Government of Western Australia
Department of Health
South Metropolitan Population Health Unit

Pathway

to reducing harm from alcohol consumption

A Guide for Local Government

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The South Metropolitan Population Health Unit respectfully acknowledges the Aboriginal people both past and present, the traditional owners of the land on which we work.

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1. Introduction

Pathway to a Healthy Community

This guide has been developed as part of a series of supplementary guides designed to support the implementation of the Pathway to a Healthy Community: A guide for Councillors. [1]

The purpose of this guide is to support local governments across the South Metropolitan Health Service (SMHS) area to reduce the harm from alcohol consumption at a local level.

The harm that result from alcohol consumption can go beyond alcohol related diseases to a range of social, economic and environmental impacts on the community. This includes alcohol related assaults, injuries, property damage and other forms of anti-social or illegal behaviour.

Local governments are becoming more directly involved in managing alcohol related issues and are ideally placed to facilitate a coordinated response in preventing the harm from alcohol consumption.

This guide provides a practical overview on the:

- harm that individuals and communities can experience from alcohol consumption
- role of local government in reducing these harm
- steps required to plan, implement and evaluate harm reduction strategies
- strategies that have been shown to reduce harm.

The guide applies key health promotion principles to**:**

- ensure all public policies, not just health policies, contribute in some way to improving people's health
- create social and physical environments that encourage and support health and wellbeing
- develop people's personal skills and knowledge about their own health and wellbeing
- strengthen communities to support health and wellbeing improvement
- ensure services are effective, efficient and accessible to all and have a stronger role in preventing illness and disease[2].

[1] Department of Health. 2010. Pathway to a Healthy Community: A guide for councillors, South Metropolitan Health Unit, Perth.

[2] World Health Organization 1986, *WHO Ottawa Charter for Health Promotion. First International Conference on Health Promotion:* WHO, Ottawa, Canada.

This guide should be read in conjunction with the Drug and Alcohol Office's *Local Government Alcohol Management Package*, available at www.dao.health.wa.gov. This package contains ideas, tips and tools to promote a prevention and risk management approach to existing local government activities, responsibilities and processes regarding alcohol.

The South Metropolitan Population Health Unit (SMPHU) acknowledges that there are a number of ways that local government can act to reduce harm from alcohol consumption and that each local government's response will vary to reflect their geographical, political and administrative setting. This will ensure local solutions are best suited to local problems.

2. What are the harms from alcohol consumption?

'All Australians have a role to play in reshaping our drinking culture, including our governments, law enforcement agencies, the health and welfare sector, the alcohol beverage and related industries, local communities, families and individuals.'

Alcohol plays a significant role in the Australian culture. The entertainment and hospitality industries that serve alcohol contribute to employment and the local economy. Local governments are also involved in events, functions and festivals where alcohol is served. However, there is an emerging trend worldwide that harmful drinking patterns, are resulting in many negative effects both for the drinker and for others in the community.

Table 1 shows how the harms from alcohol consumption can impact on local governments capacity to provide safe and healthy environments for local communities.

[3] *National Preventative Health Taskforce. Australia: the healthiest country by 2020. National Preventative Health Strategy — the roadmap for action*. Canberra: Commonwealth of Australia, 2009. Available from: http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphs-report-roadmap

Table 1: The relationship between the harms from alcohol consumption and local government

Harms from alcohol consumption	Is local government affected?	Comments
Violence	Yes	State government police and emergency services respond to the incident, but the violence increases the risk of injury to residents and has a negative impact on the perceptions of safety and reputation of the local area.
Property damage	Yes	Local governments are expected to repair damage to the public property that is not owned by the state government. Owners of damaged private property are required to repair, replace or lose that item.
Anti-social behaviour	Yes	State government police and emergency services, local government's security staff or a venue's security staff will respond to the incident or threat of incident. The behaviour increases the risk of injury to residents and has a negative impact on the perceptions of safety and reputation of the local area.
Alcohol related litter (e.g. bottles, cans)	Yes	Local governments are expected to remove this litter.
Spills of bodily fluids	Yes	Local governments are expected to clean these fluids from public property.
Alcohol related road crashes	Yes	State government police and emergency services respond to the incident, but the behaviour increases the risk of injury to residents and may damage council-owned infrastructure.

Harms from alcohol consumption	Is local government affected?	Comments
Short term (acute) health impacts (e.g. death or injuries from alcohol related falls, drowning)	Yes	State government police and emergency services respond to the incident, but the behaviour increases the risk of injury to residents.

Source: Australian Drug Foundation 2012, “Under the influence: What local governments can do to reduce drug and alcohol related harms in their communities”. *Australian Drug Foundation Prevention Research Quarterly*, ADF, Melbourne.

Consuming alcohol is a risk factor for both chronic disease and injury. It impacts on health, both as a drug and as a nutrient that contributes to overweight and obesity. In Australia, alcohol contributes to 3.2% of the total burden of disease, and is second only to tobacco as a cause of drug-related deaths and hospitalisations[4]

[4] Begg S, Vos T, Barker B, Stevenson C, Stanley L & Lopez AD 2007. *The burden of disease and injury in Australia 2003*. PHE 82. Canberra: AIHW.

A snapshot of alcohol use in Western Australia (Western Australian Health Promotion Strategic Framework 2012–2016)

In 2010, 77% of the Western Australian population aged 16 and over reported that they consumed alcohol, and 23% reported that they were non-drinkers.

Of those who reported that they drank alcohol, half did so at levels that put their health at high risk of harm from an alcohol-related disease over their lifetime, and 23% consumed alcohol at levels that put their health at high risk for an alcohol-related injury from a single occasion of drinking (based on current National Health and Medical Research Guidelines).

Males who consumed alcohol were more likely to drink at levels which placed them at risk of lifetime harm than females who drank (60% compared with 39%). Male drinkers were also more likely to drink at levels which placed them at risk of harm on a single occasion than female drinkers (31% compared with 14%).

High-risk drinking behaviours decline with age for both men and women.

In 2008, nearly a quarter (24%) of Western Australian adolescents (aged 12–17) who drank alcohol, consumed it at levels that placed them at risk of short-term harm. In 2004–05, a higher proportion of Western Australian Aboriginal people had abstained from drinking alcohol in the previous year than non-Aboriginal people (30% compared to 14%). However, Aboriginal people who drank had a higher prevalence of drinking at high-risk levels for short-term harm on at least a weekly basis compared with non-Aboriginal drinkers (18% compared with 8%). People living in very remote areas have twice the likelihood of dying from alcohol-related conditions than those who live in metropolitan areas.

The most socioeconomically disadvantaged populations in WA have 1.5 times the death rate due to alcohol than the least socially disadvantaged group.

In 2006 the total cost of hospitalisations in WA associated with alcohol was estimated at more than $33 million. Emergency department attendances for alcohol-related injury and assault cost the state more than $7 million in 2005–06.

Source: Department of Health, WA. 2012. *Western Australian Health Promotion Strategic Framework 2012–2016.* Perth: Department of Health, WA.

