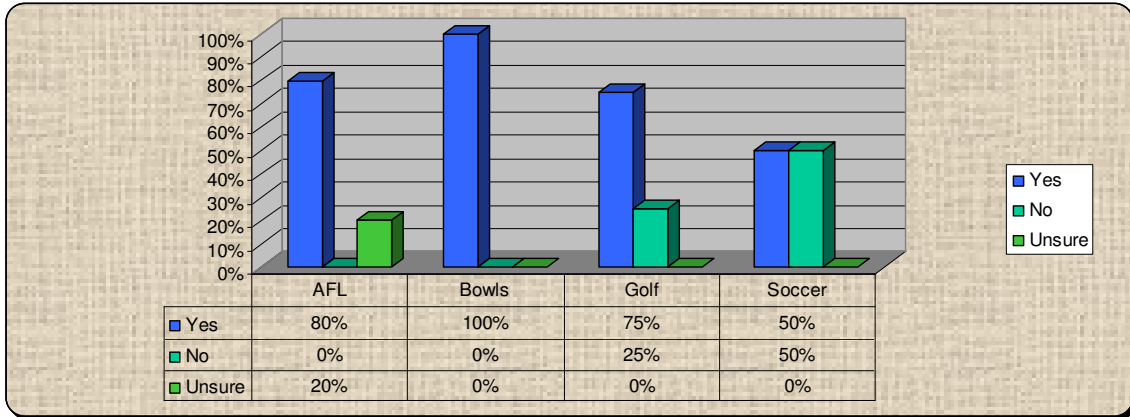


Figure 69. Alcohol policy displayed within licensed clubs

Half of all unlicensed club officials surveyed (50%) reported their club as having an alcohol policy (Figure 70). All of the netball clubs had a policy in place while none of the hockey clubs reported having one.

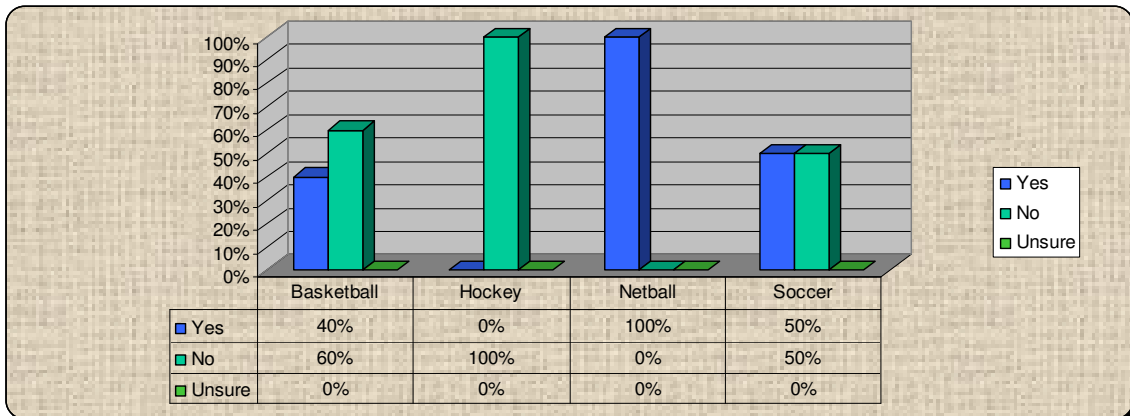


Figure 70. Presence of alcohol policy in unlicensed clubs

Club officials were asked if alcohol consumption was allowed in any areas within their club. Sixty-two percent reported that it was allowed but only in the bar area or social / function rooms of the venues they played at (Figure 71).

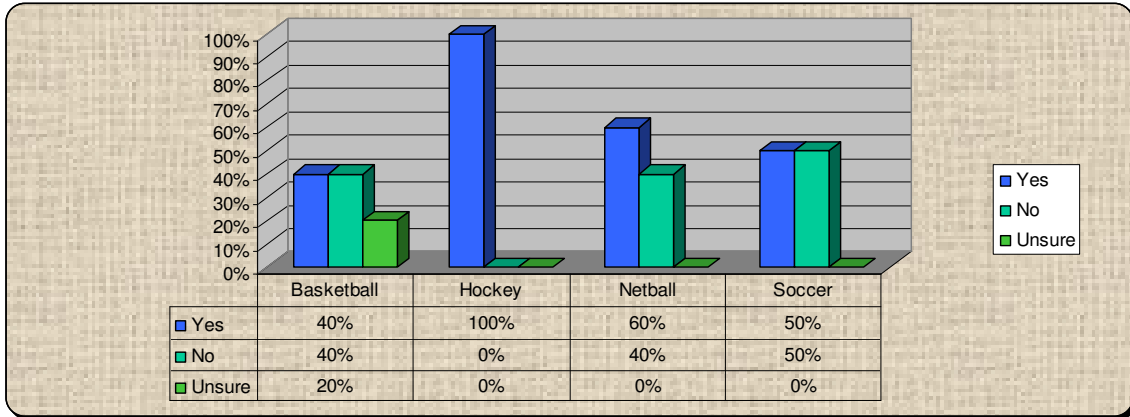


Figure 71. Alcohol consumption in unlicensed clubs

Club officials were asked if their club had a policy relating to illicit drug use. Over two thirds (68%) indicated they did not have a formal policy regarding illicit drugs (Figure 72), but for those who did it involved zero tolerance and automatic suspension from the club and competition. The policy was often cited in a code of conduct or included in a club member handbook.

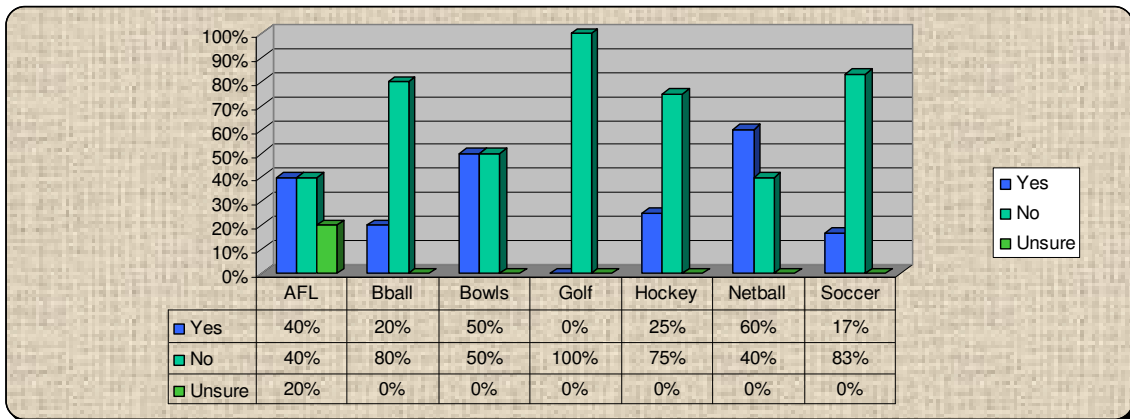


Figure 72. Illicit drug policy in clubs

### ***Club Sponsorship and Fundraising***

Fifty-five percent of club officials surveyed indicated their club was sponsored by an alcohol company, bottle-shop or pub (Figure 73). Sponsorship included both monetary

and/or product exchange and was most commonly reported in AFL (80%), hockey (75%) and soccer clubs (66%).

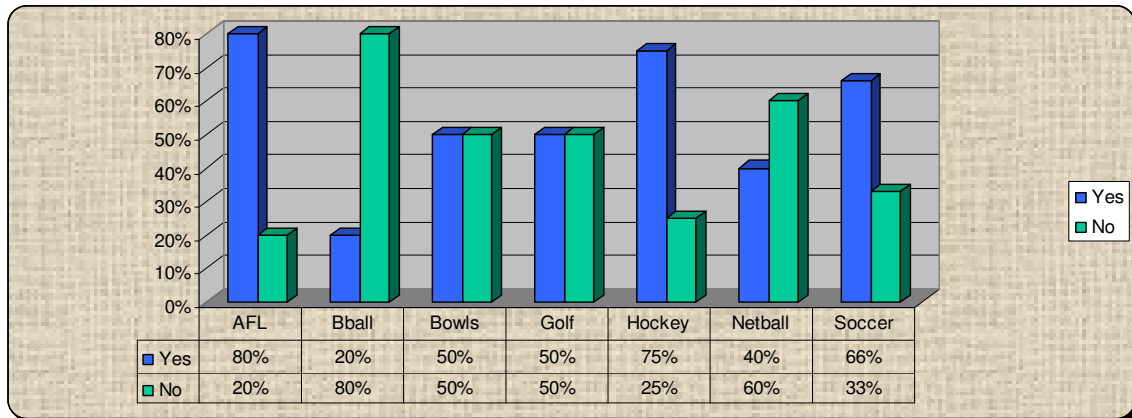


Figure 73. Club sponsored by alcohol company, bottle-shop or pub

Club officials were asked if alcohol or drink cards were ever given as prizes by their club. The majority of clubs (71%) reported this practice was not undertaken although it did occur in 60% of AFL and 50% of soccer clubs (Figure 74). One club official reported that any alcohol given as prizes must not be opened at the club with another citing occasional raffles as the only time alcohol was used in this way.

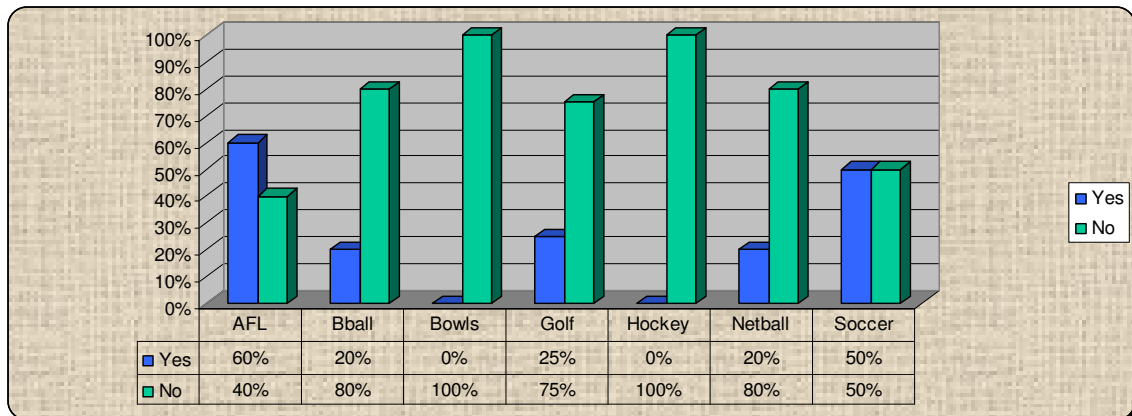


Figure 74. Alcohol or drink cards used as prizes

Club officials were asked if their clubs ever held fundraisers based on alcohol. None reported using drinking competitions or pub crawls to raise money but 75% of hockey,

65% of AFL and 20% of basketball clubs reportedly used cocktail parties as a way raising funds for the club.

