

TAKEAWAY ALCOHOL MANAGEMENT SYSTEM (TAMS)

A REVIEW INTO THE EFFECTIVENESS
OF THE TRIAL SYSTEM
JANUARY – OCTOBER 2016

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Table of Contents

Table of Contents	2
Important Considerations.....	3
Executive Summary.....	4
1. Overview.....	5
2. Introduction.....	6
2.1 Purpose	6
2.2 Scope	6
3. Background	7
3.1 A National Epidemic.....	7
3.2 Regional Risk.....	8
4. Understanding the TAMS Trial.....	11
5. Timing of TAMS and the Cashless Debit Card Trial	12
6. Impacts of the TAMS trial.....	13
6.1 Survey Results – Demographics of Respondents.....	14
6.2 Survey Results - Customer interaction with TAMS	16
6.4 Survey Results - Observed consumer behaviour	18
6.5 Survey Results – Perception of TAMS	19
6.3 Licensee Consultations - Experiences using TAMS	20
6.5 Focus Group Consultations – Observed Impacts	22
Appendix 1: FAQs – Kununurra and Wyndham Alcohol Accord.....	23
Appendix 2: Fact Sheet Liquor Restrictions in Kununurra & Wyndham	27
Appendix 3: Service Agency Data Sets.....	28
WA Country Health Service (WACHS)	28
WA Police	32
St John Ambulance (Kununurra and Wyndham)	33
Appendix 4: Public comments on issues experienced using TAMS	35
Appendix 5: Public comments on the reason why the respondent did not report their issue(s) with TAMS	35
Appendix 6: Public comments on whether TAMS should continue.....	36
Sources	39

Important Considerations

- This report focuses specifically on the observed and lived experience of licensees, service providers, and customers about the effectiveness of the system currently being used to administer the Takeaway Alcohol Management System, commonly known as TAMS.
- The report incorporates findings and feedback from data provided by WA Police, WA Department of Health and St John Ambulance, an online anonymous public survey, interviews with licensees of takeaway outlets and focus groups held with identified stakeholders by the Kununurra Wyndham Alcohol Accord and the Shire of Wyndham East Kimberley.
- The report does not make recommendations regarding broader social issues or other trials in place across the East Kimberley region.
- The data provided looks at the 12-months between September 2015 and October 2016.
- For the purpose of this report a balance of quantitative and qualitative data has been included to present information that will allow the reader to differentiate between the system's effectiveness and other contributing factors arising from other initiatives such as the Liquor License restrictions or the Cashless Debit Card trial.
- There has been no significance testing conducted on the information provided in this report. Therefore, caution should be applied when interpreting the results.
- The data used has been included as a statistical check-point to determine whether TAMS is having a secondary impact on social indicators.



Image 1. Kununurra community celebrating NAIDOC Week (Photo: SWEK Facebook Page)

Executive Summary

In January 2016, the Foundation for Alcohol Research and Education released a report, *Risky Business*, highlighting the high level of alcohol consumption by Australians.

The findings contained in the report are drawn from an analysis of the study “Understanding recent trends in Australian alcohol consumption” by the Centre for Alcohol Policy Research (CAPR)¹.

While many Australians consume moderate amounts of alcohol, the drinking habits of about a fifth of the population are concerning with about four million Australians consuming about three-quarters of the available alcohol.

In Western Australia, the introduction of the Liquor Restrictions and the Cashless Debit Card have contributed to discussions about a co-ordinated communication strategy that not only informs communities about changes that impact their purchasing of alcohol but also clearly defines how the system (TAMS) interacts with the Liquor Restrictions and is also different to the Cashless Debit Card trial.

The focus of this report is on the 12-month Takeaway Alcohol Management System (TAMS) trial in Kununurra and Wyndham which was introduced in December 2015 by the Kununurra Wyndham Alcohol Accord. The trial was introduced in an effort to support takeaway outlets (and licensees) to effectively manage the 2011 Alcohol restrictions introduced in 2011 by the Department of Racing, Gaming and Liquor (RGL).

For clarity, the 2011 Alcohol restrictions established by the Department of Racing, Gaming and Liquor (RGL) are in place in Wyndham and Kununurra and instruct takeaway alcohol outlets of the amount of alcohol that can be sold to an individual on any one day.

The difference between the 2011 Alcohol restrictions and the Takeaway Alcohol Management System (TAMS) is this:

- The 2011 Alcohol restrictions are legislated by the WA Government through RGL; and
- TAMS is a tool that assists takeaway outlets (licensees) to be compliant with this law by monitoring the volume of alcohol that an individual can purchase.

This report aims to present information, both quantitative and qualitative, relating to the effectiveness of the Takeaway Alcohol Management System (TAMS). The system is defined as the hardware and software used to monitor alcohol consumption mandated by liquor restrictions from RGL.

For the period of January – October 2016, a quantitative and qualitative review was completed. Both reviews were informed by data and feedback obtained from Local, State and Commonwealth Government agencies, service providers, research institutions, an anonymous online public survey, licensee interviews and key stakeholder focus groups.

It is important to note that some of the feedback presented in this document reflects the 2011 Alcohol restrictions rather than being specifically related to the effectiveness of TAMS itself. There has been no significance testing conducted on the information provided by Local and State Government agencies in this report. The 2016 Census information has not been incorporated due to unavailable information at the time of publication. Therefore, caution should be applied when interpreting the results.

1. Overview

In 2016, the Centre for Alcohol Policy Research (CAPR) found that alcohol harms in Australia are extensive and well acknowledged: resulting in 5,500 deaths every year and a further 157,000 hospitalisations.

More than 3.8 million Australians average at least four standard drinks of alcohol per day, that's twice the recommended health guidelines.

The 3.8 million Australians averaging more than four standard drinks of alcohol per day represent just 20 per cent of all Australians aged 14 and over, yet this group accounts for a staggering 74.2 per cent of all the alcohol consumed nationally each year.

Over 1.9 million Australians drink on average more than six standard drinks per day, three times the amount outlined in the Australian Guidelines to Reduce Health risks from Drinking Alcohol. Just under a million Australians consume on average more than eight standard drinks a day, equivalent to more than four times the recommended health guidelines².

In recent years, Western Australia has experienced a resurgence in liquor regulation in regional and remote towns and communities across the State. An approach that is becoming increasingly common across the top of Australia and according to 52% of the TAMS online survey one that they want to see continue.

Since 1992, s 64 of the Liquor Control Act 1988 (WA) ('the Liquor Act') has been used to impose mandatory conditions on licensees in regional and remote towns in the north of the State.

Prior to the mandated restrictions, Kununurra and Wyndham licensees (within the scope of this report, those that sell takeaway alcohol) and service providers negotiated a range of **voluntary** restrictions and conditions on the sale of alcohol. These were in addition to the 2011 Liquor restrictions from RGL.



Image 2. Risky Business Poster (Source: Fare.org.au)

2. Introduction

2.1 Purpose

The purpose of this report is to baseline the effectiveness of the Takeaway Alcohol Management System (TAMS) since its introduction in December 2015 and to clarify the following:

1. Factors contributing to the 12-month trial of TAMS being put in place;
2. The perceived and assumed impacts of the TAMS trial based on data trends and stakeholder feedback; and
3. External factors such as the introduction of other policies and initiatives that address similar issues within the community.

2.2 Scope

This report brings together statistical data sets and stakeholder feedback obtained from Local, State and Commonwealth Government agencies, service providers, research institutions, an anonymous online public survey, interviews and focus groups for the period January – October 2016.

The data included in the 3-month quantitative snapshot (see Appendix A) was provided voluntarily by Government agencies to provide an indicative assessment of the TAMS prior to the introduction of the Cashless Debit Card.

Because of the information sourced in the 3-month snapshot, this report goes further to include data up to 31 October 2016 as well as system related experience, observed behaviours of consumers and lived experiences of licensees.

This document has been commissioned by the signatories of the Kununurra Wyndham Alcohol Accord in partnership with the Shire of Wyndham East Kimberley. And has been funded by the Kimberley Regional Collaborative Group and Department of Regional Development.

For more information, see [Appendix 1: FAQs - Kununurra and Wyndham Alcohol Accord TAMS](#)



Image 3. Aerial image of Kununurra (Photo: SWEK Facebook Page)

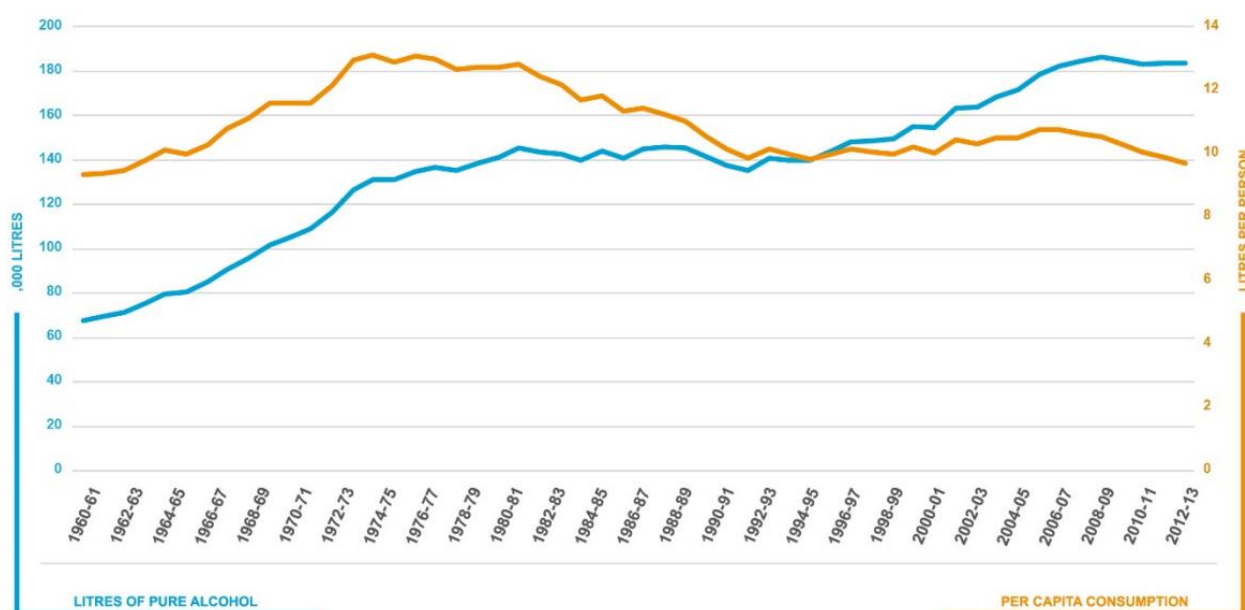
3. Background

3.1 A National Epidemic

Alcohol and its consumption is entrenched in Australian culture, beginning with colonisation and continuing until today. Much of how and why we consume alcohol is influenced and shaped by the alcohol industry and its agents. Over the last two centuries the alcohol industry has increased the range of products, increased the amount of alcohol being produced, increased their retailing efforts and increased and diversified their marketing strategies.¹

It is common knowledge that the consumption of alcohol can cause harm, both to the drinker, others and the social fabric of communities. These harms include injury, lifestyle diseases and impacts to the structure of families.

Furthermore, alcohol is a legal commodity, available in a market economy with buyers and sellers, comprised of production, wholesale and retail of beer, wine, spirits and cider. While it is legal to produce, and sell alcohol, alcohol is not like other commodities like orange juice or cornflakes. It is a product that has substantial detrimental health and social consequences for Australians and therefore requires special laws and restrictions. These restrictions should reflect the harm that alcohol can cause and are in the public interest and for the public's benefit.¹



Note: Litre of pure alcohol is measured on the left axis; per capita consumption is measured on the right axis.

Figure 1. Australian annual consumption of alcohol in litres (Source: [Fare.org.au](http://fare.org.au))

The latest figures from the Australian Bureau of Statistics (2014) outline that 183.7 million litres of pure alcohol are available for consumption from alcoholic beverages in Australia.¹ Figure 2 highlights the amount of pure alcohol that is available for consumption in Australia compared to the current per capita consumption rate since 1960. Although consumption per capita has stabilised in the last 25 years, the total amount of alcohol sold within Australia has increased in the last five decades in line with the increase in population.

This national context sets the foundation for understanding the world in which decisions such as the introduction of the TAMS trial are being made.