3. What is local government's role?

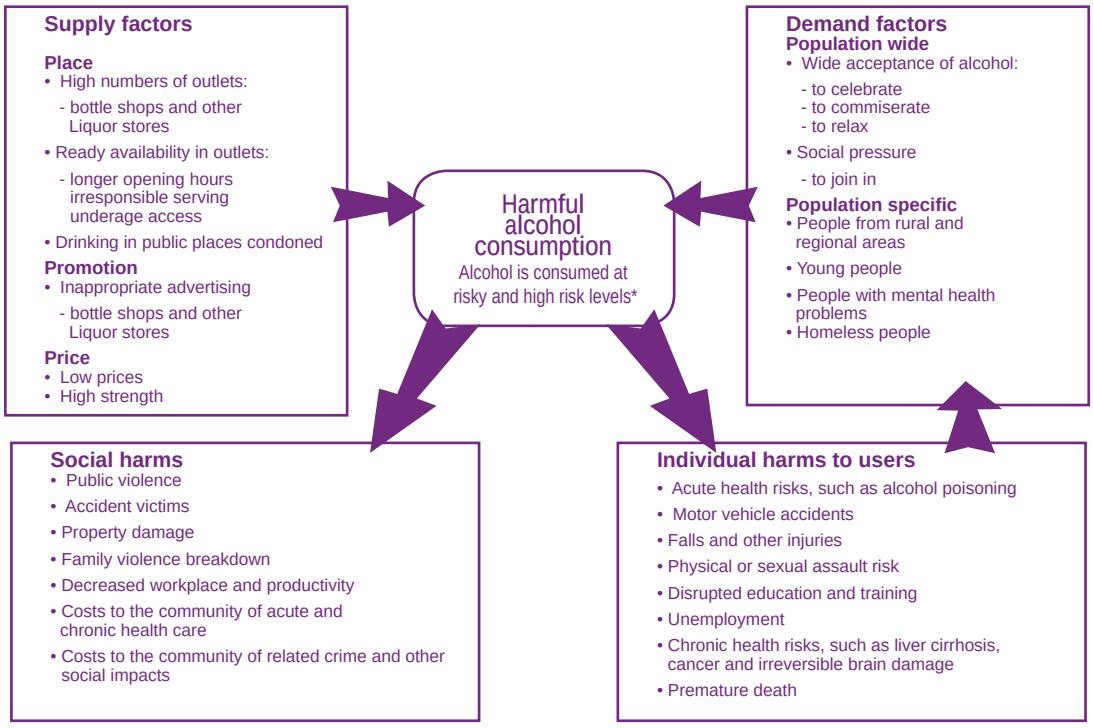
The *Western Australian Local Government Act 1995*[5] includes the requirement that local government is actively concerned with the social, economic and environmental needs of their communities. In addition, local government is increasingly aiming to build strong, self-reliant and resilient communities.

As illustrated above, alcohol consumption can have a significant impact on the health and wellbeing of individuals and the community as a whole. This means preventing and responding to harms related to alcohol consumption can become a significant local issue for local government.

Of course, preventing and responding to harm from alcohol consumption is not the responsibility of local government alone. Both the federal government's *National Preventative Health Strategy 2020* and the states *Western Australian Health Promotion Strategic Framework 2012–2016* identify harmful alcohol consumption as a major health concern and reducing alcohol related harm as a priority action area. There are many other government and community-based organisations that are involved in prevention and response activities.

Nonetheless, looking at the major contributors to harm from alcohol consumption in Figure 1 it is clear that local government is active in many of these areas. Within the wide scope of its business, local government can influence key supply and demand factors and can reduce individual and social harms.

Figure 1: Major contributors to harm from alcohol consumption



*Source: Dibley G 2007, '*Local Government Reducing Harm from Alcohol Consumption', *Australian Drug Foundation Prevention Research Quarterly,* ADF, Melbourne.

[5]Government of Western Australia 1995, *Western Australian Local Government Act 1995,* Perth

Table 2 illustrates some of the broad ways in which local government roles already influence harm from alcohol consumption. These local government roles help to create the built, social, economic and natural environments that can reduce the risk and consequences associated with alcohol consumption.

Table 2 Local government action to reduce harm from alcohol consumption

Contributor	Local government roles
Supply	• Planning and regulating land use, urban design and outlet mix, including alcohol-free areas • Regulating and monitoring licensed premises • Regulating alcohol at council-owned facilities • Establishing local laws on public consumption • Advocating against inappropriate promotion and pricing
Demand	• Modelling moderate consumption at council events • Providing alcohol-free community events or alternatives • Supporting public awareness and education
Social harm	• Developing community safety strategies including: - personal safety - road safety - streetscapes and lighting • Reducing harms including: - waste and hazard management - property damage - graffiti management
Individual harm	Working with support services to plan for and coordinate services preventing or responding to individual harms, for example, maternal and child health programs or youth services.

4. Why plan to reduce harm from alcohol consumption?

Developing a response to reduce harm from alcohol consumption means local government can focus attention on improving the health and wellbeing of its community. It will allow local government to:

- take into account the whole picture — supply, demand, social and individual harms
- set out its commitment and vision in the context of the health and wellbeing of the community
- work proactively with other stakeholders to identify and implement effective and sustainable strategies
- align its efforts in an integrated way
- describe and monitor the specific action it will take.

Some of the benefits of working in this way can include:

For the community

- Reduction in the number of people consuming alcohol at harmful levels.
- Improved health and wellbeing, in particular amongst at-risk groups.
- Reduction in costs associated with vandalism, littering, graffiti and criminal damage due to antisocial behaviour.
- Reduced need for spending on security services.
- Improved feelings of community safety and cohesion.
- Improved urban design and amenities.
- Greater use of public spaces.

For local government

- Raised awareness of other staff and councillors about harms caused from alcohol consumption.
- Greater collaboration between departments across the organisation to reduce harms caused by alcohol consumption.
- Key stakeholders identified and partnerships built with the community and external agencies to ensure the development of integrated local alcohol harm reduction strategies.
- Greater support for health and wellbeing plans and other strategic planning documents across the organisation that focus on promoting healthier communities.

- Improved support for applications to obtain grants to assist funding of the actions taken to reduce alcohol related harm.
- Improved strategic direction on land use planning and liquor licence approvals.

5. Where does alcohol harm reduction fit among local government plans and policies?

Local government is involved in planning and policy development for the community. This can result in policies, plans and strategies that are quite broad, (such as the "*Plan for the Future*"), or more specific, for example, focusing on a particular population group, a geographical area, a topic or a service area.

Many of these policies and plans may already influence alcohol related harm in some way or another. In choosing to proactively plan to reduce harm from alcohol consumption, local government will need to consider whether it will:

- adopt a council alcohol policy
- integrate alcohol related strategies within other relevant plans
- develop a stand-alone alcohol plan.

This choice will depend on the needs of each local government. Considerations will include the current circumstances and the prominence of alcohol by the local government, with stakeholders and in the community.

Either way, it is worth understanding the governance context in order to integrate alcohol related issues with other plans and policies to ensure goals or objectives align.

