



southernforests
alcohol thinkagain

Southern Forests Alcohol and Other Drug Strategic Plan 2016-2018

Long-term Outcome:

To reduce alcohol and other drug related harm in the Shire of Manjimup



Document Change Control Table

Version	Date of Issue	Author(s)	Description
Version 1	3/03/2016	Assunta Di Francesco and the Southern Forests Alcohol and Other Drug Management Committee	Draft - Council endorsement for release for public comment
Version 2	20/05/2016	Assunta Di Francesco and the Southern Forests Alcohol and Other Drug Management Committee	Revised following feedback obtained during public comment phase – Adopted by Council on 16 th June 2016.

Contents

EXECUTIVE SUMMARY	1
ACRONYMS.....	4
SECTION 1: STRATEGIC PLAN	5
1 INTRODUCTION	5
1.1 Purpose	5
1.2 Background.....	5
1.3 Methodology.....	6
2 DEMOGRAPHIC DATA	7
2.1 Land size and use	7
2.2 Population	7
2.3 Socio-Economic Status & Employment.....	8
3 Understanding the issues	8
3.1 Alcohol – Health	8
3.2 Alcohol - Crime.....	10
3.3 Alcohol - Social	10
3.4 Methamphetamines and Cannabis - Health.....	12
3.5 Methamphetamines and Cannabis – Crime.....	13
3.6 Methamphetamines and Cannabis – Social	13
4 STRATEGIC RECOMMENDATIONS	16
4.1 Target Groups	16
4.2 Priority Areas	16
4.3 Recommended Outcomes	16
SECTION 2: ACTION PLAN	17
5 PROJECT ACTION PLAN.....	17
5.1 Time-frame.....	17
5.2 Budget	19
APPENDIX 1	33
APPENDIX 2	34
APPENDIX 3	35

ACKNOWLEDGEMENTS

This Strategic Plan represents the culmination of work developed by the Southern Forests Alcohol and Other Drug Management Committee (Committee) under the Mental Health Commission's guidance. Effective partnerships between organisations and with community are needed to address complex issues such as preventing alcohol and drug related harm, as local government cannot achieve this alone.

The Committee would like to thank all community members who generously gave their time to provide feedback on this document. Their feedback has ensured that the Strategic Plan is relevant and meaningful and will invigorate effective actions and outcomes over the next few years.



Northcliffe District High School Alcohol Knowledge Competition 2014

(L-R) Principal Kath Granger; Winning student - Bruhl Taylor; Shire of Manjimup Project Officer Assunta Di Francesco and Deputy Principal Leigh Makin.

EXECUTIVE SUMMARY

This Strategic Plan was developed as part of the Southern Forests Alcohol and Other Drug Project to reduce alcohol and other drug related harm in the Shire of Manjimup.

The project represents a formal partnership agreement between the Shire of Manjimup, St John of God Bunbury's South West Alcohol and Drug Service and the WA Country Health Service. As part of the agreement, SJOG Bunbury provided funding for a part time Project Officer to oversee the project, while the Shire provided the workplace venue and in-kind support. Furthermore a project committee was established with representation from other agencies to guide the project.

In consultation with the local community and local service providers, the following target groups have been identified for this Strategic Plan:

1. Young people under 18 years of age
2. Parents of children under 18 years of age
3. The adult community who drink alcohol and consume methamphetamines and cannabis

The following priority areas have been identified for this Strategic Plan:

1. Underage drinking and secondary supply
2. Alcohol in sport and licenced settings
3. Methamphetamines and Cannabis

Reducing alcohol and drug related harm requires a coordinated response across sectors sustained over a period of time. This Strategic Plan is a two year plan which outlines comprehensive strategies, short term outcomes, key performance indicators, data collection tools and resources needed to implement the Strategic Plan.

Funding will be sourced from various funding bodies and funding opportunities as they arise. Furthermore there are many activities outlined within the Strategic Plan which will not incur any financial costs. Furthermore there is the opportunity to partner with Shire funded projects where there are commonalities and mutually beneficial outcomes such as those targeting youth.

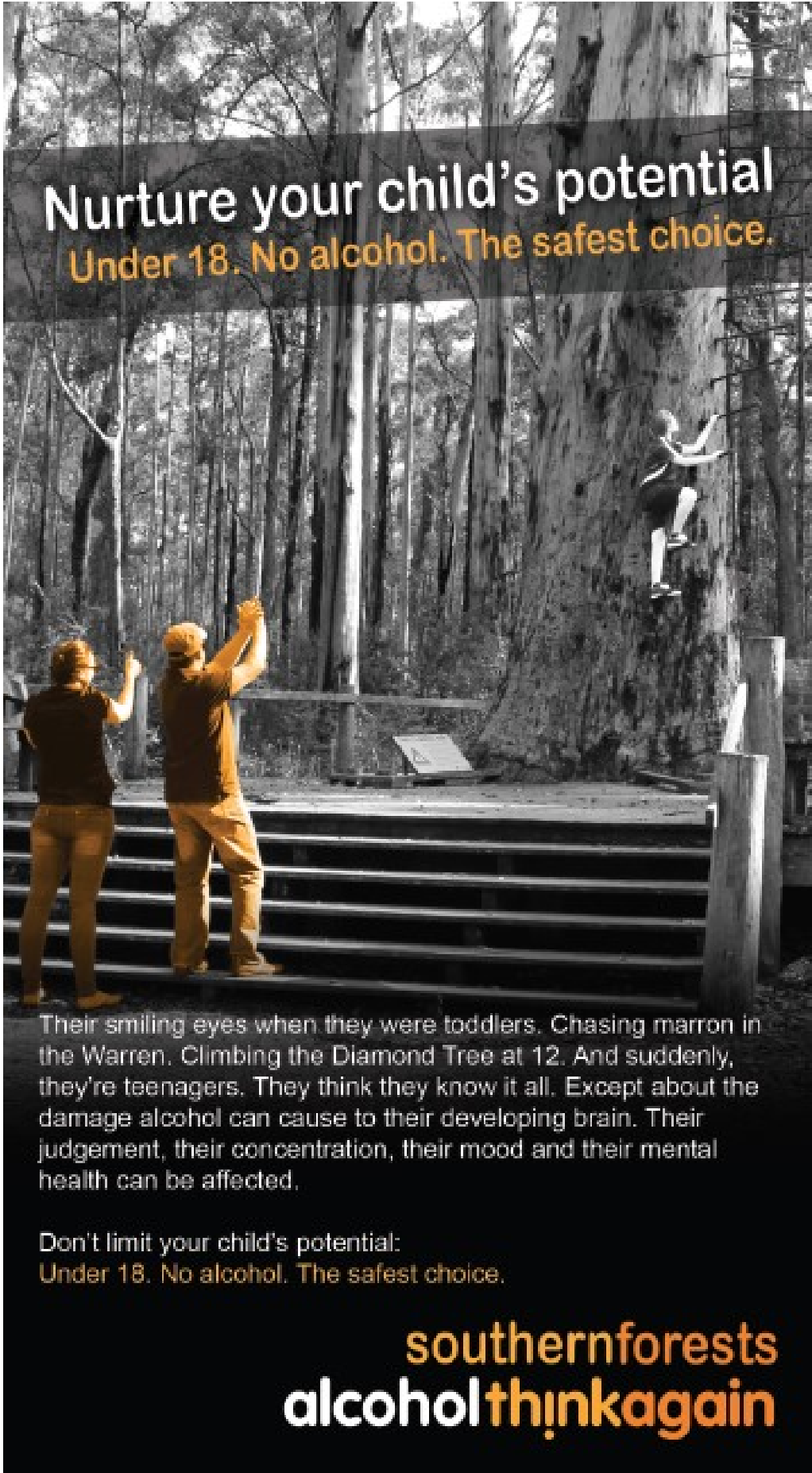


You don't need alcohol to have fun
Under 18. No alcohol. The safest choice

walpole
alcohol thinkagain

Alcohol can have more effects than just a hangover from hell. Especially as your brain keeps developing until your early 20's. Drinking alcohol while your brain is still developing can affect your development, and your mental health. Not to mention your performance on the field. So don't regret what you do at next weekend's party ...