3.2 Regional Risk

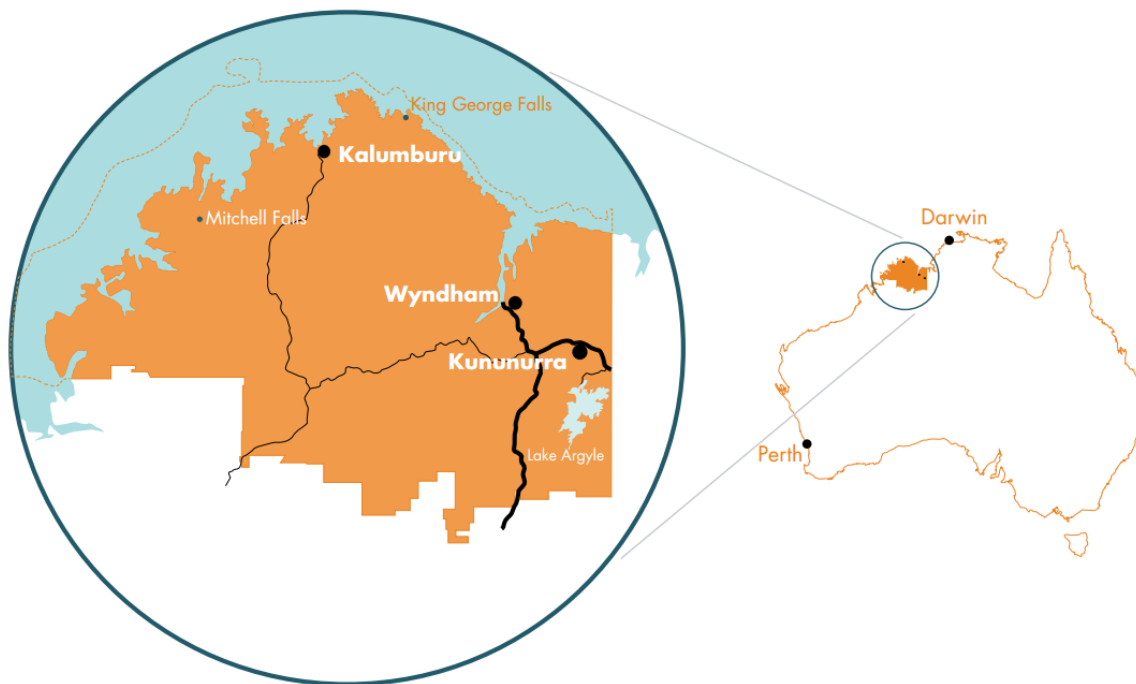


Image 4. Profile map of the Shire of Wyndham East Kimberley (SWEK)

Taking a further look at the national consumption patterns of Australians, recent reports and historical data included in the 2015 Kimberley Health Profile from WA Country Health Service (WACHS)⁶ captures some of the alarmingly similar trends at the Kimberley and East Kimberley level:

- In 2010, 26.8 percent of Kimberley residents aged 16 years and over reported drinking at levels that placed them at high risk of short-term harm compared with 17.8 percent of the State population. In the same year, 56.3 percent reported drinking at levels that placed them at high risk of long-term harm compared with 38.8 percent of the State population.
- Kimberley adults were more likely to report insufficient intake of fruit and vegetables and were more likely to report drinking at risk of harm. Both behaviours are linked with several chronic conditions, the latter with alcohol-related injury.
- Between 2005 and 2009, the rate of alcohol-related hospitalisations in the Kimberley Health Region was 4.3 times higher than the corresponding State rate. The number of hospitalisations was significantly higher for both males and females (3.7 and 5.2 higher respectively).
- Alcohol-related hospitalisations for the Shire of Wyndham-East Kimberley alone were 4.7 times higher than the corresponding State rate. Wyndham-East Kimberley residents were hospitalised a total of 968 times for alcohol-related conditions between 2005 and 2009. They consumed 3,014 bed days (81 per 1,000 persons) at a cost of \$4,089,550 (\$109.85 per capita).
- Between 2005 and 2009, the total rate of alcohol-related hospitalisations for Aboriginal people living in the Kimberley region was significantly higher (1.5 times) than the corresponding State rate.
- For 2008-2012, the hospitalisation rate for alcohol consumption was 2,888 per 100,000 for Kimberley adults aged 15-64 years. This was significantly higher than the State (3.6 times).
- For 2007-2011, the mortality rates due to both tobacco (102 per 100,000) and alcohol consumption (57 per 100,000) were significantly higher for the region than the State.
- For 2007-2011 compared with the State, Kimberley residents aged 15-64 years had a significantly higher mortality rate due to alcohol consumption (58 per 100,000; 3 times) and tobacco consumption (49 per 100,000; 2.2 times).

- Aboriginal Kimberley residents had a significantly higher rate for deaths from alcohol (139 per 100,000; 1.5 times the State rate, in this age group (for 2002-2011).
- For 2002-2011, Aboriginal people had a significantly higher rate for alcohol deaths (7 times) than non-Aboriginal people in the Kimberley, in this age group. The tobacco death rate (124 per 100,000; 4 times higher) was also significantly higher for Aboriginals than non-Aboriginals, in this age group.
- For 2008-2012, Kimberley residents aged 15-64 years, accessed community mental health services at a significantly higher rate (40,071 per 100,000) than the State. The rate for alcohol and drug disorders (2,055 per 100,000) was more than double the State rate
- For 2008-2012, the hospitalisation rate of Kimberley residents (72,202 per 100,000) was twice as high as the State rate.
- The main causes of hospitalisation were injury and poisoning, and dialysis.
- For 2003-2012, the hospitalisation rate of Aboriginal Kimberley residents (142,413 per 100,000) was 28% higher than the State rate.
- For 2003-2012, the hospitalisation rate due to alcohol-related conditions was significantly higher for Kimberley Aboriginals (4,735 per 100,000) than the State rate.
- For 2008-2012, the hospitalisation rate due to alcohol-related conditions was significantly higher for Kimberley non-Aboriginals (729 per 100,000) than the State rate.

The Shire's estimated population is 7,799 (Australian Bureau of Statistics (ABS), 2011), however, it can grow to 10,000 people in the dry season. Indigenous people make up approximately 38 percent of the population. (ABS, 2011). The Indigenous population is relatively young which significantly contributes to the Shire's low median population age of 31 years (in contrast to Perth's 36 years).

There is a large decrease in population aged 15–19 years as young people move away from town to go to high school, which is typical for regional and remote locations. The Shire has a transient population with a large proportion of visitors and temporary residents. The demographic changes significantly between the wet and dry seasons. Short-term visitors and tourists boost population numbers during the dry season (May to October) whilst access to Indigenous communities is often difficult in the wet season (November to April) temporarily boosting the transient population in towns.

In 2010, the total population for the Kimberley Health Region was 35,706, which represented 1.6 percent of the State's population. Between 2010 and 2020, the population is expected to increase by an average annual rate of 5.7 percent. Based on these projections, the size of the Kimberley population is estimated to increase by 74.3 percent by 2020. According to 2009 Estimated Resident Populations, Aboriginal people accounted for 45.1 percent of the area's population, which is considerably higher than the State average of 3.3 percent.

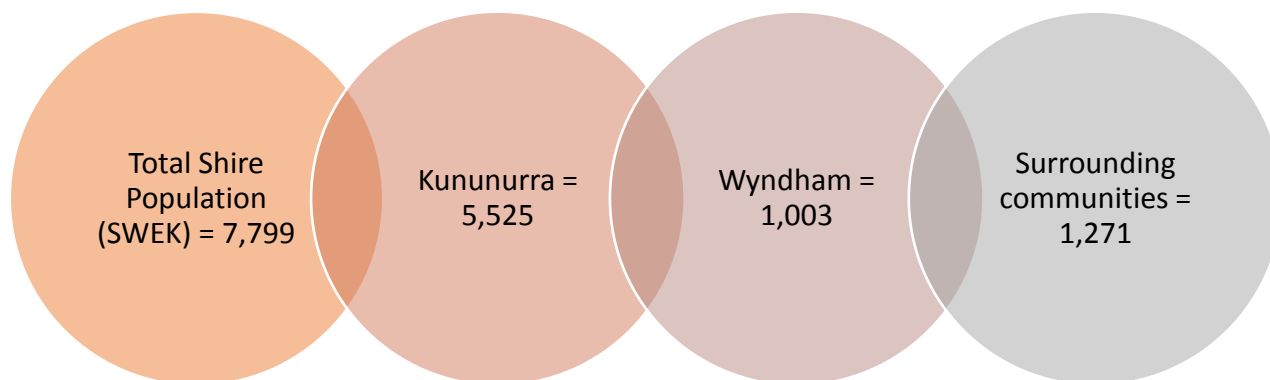


Image 5. Population Statistics of the Shire of Wyndham East Kimberley (SWEK), ABS Data 2011

On 20 August 2015, the Senate (of the Parliament of Australia) referred the Social Security Legislation Amendment (Debit Card Trial) Bill 2015 to the Senate Community Affairs Legislation Committee for inquiry and report. The Wunan Foundation, based in Kununurra, was one of many Aboriginal organisations around Australia which provided a submission as part of the inquiry. The submission stated “the ABS SEIFA data (2011 Census) confirms that the Wyndham East Kimberley and Halls Creek LGAs are in the bottom 10 per cent of all LGAs in Australia. It is well known that the region has very high levels of long-term welfare dependency relative to the wider Australian community.”⁴

The submission expanded to state that “the East Kimberley experiences consequent high levels of social dysfunction, including widespread alcohol and drug abuse - much of it funded by welfare payments and that chronic substance abuse in the region has led to a raft of catastrophic social outcomes:

- Family violence is widespread in the Kimberley. In fact, the rate of family and domestic violence incidents reported to police has increased by a staggering 79.1 per cent over the past 5 years – the highest rate of increase in the State by a significant margin. In 2012-13, there were 100 reported incidents of family violence per 1000 people in the Kimberley, as compared to the next highest of 43 per 1000 in the South Eastern region (Western Australia’s Family & Domestic Violence Prevention Strategy to 2022, *Achievement Report to 2013*, Department of Child Protection & Family Support). According to the World Health Organisation, excessive consumption of alcohol is a major contributor to the severity and frequency of intimate partner violence (WHO Alcohol Factsheet).
- The presence of domestic violence in a family also increases the likelihood of child abuse and neglect (Tomison, *Exploring Family Violence: Links between Child Maltreatment and Domestic Violence*, 2000). In the East Kimberley, Aboriginal children are being removed from their families due to abuse or neglect at an alarming rate. According to the Department of Child Protection (WA), 100 per cent of children in foster care in the East Kimberley are Aboriginal (*Distribution of Aboriginal Children in Care – Country Districts*, 30 June 2015) and 6 per cent of all Aboriginal children in the East Kimberley are in care.
- Foetal Alcohol Spectrum Disorder is becoming increasingly common in communities throughout the East Kimberley. While health authorities are unable to quantify exact numbers, due to difficulties with diagnosis, they do acknowledge that the rate of FASD in Aboriginal children in the Kimberley is significantly higher than in non-Aboriginal children (*Kimberley: Population and Health Status*, Rural Health West). The *WA Aboriginal Child Health Survey* (2001) found that one in five Aboriginal mothers in the Kimberley drank alcohol during pregnancy.
- There are significant numbers of children who stay awake all night roaming the streets (and sleep during the day instead of attending school), rather than returning to homes where they are unsafe. Operation SHARP (Safely Home with a Responsible Person) was a joint agency initiative led by the WA Department for Child Protection in Kununurra in June 2012, focusing on young people/children on the streets at night, non-attendance at school or disengagement, and parental capacity/responsibility. According to the Department’s then Director General, Terry Murphy, over a one-week period contact was made with 125 children who were spending their nights on the street and 35 families were identified for ongoing support (Department of Child Protection, Media Response, 22 February 2013).
- The Kimberley has one of the highest suicide rates in the world. The third highest cause of preventable death for Aboriginal people in the Kimberley between 1997 and 2007 was suicide (*Kimberley: Population and Health Status*, Rural Health West), followed closely by alcohol related disease. Western Australia has an Aboriginal suicide rate of 35.8 per 100 000 Aboriginal people. In the Kimberley, this rate increases to 70 per 100 000 people. This compares to an overall national rate of 11 per 100 000 people (‘The smaller a community, the less likely suicide’, *The Stringer*, 25/11/2014).
- The hospitalisation rate for assault in Kununurra is 68 times higher than the national average, as a result of alcohol-fuelled violence (ABC Lateline, 16 July 2015). According to WA Police data, in 2013-14 in Western Australia there were 1456 offences against the person for every 100 000 people. The Kimberley region had offence rates against the person 4.5 times that

of Western Australia overall (6500 per 100 000) (from data published at - <http://www.police.wa.gov.au/Aboutus/Statistics/Crimestatistics/tabid/1219/Default.aspx>).

4. Understanding the TAMS Trial

A key component of this report is to provide the community with accurate information relating to the historical factors which have contributed to the 12-month trial of TAMS being put in place.

It also highlights activities of organisations such as the Drug and Alcohol Office WA and the Kununurra Wyndham Alcohol Accord to make sure those restrictions are being met by takeaway outlets and licensees.

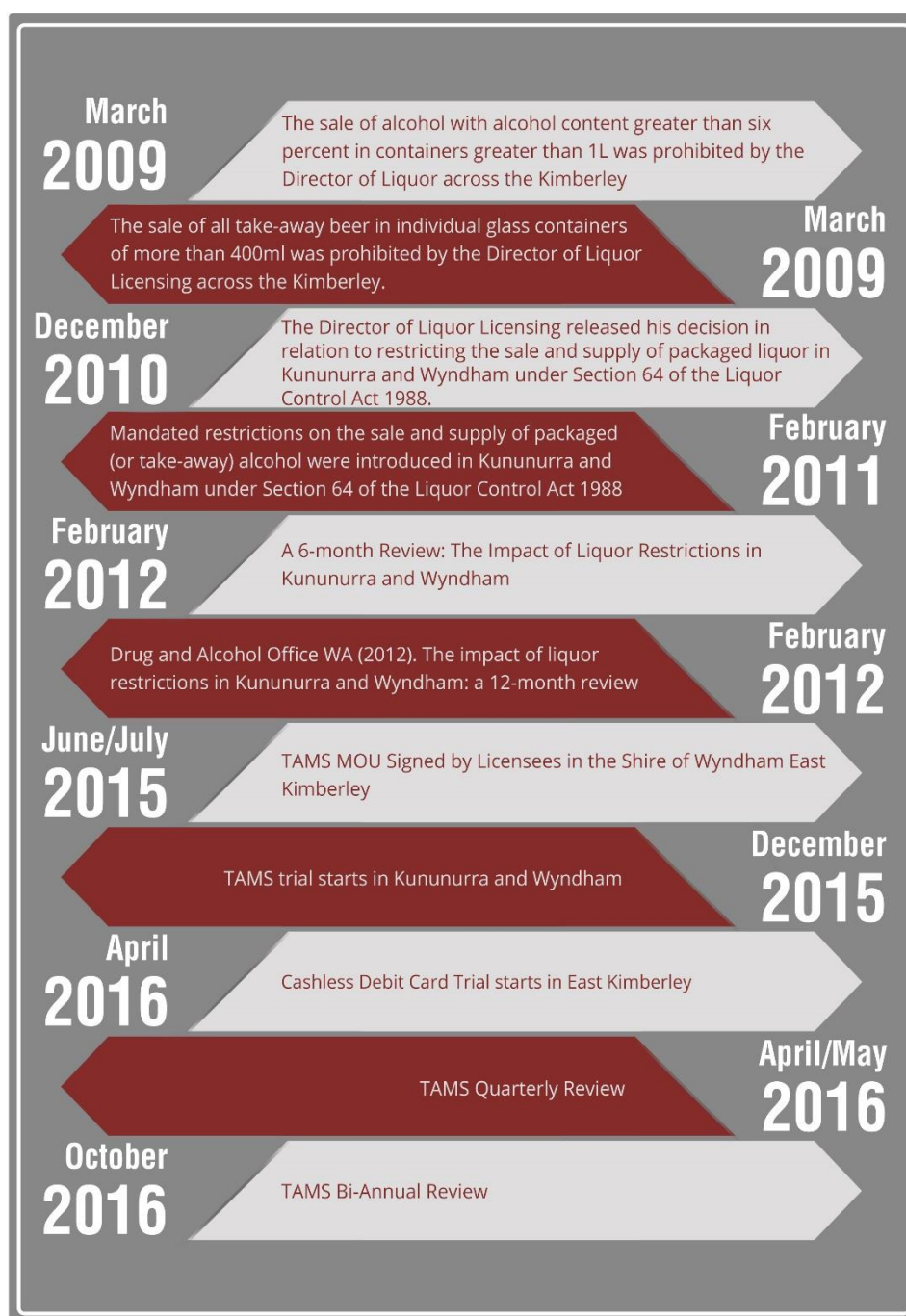


Image 6. Timeline of activities in the East Kimberley related to alcohol consumption

Prior to the mandated restrictions from the Department of Racing, Gaming and Liquor, Kununurra and Wyndham licensees and service providers negotiated a range of restrictions and conditions on the sale of alcohol.