Officials from licensed clubs were asked if their club ever held fundraisers that did not involve alcohol. All soccer, 80% of AFL and 50% of bowls and golf club officials reported holding alcohol free fundraisers generally associated with junior events.

Sixty-nine percent of unlicensed club officials surveyed reported their club obtained alcohol permits for special events (Figure 75). It should be noted however that this figure may not reflect those clubs who play at a venue that has an existing license not operated by the club. Of the 11 unlicensed clubs who identified obtaining alcohol permits for special events, only one reported having bar staff not trained in responsible serving of alcohol at their event.

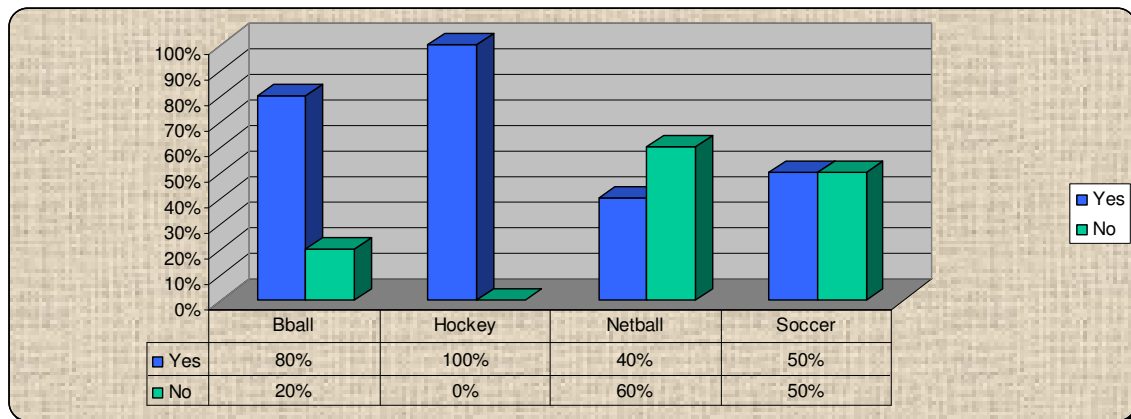


Figure 75. Unlicensed clubs obtaining alcohol permits

### ***Club Harm Reduction Practices***

The majority of officials from licensed clubs (73%) indicated their bar operated only during competitions and events. Half of bowls clubs opened the bar on most afternoons and evenings and 40% of AFL and 25% of golf clubs operated the bar whenever the club was open (Figure 76).



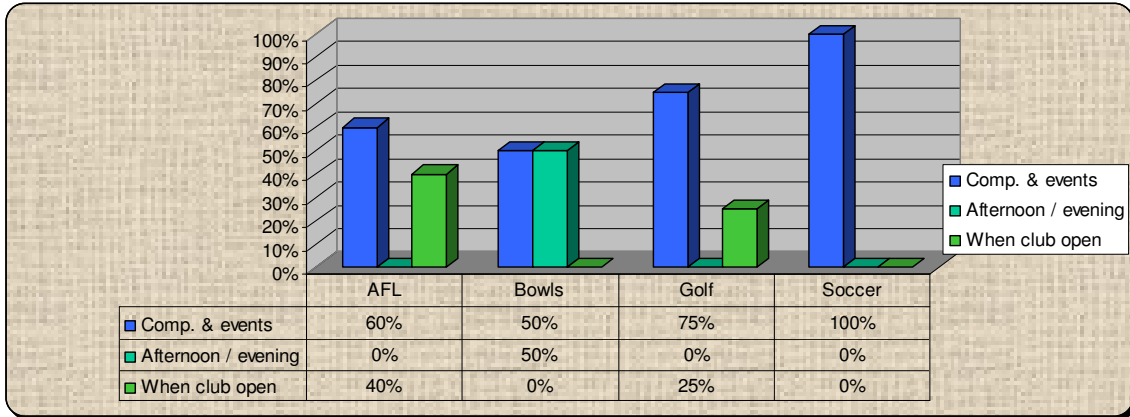


Figure 76. Bar operation times at club

All club officials from licensed clubs reported their club carried low or no alcohol beverages in their bar and tap water was free of charge at all but one soccer club. One AFL club provided free bottled water during club functions.

The majority of officials from licensed clubs reported their clubs had meals available to purchase when serving alcohol (Figure 77), and many AFL and soccer clubs were observed putting on light dinners for players after training at the time of data collection which was reported to be a regular weekly event.

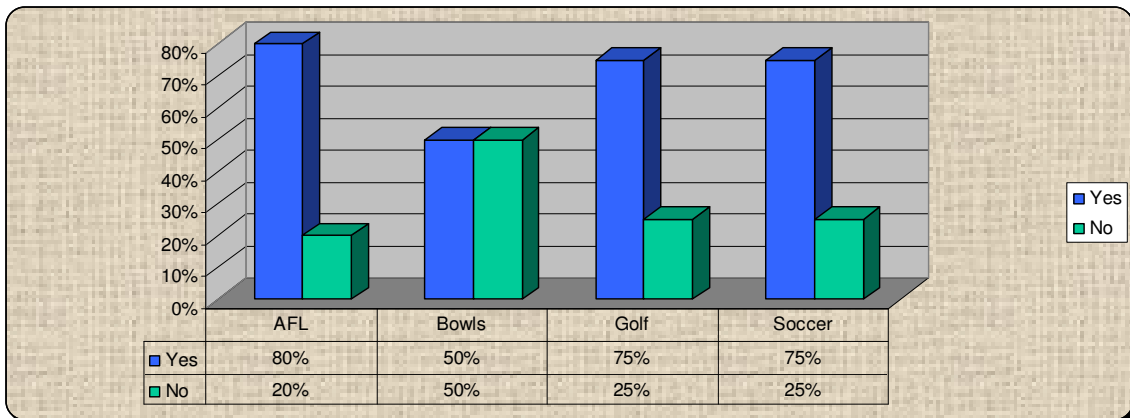


Figure 77. Availability of meals at club when alcohol is served

Club officials were asked what measures were taken when club members or visitors appeared intoxicated at the club. The most commonly cited response was they were no

longer served alcohol (bowls and golf clubs 100%, AFL 80% and soccer clubs 67%). A large percentage of officials reported that a taxi was called (AFL 80%, golf 75%, bowls and soccer 50%) whilst some described committee members taking action (golf 25%, AFL 20% and soccer 17%). Forty percent of AFL club officials reported that the intoxicated person was no longer permitted on the premises while 20% drove the intoxicated person to their home.

### ***Club Management Attitudes toward Drug Use***

Officials from licensed clubs were asked how important a liquor license was for raising revenue within the club. Eighty-seven percent indicated that it was very important including 100% of AFL and golf clubs (Figure 78).

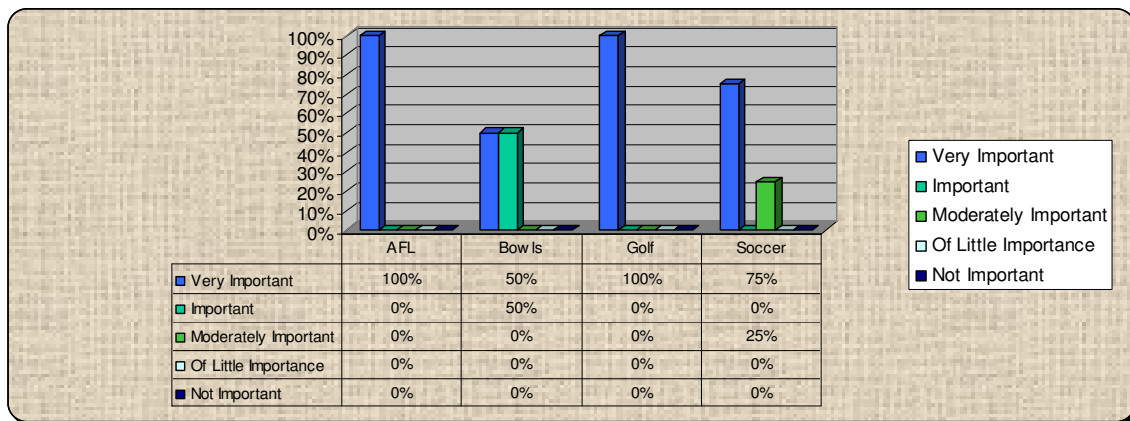


Figure 78. Importance of liquor license at club for raising revenue

A liquor license was also thought to be important to have at the club for members to celebrate after a match for 53% of all club officials surveyed (Figure 79). Forty percent of AFL club officials identified it as very important compared to 20% of who felt it was not important. Golf and soccer officials were evenly divided between important and moderately important.