Developing a council alcohol policy

One way of establishing a council's high-level intentions in relation to harms from alcohol consumption is to develop an overarching council alcohol policy.

Councils are empowered under Section 2.7 of the *Local Government Act 1995* to develop policies to further the achievement of their strategic goals or contribute to their statutory obligations. Policies are generally reviewed once every three years.

If established, such a policy provides an overarching framework to guide the local government response to the issue of alcohol in the community. In this way a policy serves a similar role to the high-level components of a formal plan. That is, the policy statement will express a goal or long-term outcome accompanied by a set of actions, which describe how the policy will be implemented.

The development of a policy can also serve as a first step towards developing a plan. As such, it will involve many of the same elements involved in the development of a plan: understanding the issues; engaging stakeholders; and identifying a response. The steps in plan development described under Section 6 can assist.

Below is an example of an alcohol policy developed by the City of Armadale. The policy goes on to describe a range of strategies intended to pursue the policy's vision.

City of Armadale Alcohol Policy

POLICY — HLTH 3: Alcohol Risk Minimisation

Management Practice: HLTH 3

Relevant Delegation: N/A

Application of Policy

This policy has application throughout the whole of the City.

Policy Statement

The City is committed to support and promote the responsible sale, supply and consumption of alcohol and to reduce the effects of unhealthy drinking practices. In order to achieve those outcomes, the City will:

1. Rigorously assess all applications for planning approval of licensed premises, liquor licences and permits regarding potential unreasonable impacts on the health, wellbeing, amenity and safety of the community, including internal engagement with relevant departments within the City and externally, where appropriate, with the WA Police Service, the Drug and Alcohol Office and other agencies;
2. Promote an appropriate mix of land use that will prevent licensed premises having an unreasonable impact on the health, wellbeing, amenity and safety of the community;
3. Require all liquor licence applicants to demonstrate a commitment to the responsible sale, supply and promotion of alcohol;
4. Work alongside agencies to help improve public health, community safety and wellbeing and to assist with the reduction of the harmful effects of alcohol;
5. Reflect community values and expectations in the City's services and programs in assisting with the management of alcohol and the issues it creates;
6. Consult with the community and encourage participation to enhance decision-making processes;
7. Advocate on behalf of the community when substantiated complaints have been lodged in relation to licensed premises; and
8. Promote responsible drinking and personal accountability at events supported and organised by the City and venues it owns or manages.

Related Local Law N/A

Related Policies

COMD 2 — Community Consultation

COMD 5 — Sponsorship of the City's Events, Programs, Facilities and Publications

RECN 4 — Hire of Halls and Buildings

Source*: City of Armadale Council Meeting, 25 October 2010.*

Integrating alcohol strategies within other relevant plans

Harms from alcohol consumption is a key risk factor for health and wellbeing. It can, therefore, make sense that it appears within broader local government plans.

At a local level, the main local government plan is the "*Plan for the Future"* (*Western Australian Local Government Act, 1995)* and *Western Australian Local Government (Administration) Regulations 1996*. These regulations require each local government to adopt a Strategic Community Plan and a Corporate Business Plan. This Strategic Community Plan establishes the community's long-term vision for the municipality's future, including aspirations and service expectations. The plan also drives the development of other local government Area/Place/Regional Plans, resourcing and other informing strategies.

For example, '*reducing harm from alcohol consumption'* may simply appear as one goal among other high-level goals within a Strategic Community Plan. Subsequent strategies or actions might then appear in health and wellbeing plans or other business unit plans.

Such an approach can elevate the topic and gain a stronger mandate from the council and senior management. This can be important where strategies span the wider determinants of health and draw on support from across council.

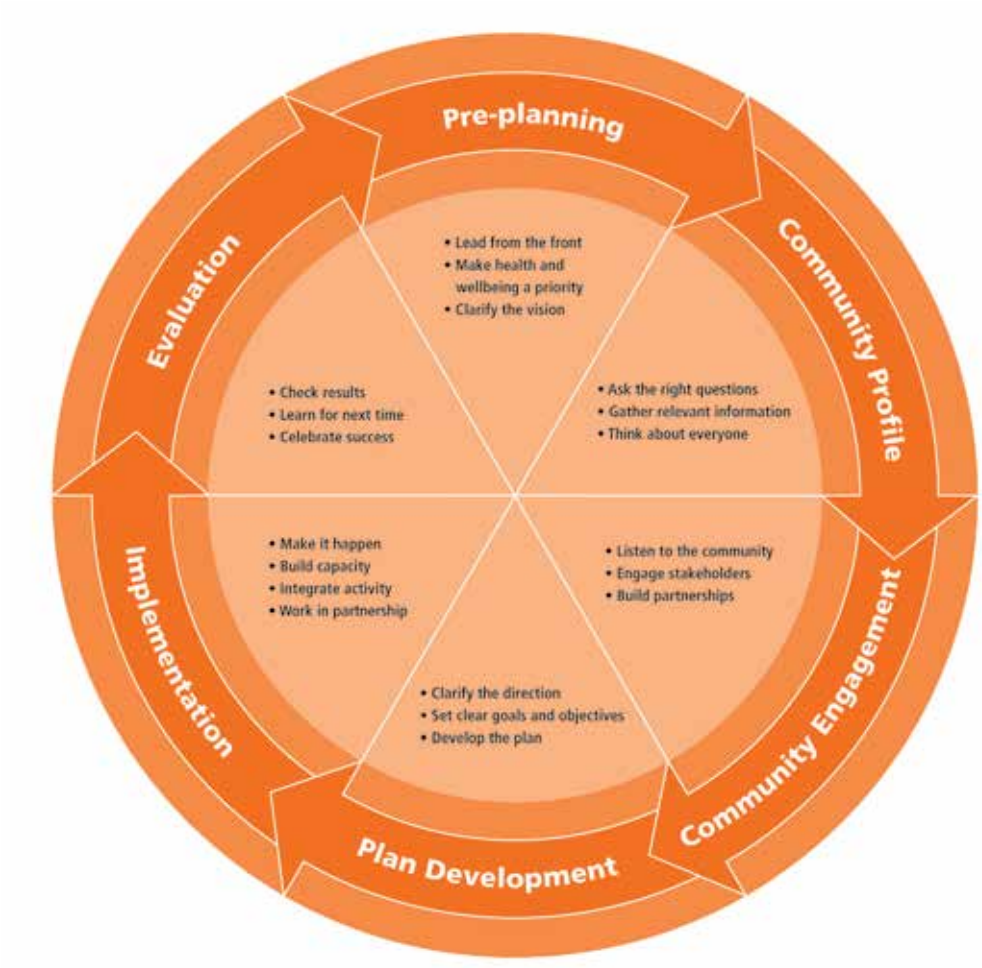
6. Developing a plan to reduce the harm from alcohol consumption

Regardless of whether a plan to reduce the harms from alcohol consumption occurs as a stand-alone plan or within a broader plan, staff need to consider critical information and gain agreement from key parties to the change sought and how this will be achieved.

The detail will vary between local governments, however, effective alcohol planning development will usually follow a number of linked phases.