These included:

- Restricting the availability of cask wine and fortified wine after 5:00pm (the sale of alcohol with alcohol content greater than six percent in containers greater than 1L was prohibited by the Director of Liquor Licensing in March 2009 across the Kimberley).
- Stopping the sale of 750ml bottled beer (the sale of all take-away beer in individual glass containers of more than 400ml was prohibited by the Director of Liquor Licensing in March 2009 across the Kimberley).
- Stopping the sale of packaged liquor at the request of police during funerals and special events.

Prior to the mandated restrictions of February 2011, there was no limit on the amount of take-away alcohol that could be purchased by an individual. Take-away alcohol was available on a Sunday and full-strength alcohol was available from 10:00am at the bar and from 12:00pm in take-away form.

While the restrictions were originally introduced on 7 February 2011, the restrictions were modified in November 2012.

For more information, see [Appendix 2: DRGL Fact Sheet: Liquor Restrictions in Kununurra & Wyndham](#)

5. Timing of TAMS and the Cashless Debit Card Trial

In the months leading up to the TAMS trial, two critical activities took place across the East Kimberley which contributed to different levels of understanding about the TAMS.

The two activities which were found to influence the public's understanding of the TAMS included:

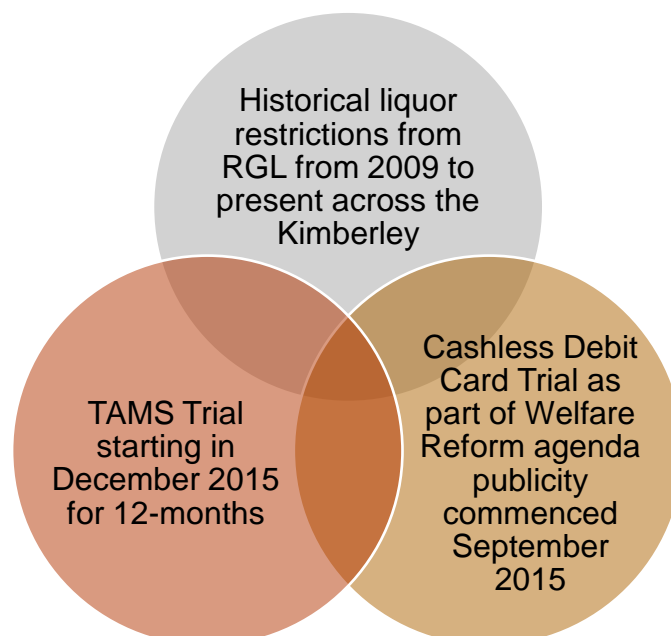


Image 7. Regional priorities across the East Kimberley region during TAMS trial

Cashless Debit Card Trial: Prior to the TAMS trial in December 2015, a Commonwealth Government inquiry into the state of welfare payments called for submissions in September 2015 as part of the Senate Standing Committee on Community Affairs Inquiry: Social Security Legislation Amendment (Debit Card Trial) Bill³. The timing of this inquiry and the media coverage of the controversial nature of the topic was found to influence the general public's initial understanding of the Trial and therefore any links to TAMS.

Delay in introduction of the TAMS in relation to the implementation of liquor restrictions: Although the restrictions implemented by the Director of Racing, Gaming and Liquor took place in 2009, 2011 and 2012, the trial of TAMS was not introduced until December 2015. The timing of the TAMS trial was impacted by mixed messages and assumptions linking TAMS to the timing of the Cashless Debit Card Trial were being made.

Throughout the stakeholder consultations as part of the TAMS Review, many people could not separate TAMS from the broader welfare reform agenda. Many stakeholders, though aware of the liquor restrictions, saw the welfare reform (Cashless Debit Card Trial) and the TAMS trial as the same issue.

Throughout the focus groups and licensee consultations, it was confirmed that more time was needed to validate whether TAMS (on its own) has contributed to any significant changes when it comes to consumer behaviour or if the observable changes are related to the Liquor restrictions and the timing of the introduction of the Cashless Debit Card Trial.

6. Impacts of the TAMS trial

This section presents feedback captured during the review of the system with a focus on the experience of consumers, licensees, focus groups and a public perception online survey. Each opportunity to provide feedback was completely **voluntary** and **anonymous**.

The intention of the consultation was to provide a confidential space for people to share their views about the effectiveness of the Takeaway Alcohol Management System as a tool to monitor Liquor Restrictions.

Due to the timing of the trial being one of two initiatives introduced within the same 12-month period, and the alignment of the TAMS with the liquor restrictions already in place, the review also captured people's assumptions and lived experiences.

The review did this to separate the effectiveness of the system from the broader welfare reform discussions.

The intention of unpacking the whole picture was to present the Accord, the Shire, consumers, DRGL and the community with information that could be useful when communicating the intentions of initiatives that impact the same population e.g. consumers of alcohol or address similar topics such as liquor restrictions.

The **impacts** are presented in four categories:

1. Customer interaction with the system;
2. Licensee (takeaway outlets) experience with the system;
3. Observed consumer behaviour; and
4. Social indicators (based on the community's assumptions and lived experiences).

The information contained in this section is based on the results of the anonymous, online public survey which was open from 11 August to 24 August 2016. It is important to note that this is a

representative sample size only and does not represent the views of all residents in the Shire of Wyndham East Kimberley (SWEK).

A series of data sets were provided by the WA Police, WA Country Health Service and St John Ambulance to identify trends that may be linked to alcohol either as a primary or secondary cause of incident or treatment.

The data sets have been provided with specific notes from the sources on how to interpret the tables and graphs to maintain the integrity of the data and to minimise the risk of misinterpretation.

Refer to [Appendix 3: Service Agency Data Sets – Kununurra and Wyndham](#)

6.1 Survey Results – Demographics of Respondents

A total of 204 online surveys were completed anonymously with a focus on basic demographics of the respondent. Note that while the TAMS Trial is in SWEK, it was important to confirm whether residents of the Shire of Halls Creek were impacted. Of these, 93.43% stated they lived in Kununurra which is where the majority of TAMS is being used.

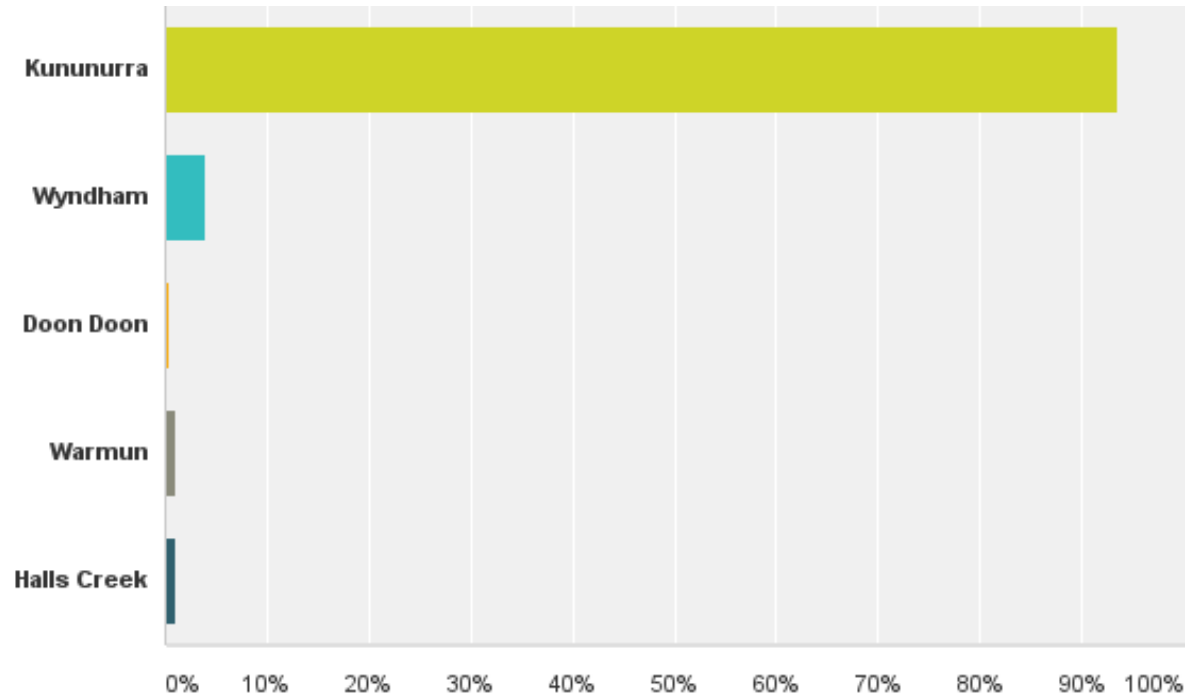


Figure 2. Residence of public survey respondents

The gender split was 66.5% female, 33% male and 1 undisclosed. Interestingly, the age breakdown between respondents showed that the 51yo+ group (21.23%), the 25yo-30yo (18.78%) and the 41yo-45yo (16.24%) were key social groups that participated in the survey. The cohort between the ages of 25yo- 45yo made up 61.42% of overall responses:

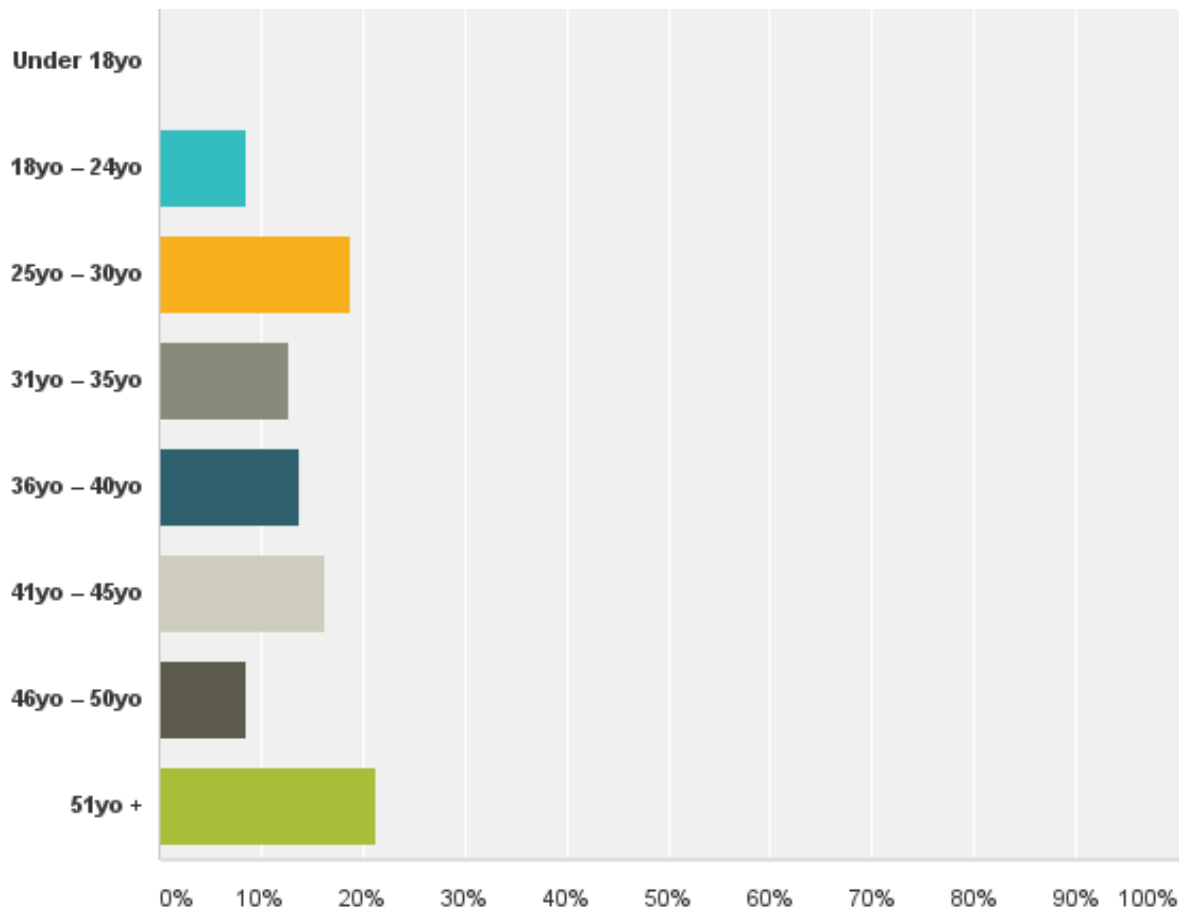


Figure 3. Age brackets of public survey respondents

Of the sample group, 93.91% had an existing and valid WA Driver's License which is an acceptable form of identification when using TAMS and yet 9.5% confirmed that they obtained identification primarily for purchasing alcohol. Furthermore, of those who do *not* have valid identification, just under 19% stated that it impacted on their ability to purchase alcohol i.e. previously they could purchase alcohol and are now unable to.