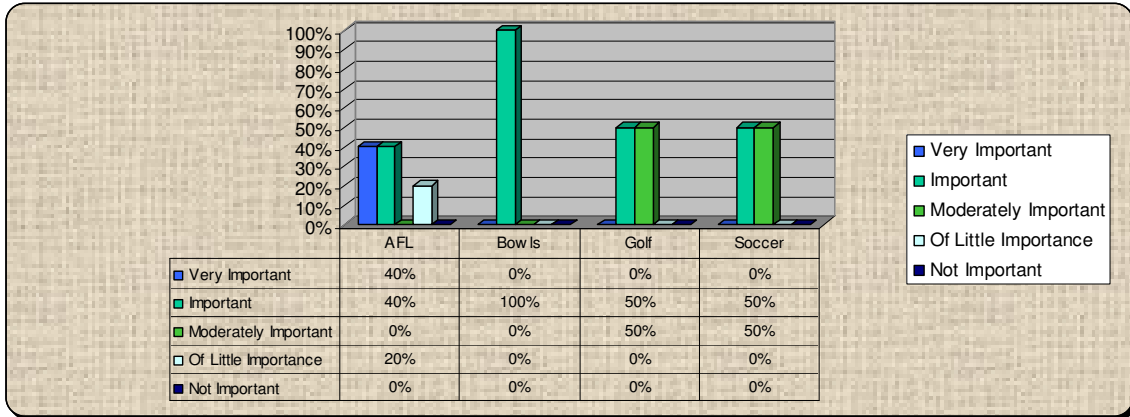


Figure 79. Importance of liquor license at club to celebrating after a match

Club officials were asked how important having a liquor license was for allowing members and their families to socialise together. Half of all bowls, golf and soccer officials reported that it was moderately important while equal numbers of AFL officials reported a liquor license as being either very important or not important for families to socialise (Figure 80).

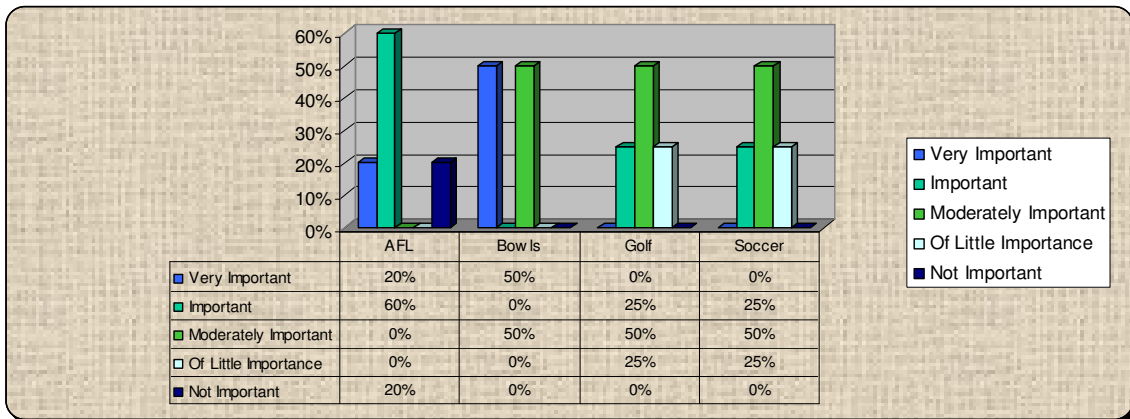


Figure 80. Importance of liquor license at club for members and their families to socialize

Club officials were asked to what extent they felt that drug and alcohol use is a concern for elite athletes involved in their sport in Australia. Only officials in golf (25%) and AFL (20%) felt that it was of great concern for their sports while a high proportion of soccer (100%), hockey (75%), AFL (60%) and basketball (60%) officials felt somewhat concerned (Figure 81). One hundred percent of bowls officials felt that drug use in elite

athletes in their sport was of little concern as did half of golf, one quarter of hockey and 20% of netball officials believing that it was not a problem at all.

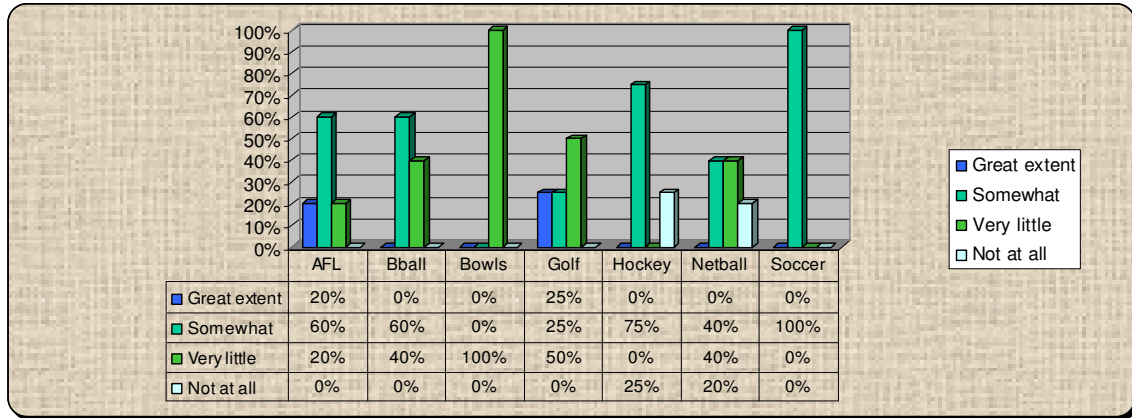


Figure 81. Reported belief of drug use issues in elite athletes by club

When asked if they believed the publicized incidents of elite athletes using drugs and alcohol encouraged increased use in community sportspeople, almost three quarters of officials (74%) felt that it did not, however this belief was evenly divided within bowls and golf clubs (Figure 82).

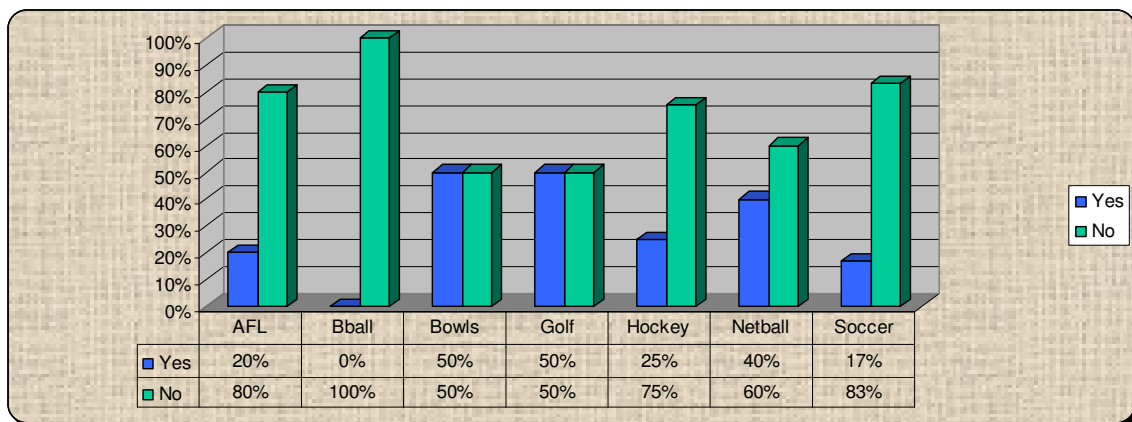


Figure 82. Reported belief of elite athlete drug use increasing use in community sportspeople

Respondents were then asked to what extent they believed their state sporting organization (SSO) was concerned about drug and alcohol issues at the community level

within their sport. Soccer was the only sport where officials reported SSO concern to a great extent while those from other sports felt SSO's were somewhat concerned (netball 80%, bowls 50%, AFL and basketball 40%, soccer 33% and golf and hockey 25%) (Figure 83).

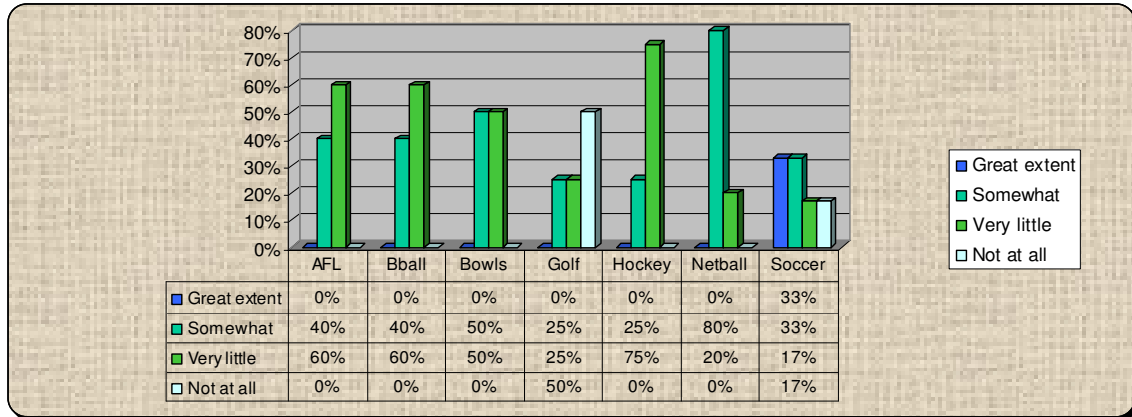


Figure 83. Reported belief of SSO concern of drug issues within sport

Club officials were asked to what extent they thought drug and alcohol use is a concern in community clubs in their sport within Tasmania. Sixty-five percent believed drug and alcohol use was a very little concern in their sport including 100% of the soccer club officials (Figure 84). However, three quarters of hockey club and half of bowls club officials identified it as somewhat of a concern. A smaller but noteworthy percentage of both golf (25%) and AFL (20%) club officials believed drug and alcohol use was a concern in their sport at the community level in Tasmania.

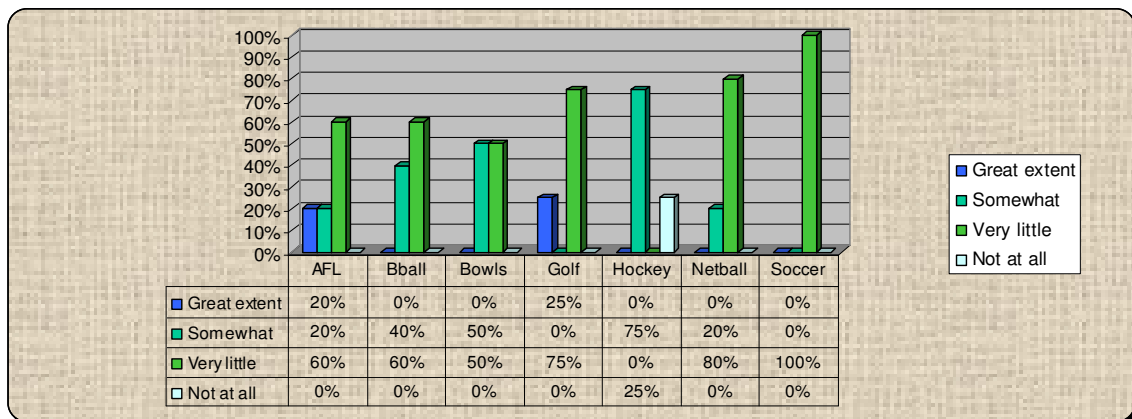


Figure 84. Concern for drug and alcohol use in associated Tasmanian community sport

## Drug Issues Experienced by Clubs

Club officials were asked to what extent their own club experienced problems associated with alcohol use. While the response “somewhat” was reported by 25% of hockey and 20% of AFL clubs, the majority of club officials identified drug and alcohol problems occurring to a very little extent (58%), or not at all (35%) (Figure 85).