The planning process from the *Pathway to a Healthy Community: A guide for councillors* provides a useful starting point for considering the key components.

Figure 2: Community and health planning cycle



Source: South Metropolitan Population Health Unit. 2010. *Pathway to a Healthy Community: A guide for councillors.* Department of Health, WA.

The following sections look at each phase of the cycle in more detail and provide prompts to support the reduction in alcohol related harm.

6.1 Pre-planning

The detail of an alcohol plan will emerge as each phase unfolds; however, it is important to use pre-planning to:

- gain support for the alcohol plan across the local government
- establish the governance structure
- identify broad activities and time frames.

These three aspects set the foundation for the alcohol plan and are closely linked. For example, a well-considered governance structure can help to embed support for alcohol harm reduction strategies and a high-level mandate will generally bring with it adequate resources to conduct planning and prompt others to get involved.

Gaining support

Developing a plan to reduce alcohol related harm might come about in a number of ways, including being put forward to executive management as a business unit initiative or being received as a priority initiative directly from the council. Either way, it will be important to gain (and maintain) support from across the organisation. This may be particularly important where you are working with other local government business units that do not have a strong exposure to health and wellbeing.

Gaining support may involve the following actions:

- Raising awareness among the councillors, senior managers and staff of the impacts of alcohol consumption on the community and the need for action.
- Reinforcing the role of the local government in promoting the health and wellbeing of its community in general and its roles in relation to alcohol consumption.
- Identifying people within the local government who can contribute to reducing harm from alcohol consumption, and who might be willing to champion the plan.
- Focusing on the mutual interests and concerns of those most likely to be responsible for implementation or affected by the plan in other ways.
- Seeking a commitment from senior management and councillors as to how the plan will be coordinated and managed.

It is important to make clear links between local government's legislative responsibilities, its stated vision and any relevant existing policies. Mapping or auditing existing plans or policies within the organisation and identifying the roles and functions of other departments in relation to alcohol will help to ensure there is a clear alignment with the vision of overarching plans, such as the *Plan for the Future*, and will avoid unnecessary duplication with other plans.

See Appendix A: Local government alcohol mapping tool

Establishing the governance structure

The governance structure describes how the development of the alcohol plan will be managed. It will answer the questions:

- Who will sign off on the alcohol plan?
- Who will lead the plan development?
- Who will carry out tasks?
- How will decisions about the plan be made?

It is likely that the resulting alcohol plan may require endorsement from the council. This is preferable as it can provide greater profile and accountability across the organisation. Nonetheless, in order to be presented to the council it will also need to be signed off by the senior management team and chief executive. This approval process will need to be factored into the time frame.

The development of the alcohol plan can be managed in a range of ways, however, getting it right takes effort and requires the input of more than one person. One way of spreading the load while at the same time reinforcing a whole of council approach is to establish a small internal working group. Such an approach can embed support and stimulate champions across the organisation. It also allows a pooling of resources, abilities and energy needed to drive the development and implementation of the plan.

The make-up of the working group will be important if it is to achieve these outcomes.

Consider the following:

- ask the most senior person accountable for the plan to chair the working group
- invite councillor representation onto the group. This may be a councillor with portfolio responsibility or a councillor with a compatible interest
- select members based on their roles in the organisation; their interest and willingness to contribute; and their span of influence.

Once an internal working group has been established, it is useful to establish its roles and responsibilities. For example, would the group's role be to advise, make decisions or to manage the process? These roles can be placed on the agenda of the first group meeting. A draft terms of reference could be developed as an agenda item. A suggested structure for a terms of reference is outlined in the box below.

Structure of terms of reference

Background

This should be a brief section describing:

- how the alcohol plan fits within the priorities of the local government and community; why the working group is needed.

Role

This section should describe:

- the main roles of the working group and their responsibility for the plan's direction,
- finances and results
- how the plan meets the needs of the stakeholders
- important action plans that will guide the lead officer and the team on important planning actions.

Membership

- list of who is in the working group and their special tasks (if any)
- list of who will chair the working group
- how the working group will meet
- frequency of working group meetings.

Other

- framework for agendas and minutes
- how issues may be managed
- where the meetings are to be held
- use of proxies.

Source: Stoneham M & Cotton R, 2005. 2nd Ed. *Building a Healthy Community.* Healthway, Perth.

In addition to an internal working group, an external reference or advisory group might help share the workload. This would be made up of key stakeholders and would benefit from a similar terms of reference approach.

Where activity is focused on local government action alone, simpler consultative mechanisms may be sufficient.

Identifying broad activities and time frames

One of the first actions of the internal working group will be to map out the activities and time frames. This can be described in a simple discussion paper that answers the following questions.

- What is the purpose of the alcohol plan?
- How will the plan be developed?
- When does the plan need to be finalised?
- What broad activities need to be completed to meet this deadline?
- What are the key milestones and time frames?
- Who will do what?
- What resources will be required?

A discussion paper can be used to clarify the resources needed and gain management endorsement. It will also ensure the internal working group members are clear about how activities will proceed and assist in keeping the plan's development on track.

6.2 Community alcohol profile

A community alcohol profile might be developed as a preliminary step in gaining support to undertake planning or it might be the first step in the formal planning process. Either way, it will provide a picture of the current circumstances and support the impetus for change. It will be a key tool in gaining or maintaining support. If, for example, councillors, senior management and staff are not convinced that alcohol related harm is a priority issue, they are unlikely to support the development of the plan or its implementation. Compelling information, such as a community alcohol profile, can influence and change entrenched views.

Developing a community alcohol profile allows local government to identify the harms from alcohol consumption at a local level and to identify the challenges and opportunities to reduce these harms.

Ask the right questions

Asking the right questions means a community alcohol profile will identify:

- the impacts that alcohol consumption is having on the community
- the built, social, economic and natural environments that can influence a reduction in alcohol related harm
- priority population groups at most risk of alcohol related harm.

Gathering the data

Data on the local impacts of alcohol consumption can be sourced from the SMPHU. Individual local governments may also conduct their own community surveys to provide additional data on relevant alcohol related issues of concern to the local community.

Some of the ways in which local government can gather useful local data are shown below:

Ways to gather local data on alcohol related harm

- Research current international, national and local government policies on alcohol availability and control.
- Develop surveys to assess alcohol related concerns in the local area.
- Map data relating to the locality of licensed premises with relation to other key sites such as schools, parks and transport facilities.
- Research health statistics relating to alcohol consumption, violence and injury. This may include alcohol related hospitalisation reports and financial costs associated with hospital stays.
- Identify local government data from population surveys, or Australian Bureau of Statistics, Socio-Economic Indexes for Areas (SEIFA).
- Identify local data that indicates harm, including rubbish collection data and community security patrols.
- Identify alcohol control strategies already in place in the local area.
- Map potential stakeholders both inside and outside government involved with issues relating to alcohol control.

Identifying priority population groups

Some members of the community will be more vulnerable to alcohol related harm. Local governments have a particular responsibility to ensure that vulnerable people in their community are protected and cared for.