When it comes to alcohol: **Under 18. No alcohol. The safest choice.**



Nurture your child's potential
Under 18. No alcohol. The safest choice.

Their smiling eyes when they were toddlers. Chasing marron in the Warren. Climbing the Diamond Tree at 12. And suddenly, they're teenagers. They think they know it all. Except about the damage alcohol can cause to their developing brain. Their judgement, their concentration, their mood and their mental health can be affected.

Don't limit your child's potential:
Under 18. No alcohol. The safest choice.

southernforests
alcoholthinkagain

ACRONYMS

ADIS	Alcohol and Drug Information Service
AOD	Alcohol and Other Drugs
ATA	Alcohol Think Again
CDO	Community Development Officer (not to be confused with the Club Development Officer)
CLDO	Club Development Officer (not to be confused with the Community Development Officer)
Committee	Manjimup Alcohol Management Plan Committee later renamed to the Southern Forests Alcohol and Other Drug Management Committee
CSCP	Community Safety and Crime Prevention
DRGL	Department of Racing, Gaming and Liquor
EHO	Environmental Health Officer
FARE	Foundation for Alcohol Research and Education
GS	Good Sports
LDAG	Local Drug Action Group
LEU	Liquor Enforcement Unit
MAMP	Manjimup Alcohol Management Plan
MHC	Mental Health Commission
MOA	Memorandum of Agreement
NGO	Non-government organisation
NVEEP	Night Venues and Entertainment Events Project
PO	Alcohol and Other Drug Project Officer
Project	Southern Forests Alcohol and Other Drug Management Project
RSA	Responsible Service of Alcohol
SDERA	School Drug Education and Road Aware
Shire	Shire of Manjimup
SOMYN	Shire of Manjimup Youth Network
Strategic Plan	Southern Forests Alcohol and Other Drug Strategic Plan
SW	South West
SWCADS	St John Of God Bunbury South West Alcohol and Drug Service
WACHS	WA Country Health Service
WASUA	WA Substance Users Association

SECTION 1: STRATEGIC PLAN

1 INTRODUCTION

In 2012 the Shire of Manjimup (Shire) entered into a formal Memorandum of Agreement (MOA) arrangement with St John of God (SJOG) Bunbury's South West Alcohol and Drug Service (SWCADS) and the WA Country Health Service (WACHS) to plan and implement an alcohol prevention program. As part of the agreement, SJOG Bunbury provided funding for a part time Project Officer (PO) to oversee the project, while the Shire provided the workplace venue and in-kind support.

A Manjimup Alcohol Management Plan Committee (Committee) was established with representation from a range of agencies to develop a Shire of Manjimup Alcohol Management Plan 2012-2017 (MAMP) to guide the project.

In 2014, the MAMP was revised and, following extensive consultation, was changed to include methamphetamines and cannabis. The project's title was changed accordingly to the Southern Forests Alcohol and Other Drug Project (Project). The addition of Southern Forests to the title was to recognise that the project was not Manjimup centric but inclusive of the entire Southern Forests region within the Shire of Manjimup.

The following document is divided into two sections: Section 1 is the Strategic Plan, while Section 2 refers to the Action Plan. Both sections are imperative to the success and future direction of this Project.

1.1 Purpose

This Strategic Plan seeks to guide stakeholders in the Shire of Manjimup, including the Manjimup Council, service providers and community, to reduce the level of harmful alcohol and other drug use across the Shire by:

- Supporting partnerships between community and service providers to identify and address local issues;
- Providing a means to coordinate, implement and evaluate an evidence-based, whole of community prevention approach in a timely and appropriate manner; and
- Guiding the allocation of resources to implement priority actions and strategies.

1.2 Background

The original MAMP 2012-2017 was implemented as a result of increasing demand from communities and service providers to address alcohol related harm in the South West of WA. On the basis of the high numbers of alcohol-related hospitalisations and deaths, (from 2007-2011, Shire of Manjimup residents were hospitalised a total of 363 times for conditions due to alcohol) the Mental Health Commission (MHC - formerly the Drug and Alcohol Office) and WACHS identified the Shire of Manjimup as a priority area for assistance. The entry point into the Shire was through its Community Safety and Crime Prevention Plan (CSCP) that was being developed at the time.

1.3 Methodology

During 2011 the Committee participated in a series of workshops facilitated by the MHC and WACHS to identify the main alcohol related issues affecting the Shire and strategies to overcome them. The workshops led to the development of the MAMP, which the Committee endorsed in September 2012.

In 2015, a review of the MAMP 2012 – 2017 was performed because:

- The MAMP had been in place for two years. The MHC recommends that AMPs are reviewed every two years to determine its progress and relevance to the community;
- An evaluation of the MAMP in 2014 identified that the MAMP lacked a set of objectives to link to proposed activities, priorities and outcomes, thus making performance monitoring difficult. The report to emerge from this review recommended that the MAMP format needed to be comprehensively revised so that relationships between the resources, activities and outcomes could be made clearer and be linked. As part of the 2015 review process, this recommendation was implemented and
- The MHC released a revised alcohol management planning template that now included 'other drugs' to reflect new and emerging drug trends.

The review took place during workshops held six weekly during 2015 with the Committee. As per the original process, the MCH facilitated the process using best practice health promotion principles. This included drawing on the Committee's collective knowledge and experience, drug related data and strategic documents to identify local needs, prioritise issues for action and implementation timelines. See Appendices 1 and 2 for the planning models used to guide the development of this Strategic Plan.

The National, State and local Strategic documents referred to during the planning and review process are listed below:

National Strategies:

- National Drug Strategy 2010-2015

State Strategies:

- Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015
- Strong Spirit Strong Mind - Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015
- Alcohol Support Plan 2012 - 2015
- Volatile Substance Use Support Plan 2012-2015

Local Strategies:

- Good Sports
- Manjimup Local Drug Action Group
- Walpole Local Drug Action Group
- Pemberton Local Drug Action Group
- Shire of Manjimup Alcohol Management Plan 2012-2017
- Shire of Manjimup Community Safety and Crime Prevention Plan 2011 – 2014 (currently under review)
- Shire of Manjimup Youth Policy and Strategy 2011 – 2015
- Review of Collie and Manjimup Alcohol Management Plans and Implementation Arrangements August 2014

2 DEMOGRAPHIC DATA

2.1 Land size and use

The South West Health Region covers an area of 23,969 square kilometres. The Shire of Manjimup, shown in Figure 1, is the largest geographical Shire in the South West of Western Australia, covering 7026 square kilometres. Eighty-three percent of the Shire is composed of National Park and state forest. The Shire's natural landscape comprises great rivers, unique forests and more than 140km of pristine, spectacular coastline which offer a number of diverse attractions and experiences for tourism. The timber industry, largely responsible for the non-Aboriginal settlement and development of the region, has had an indelible impact on the local economy and identity for more than 100 years.

The remaining land is predominantly used for agriculture and the region is known for its production of wine, truffles, avocados and other vegetables, fruit and nuts and cereal crops. It also boasts many marron farms and primary industry including sheep, cattle and dairy.

