

5 October 2026

Road Safety Branch
Transport Tasmania
134 Macquarie Street name
Hobart TAS 7000
Via email TasRSS@building.tas.gov.au

Dear Road Safety Branch (Tasmanian Government),

Re: Tasmania's next Road Safety Strategy

The Alcohol and Drug Foundation (ADF) is Australia's leading alcohol and other drug (AOD) harm prevention organisation. We work nationally to prevent AOD-related harm through evidence-based policy development, education and community programs. A community-centred approach is at the heart of everything we do.

The ADF supports the objectives outlined in the Discussion Paper for Tasmania's new road safety strategy (the Strategy). As an organisation focused on prevention, the strategy's framing of road deaths and serious injuries as preventable strongly aligns with our approach to AOD-related harm, including road trauma.

While a range of drugs can contribute to road trauma, alcohol represents a particularly important opportunity for prevention. Alcohol is the most commonly consumed drug in Australia, its contribution to road trauma is well established, and governments have access to a range of evidence-based policy and regulatory levers to reduce alcohol-related harm.

Alcohol is a major contributor to road trauma in Tasmania. According to Tasmania's Road Safety Advisory Council, alcohol is involved in approximately one quarter (24%) of road casualties (fatalities and serious injuries).¹ Despite this, initiatives specifically addressing alcohol's contribution to road trauma are limited. Aside from general road safety education and maintaining a zero blood-alcohol-concentration (BAC) requirement for novice drivers – both longstanding approaches – the only alcohol-specific initiative identified in the current strategy is the use of alcohol interlock devices.

While these measures have an important role, on their own, they are unlikely to adequately address alcohol's substantial contribution to road trauma. These measures should complement stronger upstream efforts to prevent alcohol-related road harm including opportunities to influence alcohol availability and consumption presented by the current review of Tasmania's *Liquor Licensing Act 1990*.

Importantly, alcohol-related harm cuts across multiple areas of government responsibility, including health, road safety, women and families, policing and justice. Effective prevention therefore requires coordinated action across government portfolios, rather than responses developed and implemented in

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isolation. Alcohol is identified as a significant contributor to health, mental health and other harms across several government strategies and plans, including the *Tasmanian Drug Strategy 2024–2029*, the *Healthy Tasmania Five-Year Strategic Plan*, and *The Health Revolution: Our Path to Living Well in Tasmania 2026–2046*. The Strategy should be aligned with these and support a coordinated, whole-of-government approach to preventing and reducing alcohol-related harm. This would ensure different government departments work to reinforce shared prevention objectives and make effective use of the full range of available policy levers.

This submission focuses primarily on alcohol's contribution to road trauma and responds to the questions from the Discussion Paper.

Proposed strategic framing

1. *Where can we strengthen our management approaches, partnerships, and the use of evidence and data to achieve road safety outcomes?*
2. *What are the barriers to strengthening management, partnerships, and the use of evidence and data to deliver road safety outcomes?*
3. *Are there any additional approaches that should be considered?*

The ADF supports the proposed focus of the Strategy on coordinated management, partnerships, and evidence and data.

In relation to management, the ADF would welcome greater interdepartmental coordination of efforts to prevent and reduce alcohol-related harm in Tasmania. Rather than addressing alcohol-related harms in isolation, relevant agencies should work together with the Office of the Treasurer, which has responsibility for liquor licensing, and the Tasmanian Liquor and Gaming Commission to develop and implement shared prevention objectives.

The ADF strongly supports the proposed focus on partnerships and is ready to work with the Tasmanian Government on efforts to prevent alcohol-related road trauma. The Discussion Paper provides the example of partnerships with local community sports clubs. These kinds of partnerships are fundamental to the ADF's work. We deliver Good Sports, a community health and wellbeing program that works with community sporting clubs to prevent and reduce alcohol and other drug harms. The potential for Good Sports and similar programs to contribute to the strategy's objectives is discussed further in our response to Action Area 1.

The ADF also supports a strong focus on evidence and data. Greater availability of detailed data through the Transport Services Crash Statistics website would improve transparency and support research, monitoring and the development of evidence-based responses to road trauma. In particular, readily accessible data on the involvement of alcohol and other drugs in crashes would support a better understanding of their contribution to road trauma over time.

While more detailed data can currently be requested, this process is resource-intensive and it is not always clear in advance what data are available. A more comprehensive road safety data portal would enable researchers, community organisations and other stakeholders to more readily analyse trends and identify emerging issues.

Ideally, road crash data should distinguish between individual drug types implicated in crashes, where this information is available and can be reported reliably. This would enable closer monitoring of changing patterns of drug use and their relationship with road trauma.

Road safety and AOD-related harm are both complex issues that intersect with health, policing and justice. Strengthening Tasmania's road safety data infrastructure, including opportunities to link relevant datasets across government, would support a more comprehensive understanding of alcohol and other drug-related road trauma and enable more targeted, coordinated and evidence-based prevention responses.