Priority populations

Individuals and groups at high risk of alcohol related harm:

- whole population to address culture of alcohol consumption
- young people who drink at potentially harmful levels
- Aboriginal people who drink at potentially harmful levels
- people at high risk of chronic disease or with a chronic disease
- pregnant women
- children under the age of 15

Complete the profile

Once the profile is completed, it is useful to consolidate this information into a single brief document. This can then be used to educate, engage, advocate and plan with councillors, senior management, staff, community and external agencies. The case study below provides an example of how one local government has profiled local alcohol related issues.

Case study: Developing an alcohol profile in the City of Rockingham

In August 2010, the City of Rockingham began compiling an alcohol profile to assist them with the development of an alcohol policy.

Demographic data was sourced from the City of Rockingham's website, government sites including the Australian Bureau of Statistics (ABS) and from reports produced by SMPHU. Liquor licensing and permit information was provided by City of Rockingham staff, as was information regarding noise complaints, and alcohol-related litter. Meetings were held with local police in order to gather data on alcohol-related incidents, assaults, callouts and crime statistics.

The SMPHU was able to provide alcohol-related hospital emergency department presentations data, which was then analysed according to age, gender, time and day of incident. Other information relating to education facilities and support services was added.

The document was kept short and simple, so that key information could be quickly sourced and understood by all members of the Alcohol Management Working Group.

6.3 Community engagement

Reducing the harms from alcohol consumption requires the participation and cooperation of many government and community stakeholders. Successful plans, therefore, should be developed in consultation and partnership with others with an interest in alcohol related harm. This includes listening to and engaging with the local community.

Consultation is most effective when it occurs early in the process and is also used to validate the proposed way forward.

There are many individuals and organisations within a local community who will have an interest in reducing the harms from alcohol consumption. Identifying those individuals and organisations is an important step. Questions to ask when trying to identify local stakeholders are listed below:

Identifying local stakeholders

- Who might be affected positively or negatively by the concerns to be addressed?
- Who are the 'voiceless' for whom special efforts of engagement may need to be made?
- Who are the representatives of those likely to be affected?
- Who is responsible for what is intended?
- Who is likely to mobilise for or against what is intended?
- Who can make what is intended more effective through their participation or less effective by their non-participation or outright opposition?
- Who can contribute by financial and technical resources?
- Whose behaviour has to change for the efforts to succeed?

Source*: World Bank, Sourcebook on Participation, 1997.*

Suggested stakeholders

- South Metropolitan Population Health Unit
- Drug and Alcohol Office
- WA Police Service
- Department of Racing, Gaming and Liquor
- Office of Crime Prevention
- Neighbouring local governments
- Medicare Local
- Aboriginal Medical Services
- Aboriginal Health Council of Western Australia
- Local drug action groups
- Residents groups, including Neighbourhood Watch and progress associations
- Outlets with liquor licences
- Local media and community newspapers
- Other non-government organisations and interested community members including representation from the priority population groups

Before engaging with stakeholders, it is important to consider their interest in the topic. Many will be focused on reducing harm from alcohol consumption but will nonetheless have their own specific focus, for example, a population group. Others may be conflicted;

for example, a sporting association will be interested in the health and wellbeing of members but might rely heavily on alcohol sales for funding.

For each stakeholder it is important to think about their interest in reducing harm from alcohol consumption: What's in it for them? For example, for health agencies, it will be reduced health risks; for police, reduced crime risks; for liquor outlets, safer, more convivial venues and so on. This analysis will guide decisions about how and when to engage each stakeholder in planning and implementation.

6.4 Writing the plan

Writing the plan involves clarifying what needs to change, prioritising action using the available information and choosing the strategies most likely to address the identified needs.

In considering what goals are important for a local community, it is worth considering the major contributors to harm from alcohol consumption identified in Figure 1; for example, what needs to change locally about supply, demand, individual harms and social harms? Potential goals, therefore, might focus on reducing access to alcohol; reducing community acceptance of harmful drinking; and reducing individual and social harms. Objectives will be more specific but again might benefit from considering the dot points from Figure 1.

Whether the resulting plan is a stand-alone local government plan or a more integrated plan that includes strategies pursued by partners, it is important to ensure goals, objectives and strategies are clear and readily understood by stakeholders.

The SMART technique is a good way to ensure that the goals, objectives and strategies are as clear as possible.

SMART goals, objectives and strategies have the following characteristics:

S — specific: it is about a particular health determinant, population group or setting, and describes the change to be achieved

M — measurable: it includes measures that indicate whether, or to what extent, it is achieved

A — attainable: it can be achieved within available resources: funds and people

R — relevant: it makes sense to the overall aspirations of the community and the vision of the local government

T — time-framed: it has a timeline that indicates when it will be achieved.

Source: Doran, G T 1981, There's a S.M.A.R.T. way to write management goals and objectives, in *Management Review* Nov 1981, 70.11

Table 3 provides broad definitions for each planning statement and provides examples of the SMART technique.

Table 3: Hierarchy of health planning statements

Health Planning statements	SMART example
Goals Goal statements describe the improvements and long-term benefits sought for a given population. When it comes to health and wellbeing, they are statements about reducing a health risk or improving health and wellbeing status, quality of life and equity.	*To reduce crime and anti-social behaviour arising from consumption of alcohol by 10% by June 2015.*
Objectives Objective statements describe what will be done to achieve the goals. They are specific and concise and identify who will make what change, by how much, where and by when. Objectives achieving health and wellbeing goals are likely to address: • specific risk or protective factors • policy development • infrastructure development • changes to surroundings • skill development • community participation • community action.	*Reduce the density of alcohol outlets in the municipality by 10% by June 2015.* Note: *This is just one of a number of possible objectives designed to meet the above goal.*
Strategies Strategy statements describe the shorter term activities that are undertaken to meet the objectives.	*Impose earlier closing times in the entertainment district by June 2014.* *Restrict the number of licensed premises to existing levels.* Note: *These are just a few strategies designed to meet the above goal.*

An example of a planning worksheet that could be used in the plan development can be found in Appendix B

[6] Nutbeam, D 2000, *What makes an effective health promotion program?*, in *Oxford handbook of public health,* Oxford University Press, Sydney.

Selecting objectives and strategies

Once goals and objectives have been clearly stated, it is necessary to select strategies most likely to achieve these objectives. Strategies are shorter term activities that are undertaken to meet the objectives. Before deciding on what strategies to use, it is useful to examine what has worked in the past and elsewhere. Strategies with strong evidence provide the greatest likelihood of success.

Strategies selected should always be those best suited to local circumstances — taking account of population characteristics; settings; needs; and the contribution of local partners. Using a variety of strategies to address a single issue is more successful than using single strategies[6]. For example, the promotion of low-risk alcohol consumption can be supported by alcohol-free activities and alcohol-free areas at community events.

Suggested objectives and strategies

The following is a list of suggested strategies that can be used to support actions to reduce harm from alcohol consumption. They are grouped under broadly stated objectives commonly applied to harm reduction goals and are taken from key national and state strategic plans.