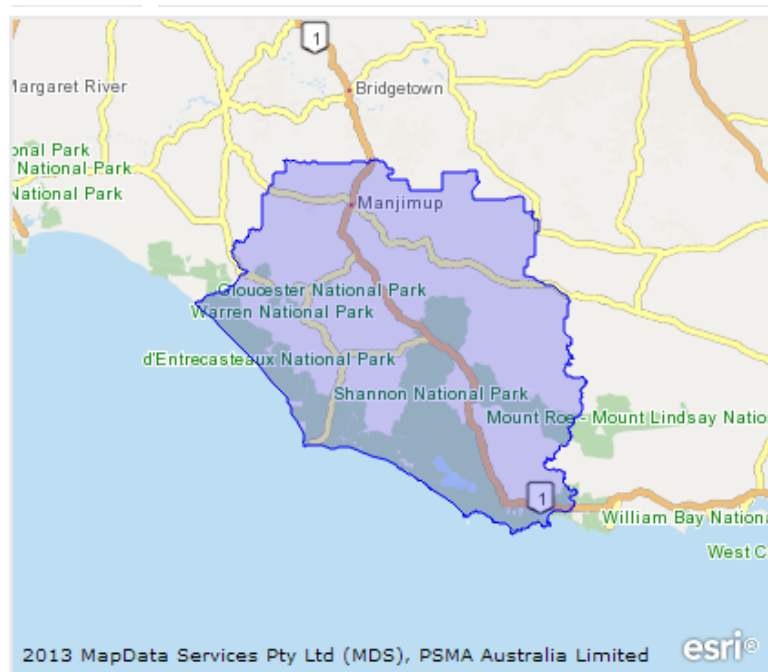


Figure 1: Shire of Manjimup (Source: ABS Census 2011: LGA 2013)

2.2 Population

In 2012 the total population of the South West Health Region was 164,413 which represents 6.8% of the State's population. The age-structure differs from that of the State by having a lower proportion of adults aged 25-44 years. Based on 2010 Estimated Resident Populations data, Aboriginal people account for 2.6% of the area's population which is lower than the State average (3.7%) (Department of Health WA, HealthTracks reporting 2014).

According to 2011 Census figures, 9,183 people live within the Shire boundaries, which is a reduction from the 10,159 residents recorded at the previous Census count (2006). The population of the Shire is both diverse and dispersed. Most WA local government authorities have their population based predominantly in one or two main towns; the Shire has four main population centres (from largest to smallest):

1. Manjimup - population 6309
2. Pemberton - population 1,542 (located 33km southwest of Manjimup)
3. Northcliffe - population 770 (located 55km south of Manjimup).
4. Walpole - population 566 (located 120km southeast of Manjimup)

In addition to these town sites the Shire also has seven populated settlements:

1. Palgarup
2. Deanmill
3. Jardee
4. Quinninup
5. Windy Harbour
6. Nyamup
7. Tone River

The Shire's population is ageing, reflecting not just a state wide but worldwide trend. In 1996 just 17.0% of the Shire's population was aged 55 and over. In 2001 this had increased to 20.3% and by the 2006 Census had grown to 25.5%. Over this same ten year period the Shire's total population declined by 7.6%, down from 10,020 in 1996 to 9,255 in 2006 while the population in the 55 and over age group increased by 649 people (a 38% increase). The Manjimup SuperTown planning projects population growth for Manjimup will double by 2032.

2.3 Socio-Economic Status & Employment

According to the Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA), the Shire has a relatively high level of socio-disadvantage, with a SEIFA score of 946 at the 2011 Census compared to the national mean SEIFA score of 1000. Furthermore the Shire of Manjimup ranks 213 out of 565 LGAs across Australia and 30 out of 139 in WA.

The unemployment rate within the Shire in 2010 was 4.4% and the average taxable income (of both taxable and non-taxable individuals) was \$36,047.

3 Understanding the issues

3.1 Alcohol – Health

Alcohol is a depressant drug, which means it slows down the messages travelling between the brain and the body. (DrugInfo 2014). The health effects of risky alcohol consumption are described in terms of its short term and long term effects. The short term immediate effects include confusion, blurred vision, clumsiness, nausea and vomiting, passing out and coma. The long term effects of risky alcohol consumption include breast cancer, heart disease, bowel cancer, stroke and cancer of the mouth (Drug Info 2014).

Alcohol can have many damaging effects on young people, such as increasing their risk of injury, mental health problems, and cause permanent damage to a young person's developing brain. For these reasons the national health guideline for children and young people under 18 years of age, recommends not drinking alcohol is the safest option (Alcohol Think Again 2015).

Research shows that the later young people delay their alcohol drinking, the less likely they will become regular consumers as an adult and avoid alcohol-related problems later in life. Australian longitudinal studies have shown that regular drinking in adolescence is an important risk factor for the development of abusive, dependent and risky patterns of alcohol use in young adulthood (Alcohol Think Again 2015).

All information and data seen in 3.1 Alcohol Statistics has been sourced from the Mental Health Commission published *Alcohol and Other Drug Indicators Report – South West Health Region, 2015* and the *Alcohol-related hospitalisations and deaths in Western Australia Regional Profile: South West, 2014*. To view the full report please visit www.dao.wa.gov.au or for further information/enquiries please contact Performance, Monitoring, Evaluation and Research Division at the Mental Health Commission (Ph: 08 6272 1207 or email: mhc.research@mhc.wa.gov.au).

In this Strategic Plan, hospitalisations are expressed as age standardised rates. When the Department of Health WA reports age standardised rates, if the number of hospitalisations is for a year, then they use mid-year population as the person years for the denominator, assuming that the whole population is observed for the whole year. Each person is equivalent to one person year. For example, if the mid-year population is 100,000, the total person years will be 100,000. If the number of hospitalisations is for a quarter, then they multiply the data by 4 to convert it to yearly data and then apply the mid-year population to it. Thus the rates will be expressed as hospitalisations per 100,000 person years if the denominator factor is set to be 100,000. This explanation applies to the following statistics outlined in this section.

3.1.1 Consumption

The estimated per capita per annum pure alcohol consumption for the South West Health Region (includes the Shire of Manjimup) and Western Australia is outlined in Table 1.

Table 1. Per Capita Consumption (PCC)

Year/s	PCC pure alcohol (litres)	
	South West Health Region	WA
2005/06	13.75	11.23
2006/07	12.93	11.10
2007/08	12.30	12.72
2008/09	12.93	11.69
2009/10	13.25	12.37

Source: National Alcohol Sales Data Project 2012

Between 2005/06 to 2009/10, on average the estimated per capita per annum pure alcohol consumption for South West Health region was higher than the State level.

3.1.2 Alcohol Related Road Accidents

On average, from 2006 to 2013, 8.8% of drivers/riders in the South West region, involved in a police attended road accident that was fatal or where hospitalisation was required, recorded a BAC reading greater than 0.05. This was significantly higher than the state average (7.3%).

3.1.3 Alcohol Related Deaths

The age standardised mortality rate for 'all alcohol-related conditions' in the South West region was significantly higher (25.18 per 100,000 persons) than the State age standardised rate (20.19 per 100,000).

3.1.4 Alcohol Related Hospitalisations

The total rate, the male rate and the female rate of alcohol-related hospitalisations across the Shire of Manjimup for the period from 2007 to 2011 were similar to the corresponding State rates. The age-specific rate of alcohol-related hospitalisations was significantly higher for males (903.0 per 100,000 person years) than females (600.9 per 100,000 person years).

For the 2007 to 2011 period, Shire of Manjimup residents were hospitalised a total of 363 times for conditions related to alcohol. They consumed 2,013 bed-days (40.6 per 1,000 persons) at an approximate cost of \$1,962,344 (\$39.57 per capita).

3.2 Alcohol - Crime

Research shows that alcohol is involved in approximately 50% of all domestic and sexual violence cases and that almost 80% of police attended incidences are related to alcohol (national health and Medical Research Council, 2001 and Doherty and Roche, 2003).

In 2008-09, alcohol was a factor in 36.7% of assaults recorded in the Shire of Manjimup, while the figure was 44.7% of assaults in WA (Community Safety and Crime Prevention Profile 2008-2009).

3.3 Alcohol - Social

According to the National Drug Strategy 2010-2015 (Commonwealth of Australia 2011: 2):

“The excessive consumption of alcohol is a major cause of health and social harms. Short episodes of heavy alcohol consumption are a major cause of road and other accidents, domestic and public violence, and crime. Long-term heavy drinking contributes to family breakdown and broader social dysfunction. ...Alcohol remains a leading cause of Australian road deaths, particularly among young people”.