When asked if respondents understood what the purpose of the TAMS Trial was, an overwhelming 98.25% stated they did understand the purpose of the actual system, that is, to scan and keep records of purchases. Though many were still confused about the link between the liquor restrictions, TAMS and the Cashless Debit Card Trial when asked *how* they found out about TAMS, stated the following channels of communication:

Answer Choices	Responses
Newspaper	38.82%
Facebook	25.29%
Shire Website	8.24%
Radio	4.12%
Other (please specify)	23.53%
Total	

Figure 4. Source of TAMS Trial

The 23.53% who stated Other, confirmed they were informed of the trial when they were in the process of buying their alcohol while others mentioned word of mouth from friends, work, police and meetings around town. When respondents were asked how many times PER WEEK they purchased alcohol (on average), 42.51% confirmed it was between 1-3 times per week, while the “super consumers” (More than 10) made up 13.17% compared to the 13.77% who never purchased alcohol.

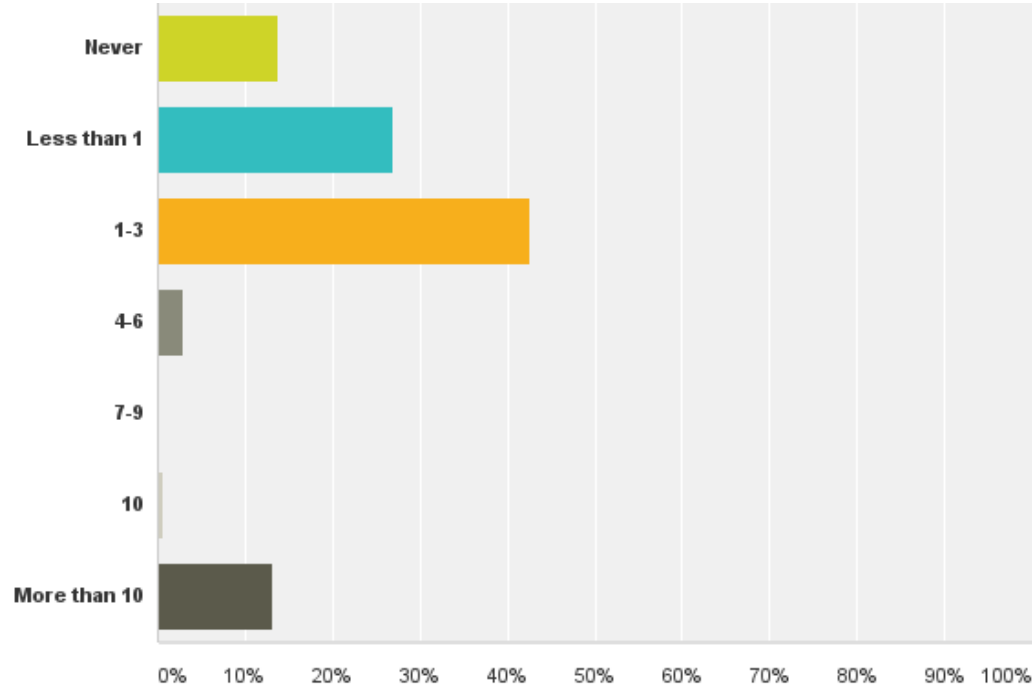


Figure 5. Number of times alcohol is purchased per week (on average)

6.2 Survey Results - Customer interaction with TAMS

This section focuses on the interaction of customers with the system (TAMS) itself. When asked what percentage of the time was the TAMS used when buying alcohol, it was clear that more could be done (from the buyer’s perspective) to improve the first point of contact with TAMS.

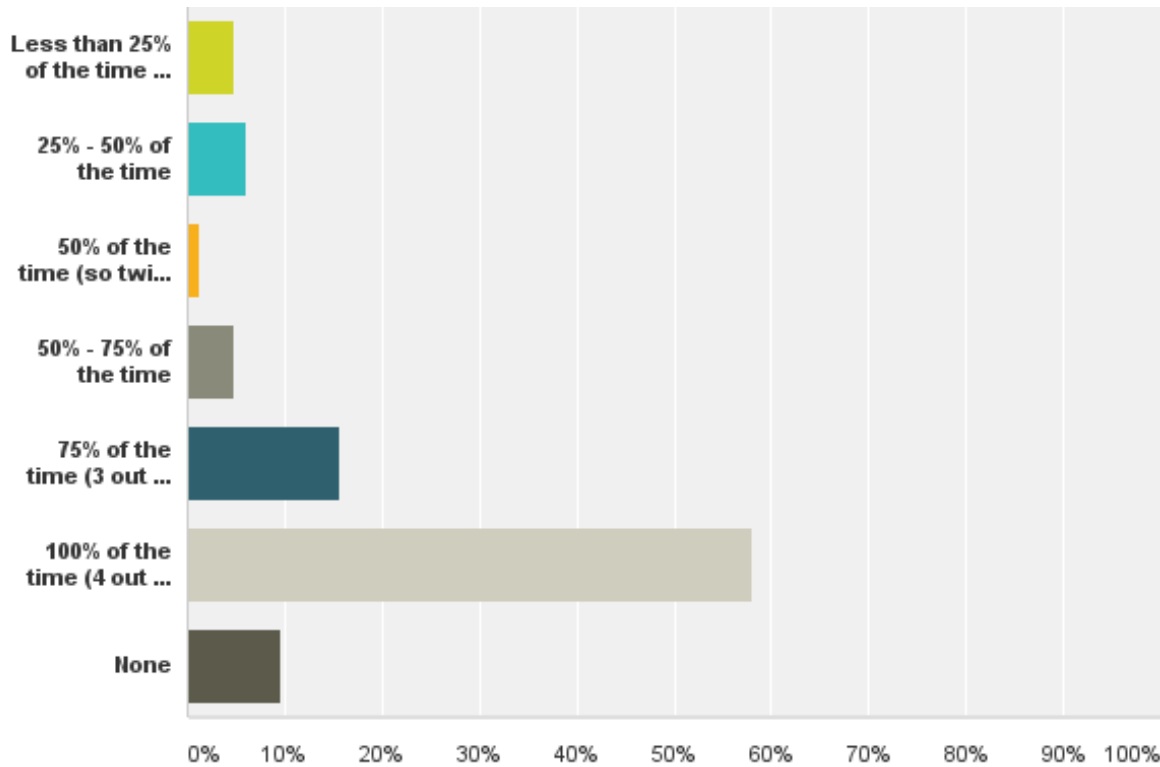


Figure 6. Percentage of time TAMS was used during purchase

As indicated below, customer's interaction with TAMS being used was varied and while 58% of the respondents stated that TAMS was used 100% of the time, 9.5% stated TAMS was never used.

Answer Choices	Responses
Less than 25% of the time (so once every 4 visits)	4.79%
25% - 50% of the time	5.99%
50% of the time (so twice every 4 visits)	1.20%
50% - 75% of the time	4.79%
75% of the time (3 out of every 4 visits)	15.57%
100% of the time (4 out of every 4 visits)	58.08%
None	9.58%
Total	

When TAMS was used, 15.5% of respondents stated that they had issues with the system. Those issues ranged from system related errors (47.62%) to user errors (4.76%) and other errors (47.62%) including poor quality or the wrong form of identification.

For more information, see [Appendix 4: Survey Results - Public Comments on Issues with TAMS](#)



Image 8. Store front of Gulliver's Tavern in Kununurra

When asked if the issue was reported, just 33.3% said they had reported it while the remaining 66.7% said they did not report the issue for the reasons listed in [Appendix 5: Survey Results - Public Comments on reporting issues with TAMS](#).

In terms of whether people want TAMS to continue, 52% of respondents said they would like to see TAMS continue while a further 19.51% would want it to continue **with changes to the current system and the way it is governed**. The remaining 19.51% said they did not want TAMS to continue for many reasons, such as:

“It is not effective with the minority where the problem lies and is restrictive to the majority who wish to exercise their right to liberty.”

“Alcohol is not the problem, the abuse of it is. We should look at trying to address this issue or we will consistently be chasing our tail. Trying to put a Band-Aid on a cracked plate is not going to work.”

“Consenting adults should be able to make their own decisions towards buying/consumption of alcohol. Unfair to limit based on the actions/attitudes of others not doing the right thing.”

“Welfare card has a lot bigger impact than TAMS and doesn't impact on normal day to day life.”

For a full list of survey responses about why respondents stated they do not want TAMS to continue refer to [Appendix 6: Survey Results - Public comments on whether or not TAMS should continue.](#)

6.4 Survey Results - Observed consumer behaviour

The survey identified that 21.66% of respondents had been asked to buy alcohol for people who don't have a valid ID on average, 1-2 times per week (91.43%) and confirmed that friends made up 7.14% of requests, family made up 21.43% of requests and the remaining 71.43% of requests came from strangers.

Furthermore, when asked if any changes were noticed in Kununurra or Wyndham in the past year specifically in relation to alcohol, 54.4% of respondents said they had noticed changes while 45.6% said they had not. The changes highlighted during the survey (and reinforced during the interviews and focus groups) are listed below:

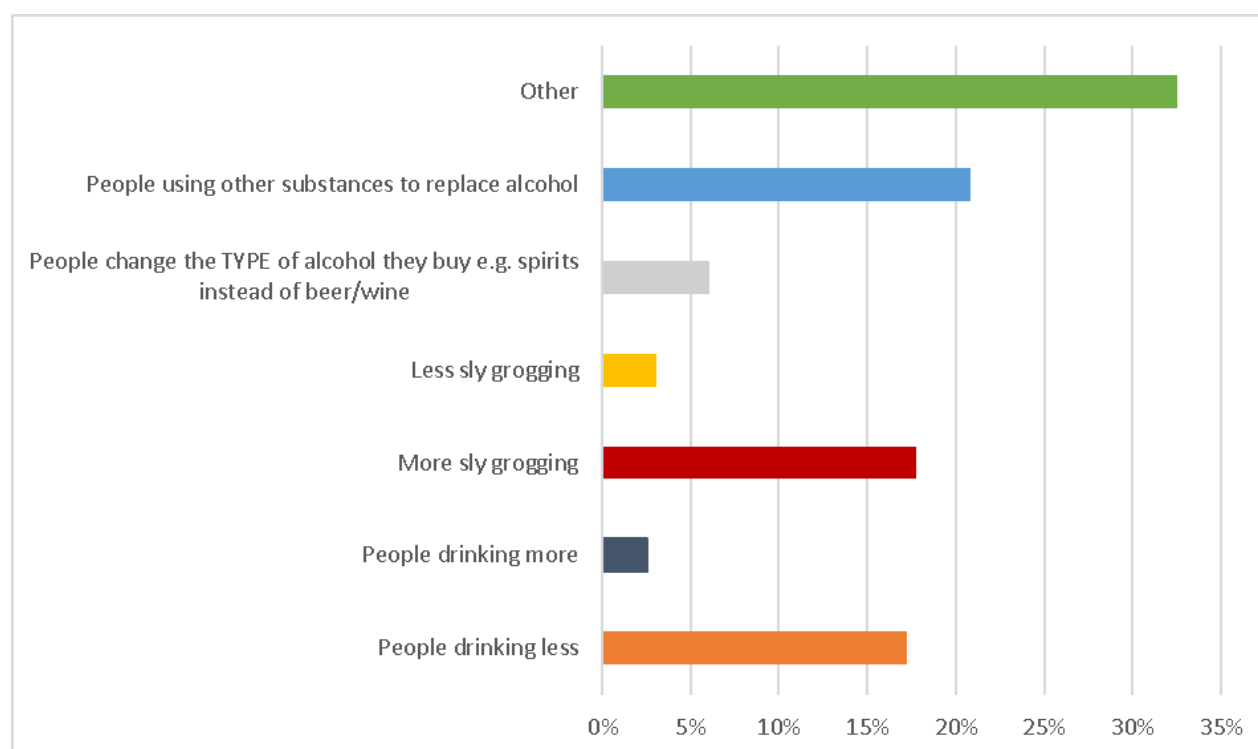


Figure 7. Changes observed in Kununurra and Wyndham based on survey responses

Examples of items listed under Other highlight the various **public perceptions** (these statements have not been validated by data) within the survey include statements which go into greater detail about the changes identified, such as:

“(…) meth is rampant it’s easier to score than marijuana at times. Instead of drinking casually people are getting jealous for 1L bottles and drink the whole thing otherwise someone else will steal it. There’s a system set up now where people pay \$50-\$100 to have someone with a valid ID to purchase grog for others who have used there’s or don’t have one.”

“The children still miss out and sly grogging prices have skyrocketed. People with addictions will always find a way.”

“Appears to be more sly grogging as the TAMS has increased the value of black market alcohol, which then justifies a drive to Darwin or Broome or Katherine for people who want to make money out of sly grogging.”

“More crime but that is probably due to the basics card.”

“Less rubbish and smashed glass, less drunks lying around street verges/parks.”

“I don’t think it has to do with TAMS I think it has more to do with the healthy welfare card.”

6.5 Survey Results – Perception of TAMS

When asked how they believed TAMS to be perceived, there was very little difference between those respondents who perceived TAMS as either very positive or positive and those who perceived it as either very negative or negative. While there is a clear divide on the perception of TAMS, a common theme throughout indicated that there are opportunities to vastly improve the communications about TAMS, specifically what makes TAMS (as a system) different to the Cashless Debit Card Trial (as welfare reform).