Objective 1. Improve the safety of people who consume alcohol and those around them

Local government can help facilitate safer environments for consuming alcohol. It is important that measures are put in place to ensure drinking does not threaten public safety and enjoyment. This is essential to ensuring that Australia's cities and towns are safe and free from alcohol related injury, violence and antisocial behaviour, particularly at night.

Suggested strategies

- Develop or amend local planning policies to address land use and physical/urban design issues that minimise alcohol-related problems and promote community safety.
- Determine the most appropriate mix of outlet types.
- Try to ensure alcohol is not the primary economic facilitator in any particular area.
- Conduct regular safety audits of licensed premises to assess degree of alcohol-related risk and report the information back to the venues for discussion and response.
- Use alcohol-related security patrol data to inform planning and other relevant local government decisions to support and uphold community amenity.
- Liaise with stakeholders such as police and health regarding licence applications, including events, to determine if the licence is likely to lead to alcohol-related problems and related issues in the community.

Objective 2: Increase public awareness and reshape attitudes to promote low-risk drinking environments

Prevention is often the best solution. It is important that the community is educated on the risks of alcohol related harm as alcohol consumption often results in harm not only to the drinker, but also to others around the drinker. However, achieving and maintaining attitudinal and behavioural change in relation to harmful drinking will require long-term effort.

Suggested strategies

- Support alcohol policies and programs in sporting clubs, schools, tertiary education settings and other environments in which children or young people are involved.
- Provide support and sponsorship to alcohol-free community events.
- Provide extra funding or personnel to assist with evidence-based education and awareness programs.
- Run community forums to promote local discussion and awareness of the risks and harms associated with harmful alcohol use.
- Review sponsorship of sport and cultural events which also promote the consumption of alcohol.
- Promote alcohol-free environments where children and young people are present.

Objective 3: Develop policies on alcohol at local government-owned facilities, public places and community events

Local governments have a greater capacity to regulate activities that occur in public places. Local governments can require event organisers to abide by any council policies relating to the use of local government facilities or buildings.

Suggested strategies

- Include in relevant policies, a set limit on the number of large events local government will approve each year and identify acceptable and unacceptable locations for such events. Having guidelines can save unnecessary delays in approvals for event promoters and promote an efficient image for the local government.
- Ensure all relevant business units and officers are consulted on their role in preventing alcohol-related problems as well as outside stakeholders such as police, local health and relevant community groups. Nominate an event coordinator who should receive all event applications. This person could be responsible for ensuring that all of the relevant sections of the local government have been consulted about the event in question.
- Before granting a certificate of approval for a public building, consider how the sale, supply and consumption of alcohol at the venue may add to any existing risks you identify.
- Create an incident register for public buildings in the local government area that regularly experience problems. This may assist to either change aspects of a Certificate of Approval or to recommend alterations to a public building.

Objective 4: Work in partnership with priority populations to reduce alcohol related harm

It is important to be aware of the needs of priority population groups in your community and how to work appropriately in partnership. For example, before engaging with Aboriginal community members on local alcohol issues, it is important to understand the underlying social and structural determinants of health and to situate alcohol in a historical context. As another example, if working with young people, an important consideration could be the role that the broader community culture and attitudes have and that alcohol related harm is not just a ‘young people’s issue’.

Suggested strategies

- Appoint community workers such as Aboriginal liaison officers and youth workers to work with their communities to reduce alcohol-related harm.
- Establish community reference groups of youth and Aboriginal community members that can advise local government on various issues.
- Endorse culturally secure principles for engaging with Aboriginal people in developing relevant policy and apply the principles.

Objective 5: Reduce the environmental health impacts of alcohol consumption

The economic implications of waste disposal generated from alcohol consumption are underestimated. This is in addition to the associated environmental harms that occur as a result of broken glass and incorrect disposal of alcohol packaging and containers.

Suggested strategies

- All relevant local government departments (for example, rangers, waste management) collect and record information centrally on alcohol-related litter including:
  - Where the alcohol-related litter was found.
  - The contents of the litter (brand of alcohol, volume).
  - Any injuries reported in relation to the litter.
  - The clean-up costs associated with the litter.
- Work with event organisers to provide incentives for patrons to collect litter during events (for example, cash for bags of litter schemes).
- Become involved in anti-littering and litter prevention campaigns, for example, Keep Australia Beautiful or Clean Up Australia initiatives.
- Employ local government workers to monitor alcohol-related litter at public events and prevent bins from overflowing.
- Ensure there are adequate numbers of waste disposal bins at public events, public spaces and nearby licensed premises.

[7] VicHealth 2003, *Partnerships Facts Sheet, VicHealth, Carlton*

6.5 Implementation

The plan itself will have created timelines and assigned responsibilities. It will nonetheless be important to refer back to the objectives and strategies to keep on track. Some tasks that should be completed during this phase are listed below:

Tasks to be completed during implementation phase

- Ensure your project stays within budget.
- Document the project's progress and any associated issues.
- Complete progress reports.
- Monitor project progress.
- Generate media interest in the project.
- Motivate your working group to take on components of the project as their core business.
- Advocate for policy and environmental change to sustain the project after the funding cycle has finished.
- Recognise individual and organisational commitment to the project.
- Celebrate successes.

Source: Stoneham M & Cotton R, 2005. 2nd Ed. *Building a Healthy Community*. Heathway, Perth.

Capacity building

Successful implementation requires strong internal leadership and management; clear allocation of resources; and a commitment to workforce learning and development. It also means developing effective partnerships — working with others to achieve common goals. This is often referred to as **capacity building**.

Working in partnership

Building partnerships has become an imperative for local government, particularly in the face of scarce resources, overlapping interests and, at times, an uncertain future.

A partnership means sharing expertise and resources to achieve common goals. Partnerships with community organisations, local businesses and other government bodies offer many benefits. Partnerships might cover[7]:

Networking	→	exchanging information
Coordination	→	aligning activities
Cooperation	→	sharing resources
Collaboration	→	providing mutual support

The governance structure established in the early stages of planning will have built some of these relationships, both internally and externally. It can be useful to review the role of the working group and reference group, if these were established, to consider their roles in implementation. For example, can they play a useful monitoring and review role? Maintaining relevance for members is important, and implementation is likely to be quite different to the relative business of the planning process. Consider less frequent meetings based on key milestones and reports.

6.6 Evaluation

Evaluation checks whether the plan's goals, objectives and strategies are achieved. This has two prime purposes:

- **Accountability** — to demonstrate returns for the investment of resources.
- **Learning** — to contribute to evidence about what works and what doesn't.

It is important to design evaluation early in the planning development cycle — not once the cycle is coming to an end. This makes it easier to develop measures and to set up any data collection processes. Measures or indicators provide a way of checking whether goals and objectives are being achieved. At the same time, they can expose who is and who is not experiencing harm from alcohol consumption.

The use of measures provides a way to:

- engage stakeholders and communities in informed discussions about shared goals and priorities
- gather information and guide evidence-based planning
- report on progress towards agreed goals and objectives.

By deciding on measures in the plan development stage, evaluation and future community profiling can become clearer. The information gathered in developing the community profile will often provide the information needed to support the measures.