3.3.1 Alcohol and sport

There is evidence that alcohol and sport is normalised and impacts on the general health and wellbeing of the community. This is a whole of community issue and whilst there is a positive shift in attitude, the limited acceptance of this continues to contribute to alcohol related harms associated with sport and licensed settings in the area. Contributing factors that support this drinking culture include;

- Alcohol consumption in some sporting clubs and some licenced venues is an acceptable social norm.
- Acceptance of anti-social drinking behaviour in some sporting clubs and some licenced venues is not viewed as unacceptable nor acted upon.

3.3.2 Alcohol and young people

The relationship young people have with alcohol is strongly influenced by Australia's society. Our culture normalises the consumption of alcohol creating a relaxed attitude towards alcohol and the view that it is not harmful. This also influences how young people view alcohol.

In November 2015 new laws were introduced regarding the **secondary supply** of alcohol. Under this new law, it is an offence for anyone to supply an under 18 year old with alcohol in a private setting without parental or guardian permission. This offence carries a maximum penalty of \$10,000.

Some social factors that contribute to underage drinking:

- Supply of alcohol to minors – in particular by parents and older siblings.
- Peer pressure – alcohol consumption is condoned, promoted and expected.
- Young people's perceptions of drinking – 'rite of passage', alleviate boredom, a 'right to drink' and pressure on parents to agree with these perceptions.
- Availability of alcohol – the number of liquor outlets and incentives from establishments promoting alcohol consumption.
- The absence of positive role models in sporting clubs.



Was last night really worth it?
Under 18. No alcohol. The safest choice

**southernforests
alcoholthinkagain**

Alcohol can have more effects than just a hangover from hell. Especially as your brain keeps developing until your early 20's. Drinking alcohol while your brain is still developing can affect your development, and your mental health. Not to mention your performance on the field. So don't regret what you do at next weekend's party ...

When it comes to alcohol:
Under 18. No alcohol. The safest choice.

3.4 Methamphetamines and Cannabis - Health

3.4.1 Methamphetamines health effects

Amphetamines are stimulant drugs which affect the central nervous system by increasing the activity of certain chemicals in the brain, thus producing a sense of increased alertness and reduced fatigue (Drug Aware 2015). Methamphetamine is an amphetamine-type stimulant, commonly known as 'meth'. The harms associated with amphetamine use include weight loss and malnutrition, paranoia, mood swings, violent behaviour and reduced resistance to infection (Drug Aware 2015).

3.4.2 Cannabis health effects

Cannabis, also known as 'mull' or 'pot' is a depressant drug, which unlike methamphetamines, affects the central nervous system by slowing down messages travelling between a person's body and brain. Loss of concentration, impaired balance, slower reflexes, dependence, change in motivation, decreased memory and learning abilities, schizophrenia and manic depression are some of the harmful effects of cannabis (Drug and Alcohol Office 2015).

3.4.3 Drug related hospitalisations

The age standardised hospitalisation rate for 'all other drug-related conditions' in the South West region was significantly higher (309.56 per 100,000 persons) than the corresponding state rate (276.74 per 100,000 persons). These figures include cannabis and methamphetamines.

3.4.4 Calls to ADIS (Alcohol and Drug Information Service)

In 2013 there were 599 calls to ADIS from South West health region residents. Approximately one-third (36.4%) were for alcohol. Three in ten (29.4%) were for cannabinoids and two in ten (20.4%) were for methamphetamine. Cannabinoids refer to any of a group of closely related compounds which include cannabiol and the active constituents of cannabis.

In 2013 the rate of calls for methamphetamine doubled (from 31.05 to 66.02) and the rate of calls for cannabinoids increased almost 2.5 times (from 38.65 to 95.24). The rate of calls for alcohol decreased by approximately one-quarter (27.0%; 161.58 to 117.96) during the same time period. These 2013 South West health region rates were lower than the corresponding State rates.

3.4.5 Treatment Episodes

In 2013 there were 1,375 treatment episodes for South West health region residents. Approximately one-third (35.2%) were for alcohol. Approximately one-quarter were for cannabinoids (25.1%) methamphetamine (26.4%). Approximately one in eight (12.1%) were for heroin and other opioids.

During this time, the rate of alcohol treatment episodes decreased slightly (274.13 to 261.90) whereas the rate of treatment episodes for methamphetamines (166.43 to 196.42) and cannabinoids (160.84 to 186.68) increased slightly. The rate of treatment episodes for South West health region residents in 2013 for methamphetamines was slightly higher than the State (183.33) but slightly lower than the State for cannabinoids (197.33).

Data indicates that slightly more people are being hospitalised for amphetamine-type stimulant related concerns. This happens when more potent forms of amphetamine-type stimulants are used along with an increase in frequency of use. Please see 3.6.1 for more information.

3.5 Methamphetamines and Cannabis – Crime

WA Police data from October 2015- January 2016 showed that 60% of all offences across the Shire of Manjimup were drug offences. While the type of drug or drugs are not specified, anecdotal evidence (discussions with Manjimup Police) indicate that the main drugs are cannabis, methamphetamines and prescribed medications.

Table 2. December 2015-January 2016 Police offences

Locality	Total Offences	Drug Offences	%
Manjimup	125	74	59%
Northcliffe	19	12	63%
Pemberton	28	20	71%
Walpole	5	1	20%
Total	177	107	60%

Older data (ie between 1996- 2003, 2007-2008 and 2008-2009) shows that for the Shire of Manjimup, rates of recorded crime in most offence categories compared to the South West and WA were lower, except for drug offences (Community Safety and Crime Prevention, 2003). As not all crime rates are reported to the police, figures based on reported crime do not necessarily reflect the true extent of crime in the community (Community Safety and Crime Prevention, 2003). Table 3.

Table 3. Offences during 2007-2009

Drug Offences	Number of offences		% of all Offences		
	2007-08	2008-09	2008-09		
	Manjimup		Manjimup	South West	WA
Drugs – deal or traffic	17	10	1.0	0.8	0.6
Drugs – possess or use	74	70	7.2	3.7	3.3
All drug offences	64	63	6.5	3.3	2.1
TOTAL	155	143	14.7%	7.8%	6%

3.6 Methamphetamines and Cannabis – Social

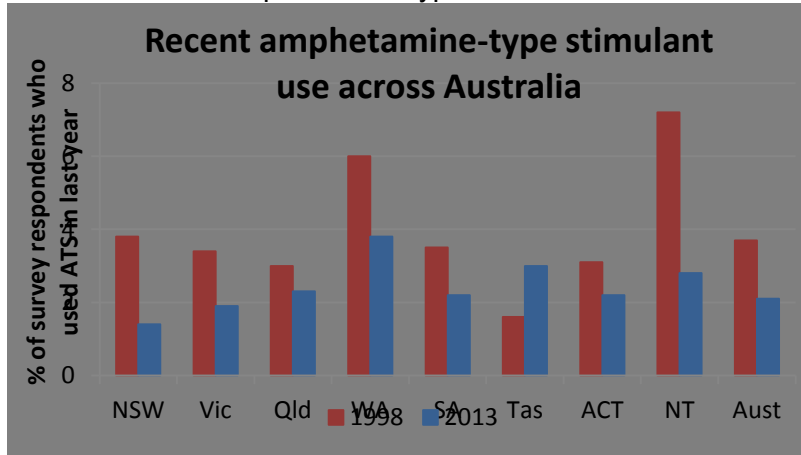
The cost of purchasing drugs can lead to financial problems for both occasional and regular users. The street price of illicit drugs change depending on availability and market trends (Drug Aware, 2015). Current perceptions in the Manjimup community indicate an increase in the use of methamphetamines and continuous use of cannabis which is resulting in increased drug related harms to the community (e.g. crime, aggression (towards carers), and disengagement from the community).