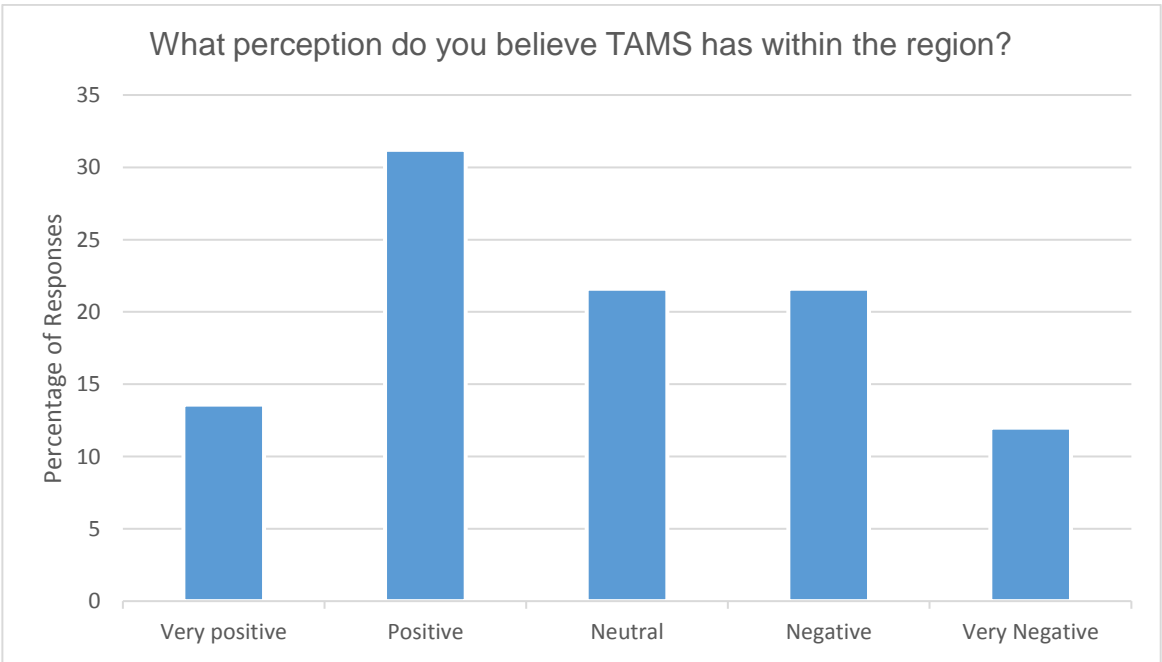


Figure 8. Perception of TAMS based on survey responses

6.3 Licensee Consultations - Experiences using TAMS

Each licensee subject to TAMS shared their experience as a user of the system itself and as a firsthand observer of customer's interaction with the system.

There are licensees who agree with TAMS being in place as a tool to manage the liquor restrictions even going as far in some cases to voluntarily restrict themselves if they hear of escalating issues in town and at the same time acknowledge the impact this is having on them as a local business with some licensees confirming that sales have decreased 5-10%.

The key insights received from licensees included:

1. What they believed the top 3 benefits of TAMS are;
2. What they believed the top 3 challenges of TAMS are; and
3. Comments based on their experience with the system (hardware and software).

	Topic of Feedback	Responsible
Benefits	Administration <ul style="list-style-type: none"> The administration and recording of incidents around refusal has improved Decrease in incidents around refusal Able to refuse service 	TAMS TAMS TAMS
	Governance <ul style="list-style-type: none"> Less alcohol going to community groups Less drunks Less presentation to hospitals and police 	COLLABORATIVE EFFORT BETWEEN TAMS/LR/CDC/ POLICE/COMMUNITY
	Community Well-being <ul style="list-style-type: none"> It has helped some families It helps create safer environments Less antisocial behaviour 	COLLABORATIVE EFFORT BETWEEN TAMS/LR/CDC/ POLICE/COMMUNITY
Challenges	Administration <ul style="list-style-type: none"> We require more staff to be able to manage the TAMS system The time that it takes to process a transaction with TAMS When we are busy, the ability to check everyone is limited (they have had issues with being issued fines because of the back up on the street of customers they say is due to TAMS) 	TAMS TAMS TAMS/SWEK
	Governance <ul style="list-style-type: none"> Tourists don't understand why they should have to show their ID International license isn't accepted by TAMS The system needs to be better understood (better marketing required) 	TAMS COMMUNICATION ACCORD COMMS ACCORD COMMS
	Community Well-being <ul style="list-style-type: none"> Public perception of imposed outlet closures during funerals for Aboriginal people Willingness to participate Communication about what it is 	POLICE COMMUNICATION COMMUNITY ACCORD/POLICE/SWEK

*LR = Liquor Restrictions, CDC = Cashless Debit Card, SWEK = Shire Wyndham East Kimberley

A variety of experiences were highlighted during the licensee interviews describing the pros and cons of the system and therefore its overall effectiveness.

Theme	Topic of Feedback	Responsible
Administrative	We used to fill out 2 or more pages a day – up to 50 refusals a day then we have to fill out separate incident form to meet RGL requirements. Now if we have 1-2 that saves our managers time with paperwork.	TAMS
	Continue to hand out refusals to purchase in excess of liquor restrictions anywhere from 20-30 per week.	TAMS + LR COMMS
System	We typically process 120 transactions an hour but because of the steps required with TAMS that's significantly reduced our ability to process which limits us to 40 scans an hour which then backs up cars to the extent we get fined by the Shire Ranger for cars parking on the verge!	TAMS
	Some days, machine has just crashed out and rather than reboot just leave it down, had days where connection has dropped out 5-6 times per day.	TAMS + SWEK
	Scantech is slow in responding to errors, the whole time system wouldn't recognise any passport, simple procedure, no-one in town trained and had to get computer ended up having issues for 7-8 months. Emails not sufficient.	SWEK, ACCORD + TAMS
	Took 2-3 months to solve problem of NT licenses not being read by the machine.	SWEK, ACCORD + TAMS
	100 or more backpackers in a day makes management decision challenging, if not provided correct ID sometimes still serve, other customers see this.	TAMS + ACCORD
	Processing time varies by business, if you have two then it's a matter of minutes between scans though during peak hours this increases and customers are upset they have to wait.	TAMS
	There are too many errors to count each week, although the steps are simple to follow, due to quality of the ID this increases, if all ID's were created equal it would be a lot smoother.	TAMS
Governance	Accord governance needs to be reviewed to ensure right people with right skills are around the table and that consistent monitoring of TAMS is applied.	ACCORD + SWEK
	Review of who should have TAMS needs to happen, for example according to the Wyndham Community Club and Ord River Sports Club they do not sell takeaway alcohol.	RGL, ACCORD, SWEK
Communication	If system generated error, licensees won't refuse buyer, backpackers must show passport but if they use international license then licensees have to refuse.	TAMS, ACCORD, SWEK
	For locals make sense but for tourists they have no idea – daily reminding stepping them through what they can buy.	LR COMMUNICATIONS
	Had to give leeway to some of the tourists who don't have any idea that it's in place. Bigger campaign for tourists so they know the restrictions on RGL website there are notices on there but not your everyday traveller.	LIQUOR RESTRICTIONS COMMUNICATIONS
	Scantech is really responsive with us	TAMS
Social	Some people think it's a black problem, 2.5 times consumption of Indigenous people but I've had to throw more whitefellas out than blackfellas	ACCORD, TAMS, POLICE, LR COMMS
	Seen a significant change in behaviour over that time but it's generational, can't come in and fix straight away, it's long term change. Significant number of people in town working together to move ahead.	OTHER
	Need to be clear that the benefits really are for the licensees in that it allows us to keep an eye on what people are buying whereas you could buy 3 times from each place.	ACCORD
	Customers feel like they're being ripped off but the restriction amounts are pretty good anyway unless you're really a big drinker or if you're going camping.	LIQUOR RESTRICTION COMMUNICATIONS

6.5 Focus Group Consultations – Observed Impacts

Two focus groups were completed (one in Wyndham and one in Kununurra) with representatives from local police, local service providers and local Aboriginal organisations. A summary of the types of benefits, concerns and ideas related to TAMS are now listed below:

	Topic of Feedback	Responsible
Benefits	Social <ul style="list-style-type: none"> There has been a visual change since TAMS (public drunkenness) Tourism supports TAMS – creates a better experience in Kununurra Courts and Department of Transport have reported an increase of people wanting to obtain ID which is seen to be a positive. MG Corporation have reported an increase in ID certification, however, had to advise community it isn't sufficient ID for TAMS Huge decrease in alcohol related crime in Wyndham since TAMS 	COLLABORATIVE EFFORT BETWEEN TAMS/LR/CDC/POLICE/COMMUNITY OTHER POLICE
	Governance <ul style="list-style-type: none"> Halls Creek and Broome are interested in adapting this system due to the feedback given from service providers in Kununurra and Wyndham. 	TAMS/LR/CDC/POLICE/COMMITY
	Communication <ul style="list-style-type: none"> TAMS can identify the repeat offenders and monitor them accordingly. Our relationship with Vagg's is positive and assists with the management of TAMS The conversation around the issues has increased. 	TAMS TAMS COMMUNITY
Concerns	Social <ul style="list-style-type: none"> The concerns of less visual issues around alcohol was that there may be an increase of incidents of violence at home. Issue with Taxi Drivers are that they are reportedly using the system to encourage ways around the system. There are reports of issues of dealing either bootleg alcohol or drugs outside the Visitor's Centre. Bartering has also been identified as an issue (people swapping weekly groceries for alcohol). Older customers don't like showing their id 	COLLABORATIVE EFFORT POLICE/COMMITY COMMUNITY/POLICE COMMUNITY COMMUNITY
	Governance <ul style="list-style-type: none"> The Alcohol Accord needs to be clear in their communications about what TAMS focuses on (...) People don't like being monitored (the perception that the majority is being impacted by the actions of a minority) Besides tracking purchase of alcohol, it isn't affective since it is a self-regulated system that the licensees regulate and therefore it is to their discretion of what and how it is managed It has not been noted that people can use multiple IDS to buy over the limit. You can use any photo ID and it won't link to each other which is a huge issue that needs to be rectified as the limits clearly can be ignored or got around. TAMS is just one of many tools that can't stand alone as the sole reason for the changes in the community. We want people to stop coming from KNX buying excessive amounts of alcohol and then supplying to communities like Turkey Creek and Balgo. 	ACCORD COMMS ACCORD COMMS TAMS TAMS TAMS COMMUNITY/POLICE
	Communication <ul style="list-style-type: none"> The participants wondered if there can be some rule in place to inhibit taxi drivers from going through the drive through/Takeaway. This won't impact the tourist as most utilise independent transport but it does impact the local community as it is a main avenue of transport. The marketing of this needs improvement - Most people aren't seeing what is happening behind the scenes or on the ground specifically in Wyndham The overall marketing must be improved so people are better briefed on what it is and what it aims to do. No one has said the reason as why TAMS is assisting the community. 	ACCORD/POLICE ACCORD COMMS



Kununurra and Wyndham Alcohol Accord

TAKEAWAY ALCOHOL MANAGEMENT SYSTEM



Q. What is a Takeaway Alcohol Management System?

A. A Takeaway Alcohol Management System (TAMS) is a simple scanning technology system that implements a daily alcohol purchase limit. The scanners use legal personal identification to allow licensees to register how much an individual has purchased on any one particular day, across all takeaway liquor outlets within the Shire of Wyndham East Kimberley. This practice will assist licensees in ensuring the restrictions for takeaway alcohol are being adhered to.

Q. Why is TAMS being implemented?

A. The misuse of alcohol is a significant problem within our community. Aside from links to numerous social issues such as crime, violence, anti-social behaviour, and low school attendance, it also places a strain on valuable resources within the community such as policing and health care. Although the implementation of liquor restrictions within the community have been beneficial, one barrier is the difficulty in enforcing them.

The Kununurra Wyndham Alcohol Accord believe that the implementation of the TAMS will be of great value to the community, and if successful, to the whole of the Kimberley region. The TAMS will be implemented for a 12-month trial period.

Q. How will this affect me?

A. If you currently purchase within the limits of the alcohol restrictions, this will have no impact other than you having to provide identification when purchasing alcohol.

Q. When will TAMS be implemented?

A. The TAMS technology will be installed ready for the trial to commence Monday 14 December 2015. The trial will run for a 12-month period. The Kununurra Wyndham Alcohol Accord have sought assistance from external organisations to design a comprehensive evaluation mechanism to assess the trial. The results of the trial will determine if TAMS will continue within our community in the future.

Q. Are licensees required to install TAMS within their premises?

A. The local licensees that offer takeaway alcohol sales have agreed to participate in the 12 month TAMS trial. This will exclude The Hoochery as the licensee already has restrictions in effect that are in excess to the other licensees.

Q. What are the current restrictions for takeaway alcohol?

A. The current restrictions for takeaway alcohol in Kununurra and Wyndham are:

	Alcohol Strength	Trading Hours	Quantity (per person, per day)
a)	Low strength alcohol (i.e. 2.7% or less)	Monday to Saturday 12pm to 8pm	No limit
b)	Mid to Full strength alcohol (i.e. 2.7% to 7%)	Monday to Saturday 12pm to 8pm	22.5 litres (e.g. two cartons of beer)
c)	Full strength alcohol (i.e. 7% to 15%)	Monday to Saturday 12pm to 8pm	4.5 litres (e.g. six bottles of wine)
d)	Greater than 15% (e.g. some spirits, wines)	Monday to Saturday 12pm to 8pm	1 litre

**** Liquor may be purchased in the quantities specified in either (b) or (c) or (d) or half quantity combinations of (b) and (c).**

In addition to the liquor restrictions above, the following liquor restrictions exist for the entire Kimberley regions:

- Takeaway liquor may not be sold:
 - in individual containers more than one litre of liquor with an alcohol content of 6% or more (for example, wine casks of more than one litre); and
 - in glass bottles of 400ml or more of beer.