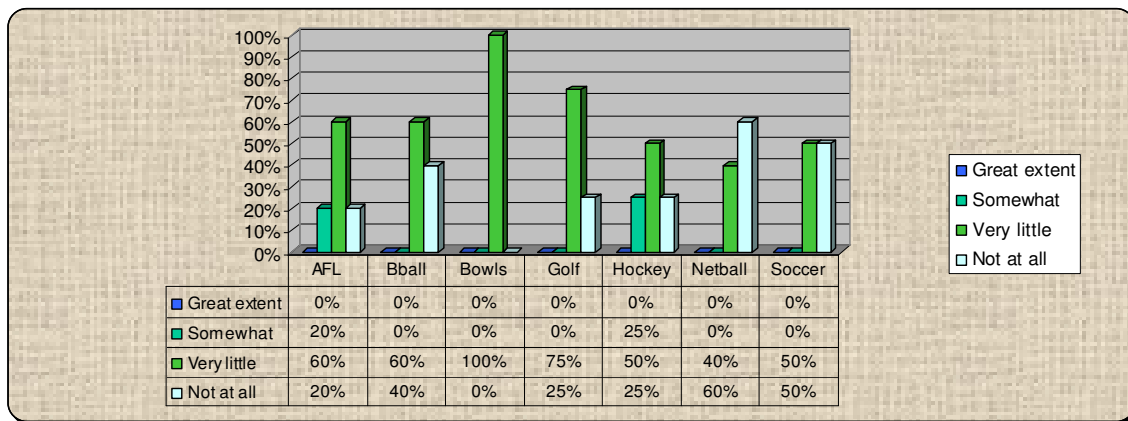


Figure 85. Club experience of alcohol related problems

The same question was asked relating to illicit drug use with basketball (40%) and AFL (20%) the only sports to have club officials report experiencing problems relating to illicit drug use and then only to a very little extent (Figure 86).

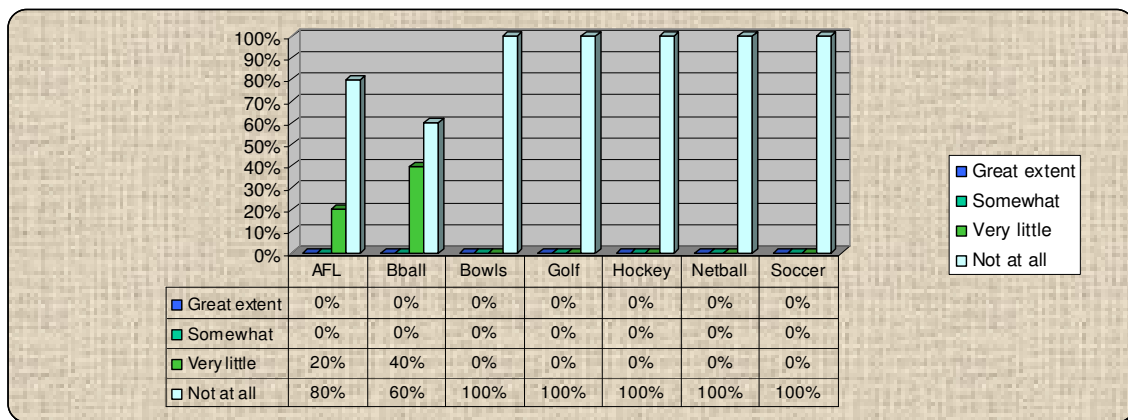


Figure 86. Club experience of illicit drug related problems

Respondents were asked if they were willing to share examples of problems their club had experienced as a result of alcohol and/or drug use. Rowdy behaviour was reportedly the most common, experienced by 13% of all clubs, followed by fights and property damage (10%), verbal abuse (5%) and theft (3%) (Figure 87).

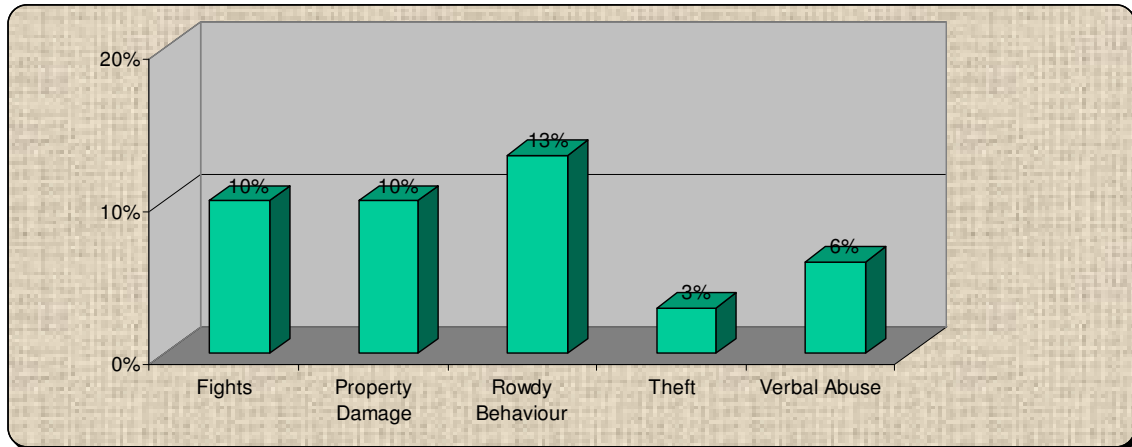


Figure 87. Percentage of club's experiencing problems relating to drug and alcohol use

Respondents reported that problems relating to drug and / or alcohol use had occurred predominantly when their venues were hired by outside groups, particularly for 18<sup>th</sup> and 21<sup>st</sup> birthday parties. Most clubs were no longer hiring their clubrooms for these events except for a small number where a club member was involved. Other times reported where drug and / or alcohol problems were experienced were at the occasional function or social event. One instance cited was during a game where non-club members arrived to watch a game already intoxicated.

Three clubs identified separate issues involving illicit drugs but declined to provide specific details.

Players were primarily cited as the club members most likely to be involved in situations of problematic drug and / or alcohol use with four clubs indicating that in past years players had been asked to leave the club as a result of unacceptable behaviour related to alcohol.

Most clubs participating in this study (particularly licensed clubs) identified a definite culture change relating to alcohol consumption both within the club grounds and by those representing the club away from the premises. Several clubs were found to have practices in place to minimise the likelihood of situations arising and are actively seeking to educate their members on drug and alcohol issues (these will be discussed in the next section). For most clubs this culture change has occurred over the past two to five years, and has been the result of club management recognising a level of duty of care for all members. For soccer and netball clubs surveyed the recognition of a large number of young players within the clubs playing at senior levels and the desire to promote a family atmosphere has also contributed.



## Discussion

The purpose of this section is to analyse and interpret the research findings in light of the study objectives. This section also identifies the substantial amount of new knowledge gained from this study. For a summary of drug and alcohol issues specific to particular sports see the Appendix section of this report.

The extent to which so little is formally known regarding drug and alcohol issues in community sporting clubs can be seen from the array of results from club officials of the same sports when asked to what extent they believed drug and alcohol use was a concern in community clubs within their sport in Tasmania. 75% of hockey officials regarded them to be “somewhat” of a concern while 25% reported “not at all”; 25% of golf and 20% of AFL officials believed them to be a concern to a “great extent” while 75% and 60% respectively reported “very little” concern.

### **Objective One: to gather information on the prevalence and patterns of drug and alcohol use in a sample of Tasmanian community sporting clubs**

Results showed a lower level of current tobacco use in the study population (18%) compared to the general Tasmanian population (24.9%) as reported in the 2007 National Drug Strategy Household Survey (AIHW, 2008b). This finding is consistent with Castrucci, Gerlach, Kaufman and Orleans (2004) who reported lower rates of cigarette use among adolescents who participated in organized sports.

According to the newly reviewed Australian Guidelines from the National Health and Medical Research Council (NHMRC, 2009) drinking more than four standard drinks on a single occasion increases the risk of alcohol related injury arising from that occasion. Overall, 70% of study respondents reported drinking alcohol with other club members with 36% drinking at levels placing them at increased risk of alcohol-related injury on each occasion they drank at their club or with other club members. This figure is lower

than previous findings of national sporting club rates where 44.7% of respondents reported drinking at low risk levels (Duff, Scealy & Rowland, 2005).

AFL respondents reported the highest levels of alcohol consumption per visit with 34% consuming 10 or more standard drinks on each occasion and 31% reporting they drank at their club three days a week. It was bowls members however who drank the most frequently at their clubs (33% four days a week) with 39% drinking between five and nine standard drinks on each occasion.

By region, southern clubs not only had the highest proportion of members drinking at levels placing them at increased risk of injury (55%), but also almost a quarter (24%) of members drinking 10+ standard drinks on each occasion compared to the northern (14%) and north-western clubs (12%).

When asked about alcohol consumption levels at their licensed clubs over time, more than half of all bowls respondents (52%) reported that levels had gradually increased over the past two years compared to 17% of AFL respondents, 9% of soccer, and 5% of golf respondents where levels were most frequently reported as staying the same. It was not determined if the increase in consumption levels for bowls members was a result of higher drinking levels on each occasion or more frequent visits to the club.