Interestingly the data shows a decline in consumption for methamphetamines and no changes for cannabis (see below). Nevertheless the impact of the drugs on the community, service providers and police is enormous. Frontline service providers are reporting that they are being impacted upon due to the high acuity levels of drug affected clients who are engaging with their services.

3.6.1 Methamphetamine use

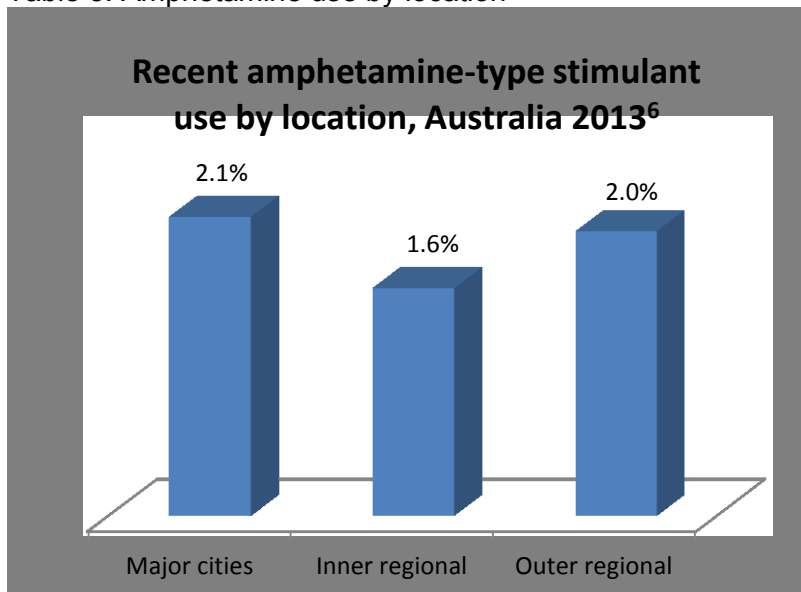
In 2013, WA had the highest percentage of people recently using amphetamine-type stimulants (3.8%) compared to the rest of Australia, as shown by Table 4. However, this percentage has decreased from 6.0% in 1998. Nationally, recent amphetamine-type stimulant use also decreased from 3.7% in 1998 to 2.1% in 2013 (Australian Institute of Health and Welfare, 2015).

Table 4. Recent amphetamine-type stimulant use across Australia



The perception that amphetamine-type stimulants is a bigger problem in country towns is not supported by national data. However, in small communities such as Manjimup, where there is low or no previous use, a small increase in users experiencing problems may become very noticeable (Australian Institute of Health and Welfare National Drug Strategy Householder Survey detailed report 2013). Table 5.

Table 5. Amphetamine use by location



As aforementioned previously, despite the decline in methamphetamine use, there has been a recent increase in harms observed across all sectors. The most recent available data shows that amongst users, there has been a significant move to using the crystal or ice form of methamphetamine which is stronger and that people are using more frequently. Furthermore law enforcement seizures indicate that the methamphetamine being seized in recent years is of a more potent form. These factors

combined are thought to contribute towards the increased harmful effects evident in society (2012-13 IDDR - Amphetamine-type-stimulants section). Table 6.

Table 6. Frequency in use

All recent methamphetamine users	2010	2013
At least once a week or more	9.3%	15.5%
About once a month	15.6%	16.6%
Every few months	26.3%	19.8%
Once or twice a year	48.8%	48.0%
Main form of methamphetamine used - Ice		
At least once a week or more	12.4%	25.3%
About once a month	17.5%	20.2%
Every few months	23.2%	14.3%
Once or twice a year	47.0%	40.2%

3.6.2. Incorrectly Disposed Needles

A report into incorrectly disposed needles conducted by the Shire in 2015 highlighted that:

- Inconsistent recordings of needle stick injuries by Warren Blackwood Waste, Department of Main Roads, the pharmacies or Warren Blackwood District Hospital.
- Although not all methamphetamine users inject (methamphetamines are normally smoked and/or orally taken), incorrectly discarded needles are an issue for employees of Warren Blackwood Waste where they are at risk of needle stick injuries.
- The Shire Rangers report approximately one needle per month is found in public toilets, and predominantly at Apex Park toilet block.
- Methamphetamine or other drug users who inject can access syringes through the syringe vending machine located at Warren Blackwood District Hospital and the two pharmacies in Manjimup (the pharmacies sell 'Fitpacks' not individual needles).
- Currently there is minimal risk to the community of locating an incorrectly disposed of needle or of a needle stick injury in a public place. Nevertheless the report recommended that discussions around the safe disposal and exchange of used needles take place between the Shire Environmental Health Officer and WACHS needle syringe coordinator.
- A review of incorrectly disposed of needles be undertaken on an annual basis to ensure that it does not become an issue within the community without the Shire's knowledge and without an action plan.

The Apex Park toilet block was demolished in August 2015 due to continued vandalism and age of the building. Since that time, there have been no reporting of inappropriately discarded needles.

3.6.3. Cannabis use

Research shows that between 2010 and 2013 there was no significant change in the number of Australians (aged 14 years or older) who had used cannabis in the previous 12 months. The number of people recently using cannabis remained around 10% (Druginfo 2014).

Several studies have also linked heavy marijuana use to lower income, greater welfare dependence, unemployment, criminal behavior, and lower life satisfaction (National Drug Institute of Drug Abuse, 2015).

4 STRATEGIC RECOMMENDATIONS

4.1 Target Groups

In consultation with the local community and local service providers, the following target groups have been identified as priority target groups within the Shire of Manjimup:

1. Young people under 18 years of age
2. Parents of children under 18 years of age
3. The adult community who drink alcohol and/or consume methamphetamines and/or cannabis
4. The adult community.

4.2 Priority Areas

The following priority areas have been identified for this Strategic Plan:

1. Underage drinking and secondary supply
2. Alcohol in sport and licenced settings
3. *Methamphetamines and cannabis in the community and sport settings

*For ease of program planning, methamphetamines and cannabis have been combined as one priority area. While numerated, each priority is of equal value and importance.

4.3 Recommended Outcomes

The long term vision for the Shire's Strategic Plan is to reduce alcohol and other drug related harm across the Shire of Manjimup. A number of short term outcomes (next 24 months) have been determined for each priority area as follows:

Priority 1: Underage drinking and secondary supply

- 4.3.1 Community is more aware and knowledgeable of the harms caused by alcohol use among young people.
- 4.3.2 Young people are aware of the harmful impacts of alcohol use specific to their age groups.
- 4.3.3 Create a positive community environment for engagement of vulnerable youth in AOD free diversionary activities.

Priority 2: Alcohol in sport and licenced settings

- 4.4.1 Support licensees and bar staff to manage and prevent alcohol related harm in licenced settings.
- 4.4.2 Licenced sporting clubs and licenced venues have a greater understanding of the benefits of RSA compliance.

Priority 3: Methamphetamines and Cannabis

- 4.5.1 Community is more aware and knowledgeable of the harmful effects of methamphetamines and cannabis use.
- 4.5.2 Community is more aware of harm reduction strategies associated with methamphetamines and cannabis use.
- 4.5.3 Community is more aware of AOD support services and how to access these services.