When it comes to evaluating specific strategies or programs, there are many different evaluation techniques that might be used. Choosing an approach to evaluation will depend on:

- the key stakeholders with an interest in the findings
- the time frame for when the information is needed
- the resources available to conduct it
- the use or uses for which it is intended. These might include:
    - improving and informing policy development
    - guiding financial management and resource allocation
    - assisting in organisational learning and skill development
    - pursuing service quality and delivery
    - demonstrating accountability and transparency.

Regardless of the approach, an evaluation should generate information that is credible and useful for decision-making and program improvement.

Program evaluation is widely applied in Australia and internationally and has the following features:

- **Process evaluation** assesses elements of program development and delivery. The quality, appropriateness and reach of the strategies used to implement the program are of key interest in this type of evaluation.
- **Impact evaluation** measures immediate program effects and assesses the degree to which program objectives are met.
- **Outcome evaluation** measures the long-term effects of programs and assesses the degree to which the original intent or program goal has been achieved. It is concerned with the actual changes that have occurred for individuals and communities and often considers outcomes such as mortality, morbidity, disability, quality of life and equity.

The following table describes the kind of measures and evaluation questions each evaluation type poses.

Table 4: Program evaluation: types, measures and evaluation questions

Type	Measures	Questions
Process	• Number of activities implemented/not implemented. • Levels of participation. • Participants' satisfaction with the program. • Program reach. • Recall of key messages. • The quality and accessibility of resources.	• Are all projects and activities developed and implemented? • Are all materials and components of the program of good quality? • Are key partners involved in the program able to fulfil the program goals and objectives? • Is the program reaching the target or population groups? • Are all parts of the program reaching all parts of these groups? • Are participants satisfied with the program?
Impact	Changes in: • knowledge, skills or attitudes • behaviour • public policy • the extent of policy implementation • the environment • the nature of service provision • social support structures • patterns of community participation.	• Has knowledge increased concerning healthy lifestyles? • Have attitudes, motivation, confidence, behavioural intentions and personal skills improved? • Are communities active participants in the program? • Is public opinion supportive of the direction of the strategies? • Are supportive public policies and organisational practices in place? • Are adequate resources allocated? • Are strategies integrated with other relevant activity?
Outcome	A change in health status such as: • a reduction in risk factors, mortality, morbidity or disability • improved quality of life. (This is not a realistic outcome for short-term projects.)	• Has the strategy achieved its program goal? • Have changes in behaviour been sustained over time? • Have environmental conditions improved? • Have there been improvements in health status?

7. Resources

Developing strategies to reduce harm resulting from alcohol consumption can be challenging. Access to up-to-date statistical information and research, and networking with others in the field, helps to build a robust evidence base and boosts motivation. This is particularly important in local government where strategies cut across the built, social, economic and natural environments for health and will call for partnerships across diverse agencies and professions.

Western Australian

Drug and Alcohol Office

The Drug and Alcohol Office (DAO) provides and contracts a state wide network of services relating to prevention, treatment, professional education and training and research activities in the drug and alcohol sector. DAO works closely with other government agencies, the non-government sector and community to ensure the ongoing implementation of appropriate programs and services

This site includes useful links to drug and alcohol information and also to the *Local Government Alcohol Management Package*.

Website address: www.dao.health.wa.gov.au

The *Alcohol. Think Again* campaign is aimed at reducing harmful alcohol use by changing the way people think about alcohol. The campaign uses media and other media to raise awareness about harmful drinking and the problems it causes at a community level.

Website address: www.alcoholthinkagain.com.au

The Drug Aware campaign is aimed at informing young people about drugs to prevent and delay the onset of illicit drug use. The campaign website provides credible, factual information about drugs, where to get help and other drug-related topics to help young people make informed decisions.

Website address: www.drugaware.com.au

Western Australian Department of Health

Western Australian Health Promotion Strategic Framework 2012–2016 Search for ‘Alcohol’ to go to all alcohol related information and links.

Website address: www.health.wa.gov.au

South Metropolitan Population Health Unit

The South Metropolitan Health Service (SMHS) is committed to protecting, promoting and enhancing the health and wellbeing of the population living in the south metropolitan region of Perth. It is responsible for delivering a range of public health services to the community, through the South Metropolitan Population Health Unit (SMPHU). These services include: Aboriginal health, health promotion and community development, communicable disease control, service planning and development, evaluation and research. Services target the whole of the SMHS population, with a specific focus on delivering customised programs for groups at higher risk of poorer health outcomes, including Aboriginal people. Public health interventions are focussed on priorities identified at a local, state and national level, and guided by evidence, current practice, and appropriate public health benchmarks.

The SMPHU recognises the important role of local government and is committed to working in partnership to protect, promote and enhance the health and wellbeing of communities across the SMHS.

The SMHS region includes the following local government areas: City of Armadale, City of Gosnells, Shire of Serpentine–Jarrahdale, City of Belmont, City of Canning, City of South Perth, Town of Victoria Park, City of Cockburn, Town of East Fremantle, City of Fremantle, City of Melville, City of Kwinana, City of Rockingham, City of Mandurah, Shire of Murray, and Shire of Waroona. This area includes the health districts of Fremantle, Bentley, Armadale, and Peel & Rockingham/Kwinana (PARK).

Website address: www.health.wa.gov.au

Local Drug Action Groups Inc.

Local Drug Action Groups support local community volunteers in coming together to develop and implement prevention activities to address local alcohol and other drug use issues..

Website address: www.localdrugaction.com.au

Australian Indigenous Health*InfoNet*

The Australian Indigenous Health*InfoNet* is an innovative internet resource that aims to inform practice and policy in Indigenous health by making research and other knowledge readily accessible. In this way, the Health*InfoNet* aims to contribute to ‘closing the gap’ in health between Indigenous and other Australians.

Website address: www.healthinfonet.ecu.edu.au

National

Australian Government Department of Health

The Australian Government's information site for alcohol. This site contains information on alcohol related health, science, news, and Australian Government policy. It includes information materials and resource products and the National Health and Medical Research Council's *Australian Alcohol Guidelines*.

Website address: www.alcohol.gov.au

Australian Preventative Health Taskforce

National Preventative Health Strategy, Technical Paper 3:
Preventing Alcohol related harm in Australia: a window of opportunity.

Website address: www.preventativehealth.org.au

Australian Drug Foundation

The DrugInfo Clearinghouse provides a comprehensive range of information services and resources to help professionals who work in areas related to alcohol and other drugs.

Website address: www.druginfo.adf.org.au

Australian Institute of Family Studies

This site includes research regarding the impacts of alcohol on families and communities. Examples include parenting influences on adolescent alcohol and patterns and precursors of adolescent antisocial behaviour.

Website address: www.aifs.gov.au

Australian Institute of Health and Welfare

The Burden of Disease and Injury in Australia and findings from the *Alcohol and Other Drug Treatment Services* — National Minimum Data Set reported by State.

Website address: www.aihw.gov.au

Australian National Council on Drugs

The Australian National Council on Drugs (ANCD) is the principal advisory body to Government on drug policy and plays a critical role in ensuring the voice of the community is heard in relation to drug related policies and strategies.