The occurrence of underage drinking in licensed clubs (in varying frequencies) was reported by 47% of AFL and 37% of soccer respondents compared to only 5% of golf and no bowls respondents. In their 2005 study on patterns of alcohol use in Australian community sports clubs, Duff, Scealy and Rowland (2005) found that underage drinking was most common at clubs with above average rates of alcohol consumption among club members. While this was found to be the case with AFL clubs in the present study, soccer respondents had the second highest percentage reporting underage drinking but the lowest level of alcohol consumption for licensed clubs. It must be noted however, that the other licensed clubs came from the sports of bowls and golf where there is a smaller proportion of young people participating and perhaps less likelihood of underage drinking occurring.

When asked how often respondents had driven after drinking alcohol (any amount) at their club 62% of golf respondents, 57% AFL, 46% bowls and 33% of soccer respondents replied “often” or “sometimes”. While not conclusive, these figures may highlight an area of concern where 48% of AFL respondents also indicated drinking 7+ standard drinks each time they drank at their club with 34% drinking 10 or more. This trend was also found in other licensed clubs to a lesser degree with 14% of golf, 13% of bowls and 8% of soccer respondents reporting consuming 7 or more standard drinks at each sitting. When it came to illicit drugs (including prescription drugs used for non-medical purposes) pain killers and analgesics were the most commonly used (17%), followed closely by cannabis (16%). The use of pain killers was most prevalent in netball respondents who showed not only the highest overall use but also the most frequent. Higher levels of pain killer use were also found in AFL, golf and soccer clubs where around one in five members reported taking them illicitly.

Cannabis use was found to be reasonably consistent across the three regions involved in this study. AFL members reported the highest use (30%) at almost three times the rate reported by Tasmanians in the 2007 National Drug Strategy Household Survey (10.8%) (AIHW, 2008b). High levels of overall use were also reported by members of soccer (20%), hockey (18%) and netball (12%) respondents.

In addition to pain killers, netball respondents reported the highest proportion of members using sedatives (7%) and inhalants (6%), and the equal highest use of opioids (5%). AFL members reported the highest proportion of amphetamine (17%) use as well as the equal highest hallucinogen (6%) and opioid (5%) use; together with the second highest use of sedatives (5%) and inhalants (3%).

The equal highest use of hallucinogens was reported by soccer members (6%) who also recorded the second highest amphetamine use (12%).

Illicit drug use was more prevalent in the southern clubs involved in the study across all drug types with the exception of inhalants and sedatives where the same rates were found

for northern clubs. Of particular note was amphetamine use where twice the percentage of southern respondents reported use (10%) compared to north-western (5%) and northern (2%) respondents.

Study results indicate that illicit drug use was generally higher in the study sample than the general Tasmanian population across all drug types. However, while suggestive that illicit drug use is of concern in a number of clubs sampled, no conclusions or generalizations can be made on this point regarding the wider Tasmanian community sporting population, due to the purposive sampling method employed in this study.

When asked about the times and locations that drug use occurred the greatest proportion of respondents identifying drug use reported using after leaving their club (59%), with 4% of all AFL, hockey and netball respondents reporting that they did so often.

A smaller proportion of those identifying drug use reported taking drugs prior to engaging in club activities (36%) with AFL (3%) and soccer (1%) reporting a small percentage of all respondents often taking drugs before club activities.

Around one third of all respondents identifying drug use reported taking drugs at their club or playing ground with 3% of hockey, 2% of AFL and 1% of soccer members reporting they did this often.

**Objective Two: to assess the attitudes of club members and players in relation to drug and alcohol use within their club**

A higher proportion of respondents from licensed southern clubs, reported drinking alcohol was important when socialising and celebrating at their club compared to northern and north-western club respondents. Duff, Scealy and Rowland (2005) found that participants who agreed that alcohol was important to the social life of the club tended to report the highest levels of alcohol consumption and, while analysis on an individual level was unable to be completed in this study, this pattern is apparent on a regional basis. Alcohol was regarded as more important when socializing rather than

celebrating for a greater percentage of respondents across all licensed sporting clubs. The majority of licensed club officials also reported the belief that alcohol was important for club members celebrating after games (100% bowls, 80% AFL, 50% golf and soccer) and socializing at the club (80% AFL, 50% bowls, 25% golf and soccer).

Members from unlicensed clubs reported much lower levels of agreement regarding the importance of alcohol in these situations.

Drinking alcohol at their club was also seen as either a very important or important way to contribute to the club financially for over three quarters of AFL and over half of bowls and golf respondents. Conversely, 42% of soccer respondents from licensed clubs did not share this view, rating it as not important. The opinion that alcohol was important financially, to licensed clubs, was shared by club management where 100% of AFL, bowls and golf, and 75% of soccer club officials reported that a liquor license at their club was important for raising revenue.

When asked to identify which drugs respondents felt caused the most problems for their club, alcohol was the clear leader followed by tobacco, cannabis, pain killers/analgesics and amphetamines. These were followed by hallucinogens and sedatives, inhalants and finally opioids. These reports are aligned with actual prevalence data collected from clubs, with the exception of pain killers ranking higher than tobacco, and opioids slightly higher than inhalant use.

Between one third and three quarters of all respondents believed drug and alcohol use was a concern to at least a small extent in their sporting club however, fewer respondents believed that family and friends or the wider community perceived there to be any issues within their club. When extending this to cover their respective sports within Australia, over one third of AFL and soccer respondents believed family and friends perceived there to be drug and alcohol related problems, while over half of AFL respondents believed this opinion was also reflected in the wider community. Media was believed to be the largest influence in shaping these beliefs.

A large proportion of respondents across all sports other than bowls reported that their club management had very little or no concern regarding drug and alcohol issues within the club. The question needs to be asked, are mixed messages being sent when club officials condemn the intoxicated antics of their players but continue to accept sponsorship dollars from alcohol companies?

One in five bowls respondents believe drug and alcohol use in elite bowls players is a concern to a great extent with smaller proportions across other sports reporting the same for their elite athletes. Club management did not share the same view with one quarter from golf and one in five AFL officials but no other sports reporting concern to a great extent. However when it came to publicized incidents involving elite athletes and drugs and alcohol two thirds or more of all respondents and club management believed this did not encourage increased use in community sportspeople.

Club management reported 80% of AFL, three quarters of hockey, two thirds of soccer and half of bowls and golf clubs surveyed were sponsored by an alcohol company, bottle-shop or pub. 60% of AFL, 50% soccer, 25% golf and 20% basketball and netball gave alcohol or drinkcards as prizes. 75% hockey, 65% AFL and 20% basketball clubs used cocktail parties as fundraisers.

When asked to what extent they believed their SSO was concerned about drug and alcohol issues in their community sporting clubs, three quarters of hockey and over half of bowls, basketball and AFL club officials reported very little or no concern. Soccer was the only sport where reports of SSO concern to a great extent were identified.

**Objective Three: to document the extent of harmful and risky drug and alcohol related behaviours occurring in sporting clubs**

Around half of all members from AFL, bowls, golf and unlicensed soccer clubs as well as more than one in five basketball, hockey and licensed soccer respondents reported being sometimes or often concerned with other members driving after drinking alcohol.

Driving after drinking was shown to be a major concern for some sports, with 27% of AFL and 18% of soccer respondents reporting they rarely or never limited the number of alcoholic drinks consumed when driving. These figures however, are averaged across each sport and as such were not indicative of all AFL and soccer clubs participating in the study. Compared the general Australian population, of which 78% report limiting their drinks when driving (AIHW, 2008c), a much lower proportion of participants in this study reported doing so.

Individual harm reduction practices relating to both drug and alcohol use were investigated, with eating while consuming alcohol the most common practice reportedly undertaken by around half of all respondents (with the exception of bowls members) always or most of the time. This figure is still below the national percentage (58%) of the general population reporting this harm reduction practice (AIHW, 2008c).

Counting drinks and quenching thirst with a non-alcoholic drink before consuming alcohol were reported by around one quarter of respondents (again lower in bowls members) always or most of the time, compared to 55% and 33% respectively of the general population (AIHW, 2008c). During many data collection sessions respondents jokingly suggested they would start counting their drinks and then lose track as consumption levels increased. Very few respondents reported frequently drinking only low alcohol drinks (exception one third of bowls respondents) or alternating between alcoholic and non-alcoholic drinks, and while these are the least reported harm reduction practices within the general population at 17% and 25% respectively (AIHW, 2008c) levels are considerably higher than in the study sample.

When asked how often they would refuse an alcoholic drink offered because they didn't want it only around one in five AFL, bowls, netball or soccer reported they would do always or most of the time with slightly higher percentages for basketball, golf and hockey. Once again these figures are well below the 60% of the general population reporting this practice (AIHW, 2008c), and indicates that overall a much lower

proportion of the study sample were utilizing individual strategies to keep themselves safe when consuming alcohol, than would be expected from general population data.

With respect to harm reduction practices for illicit drug use, the issue arising from suspected respondent confusion between “I don’t use drugs” and “never” (meaning I use but not in this situation) should again be highlighted. For the purposes of this discussion, in order to retrieve some meaningful data, both categories will be disregarded.

Only 16% of respondents identifying drug use waited the recommended 45 minutes after taking a small amount of the drug to test its effects before taking the full amount of their chosen drug.

GP’s were the most common source of information regarding drugs and alcohol for bowls, golf and netball respondents while friends were chosen by the largest proportion of AFL, basketball, hockey and soccer respondents.

96% of bowls and 87% of golf respondents reported that their GP, health provider or school social worker knew what drugs (licit or illicit) they were taking. This was not the case for just over half of basketball and hockey, and two in five AFL, netball and soccer respondents.

A considerable number of respondents reported personally witnessing or being involved in an off field/court/course incident where somebody was threatened at their sporting club. Alcohol was reported to be involved in a large percentage of incidents at AFL (90%) and hockey clubs (80%) and over half of these incidents at bowls and golf clubs. Respondents were less sure if illicit drug use had been involved but was still identified in around 10% of cases in soccer, netball and hockey and 16% in AFL clubs. Slightly fewer respondents (except in AFL clubs) reported being personally involved in or witnessing an incident involving aggressive behaviour off field/court/course at their clubs. Again alcohol featured prominently particularly in incidents at AFL (79%) and bowls (74%)



clubs. Illicit drugs were reported to be involved in over 10% of AFL and netball incidents as well as some at hockey and soccer clubs.