SECTION 2: ACTION PLAN

5 PROJECT ACTION PLAN

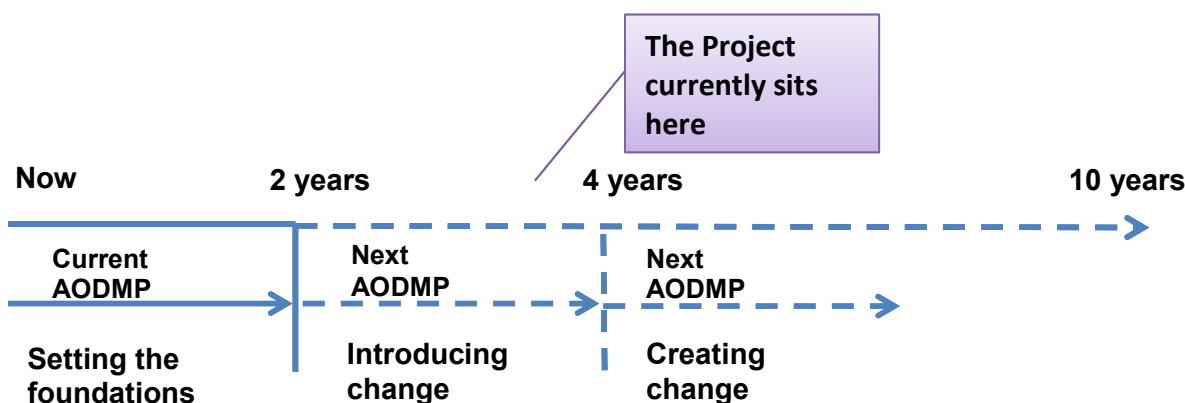
5.1 Time-frame

Bringing about behaviour and cultural change requires long term commitment. The Project has been in place for three and a half years. In this time, the Project has focused on setting the foundations by raising awareness and challenging the beliefs of community members around alcohol, with steps made towards introducing change.

Diagram 1 illustrates the stages involved in implementing an AOD Plan in an area over a period of time. The diagram identifies three key areas:

1. Setting foundations
2. Introducing change
3. Creating change

Diagram 1. Short term and long term outcomes



Please refer to Appendix 3 for examples of strategies implemented and achievements identified to date to help set the foundations for the project and introduce change as outlined in Diagram 1.

5.2 Multi-strategic approach

In order to achieve the recommended outcomes, this two year Strategic Plan articulates a multi-strategic approach that links to the following three main pillars of AOD related harm prevention:

- **Supply Reduction:** Reduce the supply of illegal drugs and regulate the supply of legal drugs.
- **Demand Reduction:** Strategies that prevent the uptake of AOD use and delay the onset of use.
- **Harm Reduction:** Reduction strategies reduce the harmful impacts of AOD use on communities, families and individuals' health and well-being.

Most strategies outlined within the Action Plan fall under Demand and Harm Reduction strategies. Tables 6-8 outline the strategies, outcomes, actions and resources needed to implement each priority area.

Please note

The Action Plan is a 'living document', thus there may be cases however where strategies and key priority areas will need to be adjusted in response to emerging trends in the community.

5.3 Governance Structure

As mentioned previously, this Project represents a formalised partnership agreement between the Shire, SJOG Bunbury and the WACHS (Diagram 2). As part of the agreement, SJOG Bunbury provided funding for a part time Project Officer to oversee the project, while the Shire provided the workplace venue, in-kind support and day to day supervision.

A critical success factor has been the establishment of a Reference Group with key partner representation which meets six weekly to discuss broader operational partnership matters as well as overall project progress. The Manjimup Alcohol and Other Drug Project Management Committee (Committee) also meets six weekly, after the Reference Group meeting which provides an overall reporting framework to ensure the coordinated implementation of initiatives and reporting of achievements against the Plan.

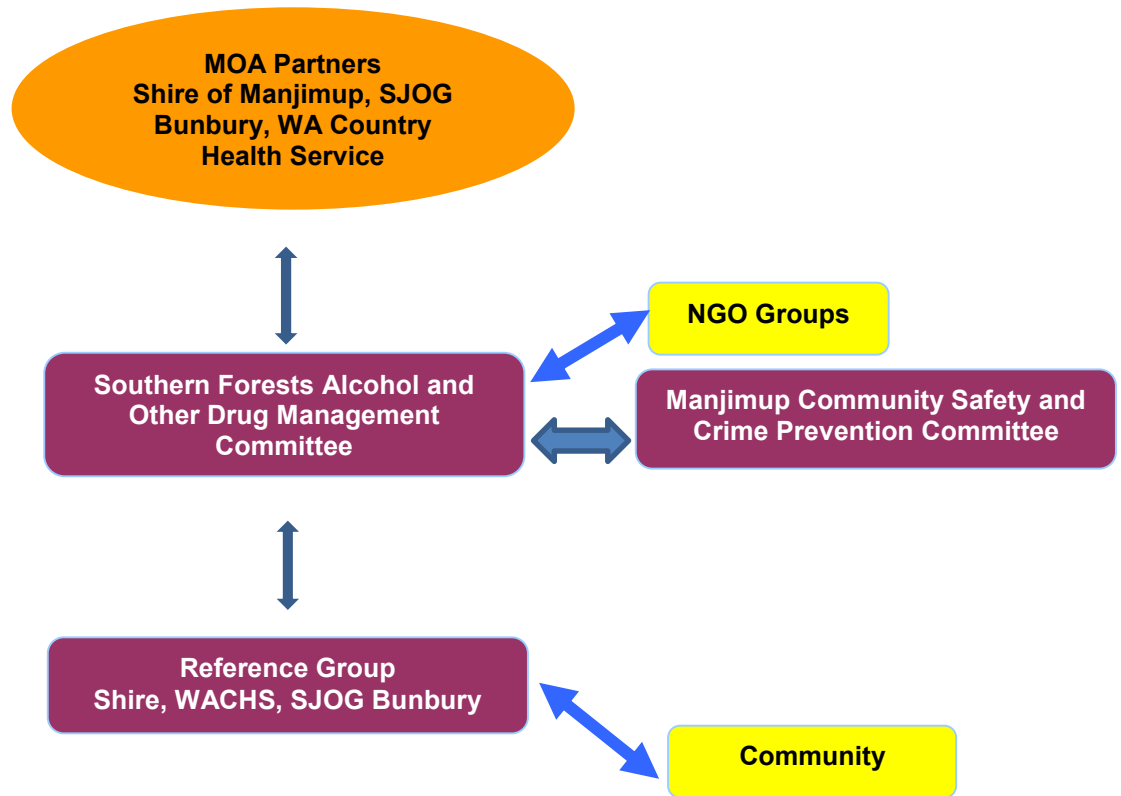
The Committee includes representatives from:

- Community
- Shire of Manjimup
- WA Police
- WA Country Health Services
- Manjimup Senior High School
- Australian Red Cross
- Department of Child Protection and Family Support
- Manjimup Local Drug Action Group
- St John of God – South West Community Alcohol and Drug Service Team
- Mental Health Commission

Other stakeholders will be invited to attend if and where appropriate and necessary.

The communication pathway for the Project is outlined in Diagram 2.

Diagram 2. Project Partnership and Communication Pathway



5.2 Budget

The estimated total cost to implement the Plan is \$95,500.

Priority 1: Underage drinking and secondary supply -	\$53,500
Priority 2: Alcohol in sport and licenced settings -	\$ 9,000
Priority 3: Methamphetamines and Cannabis -	\$33,000

The Committee will identify and source funding to implement strategies for each priority issue as funding opportunities arise. Thus the number and type of activities implemented will ultimately depend upon the amount of funding that is obtained. There are many activities outlined within the Plan which will not incur any financial costs. Furthermore there is the opportunity to partner with other Shire funded projects where there are commonalities between other Shire strategic plans and mutually beneficial projects such as those targeting youth.



Licensees participate in a Responsible Service of Alcohol Training Session as part of the Southern Forests Liquor Accord, October 2013.

Please refer to the List of Acronyms on page 4.