Q. Will the current alcohol restrictions change when the TAMS is implemented?

A. No, the current restrictions will remain the same. The only difference will be that the system assists licensees in identifying when an individual has already purchased alcohol on that particular day.

Q. Will I be able to purchase larger amounts of alcohol if required, for example for a special event or party?

A. As per the current liquor restrictions, special exemptions apply to people pre-ordering a bulk purchase of alcohol. If you would like to purchase larger amounts of alcohol you will need to complete a Kununurra Wyndham Liquor Accord Form which can be obtained from one of the local takeaway alcohol outlets. The form will then be submitted to the local Police for approval. This needs to be completed at least 72 hours in advance of collection.

Q. Can I purchase alcohol from more than one outlet?

A. The TAMS information is shared with all of the licensees which allows you to purchase your allocated amount of alcohol from more than one outlet.

Q. How long will it take to process my transaction?

A. The process should have minimal impact on the time it takes to process your transaction.

Q. What identification will be accepted for the TAMS?

A. The sale and supply of alcohol in Western Australia is governed by the *Liquor Control Act 1988*. It is illegal to sell or supply alcohol to anyone under the age of 18 years on licensed premises. There are only three acceptable forms of photo identification (ID):

- current Australian Driver's Licence with photograph
- current Passport
- current Australian Proof of Age Card

In accordance with the *Liquor Control Act 1988*, you will be required to produce one of the above mentioned forms of photo ID to purchase liquor.

Q. What if I do not have access to any acceptable forms of identification?

A. If you do not have access to any acceptable forms of identification you will not be able to purchase alcohol. You will need to organise an acceptable form of identification. It is for this reason that the implementation of the system has been widely advertised, to allow adequate time for people to obtain the necessary identification and gain knowledge on the system.

Q. How will people find out about the requirement for identification for the purchase of alcohol?

A. The requirements for identification, and other information relating to the introduction of TAMS, has been advertised and made available to the community through a media campaign and engagement plan.

Q. What are the associated costs to the community for TAMS?

A. The Shire of Wyndham East Kimberley, on behalf of the Kununurra Wyndham Alcohol Accord, has successfully obtained the funding required for the implementation of a 12 month TAMS trial within the Shire from Regional Development Australia (RDA) and the Kimberley Zone of WALGA.

Q. Will my personal information be stored within the system?

A. As the TAMS technology requires your information to identify you and the amount of alcohol you have purchased for that day to ensure that limits aren't exceeded, your information will be stored within the system until the end of that particular day. The information will then be erased. No personal information will be used for statistics.

Q. Will information be stored on the amount of alcohol I purchase?

A. Only for a period of up to 24 hours and it is only the amount that is registered (i.e. 24 bottles of beer or 1 x 750ml bottle of spirits)

Q. What happens if I attempt to purchase more than the amount allowed under the regulations?

A. The TAMS will show a red screen and that the purchase is not to proceed as the daily allowance has been exceeded and service will be refused.

Q. What happens if I am falsely denied a purchase? (i.e. there is no reason for refusal)?

A. The system uses advanced diagnostic tools to ensure that the scanners are working correctly which ensure any potential error with the system is detected before it becomes an issue. If you are falsely denied a purchase you will need to complete a customer request form available from the licensee. Your request will be investigated and you will be advised of the outcome.

Q. What happens if the system breaks down?

A. If the system experiences technical difficulties and malfunctions, the licensee will revert to processing your purchase as normal so this will not cause any interruption to the customer. Once the system is back online the operator will commence the use of the system.

Q. What happens if there are problems identified with the TAMS, i.e. regular malfunctions?

A. The system uses advanced diagnostic tools to ensure that the scanners are working correctly which ensure any potential error with the system is detected before it becomes a significant issue, however if there are regular malfunctions of the system that are unable to be rectified, the Kununurra Wyndham Alcohol Accord may choose to end the trial, or locate an alternative provider.

Appendix 2: Fact Sheet Liquor Restrictions in Kununurra & Wyndham



This fact sheet provides information about purchasing and consuming liquor in Kununurra & Wyndham, Western Australia.

... on public roads and in private vehicles is an offence (except where a permit or licence applies). This includes drinking in a motor vehicle on any public road or street.

... in parks and other public places is an offence without the consent of the owner or controlling authority. This includes areas such as parks, reserves, beaches and so on. The sale and supply of liquor for consumption at hotel or tavern premises is prohibited before 12 noon except where it is sold ancillary to a meal (or to a lodger at hotel premises).

Takeaway alcohol restrictions are detailed below:

	Alcohol Strength	Trading hours	Quantity (per person, per day)
a)	Low strength alcohol (i.e. 2.7% or less)	Monday to Saturday 12pm to 8pm	No limit
b)	Mid to full strength alcohol (i.e. 2.7% to 7%)	Monday to Saturday 12pm to 8pm	22.5 litres (e.g. two cartons of beer)
c)	Full strength alcohol (i.e. 7% to 15%)	Monday to Saturday 12pm to 8pm	4.5 litres (e.g. six bottles of wine)
d)	Greater than 15% (e.g. some spirits, wines,	Monday to Saturday 12pm to 8pm	1 litre

Liquor may be purchased in the quantities specified in either (b) or (c) or (d) or half quantity combinations of (b) and (c).

Special exemptions* for takeaway liquor apply to:

- Station owners;
- Liquor merchants;
- Mail order sales; and
- A person who has pre-ordered using a Bulk Purchase Order Form at least 72 hours in advance of pick-up/delivery. *conditions apply

Kimberley Wide Restrictions

In addition to the liquor restrictions specific to Kununurra and Wyndham, the following liquor restrictions exist for the entire Kimberley region:

- Takeaway liquor may not be sold:
 - in individual containers of more than one litre of liquor with an alcohol content of 6% or more (for example, wine casks of more than one litre); and
 - in glass bottles of 400ml or more of beer.

Appendix 3: Service Agency Data Sets

WA Country Health Service (WACHS)

Explanatory Note: It is not possible to identify 'alcohol only' or 'drug only' related Emergency Department Attendances at the majority of WACHS hospitals (except hospitals in the Southwest and Great Southern regions) because these sites only capture diagnosis related information in the form of Major Diagnostic Category (MDC), which is not specific enough to capture 'alcohol only'.

MDC Code 20 is used to identify drug or alcohol related attendances at WACHS hospitals (excluding hospitals in the Southwest and Great Southern regions). However, this code is not specific to drug/alcohol use. MDC 20 which is "Alcohol/Drug Use or Induced Mental Disorders" is also used for Mental Health reporting.

MDC Code 21 "Injuries, poisonings and toxic effects of drugs" is used to identify drug related attendances at WACHS hospitals (excluding hospitals in the Southwest and Great Southern regions).

Therefore, there is likely to be an overestimation of attendances for drug or alcohol using this method, so **these data must be interpreted with caution.**

In the interest of patient confidentiality, certain figures have been suppressed to prevent using the provided multiple tables to deduce other suppressed cells. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

WEAT ED Attendances related to Drugs and Alcohol by Kununurra Hospital by Month (2015 - 2016 YTD)

Month	Kununurra Hospital									
	Triage									
	1		2		3		4		5	
	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21
JAN15	N/A	N/A	<5	<5	5	17	9	55	<5	38
FEB15	0	<5	0	6	<5	33	6	71	<5	29
MAR15	0	0	<5	8	<5	42	<5	96	<5	44
APR15	0	<5	<5	5	<5	26	5	106	<5	30
MAY15	0	0	<5	6	<5	20	<5	89	<5	35
JUN15	0	0	<5	<5	<5	23	5	65	<5	25
JUL15	0	<5	<5	6	<5	22	16	78	<5	27
AUG15	N/A	N/A	0	7	<5	25	5	72	6	20
SEP15	0	0	<5	<5	<5	18	5	64	0	33
OCT15	0	0	<5	8	5	27	8	75	<5	26
NOV15	0	<5	0	7	6	21	10	48	<5	33
DEC15	0	<5	0	<5	<5	20	5	61	<5	24
JAN16	0	<5	0	<5	<5	20	9	70	7	39
FEB16	N/A	N/A	<5	<5	<5	23	6	67	<5	35
MAR16	0	0	<5	8	<5	21	<5	59	<5	43
APR16	N/A	N/A	<5	<5	<5	21	8	71	<5	32
MAY16	0	0	<5	5	5	26	<5	66	<5	40
JUN16	0	0	<5	<5	<5	17	<5	57	0	29
JUL16	0	<5	0	<5	<5	18	6	62	<5	32
AUG16	0	<5	<5	<5	<5	27	<5	55	<5	31
SEP16	0	<5	<5	<5	5	27	<5	64	<5	28

Table 1. WEAT ED Attendances related to Drugs and Alcohol by Kununurra Hospital by Month (2015 - 2016 YTD)

Notes:

- MDC 20: Substance use and substance induced organic mental disorders
- MDC 21: Injuries, poisonings and toxic effects of drugs

WEAT ED Attendances related to Drugs and Alcohol by Kununurra Residents by Month (2015 - 2016 YTD)

	Kununurra Residents									
	Triage									
	1		2		3		4		5	
Month	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21
JAN15	0	0	<5	<5	5	21	8	71	<5	39
FEB15	0	<5	0	6	5	33	7	96	<5	35
MAR15	0	0	0	8	6	44	7	101	5	47
APR15	0	<5	<5	5	8	26	9	93	6	31
MAY15	0	0	<5	6	<5	20	<5	88	<5	28
JUN15	0	0	<5	<5	<5	22	5	65	<5	21
JUL15	0	<5	<5	7	<5	19	14	76	7	19
AUG15	0	0	0	7	<5	33	6	67	6	17
SEP15	N/A	N/A	<5	<5	<5	22	7	67	0	30
OCT15	0	<5	<5	7	7	25	8	68	<5	26
NOV15	0	<5	0	7	6	23	14	47	<5	32
DEC15	0	<5	<5	<5	<5	21	8	69	<5	27
JAN16	0	<5	0	<5	5	21	7	71	5	44
FEB16	N/A	N/A	<5	<5	<5	23	10	69	6	38
MAR16	0	0	<5	9	<5	23	<5	59	<5	40
APR16	N/A	N/A	<5	<5	<5	22	9	70	<5	27
MAY16	0	0	<5	5	6	25	5	63	<5	36
JUN16	0	0	<5	<5	<5	18	<5	45	<5	21
JUL16	0	<5	0	<5	<5	16	8	50	5	20
AUG16	0	<5	<5	<5	<5	25	<5	52	<5	29
SEP16	0	<5	<5	<5	5	23	<5	58	<5	23

Table 2. WEAT ED Attendances related to Drugs and Alcohol by Kununurra Residents by Month (2015 - 2016 YTD)

WEAT ED Attendances related to Drugs and Alcohol at Kununurra Hospital by Month (2015 - 2016 YTD)

Month	Kununurra				Kimberley Hospitals				WA Rural Hospitals*			
	Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal	
	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21
JAN15	16	75	<5	38	56	348	13	145	140	905	98	2394
FEB15	7	88	<5	52	48	359	14	140	135	908	92	2131
MAR15	11	104	0	86	67	335	9	204	136	876	103	2523
APR15	11	87	<5	81	66	309	10	227	128	776	84	2394
MAY15	8	83	<5	67	47	285	18	221	110	733	90	2347
JUN15	7	65	<5	50	50	263	10	215	105	635	61	2010
JUL15	17	63	5	71	56	272	18	252	113	698	116	2462
AUG15	11	67	<5	57	75	310	8	230	139	752	109	2428
SEP15	7	66	<5	52	57	312	7	224	119	719	99	2344
OCT15	13	79	<5	57	62	313	9	188	119	710	137	2173
NOV15	13	63	5	49	78	317	12	180	148	673	106	1860
DEC15	7	74	<5	34	102	366	11	167	156	640	110	1835
JAN16	16	78	<5	54	65	379	12	149	113	635	137	1986
FEB16	10	73	<5	56	65	315	8	167	107	575	95	1746
MAR16	10	84	<5	47	63	374	13	187	96	601	111	1901
APR16	12	81	<5	45	82	355	12	199	120	589	91	1845
MAY16	9	69	<5	68	68	306	10	231	107	495	88	1760
JUN16	7	36	<5	70	60	271	12	238	84	376	68	1370
JUL16	10	46	<5	74	62	262	11	254	69	314	18	610
AUG16	5	48	<5	68	53	245	18	206	53	278	20	403
SEP16	10	59	<5	65	82	259	9	241	82	264	9	285

Table 3. WEAT ED Attendances related to Drugs and Alcohol at Kununurra Hospital by Month (2015 - 2016 YTD)

WEAT ED Attendances related to Drugs and Alcohol by Wyndham Hospital by Month (2015 - 2016 YTD)

	Wyndham Hospital									
	Triage									
	1		2		3		4		5	
Month	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21
JAN15	0	0	0	0	0	<5	0	21	<5	5
FEB15	N/A	N/A	0	0	0	<5	<5	26	0	5
MAR15	N/A	N/A	0	0	<5	<5	<5	13	<5	5
APR15	0	0	<5	0	<5	<5	<5	<5	<5	5
MAY15	N/A	N/A	0	<5	0	<5	<5	11	0	0
JUN15	N/A	N/A	0	<5	0	<5	0	12	0	5
JUL15	0	0	<5	<5	0	<5	0	12	5	<5
AUG15	N/A	N/A	0	<5	<5	<5	12	10	0	<5
SEP15	N/A	N/A	0	0	0	5	<5	8	0	<5
OCT15	N/A	N/A	<5	<5	<5	0	<5	8	0	<5
NOV15	N/A	N/A	<5	0	<5	<5	5	<5	<5	<5
DEC15	N/A	N/A	<5	0	0	5	<5	17	0	<5
JAN16	0	<5	0	0	<5	<5	<5	7	0	7
FEB16	N/A	N/A	0	0	0	<5	5	<5	<5	5
MAR16	N/A	N/A	<5	0	0	<5	0	5	0	0
APR16	N/A	N/A	<5	<5	0	5	0	5	<5	<5
MAY16	N/A	N/A	0	0	0	<5	<5	6	0	<5
JUN16	N/A	N/A	0	0	0	<5	0	<5	<5	<5
JUL16	N/A	N/A	0	0	0	<5	0	9	<5	<5
AUG16	N/A	N/A	0	0	0	<5	<5	11	<5	8
SEP16	0	0	0	<5	<5	<5	0	5	0	<5