Action areas

4. *Is the Movement and Place framework a useful way to understand and discuss road safety in Tasmania?*
5. *Are there any improvements or alternative approaches that should be considered?*

The ADF supports the Movement and Place framework as an approach to conceptualising different road environments according to their purpose, users and associated risks. Use of the framework aligns Tasmania's approach with the *National Road Safety Strategy*.

However, the framework was not designed specifically to assess or respond to alcohol-related road safety risks and does not, on its own, provide a public health lens for understanding these risks. Alcohol-related risks can cut across the framework's different road environments. For example, a person may consume alcohol in a high-place environment, such as a domestic setting or entertainment precinct, before quickly transitioning to a higher-movement environment as a pedestrian, passenger, cyclist or driver. The nature of the risks – and the interventions required to prevent harm – can therefore vary considerably across different environments and stages of a journey.

This is not a limitation that prevents the ADF from supporting the Movement and Place framework. Rather, it highlights the importance of ensuring that the Strategy explicitly considers alcohol-related risk across each of its action areas. A proactive public health and prevention lens should complement the Movement and Place framework to ensure that alcohol's substantial contribution to road trauma is adequately addressed.

Action area 1: Safer behaviour and choices

6. *Do you support an Action Area that focuses on safer behaviour and choices?*

The ADF supports the focus on safer behaviours and choices in Action Area 1. Evidence-based education and awareness campaigns and enforcement of driving laws are an important component of road safety efforts and can support people to make safer and healthier decisions.

Alcohol is appropriately a prominent focus of road safety education and awareness campaigns and should remain so. Messaging should be regularly reviewed and updated to ensure it remains relevant and effective across different demographic groups. In particular, campaigns targeting young people should be tailored to their experiences and patterns of media use and delivered through the platforms and channels most likely to reach them in today's increasingly fragmented media and digital environment.

Road safety education should also provide accurate, evidence-based information about drugs other than alcohol. This should include information about illicit drugs and driving, as well as clear advice about the potential impairment associated with prescription medicines, including opioids, benzodiazepines and medicinal cannabis.

Education and awareness campaigns should also be regularly updated to reflect emerging patterns of drug use and associated road safety risks. Where appropriate, targeted, single-issue messaging may be more effective than attempting to communicate about all drugs and risks through a single campaign.

Nitrous oxide provides one example of an emerging issue. Use of nitrous oxide ('nangs') has increased, including among young people, and its ready availability and legal status may contribute to perceptions that its use carries relatively little risk.² A 2023 fatal crash in the ACT involving the use of nitrous oxide while driving demonstrates the potentially serious consequences of acute intoxication in a road environment.³ While such incidents are uncommon, emerging patterns of use should be monitored so that road safety messaging can respond proportionately when new risks become apparent.

More broadly, road safety education should be evidence-based, appropriately targeted and responsive to changing patterns of alcohol and other drug use. Education is most effective as part of a broader prevention approach and should complement, rather than substitute for, effective policy, regulatory and enforcement measures.

7. What actions or initiatives should be prioritised?

The ADF supports continued investment in evidence-based education and the effective enforcement of drink and drug-driving laws, including interventions such as alcohol interlock programs. However, if the Strategy is to achieve its long-term goal of zero casualties on Tasmanian roads, these measures cannot achieve this on their own. Preventing alcohol-related road trauma requires action that extends beyond education and enforcement after risky behaviour has occurred.

Population-level policies that reduce demand can complement road-specific interventions by reducing alcohol-related risk before people enter the road environment. Among the most effective measures for reducing alcohol-related harm include pricing measures, controls on trading hours and outlet density, and effective restrictions on alcohol advertising and promotion.⁴

The current review of Tasmania's Liquor Act provides a particularly important opportunity to strengthen these upstream prevention measures. Decisions about the availability and regulation of alcohol should recognise their implications across multiple areas of government responsibility, including road safety.

The Strategy should prioritise interdepartmental collaboration on alcohol policy, including between agencies responsible for road safety, health, policing, justice and liquor licensing. This should include identifying and implementing evidence-based alcohol policies that complement education and enforcement and reduce the risk of alcohol-related road trauma across Tasmania.

8. Are there additional issues, opportunities or innovations that should be considered?

The ADF's [Good Sports](#) program provides an established model for using community partnerships to prevent and reduce alcohol and other drug-related harm, including road trauma. Good Sports is a national community-based program that provides sporting clubs with tools, resources and practical support to implement evidence-based policies and practices around alcohol and other drugs.

Good Sports clubs are supported to reduce their reliance on alcohol sponsorship and adopt healthier alcohol policies, including alcohol-free junior games and removing alcohol from fundraising activities such as raffle prizes. Clubs also implement practical road safety initiatives, such as designated-driver programs and providing buses or other safe transport options following major club events.⁵

Together, these measures provide a complementary approach to preventing alcohol-related road harm: reducing alcohol consumption within sporting club environments while also providing safer transport options when alcohol has been consumed. Importantly, these initiatives are implemented within trusted community organisations and embed safer behaviours and expectations within community.

Evaluation of Good Sports has found multiple benefits including that for each six-month season a club participated in the program, the odds of club members engaging in drink driving reduced by 8%.⁵ Good Sports provides a well-established example of how governments can partner with community organisations to prevent AOD-related harm. The Strategy should build on existing programs such as Good Sports to strengthen community-led prevention of alcohol-related road trauma.