Club officials identified incidents of rowdy behaviour as the most common issue relating to alcohol consumption although it was reported to occur infrequently. Fights and property damage were revealed by 10% of clubs but all reported they had not had an incident within the past two years. This was credited by most to the beginnings of a shift in club culture originating from club management and grounded in a desire to provide a safe environment for all members and particularly the clubs youth.

**Objective Four: to seek club members and players input on effective approaches to reduce harm from drug and alcohol use within their club**

Harm reduction practices reported by clubs included carrying low alcohol and alcohol-free beverages and having tap water available free of charge. The majority of clubs reported having at least light meals available at most times when the bar was operating and many AFL and soccer clubs were observed putting on light dinners for players after trainings at the time of data collection which was reported to be a regular weekly event. Officials from licensed clubs were asked what measures were taken when members or visitors appeared intoxicated at the club. While 100% of bowls and golf clubs cited they were no longer served alcohol only 80% of AFL and 67% of soccer clubs indicated this. Other harm reduction behaviour measures reported were calling a taxi, removing keys from intoxicated person, having a committee member take action, removing intoxicated person from premises and in some cases driving the person to their home. It should be noted that none of these scenarios were prompted and may occur along with others but were not reported.

When club members were surveyed regarding harm reduction practices the most popular practice, supported by the majority of respondents was having meals available when alcohol was served, with 47% reporting they believed it would be effective and 40% moderately effective.

Support was shown for the implementation of a designated driver program from the majority of respondents across all sports believing it would be effective (49%) or moderately effective (33%). Ritter and Cameron (2006) found in their review of literature regarding harm reduction approaches that although alternate transportation services are popular they appear to have little impact on the number of alcohol involved incidents. Similarly, Babor (2003) found designated driver programmes had limited evidence to support their effectiveness.

Implementing, reviewing and promoting club alcohol policy would be effective according to 28% of respondents or moderately effective (43%) in reducing alcohol related issues in sporting clubs.

Only 10% of respondents felt conducting occasional free functions would be effective or moderately effective (15%). Invariably, in all data collection sessions conducted at least one respondent would say “that’s because no one would turn up”.

Serving only low alcohol drinks as a harm reduction practice in clubs was thought to be effective by 15% of respondents and moderately effective by 32%. Seventy one percent of AFL and 65% of bowls members thought this would not be an effective way to reduce alcohol issues in clubs. Seemingly this belief was not based on respondents own practices with 38% of bowls members reporting drinking only low alcohol drinks always or most of the time they consumed alcohol.

The “hot topic” that has gained national attention in the latter stages of this study relates to sponsorship of sporting clubs by alcohol companies, and was explored with the question “how effective do you believe banning alcohol sponsorship of sporting events / clubs would be in reducing alcohol related issues within sporting clubs?”

The response was definitive with 68% of respondents believing it would not be effective. Percentages reporting this view were higher again for the AFL, bowls and hockey members.

According to Duff, Scealy and Rowland (2005) "...sporting clubs are beginning to realize that a culture of alcohol misuse is unsustainable. Many club officials now realize that alcohol misuse detracts from the broad appeal of the club, particularly recruitment and retention of new junior members and their families. Clubs know that future success and prosperity, both on and off the field, can only be secured through a healthy and sustainable club culture that is supportive of families".

Evidence of this can be seen with the comment from an official from an unlicensed club stating "...we are a community club and although we have functions at a licensed sponsor's venue the committee makes a point of not drinking alcohol until after the official event is over and junior members have left".

One commonality to all community sporting clubs is that they are run by volunteer boards and their operations rely on the services and goodwill of many other volunteers. This presents its own challenges, for example the costs associated with training volunteer bar staff in Responsible Serving of Alcohol when their interest in this role or time at the club is short lived.

Clubs with drug and/or alcohol policies described the benefits of these in dealing with alcohol related issues that arose. One club official observed that Good Sports had acted as a backbone for guiding the development of policies that the board could fall back on with decision making and enforcement.

Some clubs surveyed were very creative in providing a safer environment for their members and were keen to share their practices and learn from other clubs experiences. Two clubs surveyed reported providing free bottled water at club functions, while wristbands were used by one club at functions to help bar staff identify legal age drinkers and minimize the chance of serving under-age attendees. The same club has eliminated alcohol related problems when playing away games by having players pay a set amount of money in advance that covers all expenses such as bus travel and meals and also includes a set amount of drink tickets. This club has found that members tend to pace

themselves over the evening, knowing they will only get a certain amount of alcoholic drinks to last them the night. This method of changing the mind-set for what could potentially be a “big night out” has reportedly been very successful.

Other clubs have encountered barriers when attempting to engage in harm reduction practices. One “rural” club that repeatedly experienced refusal from taxi services from a nearby larger town due to their location, detailed their attempts to link with a privately operated bus (also providing rides home from nightclubs in the larger town) that conducted drop-offs from the club on a fee for service basis. They described their frustration when this service was forced to stop operating due to outside pressures, leaving them with less safe transport options for members who chose to drink at their club. The fact that drink driving occurs at a rate 2.5 times higher in rural communities (Ministerial Council on Drug Strategy, 2006) highlights the importance of supporting clubs in making changes towards safer environments for their members.

## Conclusion

The Knowing the Score study has sought to provide information on the prevalence, patterns and attitudes toward alcohol and drug use within Tasmanian community sporting clubs. It has highlighted the existing use of both individual and club based harm reduction practices, but has also revealed the need for a more varied approach and widespread execution of these behaviours.

This study supports the growing amount of evidence that risky alcohol consumption is occurring in a number of sporting clubs at the community level and furthermore, has identified the existence of concerning levels of illicit drug use within this study sample that may be suggestive of a more widespread problem.

With sporting clubs providing the ideal environment for health promotion, it is important that club management recognise and utilize this opportunity to develop and implement strategies that prevent or reduce alcohol and drug related harm in their clubs and local communities. It is also important that they be encouraged and supported in doing so at a government / community level with targeted funding and provision of practical resources.

Most importantly, ideas for the design and implementation of any programs and strategies should be driven by the clubs themselves in collaboration with key stakeholders to ensure their needs are being met, they have the capacity to execute and the ownership required to sustain them.

## Study Limitations

As with most studies and particularly those in operating within a community setting this study contains several limitations. The scope of the study was limited by budget and manpower with only one research officer responsible for the design, implementation, analysis and reporting. As a result of this, and the request to include as many sports as possible, the number of clubs surveyed for each sport in each region was limited to two. As a consequence, the sample size for each sport and region is relatively small and results are limited in their generalization to other clubs of the same sport within those regions. Even with a modest target of 48 clubs, difficulties were experienced engaging clubs to participate. To counter this, an incentive was offered to clubs in the form of responsible serving of alcohol training vouchers for licensed clubs or sporting equipment vouchers for unlicensed clubs. Despite these only 31 clubs were secured overall, with cricket clubs the biggest casualties when several withdrew as end of season finals neared. The number of participants ultimately relied on the individual clubs supporting and promoting the data collection session. Many clubs expressed that numbers requested were not attainable and so to avoid losing data from smaller clubs the number of participants per session was reduced, impacting the study.

The research context itself in examining illicit drug behaviours necessitated a method of data collection that was non-threatening and anonymous but allowed sufficient detail to be collected. The method chosen for this study utilised an individual hand-held keypad system where anonymous responses could be collected face to face in a group situation. On completion of each session respondents were asked if they felt comfortable giving honest answers during this survey to which 97% replied “yes”.

While the system was also designed to be able to merge each data session and collate data this function was not satisfactorily achieved and, as a result analyzing data by demographic categories was restricted, severely limiting reporting capacity.

Employing a face to face method when covering community level sporting clubs from around the state of Tasmania also presented many challenges that limited the scope of the study. In addition to an extensive amount of travel, it was often difficult to secure suitable data collection times and a number of cancellations were experienced with short notice. The majority of clubs chose to run sessions after an evening training, which not only had an impact on the number of members other than players and coaches attending, but also limited the number of evenings available to hold sessions. One benefit to this method was capturing responses from everybody who attended the club on that one evening instead of just a small percentage as would be the case with a mail survey.

## Recommendations

The following recommendations are structured by stakeholder list (Sporting Club Management, Community and Government/ Policy / Funders). Primary recommendations apply to all stakeholders within the nominated group while secondary recommendations are for those identified as being at increased risk.

### ***Sporting Club Management***

#### **Primary**

- ◆ Clubs should have documented policies relating to both alcohol and illicit drug use. Best practice dictates that such policies be:
  - Developed collaboratively with involvement from all levels.
  - Have senior management commitment
  - Contain clear, formalized and familiar sets of “rules” and defined roles and responsibilities
  - Have an attached implementation plan
  - Be familiar to and understood by all members
  - Be evaluated
  - Be reviewed on a regular basis
  
- ◆ Clubs discontinue the use of alcohol and drink-cards as prizes as well as holding fundraising events specifically centered around alcohol (cocktail parties).
  
- ◆ Clubs were shown to have a limited approach when it came to harm reduction practices, primarily focusing on transport and stopping the sale of alcohol. Clubs should consider the following strategies:
  - Drug education programs implemented as part of a wider health promotion focus incorporating peer intervention programs.



- Provision of member handbooks detailing club drug policies, contact details of drug and alcohol services and an AUDIT checklist for self assessment of problematic alcohol use.
- Contact details of drug and alcohol services and/or harm reduction messages placed on the back of toilet doors.

## **Secondary**

- ◆ Drug education targeting specific use of substances identified within this study such as pain killers, sedatives, inhalants and opioids for members of netball clubs; alcohol, pain killers or amphetamines for soccer members; and pain killers and polydrug use for bowls members.
- ◆ Education targeting change in attitudes toward alcohol use within the club might find the social norms approach useful.
- ◆ Licensed clubs to consider developing and displaying a formal procedure checklist of actions to take when dealing with an intoxicated member or visitor to the club.

## ***Community Stakeholders***

### **Primary**

- ◆ Further research examining if in fact the wider community are concerned about alcohol and/or drug, problems within their local sporting clubs.

### **Secondary**

- ◆ Establish a feedback loop to inform club management and players of community perceptions and actual or perceived problems regarding drug and alcohol use within their club.