Table 4. WEAT ED Attendances related to Drugs and Alcohol by Wyndham Hospital by Month (2015 - 2016 YTD)

WEAT ED Attendances related to Drugs and Alcohol by Wyndham Residents by Month (2015 - 2016 YTD)

	Wyndham Residents									
	Triage									
	1		2		3		4		5	
Month	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21
JAN15	0	0	<5	<5	5	21	8	71	<5	39
FEB15	0	<5	0	6	5	33	7	96	<5	35
MAR15	0	0	0	8	6	44	7	101	5	47
APR15	0	<5	<5	5	8	26	9	93	6	31
MAY15	0	0	<5	6	<5	20	<5	88	<5	28
JUN15	0	0	<5	<5	<5	22	5	65	<5	21
JUL15	0	<5	<5	7	<5	19	14	76	7	19
AUG15	0	0	0	7	<5	33	6	67	6	17
SEP15	N/A	N/A	<5	<5	<5	22	7	67	0	30
OCT15	0	<5	<5	7	7	25	8	68	<5	26
NOV15	0	<5	0	7	6	23	14	47	<5	32
DEC15	0	<5	<5	<5	<5	21	8	69	<5	27
JAN16	0	<5	0	<5	5	21	7	71	5	44
FEB16	N/A	N/A	<5	<5	<5	23	10	69	6	38
MAR16	0	0	<5	9	<5	23	<5	59	<5	40
APR16	N/A	N/A	<5	<5	<5	22	9	70	<5	27
MAY16	0	0	<5	5	6	25	5	63	<5	36
JUN16	0	0	<5	<5	<5	18	<5	45	<5	21
JUL16	0	<5	0	<5	<5	16	8	50	5	20
AUG16	0	<5	<5	<5	<5	25	<5	52	<5	29
SEP16	0	<5	<5	<5	5	23	<5	58	<5	23

Table 5. WEAT ED Attendances related to Drugs and Alcohol by Wyndham Residents by Month (2015 - 2016 YTD)

WEAT ED Attendances related to Drugs and Alcohol at Wyndham Hospital by Month (2015 - 2016 YTD)

Month	Wyndham				Kimberley Hospitals				WA Rural Hospitals*			
	Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal		Aboriginal		Not Aboriginal	
	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21	MDC 20	MDC 21
JAN15	<5	25	<5	5	56	348	13	145	140	905	98	2394
FEB15	<5	27	0	7	48	359	14	140	135	908	92	2131
MAR15	7	17	0	<5	67	335	9	204	136	876	103	2523
APR15	12	8	0	<5	66	309	10	227	128	776	84	2394
MAY15	<5	9	0	5	47	285	18	221	110	733	90	2347
JUN15	0	15	0	6	50	263	10	215	105	635	61	2010
JUL15	6	13	0	<5	56	272	18	252	113	698	116	2462
AUG15	<5	18	0	8	75	310	8	230	139	752	109	2428
SEP15	<5	15	0	<5	57	312	7	224	119	719	99	2344
OCT15	<5	10	<5	0	62	313	9	188	119	710	137	2173
NOV15	8	6	0	<5	78	317	12	160	148	673	106	1860
DEC15	<5	22	0	<5	102	366	11	167	156	640	110	1835
JAN16	<5	16	0	<5	65	379	12	149	113	635	137	1986
FEB16	5	10	<5	0	65	315	8	167	107	575	95	1746
MAR16	<5	6	0	<5	63	374	13	187	96	601	111	1901
APR16	<5	12	0	<5	82	355	12	199	120	589	91	1845
MAY16	<5	<5	0	<5	68	306	10	231	107	495	88	1760
JUN16	<5	10	0	<5	60	271	12	238	84	376	68	1370
JUL16	<5	8	0	<5	62	262	11	254	69	314	18	610
AUG16	<5	12	0	9	53	245	18	206	53	278	20	403
SEP16	<5	10	0	<5	82	259	9	241	82	264	9	285

Table 6. WEAT ED Attendances related to Drugs and Alcohol at Wyndham Hospital by Month (2015 - 2016 YTD)

WA Police

Explanatory Notes:

Kununurra Locality

- Domestic Assaults – There is an expectation that WA Police improve their ability to identify Domestic violence and to help with this have implemented new practices that have improved reporting and their ability to identify incidents of domestic violence. An expected trend is that DV assault figures will continue to rise as more people report incidents of DV. This rise does not reflect the impact of TAMS.
- Alcohol Related Domestic Assaults - Alcohol supply in Kununurra is currently 2 cartons of beer, 6 bottles of wine or 1 litre of spirits per day per person. Alcohol will continue to play a large part in related violence until supply levels are reduced. As WA Police identify more incidents of domestic violence it could also identify alcohol as a common denominator in most reports as represented in the graph.
- Alcohol related domestic incidents – Largely relate to disputes where violence is **not** a key factor. The accuracy of data sets is affected by how WA Police detect incidents.
- The effectiveness of TAMS will be very hard to draw correlations between statistics from WA Police to measure the effectiveness of the system. Unlike metropolitan areas where you can see the benefits when there is a reduction in alcohol related antisocial behaviour and public drunkenness since TAMS was introduced.
- An example of this is White Gum Park which was visited daily for an array of of alcohol related incidents (assaults, DV's antisocial behaviour, alcohol consumption, gambling) and since the TAMS trial there has been a 60% reduction in call outs or the need for police to attend this location alone.

Wyndham Locality

- When interpreting the Wyndham data, you must keep the dynamics of the town in mind. Wyndham is a small community of about 1,000 people and is effected by employment available in the town. When the Port and other businesses shut in 2015, many people left Wyndham.
- The timing of this coincided with the introduction of the liquor restrictions and having a large itinerant population, several of the people that were involved in these incidents left town to other communities, looking for alcohol and have started to return to Wyndham in 2016.
- The last consideration is reporting obligations. The community are beginning to trust Police a lot more and are reporting more offences. The fact that DV is rising isn't so much that there are more DV offences, just that more of the offences that were already present are now being reported to Police.

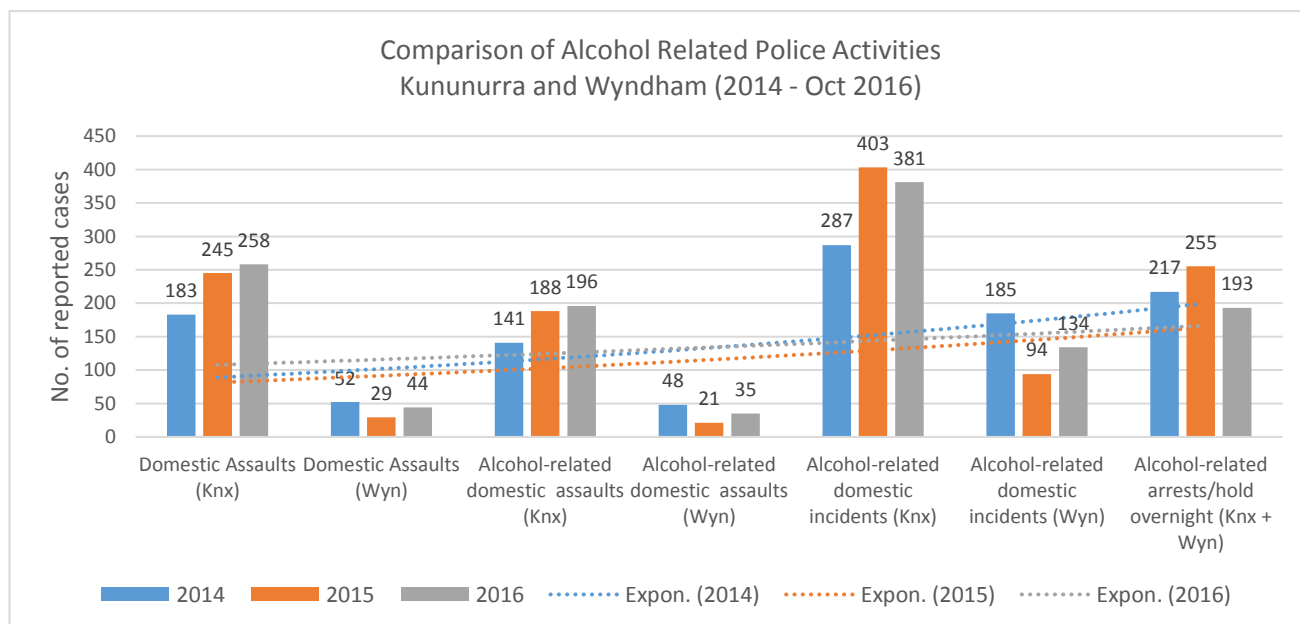


Figure 9. Comparison of Alcohol Related Police Activities

St John Ambulance (Kununurra and Wyndham)

Explanatory Note:

St John Ambulance WA is a charitable, non-profit, humanitarian organisation teaching first aid to the community, delivering the State's ambulance service while also shaping and leading the sector nationally. Within the context of the TAMS review, St John Ambulance is a first responder service that works closely with WA Police and WACHS to ensure timely treatment for users of the service.

The data provided below is high level summary of the call out quantity, category of call outs and number of reported cases St John Ambulance has responded to in Kununurra and Wyndham (collectively) since 2014 and October 2016. Improved internal recording of secondary problems to monitor the presence of alcohol in all reported cases is effective as of 1st October 2016.

The following statements are not the view of St John's and have been noted as potential influencing factors:

- Tourist season and the influx of visitors to the region.
- Seasonal temperatures may or may impact consumption patterns.
- Overall population changes could impact the decrease or increase in call outs.

Over the period of 2014 to October 2016, the total **reported** cases of call outs (excluding transfer received by the St John Ambulance teams in Kununurra and Wyndham was 3953, an average of 116 per month.

The immediate observation between the TAMS Trial beginning in December 2015 is that although there was a slight decrease from December 2015 – February 2016, the average number of total call outs received were 125 per month. Over time, total cases reported has, on average, increased.

However, when we review the Total Number of Cases Excluding P4 Cases (transfers) over the same period, what we see is an overall decrease, on average. The percentage of calls outs associated with trauma made up 10% of call outs with a further 7% of call outs listing Alcohol Intoxication as a factor.