Table 6. Underage Drinking and Secondary Supply

SHORT-TERM OUTCOME/S (next 24 months)	KEY PERFORMANCE INDICATOR	COLLECTION TOOL		COLLECTED BY	
Community is more aware and knowledgeable of the harms caused by alcohol use among young people.	Increase adult awareness on the harms caused by alcohol on young people.	Pre/post survey Anecdotal feedback. Community development 'Significant change' model		Committee	
Young people are aware of the harmful impacts of alcohol use specific to their age groups.	An increase in young people's awareness of the harmful impacts of alcohol use.	Focus groups with young people		Committee	
Promote participation of young people, including vulnerable youth in AOD free diversionary activities.	Number of AOD free youth events, including increased awareness and attendance at youth activities.	Pre/post audit of youth specific activities and attendance.		Shire	
	The number of partnerships developed to provide diversionary activities for young people.	Log of stakeholders involved in diversionary activities.		PO	
ACTIONS		LEAD	RESOURCES	WHO WILL CONTRIBUTE	COST ESTIMATES
Short-term Outcome: 1.1 Community is more aware and knowledgeable of the harms caused by alcohol use among young people.					
Demand Reduction (educate/persuade/design/control)					
6.1 Continue the implementation and expansion of the local media and community awareness campaign; 'Young People and Alcohol' (utilise the Alcohol Think Again campaign) <ul style="list-style-type: none"> - Radio ads - Print - Media statements 	PO	Strive funding Grant Campaign kits	MHC WACHS SWCADS LG Committee	\$15,000	

6.2 Community education sessions targeting adults re: addressing alcohol related harm and planning harm minimisation strategies with young people.	SWCADS SDERA	Venue Speakers	WACHS	No cost. SWCADS will provide
6.3 Distribute 'Young People and Alcohol' resources throughout the community.	PO	Grant Resources	MHC	No cost as MHC will provide
6.4 Promote the new secondary supply laws in the community with a focus on adults.	PO	Shire of Manjimup YAC Mass media Campaign kits LEU's	Shire MHC Committee	Resources from DRGL available free of charge.
6.5 Deliver two AOD free activities per year in Northcliffe (once formed) that raise community awareness of the harms associated with high risk alcohol use and young people.	Northcliffe LDAG	Strive funding	PO CDO	\$6000
6.6 Deliver two AOD free activities per year in Walpole that raise community awareness of the harms associated with high risk alcohol use and young people.	Walpole LDAG	Strive funding	PO CDO	\$6000
6.7 Deliver two AOD free activities per year in Manjimup that raise community awareness of the harms associated with high risk alcohol use amongst the community.	Manjimup LDAG	Strive funding	PO CDO	\$6000
6.8 Deliver two AOD free activities per year in Pemberton that raise community awareness of the harms associated with high risk alcohol use and young people.	Pemberton LDAG	Strive funding	CDO PO	\$6000
Supply Reduction (design/control)				
6.9 Promote communication pathways that encourages community members to report incidences of sales to minors to Police, Department of Racing, Gaming and Liquor.	PO Police LEU	MHC		Nil
Harm Reduction (educate/persuade)				
7.0 Promote AOD support telephone lines <ul style="list-style-type: none"> Increase the number of support line posters & promotional material at specific locations throughout community (e.g. doctor's waiting rooms) 	SWCADS	Posters Cards	MHC PO	No cost. MHC can provide resources.

<ul style="list-style-type: none"> • Distribute information around the target communities. • Promote support line numbers in print and voice media where appropriate. 				
Short-term Outcome: 1.2 Young people are aware of the harmful impacts of alcohol use.				
Demand Reduction (educate/persuade/design/control)				
<p>7.1 Youth Awareness Campaign - With local youth groups, develop a local alcohol message that raises awareness of the potential impact of youth alcohol consumption. Messages could include:</p> <ul style="list-style-type: none"> • Health impact on the individual • Social consequences • Consequences of secondary supply 	PO	CDO MHC resources – parents, young people and alcohol kit, leavers kit. Funding submission may be required.		\$15,000 (multipurpose campaign – links to 1.1)
<p>7.2 School Drug Education and Road Aware (SDERA) project officer works with local schools to ensure that they have:</p> <ul style="list-style-type: none"> • An appropriate drug education program in place. • Access to developmentally appropriate curriculum material. • Staff trained in the delivery of drug education. • An appropriate, enforceable and well promoted drug policy in place. 	SDERA	SDERA resources	Committee	Nil
7.3 Support Shire of Manjimup Youth Network (SOMYN)	CDO		PO	Nil
7.4 The Shire of Manjimup will consult their local YAC (once formed) and other relevant local youth groups to inform AOD harm reduction related activities.	CDO	Shire of Manjimup YAC	PO High schools JSW Headspace CAMS	Nil
7.5 Identify some local young people to speak about alcohol use among young people highlighting harm minimisation messages.	CDO		High school JSW Headspace YAC, LDAG	\$500

Supply Reduction (design/control)				
7.6 Increase licensed premises Liquor Act requirement compliance: 'If you look under 25 we will ask for ID'.	Police	LEU's		Nil
Short-term Outcome: 1.3 Promote participation of young people, including vulnerable youth in AOD free diversionary activities.				
Demand Reduction (educate/persuade/design/control)				
7.8 The Shire of Manjimup will consult their local YAC (once formed) and other relevant local youth groups to inform AOD harm reduction related activities.	PO		CDO AMP High schools Head space LDAGS JSW	Nil
7.9 Support partnerships to promote diversionary activities for young people in the Shire of Manjimup.	CDO PO		Committee High schools Head space (mental health service) LDAG Jobs South West	\$3000
8. Support events during Family Week (May) and Children's Week (October) for young people.	Manjimup Family Centre		Committee	\$2000
Harm Reduction (educate/persuade)				
8.1 Support and resource diversionary activities for young people that are concurrent to over 18 events in the Shire of Manjimup.	PO	Campaign kits LDAG Funding sources	LDAG CDO	\$15,000

Table 7. Alcohol in licensed settings

SHORT-TERM OUTCOME/S (next 24 months)	KEY PERFORMANCE INDICATOR	COLLECTION TOOL		COLLECTED BY	
Support sporting clubs and licensed venues to manage and prevent alcohol related harm in licenced settings.	Number of licensees participating in the Southern Forests Liquor Accord.	Meeting minutes (attendees list)		PO	
	Number and type of initiatives implemented to prevent and/or manage alcohol related harm in licenced settings.	Record keeping and Accord meeting minutes		PO	
	Number of registered Good Sports clubs in Manjimup.	Good Sports register		Good Sports Project Officer	
	Number of Good Sports clubs that progress from one or more levels.	Good Sports register		Good Sports Project Officer	
Licenced sporting clubs and licenced venues have a greater understanding of Responsible Service Agreement (RSA) requirements.	Number of bar staff and managers participating in RSA refresher training.	Record keeping		PO	
	Number of licensees and/or bar staff who participate in RSA training and/or Approved Manager's training.	Record keeping		PO	
ACTIONS		LEAD	RESOURCES	WHO WILL CONTRIBUTE	FUNDING ESTIMATES
Short-term Outcome: 2.1 Support licensees and bar staff to manage and prevent alcohol related harm in licenced settings.					
Demand Reduction (educate/persuade/design/control)					
8.2 Facilitate and provide executive support to the Manjimup Southern Forest Alcohol Accord.	PO	Department of Racing,	LEU Forum Licensees	Nil. Covered by PO role.	

		Gaming and Liquor (DRGL) MHC campaign kits	Bunbury Liquor Enforcement Unit Local police Shire DRGL	
8.3 Continue to engage with other WA wide Accords to value add to the Southern Forests Liquor Accord.	PO	Bunbury Busselton Margaret River Pilbara	LEU WA Police	Nil.
8.4 Create a register of approved managers and RSA trained staff that can be used by Occasional License applicants seeking RSA trained staff.	PO SOM	Shire events manager	Clerk of Courts	Nil.
Supply Reduction (design/control)				
8.5 Contribute to DRGL generated notifications of Occasional Licence applications for the Shire.	EHO PO	LEU MHC WA Police	Shire Environmental Health Officer	Nil
8.6 Investigate the viability of introducing local government incentive schemes and/or conditions to encourage sporting clubs to participate in the Good Sports program.	Shire Planning	Good Sports PO	Good Sports	
Harm Reduction (educate/persuade)				
8.7 Source and distribute local and state wide campaign material and resources to licenced settings (e.g stickers/coasters/posters/media ads etc).	PO	Southern Forests Liquor Accord		Nil. Pre-existing resources available.
8.8 Facilitate implementation of the Night Venues and Entertainment Events Project (NVEEP) audits in the Shire of Manjimup and follow up reviews of licenced venues. These are random audits that are carried at venues across WA.	MHC	PO LEU WA Police		Nil. WA Police.