## ***Government / Policy / Funders***

### **Primary**

- ◆ Development of a program assisting with club policy development and outlining harm reduction strategies for alcohol and drug use within clubs. Possibly along the lines of the previous Good Sports program but a focus on both alcohol and illicit drug use.
- ◆ Targeted funding rounds aimed at encouraging and enabling clubs to identify medium to high risk behaviours and/or situations occurring within the club and create a tailored program to address these issues. Guidance should be made available to clubs to assist in developing simple evaluation frameworks that indicate effectiveness so knowledge can be shared with other clubs in similar situations around the state.
- ◆ A criterion for government and other funding be that all sporting clubs who submit applications have or are in the process of developing formal policies relating to alcohol, tobacco and illicit drug use.
- ◆ Consultation to take place with clubs, on the best medium for creating a forum with the aim of sharing and collecting information and initiatives from other clubs, on creative ways to provide safer environments for members.
- ◆ Recognising the challenges facing volunteer boards of management, and considering how best to effectively support them in reducing alcohol and drug related harms in ways that are accessible and will not over-burdening.

### **Secondary**

- ◆ Selected sporting codes are identified for further research based on prevalence figures shown in KTS study. While sample sizes were small in some codes, results may be suggestive of wider problematic drug use.

- ◆ Special consideration in funding rounds is given to clubs in rural communities where safe transport options are limited.
- ◆ That discussion occur with sporting code representatives to develop a meaningful and sustainable reward and recognition system that identifies clubs who develop, implement and evaluate strategies to prevent or reduce alcohol and drug related harm in their clubs and local communities.

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## Appendix

### AFL

- In comparison to other sports AFL respondents had the highest level of tobacco use, and the highest levels of alcohol consumption at their club per visit with 31% reporting they drank at their club three days a week and 34% drinking 10 or more standard drinks each time they drank at their club
- Highest percentage of respondents using cannabis (30%) and amphetamines (17%) and equal highest for hallucinogen (6%) and opioid (5%) use.
- Second highest for use of pain killers (21%), sedatives (5%) and inhalants (3%).
- 17% feel that alcohol use is gradually increasing over time
- 25% often and 32% sometimes drive after drinking at club
- 47% report underage drinking occurs at club although 29% reported it rarely happens.
- 13% report they use drugs with other club members. 17% use drugs after leaving the club, 12% use at the club or playing ground and 13% take drugs prior to engaging in club activities.
- Over half of respondent's rate drinking alcohol as important or very important when celebrating (63%) and socialising (61%) and three quarters believe it is important to do so to contribute to the clubs financial stability.
- 41% rated alcohol as a drug causing problems within their clubs followed by cannabis (19%) and tobacco (16%). While these are the three most prevalent drugs by use the next two prevalent being pain killers (21%) and amphetamines (17%) were only identified by 2% and 7% respectively. Fewer respondents identified alcohol, tobacco and cannabis as a problem for their sport nationwide than for their own clubs.
- 13% believed that drug and alcohol use was somewhat of a concern in their sporting club and 2% believed it to be a great extent.
- 28% believed their sporting club management was not concerned about drug and alcohol issues within the club.

- 23% had often been concerned and a further 30% had been sometimes concerned about a club members driving home after drinking
- 57% had personally witnessed or been involved in an off field incident where somebody threatened someone else. Alcohol or illicit drugs were believed to be involved in 90% and 16% of these incidents respectively
- 60% had personally witnessed or been involved in an off field incident where somebody threatened someone else. Alcohol or illicit drugs were believed to be involved in 79% and 11% of these incidents respectively.
- 48% rarely or never count the number of alcoholic drinks consumed
- 72% rarely or never alternate between alcoholic and non-alcoholic drinks
- 39% rarely or never quench their thirst with a non-alcoholic drink before having alcohol
- 75% rarely or never drink only low alcohol drinks
- 27% rarely or never limit the number of drinks they have when driving.
- 59% rarely or never refuse an alcoholic drink offered when they don't really want it
- 23% of respondents rarely or never use only one drug at a time including alcohol
- Of those identifying drug use 89% waited less than the recommended time after testing and taking the full amount of the drug with 67% not waiting at all.
- 20% of club management surveyed were unsure if their alcohol policy was displayed within their licensed club
- 40% of club management reported they did not have an illicit drugs policy and 20% of club management surveyed were unsure
- 80% of clubs sponsored by an alcohol company, bottle-shop or pub
- 60% of clubs used alcohol or drink cards as prizes and 65% had cocktail parties as fundraisers
- 100% of management reported liquor license as very important at club for raising revenue
- 60% believed SSO's had very little concern for drug issues at the community sport level

- 20% of management thought drug and alcohol use was of concern in their club to a great extent while a further 20% thought it somewhat of a concern
- 80% of clubs have experienced drug and/or alcohol related problems although 60% reported this occurs only rarely.

## Basketball

- 12% are current smokers, 10% cannabis use, 8% pain killers with 5% using monthly, 4% sedatives
- 39% unsure if alcohol policy existed with 15% believing it did not
- 15% sometimes and 5% often reporting being concerned with club member driving after drinking alcohol
- 25% personally witnessed off court incident where someone threatened somebody else. Alcohol was believed to be involved in 8% and illicit drugs 2% of these incidents
- 19% personally witnessing or involved in incident of aggressive behaviour. Alcohol involved in 22%.
- 59% Alcohol was reported as the drug likely to cause the most problems followed by pain killers (8%), tobacco (7%) and cannabis (6%), in line with the prevalence of drugs reported. On a national level amphetamine use was reported by 25% of respondents.
- 33% felt drug use was of very little concern in their club while 4% reported it was somewhat of a concern
- Only 19% of respondents felt their club management was somewhat or concerned to a great extent regarding drug and alcohol issues within the club.
- 8% of respondents sometimes or rarely take drugs after leaving their club and 5% take drugs with other members of their club
- 30% rarely or never count the number of alcoholic drinks consumed
- 32% rarely or never alternate between alcoholic and non-alcoholic drinks
- 39% rarely or never quench their thirst with a non-alcoholic drink before having alcohol
- 43% rarely or never drink only low alcohol drinks
- 6% rarely or never limit the number of drinks they have when driving.
- 29% rarely or never refuse an alcoholic drink offered when they don't really want it
- 19% rarely or never only take one drug at a time including alcohol

- 60% of clubs did not have an alcohol policy and 80% did not have a policy relating to illicit drugs
- Alcohol or drinkcards are used as prizes in 20% of clubs with 20% also using cocktail parties as fund raisers
- 60% of management believed drug and alcohol use was somewhat of a concern for elite athletes involved in basketball in Australia.
- 60% of management believed their SSO had very little concern regarding drug and alcohol issues in community basketball clubs
- 60% of clubs had experienced problems relating to alcohol use although it was reported to be to a very little extent
- 40% of clubs had experienced problems relating to illicit drug use although it was reported to be to a very little extent

## Bowls

- 13% of respondents were daily smokers, 26% consumed five or six standard drinks on each occasion at their club, while 13% consumed between seven and nine. 20% of respondents reported taking pain killers / analgesics for non-medical purposes.
- 33% of members reported drinking alcohol at their club on four or more days a week the highest of all sports, with 7% drinking three days a week and 17% two days a week.
- 42% thought drinking alcohol was important or very important when celebrating or socializing (33%) at the club.
- 64% thought drinking alcohol was important or very important for contributing to the club's financial well-being
- 51% identified alcohol as a drug causing problems in the club followed by tobacco (19%). Only 2% thought pain killers and analgesics were problematic despite prevalence reports showing they were used by 17% of respondents.
- 23% thought a family member or friend believed there to be a drug and/or alcohol problem within their club. This was the highest proportion for any sport and was considered to be formed through the media (29%) and word of mouth (21%). 19% also believed family and friends as well as the wider community thought there was a drug and/or alcohol problem within bowls clubs Australia-wide.
- Respondents believed drug and alcohol use was somewhat of a concern (10%) or very little concern (45%) within their own club
- 29% believed their club management had very little or no concern regarding drug issues within their club.
- 10% believed that drug and alcohol use in elite bowls athletes was somewhat of a concern or to a great extent (19%).
- 52% of respondents reported that levels of alcohol consumption was gradually increasing over the past two years
- 39% reported sometimes being concerned about a club member driving after drinking while a further 16% were often concerned.

- 23% often and a further 23% sometimes reported driving home after drinking alcohol at their club
- 47% personally witnessed off field incident where someone threatened somebody else. This was the second highest percentage across all sports of these alcohol was believed to be involved in 52%.
- 23% personally witnessing or involved in incident of aggressive behaviour. Alcohol involved in 74%.
- 37% rarely or never count the number of alcoholic drinks consumed
- 50% rarely or never alternate between alcoholic and non-alcoholic drinks
- 19% rarely or never quench their thirst with a non-alcoholic drink before having alcohol
- 35% rarely or never drink only low alcohol drinks
- 38% rarely or never refuse an alcoholic drink offered when they don't really want it
- 19% of respondents rarely or never use only one drug at a time including alcohol
- 50% of clubs do not have a policy relating to illicit drug use
- 50% of bowls clubs are sponsored by an alcohol company, bottle-shop or pub
- 50% of clubs had meals available when alcohol was served
- 100% of management reported that a liquor license was very important or important for raising revenue within the club
- 100% of management reported that a liquor license was important for members to celebrate after a match
- 50% of management thought a liquor license was very important for members and their families to socialize at the club
- 50% of management felt that their SSO was somewhat or very little (50%) concerned at drug and alcohol use in community bowls clubs