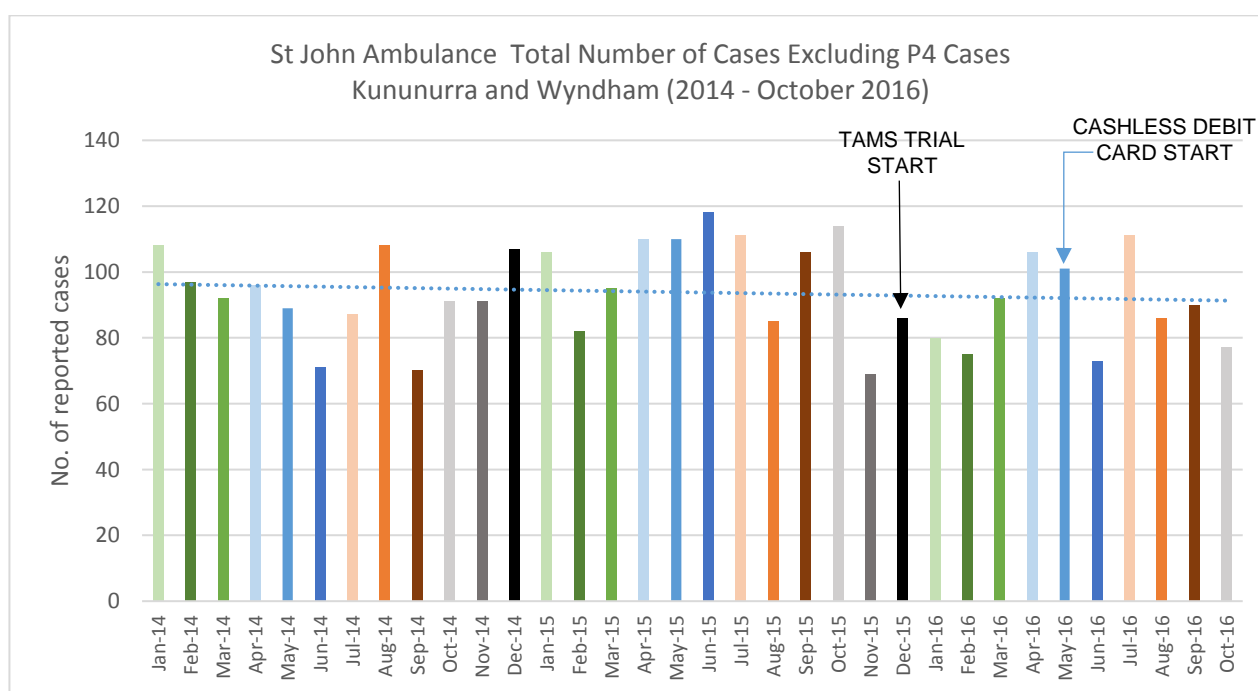


Figure 10. St John Ambulance Total Number of Cases Excluding Transfers

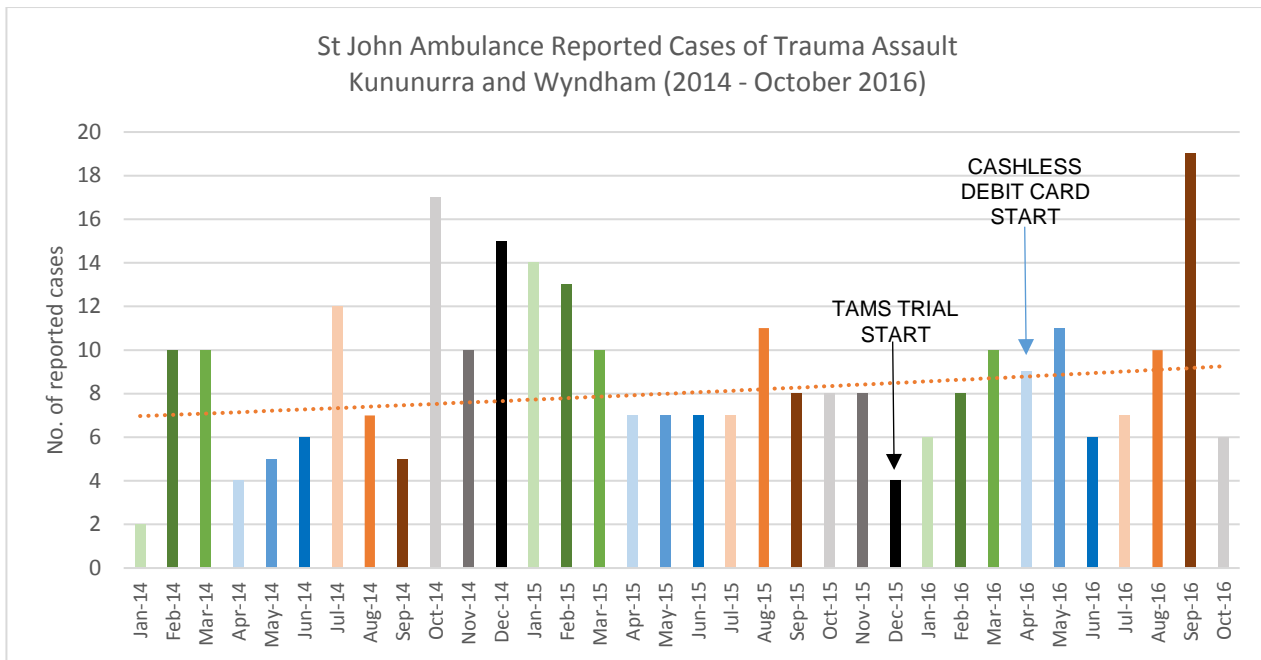


Figure 11. St John Ambulance Reported Cases of Trauma Assault

Over the period of 2014 to October 2016, the total **reported** cases of Trauma Assault call outs received by the St John Ambulance teams in Kununurra and Wyndham was 299.

The immediate observation between the TAMS Trial beginning in December 2015 and the potential impact on the number of total reported Trauma Assault call outs is on average an increase over the 10-month trial period. For 2014 and 2015 Trauma Assault call outs made up 9% and in 2016 made up 10% of total call outs.

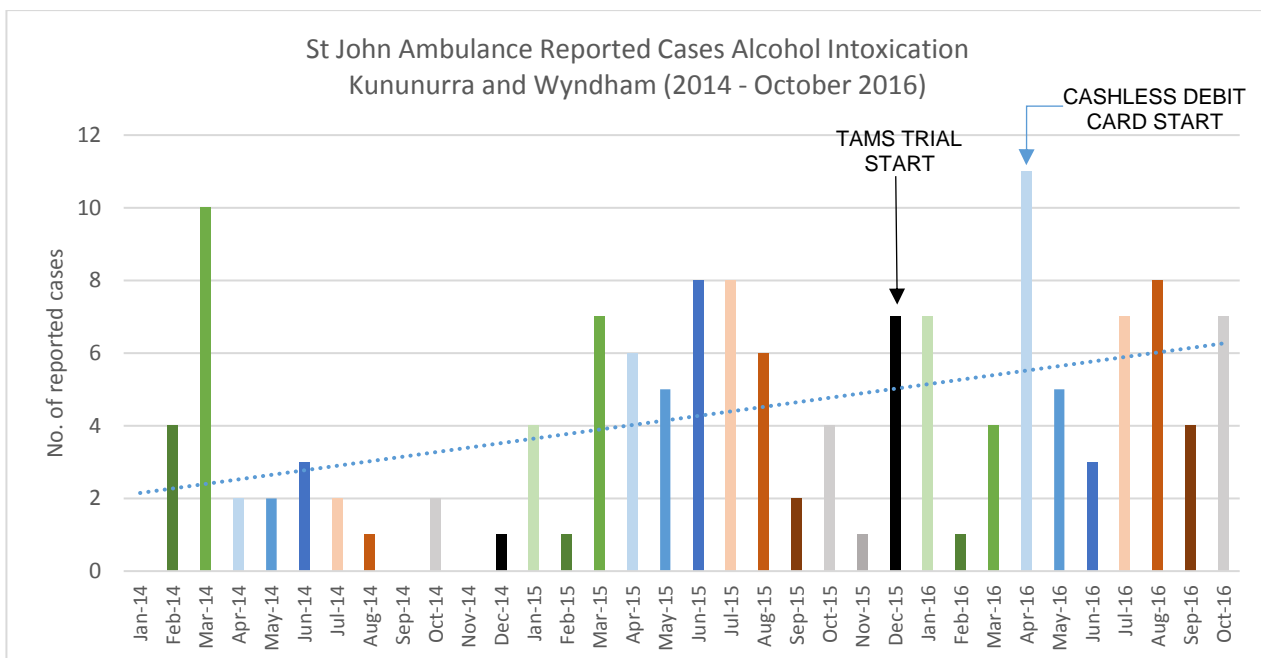


Figure 12. St John Ambulance Reported Cases Alcohol Intoxication

Over the period of 2014 to October 2016, the total **reported** cases of Alcohol Intoxication call outs received by the St John Ambulance teams in Kununurra and Wyndham was 143.

The immediate observation between the TAMS Trial beginning in December 2015 and the potential impact on the number of total reported Alcohol Intoxication call outs is on average an increase over the 10-month trial period. For 2014 Alcohol Intoxication call outs made up 2% of total call outs excluding transfer, in 2015 it was 5% and in 2016 made up 7%.

Appendix 4: Public comments on issues experienced using TAMS

Note that these are direct quotes received during the consultation process and are presented as such. This report does not verify the accuracy of the statements.

- Did not have passport with me, I prefer not to carry it unless necessary and don't drive
- Didn't work
- My id would say I hit my limit and I have just gone in from work, this happened on 2 occasions. I spoke with the staff there and they said they could do nothing about it apart from bring it to their manager's attention so it could be brought up at liquor meetings
- ID seems to only get scanned if you pay on card not cash, have had times when ID was not sufficient etc. have had racial prejudices based on being non-Indigenous with Indigenous friends and family i.e. Refusal of service based on Aboriginal person in the vehicle despite me not having used my id that day.
- Staff at hotel said ID had already been used to purchase alcohol that day. This was incorrect. Written complaint submitted to shire, along with query whether identity information was safe when giving a D/L to a pub worker. Shire officer responded saying the software company had received no complaints about identity information being stolen through the system, and that identity information was only retained for a short period. This did not answer the question re why the system said that a purchase had already been made that day. No further response was received from the shire. I still feel the issue is unresolved.
- ID was not accepted as photo on driver's licence faded and would not accept international driving licence.
- Machines do not work, cannot read all ID cards so it defeats the purpose really.
- System not working.
- Needed more than allowed to cater for a party. That is now why many [people] no longer purchase much locally and order it on line.
- Crappy connections – Takes too long.

Appendix 5: Public comments on the reason why the respondent did not report their issue(s) with TAMS

- No point.
- Too time consuming.
- Was not aware it could or should be reported.
- Because it's not worth it - no one cares because [...] it makes no difference if you complain you are just wasting your time!
- No idea who to report it too.....we have just stopped purchasing alcohol in town and now purchase online, too much aggravation.
- The retailer already knew of the problem.
- Couldn't be bothered wasting anymore of my time.
- Why bother ID wouldn't scan so was excused it's a painful exercise I don't believe in.
- Couldn't be bothered dealing with management or SWEK they are all useless.
- Because I didn't want to waste anymore of my own time.
- What would be the point?
- No point shire will not listen! Bunch self-serving staff. Not interested in the real issue.

Appendix 6: Public comments on whether TAMS should continue

- With tweaks so responsible people aren't penalised
- Restrictions are ok, but these are extreme. There's no need to be such a nanny state.
- I think the time between purchases should be re-evaluated... Also if it is to continue get another machine in the shop so can scan more than 1 license which can be time consuming.
- Yes - mainly for the peoples with whom it is trying to target and not tourists
- Only if it is applied across the state. Northbridge? Broome?
- More restrictions needed quota still far too high
- For people that have a clean drinking record to be allowed to purchase from both bottle shops.
- Yes, that it tones down the issue; No as it discriminates all rather than targets the population with the problem
- It's not working we still have massive social issues related to alcohol
- Should be less restrictive for visitors to the area
- With cuts to amount of wine you can buy 3 bottles per person is still plenty
- If the police and hospital staff have noticed a drop in alcohol related incidents, then yes it should continue. If not, it's obviously of no benefit.
- Maybe. Perhaps a banned list needs to be put into place.
- I don't think we need TAMS if they decide to adopt the healthy welfare card permanently
- If one child can be spared of abuse, then it's worth it. Review after 1 yr and then decide.
- Not worried either way as I am not a huge drinker
- Doesn't impact me so if there is real proof it is helping -then yes - if not, do away with it.
- Solving issues that lead to alcohol issues is far more effective than a paternalistic approach
- A better system to target problem drinkers is required. If it's all too hard do NOT penalise responsible drinkers.
- When there are already restricted alcohol sales, plus the ability for police to shut bottle shops down, and the cashless welfare card in play, the TAMS is probably no longer really serving its purpose.
- Unless they can control the sly grogging and get on top of all of the parties and noise disruptions then it's not a good idea

- Nothing has changed just longer wait to purchase.
- Because it restricts people that don't have a problem, like my dad at his age of 72 can't buy his beer in a stubby, been told he has to have it in a can. My age I should be able to buy a bottle of spirits and a bottle of bubbly for the weekend but I can't
- It is not effective with the minority where the problem lies and is restrictive to the majority who wish to exercise their right to liberty.
- No need and it punishes the majority
- It doesn't work, the restrictions don't seem to either, lets invest the money into something that does like more awareness programs, let's get the kids off the street. It's too late for now but let's hope that what we do now will maybe change perceptions on alcohol down the road.
- Why punish the people who don't abuse the privilege, can't you just limit the people who do? Known offenders, have a data base to limit them.
- Inconvenient and time consuming and it doesn't seem to be making any difference
- It's a nuisance and does nothing to combat the issues it purports to address
- Divisive shout about visible problem not underlying You can buy 1litre of spirits daily if you can afford it.....not the guys lying on the road side but the wife's husbands in houses
- It has already cost the rate payers money we may as well keep it.
- It is not providing any real benefit.
- I think it is ridiculous someone planning a party with friends has to buy alcohol over days at a time. The machines rarely work says i used my license in Wyndham when never been there before then changed its mind. Makes it hard for working people with families that don't want to run in and out of town
- Though the idea around TAMS is trying to resolve the unsocial behaviour it still doesn't address the core problem within the select population.
- Because it's stupid. People have always found a way to buy more alcohol, I just don't see the point in it.
- To restrict people that cannot handle their alcohol across the board not the honest people
- It is time that all the community take responsibility for their actions, you do a grime you do the time. Why punish a whole community for the actions of a few, if those few break the law because of drinking grog then the judges need to grow a spine and put the offenders into prison. It doesn't matter what colour you are; all people should be treated the same.
- Alcohol is not the problem, the abuse of it is. We should look at trying to address this issue or we will consistently be chasing our tail. Trying to put a Band-Aid on a cracked plate is not going to work.
- Well I always do the right thing but people who want alcohol badly enough will find a way to beat the system

- They are a waste of time and an annoying plus people still drink regardless and more of a chance of sly grogging and increased profits for sly grogging
- Consenting adults should be able to make their own decisions towards buying/consumption of alcohol. Unfair to limit based on the actions/attitudes of others not doing the right thing
- Civil liberties, I should be allowed to purchase what alcohol I wish unchallenged
- Make the system work properly
- it is not working and I do believe it is very race directed. they (the police and shire) should be worrying about the real problem of ice in this town instead of hiding it or not even admitting there is a problem.
- I would like to see it continue with a reduction in the daily limits.
- TAMS effectiveness is by-passed by those ordering alcohol by mail/email, bringing it in from other areas (i.e. NT or Broome) and by those supplying sly grog.
- Sly Grogging use of other substances more violence as people who have grog are asked to share or give there's to them
- Target the problem drinkers not the whole town and tourists
- I do the right thing so I shouldn't have to show my ID to buy an occasional bottle of wine or carton of beer.
- Fix the people with the problems not everyone has a drinking problem
- I stand to be corrected, but I'm unsure if it achieves the desired result. A purchase ban on problem drinkers may be a simpler but better solution that does not negatively impact the good folk.
- Welfare card has a lot bigger impact than tams and doesn't impact on normal day to day
- I just don't believe targeting a whole community is well thought out and will address the issue. I understand there is meant to be a community benefit, but the "restrictions" seem to do more to restrict choice - e.g. I can't buy a bottle of cooking sherry and a bottle of wine on the same day, then volume. Problem drinkers can buy two cartons of beer, or 6 bottles of wine or a bottle of spirits EVERY DAY?? How does that help them or the community?
- If you read the survey the answer is there. Why is it not Western Australia wide?
- Don't really think it would change much
- let people make up own mind people moving away because of restrictions
- I think it should stay
- Because if people want alcohol they will get it and it is a hassle to those who follow the rules
- It's increased violence, sly grogging, partying, noise complaints, increased drinking with stronger alcohol

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