



## Getting policy over the line


Encouraging  
whole-of-local-government  
action on alcohol harms

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## What I'll be talking about...

- \* Darebin alcohol strategy
- \* Key drivers for success
- \* Why the evidence-base alone is not enough
- \* Policy blocks in real life




## National/state/local context

- \* National Strategy and PDPC Review recommend role for local government
- \* Local consultation with AOD stakeholders identified alcohol as key priority
- \* Emerging climate of interest in alcohol issues
- \* Team interest in social determinants and health inequalities
- \* Top-up from DHS (\$14,000)



## About Darebin

- \* Just under 130,000 across 56 sq. km (urban environment)
- \* Highest metro ATSI population
- \* High rate of new arrival settlement
- \* Low socioeconomic status in the north (Preston, Reservoir) and increasingly gentrified in the south (Northcote)



## Policy development

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## Key elements of the policy

- \* Table of contents
- \* Data sources
- \* Whole of local government chart
- \* Policy links table
- \* Key strategies

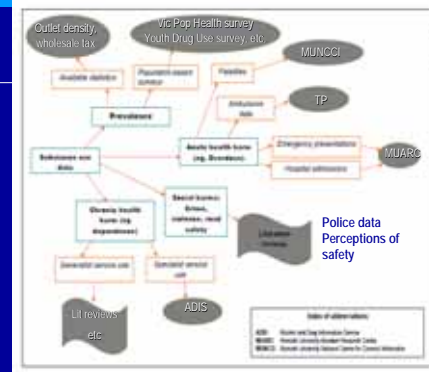


## Table of contents

Alcohol related harms in Darebin  
 Council activities that are alcohol-related  
 Current alcohol issues in Darebin  
 High-level harms  
 Public drinking  
 Greater choice and availability  
 Policy Development map  
 Implementation Plan



## Data sources

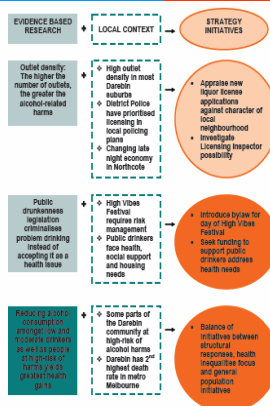


## Whole of local government

Community Services	Public health strategy (this policy)
Statutory Planning	Liquor license applications
Leisure services	Sports clubs
Ethnic Comm C/I	Home brew & winemaking festival
Venues (NTH, DAEC)	Hold liquor licences
Arts & Culture	Major music street festival
Community & Road safety	Intoxicated pedestrians; police liaison
Economic development	Trader relationships, nightlife planning
Strategic Planning	Activity Centre structural planning



## Policy map



## Key strategies 1

- \* Support Indigenous-controlled healing solutions
  - Maya Centre funded & worker seconded
  - Linked back to ADCC
- \* Improve amenity for public drinkers
  - Council recognition of rights
  - Recognised as a priority for community development funding but stalled



## Key strategies 2

- \* Enhanced assessment of new outlets
  - Council-led 2 objections lodged with police on harm minimisation grounds
- \* Reorienting local sports clubs away from alcohol
  - Good Sports program
  - Encouragement of restricted trading???
- \* Monitoring / evaluation tasks



## 5 Drivers beyond the evidence-base

- \* ...but need evidence base too, ie:

## Data sources



## 1. Partnership/stakeholder liaison

- \* Alcohol & Drug Coordination Committee chaired by a Councillor, includes a community representative
- \* Local Police Community Plan
- \* CAAN/Geoff Munro support
- \* Good teammates

## 2. Whole of government approach

- \* Responsibilities
- \* Alignment with existing strategies/policy goals (Festival work)
- \* Communication but no engagement until draft available: making policy tangible...

### 3. Documented strategy

- \* Health Inequalities needs to be one of the goals; not enough to just improve everyone's health
- \* Goethe: on providence
- \* Luck can only occur with the right circumstance and preparation beforehand



### 4. Key allies and policy champion

- \* District Inspector Zammit
- \* Lee Arnold, and Alison Dean, in local newspapers
- \* Cr Peter Stephenson
- \* Policy Worker/driver



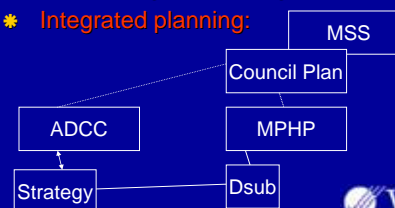
### 5. Policy arguments

- \* Political economy of health:  
Alcohol industry is about ↑ profits = sell more alcohol
- \* Prevention paradox  
Greatest harms to low & moderate drinkers
- \* Multiculturalism  
Opening local sports to Muslim & Buddhist residents



### Other arguments that I wish I had...

- \* Local attitudes surveys: a little bit of data from AIHW is all that's available (concern out of step with community)
- \* Resourcing (compare graffiti)
- \* Integrated planning:



## What next...

- \* Track objections being lodged now
- \* More creative solutions to street drinking and repeal of criminalisation of public drunkenness
- \* Measuring LG resource allocation to whole of population and health inequalities targets
- \* Acknowledge LG paradigm: service provision (status quo) vs policy development (change agent)