## Golf

- 20% of respondents reported using pain killers / analgesics for non-medical purposes while 6% used cannabis and 5% reported sedative use, the second equal highest across all sports.
- 32% thought drinking alcohol was very important or important when celebrating or socialising (40%) at their club
- 55% believed drinking alcohol was important or very important for contributing to the clubs financial stability
- Alcohol was identified by 39% as a problematic drug for their club while 11% reported tobacco and 7% cannabis. Prevalence data shows that pain killers / analgesics are used by one in 5 respondents and sedative use is the equal second highest across all sports at 5%.
- 14% of respondents believed family and friends thought there was a drug and and/or alcohol problem within their club with 34% reporting they themselves felt there was an issue but only to a small extent. 70% believed their club management was either concerned very little or not at all regarding drug and alcohol issues within their club
- 16% thought that drug and alcohol use was either somewhat or a large a concern for elite athletes involved in the game
- 8% reported drinking seven to nine standard drinks each time they drank at their club while a further 6% reported 10+
- 26% reported drinking at their club 2 days a week while 6% drank three days a week and 3% four days or more.
- 14% were unsure if their club had an alcohol policy while 3% reported that they did not.
- 13% had often been concerned about a club member driving home while 41% had been sometimes concerned
- 53% of respondents often drive after drinking at their club with a further 9% sometimes driving

- 12% had personally witnessed or been involved in an incident where somebody threatened someone else with alcohol implicated in 53% of these cases and illicit drugs 6%.
- 25% rarely or never count the number of alcoholic drinks consumed
- 49% rarely or never alternate between alcoholic and non-alcoholic drinks
- 36% rarely or never quench their thirst with a non-alcoholic drink before having alcohol
- 10% rarely or never limit the number of drinks they have when driving
- 45% rarely or never drink only low alcohol drinks
- 31% rarely or never refuse an alcoholic drink offered when they don't really want it
- 13% of respondents rarely or never use only one drug at a time including alcohol
- 40% wait only 10 to 30 minutes after testing a drug to take the full amount while a further 40% do not wait at all
- Only 25% of clubs had their smoking policy displayed within their club
- 75% of clubs had their alcohol policy displayed
- No clubs had a policy relating to illicit drug use
- 50% of clubs were sponsored by an alcohol company, bottle-shop or pub
- 25% of clubs used alcohol or drink cards as prizes
- 100% of clubs reported that a liquor license was very important to raising revenue within the club
- 50% of clubs thought a liquor license was important for members to celebrate within the club
- 25% of clubs thought drug and alcohol use was of concern to a great extent for elite athletes in golf while a further 25% were somewhat concerned
- Golf had the highest rate of club belief across all sports that their SSO was not at all concerned with drug and alcohol issues in community golf clubs. A further 25% reported very little concern shown by their SSO.
- 25% of clubs believed drug and alcohol use is a concern to a great extent in community golf clubs.

- 75% of golf clubs have experienced alcohol related problems although to a very little extent.

## Hockey

- 12% are current smokers, while 11% consume 10+ standard drinks on each occasion when drinking with club members
- 18% use cannabis and 12% take pain killers for non-medical purposes. Hallucinogen (4%) and amphetamine use (3%)
- 27% rated drinking alcohol as very important or important when socializing with other club members
- 49% of respondents identified alcohol as a drug that caused problems within their clubs followed by tobacco (15%) and cannabis (14%)
- 11% believed their family and friends thought there was a drug or alcohol problem within their club rising to 18% for clubs within Australia
- 74% believed drug and alcohol use was a concern in their club 70% reported that it was only a little concern
- 78% believed club management was not concerned with drug and alcohol related issues within the club
- 22% believed drug and alcohol use was a concern for elite athletes in hockey somewhat or to a great extent.
- 12% drink with other club members on two days a week
- 40% were unsure if their club had an alcohol policy while 17% reported that they did not
- 5% reported often being concerned about a club member driving after drinking while a further 21% were sometimes concerned
- 29% of respondents had personally witnessed or been involved in an off-field incident where someone threatened someone else. 80% of respondents reported these instances involved alcohol and 9% illicit drugs.
- 23% had been involved in or witnessed an off-field incident involving aggressive behaviour. 35% of respondents reported this incident involved alcohol and 8% illicit drugs
- 3% of respondents often used drugs at the club, while 4% reported often using after leaving the club

- 27% rarely or never count the number of alcoholic drinks consumed
- 41% rarely or never alternate between alcoholic and non-alcoholic drinks
- 15% rarely or never quench their thirst with a non-alcoholic drink before having alcohol
- 50% rarely or never drink only low alcohol drinks
- 29% rarely or never refuse an alcoholic drink offered when they don't really want it
- 14% of respondents rarely or never use only one drug at a time including alcohol
- 79% do not test the effects of a drug before taking the full amount while the remaining 21% wait only 10-30 minutes
- 100% of clubs reported not having a club alcohol policy or a policy relating to illicit drug use (75%)
- 75% of clubs were sponsored by an alcohol company, bottle-shop or pub
- 75% of clubs held cocktail parties as fund raisers
- 75% reported their SSO showed little concern regarding drug and alcohol issues in community hockey clubs
- 75% of management believed drug and alcohol use was somewhat of a concern in community hockey clubs
- 75% of clubs had experienced problems with alcohol with 50% to only a little extent.

## Netball

- Had the second highest rate of respondents currently smoking, 6% drank seven to nine standard drinks on each occasion they drank with club members and 3% drank 10+
- netball respondents reported the highest proportion of members using pain killers (21%), sedatives (7%) and inhalants (6%), and the equal highest use of opioids (5%).
- Alcohol (29%), tobacco (20%) and pain killers/analgesics (9%) were the most commonly cited drugs causing problems in clubs
- 4% of respondents thought drug and alcohol use was of concern to a great extent within their club
- 79% believed their club management was had little or no concern regarding drug and alcohol issues within the club
- 26% believed that drug and alcohol use in elite netballers was somewhat or of concern to a great extent
- One third of respondents were unsure if their club had an alcohol policy while a further third reported that they didn't.
- 28% of respondents had personally witnessed or been involved in an off-court incident where someone threatened someone else. 17% of respondents reported these instances involved alcohol and 10% illicit drugs.
- 23% had been involved in or witnessed an off-field incident involving aggressive behaviour. 18% of respondents reported this incident involved alcohol and 11% illicit drugs
- 4% report often taking drugs after leaving the club and 3% often use with other members of their club
- 41% rarely or never count the number of alcoholic drinks consumed
- 37% rarely or never alternate between alcoholic and non-alcoholic drinks
- 22% rarely or never quench their thirst with a non-alcoholic drink before having alcohol
- 32% rarely or never drink only low alcohol drinks

- 35% rarely or never refuse an alcoholic drink offered when they don't really want it
- 14% of respondents rarely or never use only one drug at a time including alcohol
- 83% of those identifying drug use did not wait the recommended time between testing the drug and taking the full amount. 50% reported not allowing any time at all.
- 40% of clubs did not have their smoking policy displayed within the club and 40% did not have a policy relating to illicit drug use
- 40% of clubs were sponsored by an alcohol company, bottle-shop or pub and 20% of clubs gave alcohol or drink cards as prizes
- 40% of clubs reported the belief that drug use in elite netballers was somewhat of a concern
- 40% reported they had experienced issues with drug and/or alcohol use but that it had occurred very little

## Soccer

- 16% of respondents were current smokers, the second highest rate across all sports
- 17% of respondents from unlicensed and 6% of respondents from licensed clubs reported drinking 10+ standard drinks each time they consumed alcohol with other members of their clubs
- Cannabis was the second most prevalent drug after alcohol and with 20%, soccer respondents recorded the second highest rate of cannabis use across all sports. Pain killers were used by 18% of respondents while amphetamine use (12%) was the second highest across sports
- 29% of respondents from unlicensed clubs reported drinking alcohol as very important or important for socializing with team mates compared to 18% of respondents from licensed clubs
- 21% reported drinking alcohol at their licensed club was very important or important to contribute to the clubs financial stability
- 39% of respondents identified alcohol as a drug that caused problems for the club followed by tobacco (15%), cannabis (6%) and pain killers/analgesics and amphetamines at 5%.
- 18% of respondents believed family and friends believed there was a drug/alcohol problem within their club with the number rising to 38% when generalizing to clubs across Australia
- 14% believed that drug and alcohol use was somewhat of a concern in their club and 38% indicated that it was only of little concern
- 59% believed their club management was concerned about drug and alcohol issues within the club to a very little extent or not at all.
- 26% felt that drug and alcohol use in elite athletes was somewhat or of great concern
- Respondents from licensed clubs (18%) and unlicensed clubs (6%) reported drinking with other team members two days a week and three days a week 6% and 1% respectively. Smaller numbers also indicated drinking with club members four or more days a week



- 52% of respondents from licensed clubs reported their club had an alcohol policy
- 12% reported underage drinking occurs at their club sometimes or always
- 22% of respondents from unlicensed clubs reported often being concerned and a further 25% sometimes concerned about a club members driving after drinking alcohol. 6% from licensed clubs were often concerned and 23% sometimes concerned
- 33% of respondents reported that they often or sometimes drove after drinking
- 44% of respondents had personally witnessed or been involved in an off-court incident where someone threatened someone else. 37% of respondents reported these instances involved alcohol and 11% illicit drugs.
- 39% had been involved in or witnessed an off-field incident involving aggressive behaviour. 30% of respondents reported this incident involved alcohol and 4% illicit drugs
- 4% report sometimes taking drugs after leaving the club and 4% sometimes use with other members of their club
- 27% rarely or never count the number of alcoholic drinks consumed
- 50% rarely or never alternate between alcoholic and non-alcoholic drinks
- 53% rarely or never drink only low alcohol drinks
- 18% rarely or never limit the number of drinks they have when driving
- 36% rarely or never refuse an alcoholic drink offered when they don't really want it
- 24% of respondents rarely or never use only one drug at a time including alcohol
- 75% of those identifying drug use did not wait the recommended time between testing the drug and taking the full amount. 45% reported not allowing any time at all.
- No clubs reported having their smoking policy displayed within their club and only 50% of licensed clubs reported having their alcohol policy displayed
- 50% of unlicensed clubs had an alcohol policy but 83% of all soccer clubs did not have a policy relating to illicit drug use
- 66% of clubs were sponsored by an alcohol company, bottle-shop or pub and 50% of clubs gave alcohol or drinkcards as prizes

- 75% of management at licensed clubs reported liquor license very important for raising revenue
- 50% of clubs reported a liquor license was important for members to celebrate at the club
- 100% of clubs believed that drug and alcohol issues were somewhat of a concern in elite soccer athletes
- 50% of clubs reported alcohol problems to a small extent at their club