Action area 2: Safer cities, neighbourhoods and places

9. Do you support an Action Area that focuses on safer cities, neighbourhoods and places?

The ADF supports Action Area 2: Safer Cities, Neighbourhoods and Places. Ensuring that the places where people live, travel and socialise are safe is an important component of preventing road trauma.

We strongly investment in infrastructure to make these environments safer. This should extend beyond road infrastructure itself and recognise the interaction between transport, social and commercial environments. The way places for people are designed, regulated and used can influence both alcohol consumption and how people travel to, from and within them.

10. What actions or improvements should be prioritised?

Liquor licensing plays an important role in shaping the character, risks and safety of neighbourhoods. The availability of alcohol within a geographic area – including the density of alcohol outlets, trading hours and other licensing conditions – can impact road safety in the local area. While evidence of a causal relationship is mixed, greater alcohol availability has been associated with higher rates of road incidents, including single-vehicle, multi-vehicle and vehicle-pedestrian incidents.⁶⁻⁸ Alcohol consumption by pedestrians also increases the risk of road trauma.⁹

Managing alcohol availability is an established public health approach to reducing alcohol-related harm, including alcohol-related road incidences. Road safety considerations should therefore inform liquor licensing policy and decision-making, particularly where decisions affect the density, location and trading hours of alcohol outlets.

11. Are there additional issues, opportunities or innovations that should be considered?

The Strategy should support risk-based liquor licensing approaches that consider alcohol availability and associated place-based risks. This should form part of a coordinated approach between agencies responsible for liquor licensing, health, planning and road safety.

Action area 3: Safer travel on roads designed for movement

12. Do you support an Action Area that focuses on safer travel on roads designed for movement?

The ADF supports Action Area 3: Safer Travel on Roads Designed for Movement. This Action Area is particularly relevant to alcohol-related road trauma. Tasmania's dispersed population and large regional and rural areas mean many Tasmanians regularly travel substantial distances on higher-speed roads, where crashes are more likely to result in serious injury or death.

The population-level approaches to preventing alcohol-related harm discussed throughout this submission have an important role in supporting safer travel on these roads.

13. What actions or improvements should be prioritised?

As outlined elsewhere in this submission, the ADF recommends prioritising coordinated, whole-of-government action to reduce alcohol-related harm, alongside effective enforcement of drink-driving laws and other established road safety measures.

14. Are there any additional issues, opportunities or innovations that should be considered?

The current review of Tasmania's liquor licensing legislation has identified an option to allow petrol stations to apply for liquor licences. The ADF strongly recommends that this proposal not proceed, and that the Strategy support maintaining existing restrictions on the sale of alcohol from petrol stations.

Petrol stations are essential road infrastructure with a higher movement value specifically designed for and routinely accessed by people driving motor vehicles. Permitting alcohol sales from these locations would increase the availability and accessibility of alcohol in an environment intrinsically connected with driving. This would be inconsistent with the preventative objectives of the Strategy (and other health strategies) and efforts to reduce alcohol-related road trauma.

This issue also demonstrates the importance of coordination across government. Decisions made through liquor licensing policy can have direct implications for road safety objectives. The Road Safety Branch should therefore be actively engaged in consideration of any proposal to permit alcohol sales from petrol stations and advocate for the maintenance of existing restrictions.

Other opportunities

15. What are the most significant opportunities and challenges for improving road safety in Tasmania?

16. Are there any road safety priorities, actions or opportunities that are not currently reflected in this discussion paper?

17. Do you have any additional comments on the proposed direction of Tasmania's Road Safety Strategy?

This submission has outlined the primary opportunities that the ADF considers should be prioritised in the Strategy. Alcohol is a major contributor to road trauma in Tasmania, yet current interventions are predominantly supplementary, such as education, or reactive and downstream, such as penalties and alcohol interlock programs.

Coordinated, population-level action to prevent and reduce alcohol-related harm will be important to achieving the Strategy's proposed vision of zero deaths and serious injuries on Tasmanian roads.

One additional issue for consideration is medicinal cannabis and driving. Tasmania's existing laws provide an appropriate framework for prescribed medicines that may affect driving, rather than identifying specific medicines or drug types. The ADF supports maintaining an approach that allows people prescribed medicinal cannabis to drive when using their medication as directed, provided they are not impaired. This should be accompanied by continued enforcement of drug-driving laws relating to non-prescribed drug use, including cannabis.

Medicinal cannabis and driving is an emerging area of evidence and policy, and several Australian jurisdictions have recently considered or implemented different approaches. The Tasmanian

Government and Road Safety Branch should continue to monitor these developments, including evaluations of regulatory reforms, advances in methods for assessing cannabis-related impairment, and road safety data relating to medicinal cannabis use.

As medicinal cannabis use becomes increasingly common, Tasmania's regulatory approach should remain responsive to emerging evidence and seek to appropriately balance equitable access to prescribed treatment with the need to protect road safety.

Sincerely,

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