Website address: www.ancd.org.au

Alcohol and Other Drugs Council of Australia

This is the site for Australia's peak national non-government organisation which aims to provide a voice for people working to reduce the harm caused by alcohol and other drugs. It has a number of fact sheets and policy position statements available for viewing.

Website address: www.adca.org.au

8.0 References

Australian Drug Foundation 2012, “Under the influence: What local governments can do to reduce drug and alcohol related harms in their communities”. *Australian Drug Foundation Prevention Research Quarterly*, ADF, Melbourne.

Begg S, Vos T, Barker B, Stevenson C, Stanley L & Lopez AD. 2007. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.

City of Armadale. 2010. *Council Meeting: Alcohol Risk Minimisation.* Perth.

Department of Health, WA. 2012. Western Australian Health Promotion Strategic Framework 2012-2016. Perth: Department of Health, WA.

Dibley G. 2007. ‘Local Government Reducing Harm from Alcohol Consumption’, *Australian Drug Foundation Prevention Research Quarterly,* ADF, Melbourne.

Doran, G, T. 1981. *There’s a S.M.A.R.T. way to write management goals and objectives.* Management Review, 70.11. (Nov. **1981**): 35.

Drug and Alcohol Office. 2011. *Local Government Alcohol Management Package*. Government of Western Australia.

Government of Western Australia 1995, *Western Australian Local Government Act 1995,* Perth.

National Preventative Health Taskforce. Australia: the healthiest country by 2020. National Preventative Health Strategy — the roadmap for action. Canberra: Commonwealth of Australia, 2009. Available from: http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphs-report-roadmap

Nutbeam, D. 2000, *What makes an effective health promotion program?*, in *Oxford handbook of public health,* Oxford University Press, Sydney.

South Metropolitan Population Health Unit. 2010. *Pathway to a Healthy Community: A guide for councillors.* Department of Health, WA.

Stoneham M & Cotton R, 2005. 2nd Ed. *Building a Healthy Community.* Healthway, Perth.

VicHealth. 2003. *Partnerships Facts Sheet, VicHealth, Carlton.*

World Bank. 1997. *Sourcebook on Participation.* Washington, DC.

World Health Organisation. 1986. *WHO Ottawa Charter for Health Promotion. First international Conference on Health Promotion*. WHO, Ottawa, Canada.

APPENDIX A: Local government alcohol mapping tool

(adapted from the DAO Local Government Alcohol Management Package)

Department or service: _____ (please state which service or department you are from)

Please fill out the below table by ticking the relevant box relating to your department and include any written comments. Also identify the staff position responsible for the areas. Codes defined below.

Liquor licences	Role of local government departments and aervices								
	Operations				Community Services				Gov-ernance Strategic
	Planning	Environ-mental Health	Building Engineer-ing	Ranger Depot	Com-munity Services	City Facilities	Youth	Recre-ation & Leisure	
Liquor licence applications: new or existing premises									
Review of liquor licence applications									
Discretionary decisions relating to premises that may require a category A liquor licence									
Application for extended trading permits and Occasional licence									

Liquor licences	Role of local government departments and aervices								
	Operations				Community Services				Gov-ernance Strategic
	Planning	Environ-mental Health	Building Engineer-ing	Ranger Depot	Com-munity Services	City Facilities	Youth	Recre-ation & Leisure	
Intervention to a liquor licence application									
Community events									
Event application from external organisations									
Council events									
Youth events									

Staffing positions: **E**xecutive **E** **M**anager **M** **C**oordinator **C** **O**fficer **O** **A**dministration **A**

Comments

Council-owned land, property and facilities	Role of local government departments and aervices								
	Operations				Community Services				Gov-ernance Strategic
	Planning	Environ-mental Health	Building Engineer-ing	Ranger Depot	Com-munity Services	City Facilities	Youth	Recre-ation & Leisure	
Beaches reserves and Jetties									
Public pools and recreation facilities									
Public open space									
Halls									
Sporting/ leisure and recreation clubs									
Joint use reserves									
Street parties									
Senior citizens centre									
Alcohol management at events									
Fees and charges									

Council-owned land, property and facilities	Role of local government departments and aervices								
	Operations				Community Services				Gov-ernance Strategic
	Planning	Environ-mental Health	Building Engineer-ing	Ranger Depot	Com-munity Services	City Facilities	Youth	Recre-ation & Leisure	
Local government property									
Managing and maintenance of public Open space									
Code of practice for aquatic facilities									
Policy for permits									

Staffing positions: **E**xecutive **E** **M**anager **M** **C**oordinator **C** **O**fficer **O** **A**dministration **A**

Comments

Responding to the community	Role of local government departments and aervices								
	Operations				Community Services				Gov-ernance Strategic
	Planning	Environ-mental Health	Building Engineer-ing	Ranger Depot	Com-munity Services	City Facilities	Youth	Recre-ation & Leisure	
General 'whole of organisation' alcohol policy									
Noise/ complaints									
Graffiti									
Education									
Community concerns									
Litter									

Responding to the community	Role of local government departments and aervices								
	Operations				Community Services				Gov-ernance Strategic
	Planning	Environ-mental Health	Building Engineer-ing	Ranger Depot	Com-munity Services	City Facilities	Youth	Recre-ation & Leisure	
Vandalism									
Crime and safety									
Resident and business Complaints									

Staffing positions: **E**xecutive **E** **M**anager **M** **C**oordinator **C** **O**fficer **O** **A**dministration **A**

Comments

Urban design/town planning	Role of local government departments and aervices								
	Operations				Community Services				Governance Strategic
	Planning	Environmental Health	Building Engi-neering	Ranger Depot	Community Services	City Facilities	Youth	Recreation & Leisure	
Considering building applications for venues: external									
Considering building applications for venues: internal									
Signage									
Town planning Scheme zoning									
Certificates of classification									
Sections 39 and 40 applications									
Infrastructure									
Other									
Resident and business Complaints									

Staffing positions: **E**xecutive **E** **M**anager **M** **C**oordinator **C** **O**fficer **O** **A**dministration **A**

Comments

APPENDIX B: An SMPHU example of a planning worksheet

Program area	Chronic disease prevention
Goal	To reduce personal injury arising from consumption of alcohol by 10% by 2015
Objective	To reduce the availability of alcohol in the municipality by 10% by June 2015

Strategies (What will we do?)	**Targets** (How much? By when?)	**Indicators** (How will we measure progress?)	**Responsibility** (Who will take the lead role?)
• Support preventative health policies and programs in schools and tertiary education settings and other environments in which children or young people are involved. • Provide support and sponsorship to alcohol-free community events. • Provide extra funding or personnel to assist with education and awareness programs. • Develop posters and pamphlets to make local communities aware of the risks and harms associated with alcohol use. • Review sponsorship of sport and cultural events which also promote the consumption of alcohol.	Customise these strategies and add local targets to make sure they are: **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-framed	Have we done what we said we would do? Are we having the influence we expected? Have we achieved our goal?	This might be an internal staff member or external partner

Notes

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