Short-term Outcome: 2.2 Licenced sporting clubs and licenced venues have a greater understanding of the benefits of Responsible Service of Alcohol compliance.				
Demand Reduction (educate/persuade/design/control)				
8.9 Facilitate additional funding opportunities to enhance AOD message in licenced settings.	PO Good Sports			TBC.
9. Source and distribute resources to Good Sports sporting clubs to the PO and CLDO to circulate to other licenced settings on reducing AOD related harm.	PO	Events package, DRGL, MHC		\$3500
9.1 Support a partnership between the Good Sports Officer and the CLDO and PO to identify clubs that are eligible to participate in the Good Sports program.	GS CLDO PO			Nil.
9.2 Promote and raise the profile of the Good Sports program amongst sporting clubs.	GS CLDO	Mass Media PO		\$1000
9.3 Encourage sporting clubs to participate in the Good Sports program and to progress through each levels 1-3.	GS	CLDO	PO Shire	
9.4 Recruit sporting club representation on the Committee.	PO	DLDO	CLDO South West Academy of Sport.	Nil
9.5 Investigate links between the Good Sports program and the Council Advisory Group.	PO			Nil
Harm Reduction (educate/persuade)				
9.6 Investigate the viability of holding Accord meetings in the evening to encourage sporting clubs' participation.	PO	Good Sports Coordinator LEU		Nil. Sporting clubs to provide catering and venue.

Table 8. Tackling the harmful effects of methamphetamine and cannabis use.

SHORT-TERM OUTCOME/S (next 24 months)	KEY PERFORMANCE INDICATOR	COLLECTION TOOL	COLLECTED BY
Community is more aware and knowledgeable of the harmful effects of methamphetamines and cannabis use.	Increase in community awareness and knowledge of the harmful effects of methamphetamine and cannabis use.	Pre and Post-strategy survey assessing knowledge of harmful effects – recall of information.	PO
Community is more knowledgeable of the harm reduction strategies associated with methamphetamines and cannabis use.	Increase in community knowledge of the harm reduction strategies associated with methamphetamine and cannabis use.	Pre and Post-strategy survey assessing knowledge of harm reduction strategies – recall of information.	PO
	No. of forums and participants	Attendance register	Committee
Community is aware of appropriate drug and alcohol support services and how these can be accessed.	Increase in community awareness of support services for people with methamphetamines and cannabis use.	Pre/Post surveys – recall of information	PO and CADS
Community is aware of appropriate drug and alcohol support services and how these can be accessed.	Number and types of strategies implemented to promote existing services	Number and type of strategies	PO
	Increase in the number of people accessing AOD support services	Number of Treatment episodes Trends measured against time. Number of calls to support service including the MHC support lines.	SWCADS - SIMS data AOD/MHC support line data

Educate sporting clubs on how to develop a policy on how to deal with illegal drugs.	Increase in the number of sporting clubs who have developed a policy on drugs.	Number of sporting clubs who have developed a policy on drugs	PO	
ACTIONS	LEAD	RESOURCES	WHO WILL CONTRIBUTE	COST ESTIMATES
Short-term Outcome: 3.1 Community is aware and knowledgeable of the harmful effects of methamphetamines and cannabis use.				
Demand Reduction (educate/persuade/design/control)				
9.7 Develop and implement a local campaign to raise awareness of methamphetamine/cannabis related harm. This will include: <ul style="list-style-type: none"> • Development and distribution of campaign posters (developed through local language groups, with local youth groups etc.). • Campaign message in local media outlets (radio, print, tv etc.). • Interviews with key service providers on local radio. • Health information brochures available at appropriate sites. • Information provided to local service clubs, schools, etc. • Promote Drug Action Week. 	PO	MHC	Committee	\$20,000
9.8 Investigate feasibility of incorporating AOD support service into the Manjimup Community Directory and other relevant publications and/or websites.	PO Shire	Research		Nil.
9.9 Support CDO to integrate AOD messaging in Shire involved activities.	CDO PO			Nil.
10. Establish partnerships between the Shire with WACHS, WACHS Warren Health Site, WASUA (WA Substance Users Association) to support initiatives around the safe disposal and exchange of used needles in the local area.	PO	WACHS - Warren Health Site (Needle Syringe Program), WACHS and WA Substance Users Association		

<p>10.1 Promote and support drug training opportunities for clinical and non-clinical services.</p> <p>Identify appropriate groups and</p> <ul style="list-style-type: none"> Identify and organise training for service staff including training dates, venues, etc. Link with MHC and other appropriate agencies to provide training to appropriate services in regard to amphetamine/cannabis related issues. 	SWCADS	PO WACHS MHC	\$1000 will be sourced from the Shire using prized Heart Foundation Local Government Healthy Heart Award funding	\$5000
<p>10.2 Liaise with WACHS and/or WASUA to deliver free training in safe needle disposal to Shire staff.</p>	WACHS	Shire WASUA	Free	Nil
<p>10.3 Promote and support drug training opportunities for clinical and non-clinical services.</p> <p>Identify appropriate groups and</p> <ul style="list-style-type: none"> Identify and organise training for service staff including training dates, venues, etc. Link with MHC and other appropriate agencies to provide training to appropriate services in regard to amphetamine/cannabis related issues. 	SWCADS	PO WACHS MHC	\$1000 will be sourced from the Shire using prized Heart Foundation Local Government Healthy Heart Award funding	\$5000
<p>10.4 Continue recording sharp finds to identify emerging trends and potential problem areas.</p>	CDO/EHO	EHO Rangers		Nil.
<p>10.5 Support SDERAs continued involvement in Shire of Manjimup schools to deliver relevant AOD education and resilience building activity. The PO works with local school to ensure that the school has:</p> <ul style="list-style-type: none"> An appropriate drug education program in place. Access to developmentally appropriate curriculum material. Staff trained in the delivery of a drug education. An appropriate, enforceable and well promoted drug policy in place. 	SDERA	PO WACHS		Nil.
Supply Reduction (design/control)				

10.6 Provision of information to Police: <ul style="list-style-type: none"> Liaise with police and stakeholders to identify a communications pathway to assist community to inform police of community based drug related concerns. Promote the communication pathways throughout the community along with information on why it is important for people inform police of concerns. Forward to Officers in Charge. 	WA Police	Print materials, venue	PO	Nil.
Short-term Outcome: 3.2 Community is aware of strategies to reduce the harms associated with methamphetamines and cannabis use.				
Demand Reduction (educate/persuade/design/control)				
10.7 Partner with technical experts to deliver community based forums to inform professionals of the harmful effects and recommended responses to methamphetamine and cannabis use.	PO	Venues, food, advertising, speakers	WACHS Shire MHC	\$3000
10.8 Support SDERA's continued involvement in Manjimup schools to deliver relevant AOD education and resilience building activity.	SDERA	Shire High Schools		
10.9 Develop and implement a local campaign to raise awareness of methamphetamine and cannabis related harm or to support existing WA methamphetamine & cannabis campaigns (refer to short term outcome 1).	PO		CDO Committee	\$20,000 (see 3.1)
11. Educate sporting clubs on how to develop a policy on how to deal with illegal drugs.	PO	Department of Health resources	CDO Committee	
Short-term Outcome: 3.3 Community is aware of AOD support services and how to access these services.				
Demand Reduction (educate/persuade/design/control)				
11.1 Promote MHC AOD Support Lines <ul style="list-style-type: none"> Increase the number of posters and promotional material at specific locations throughout community (eg. doctor's waiting rooms, community notice boards, men's spaces, women's shelters, police stations, health services, etc.). Distribute information around the target communities. Promote MHC AOD support lines in all mass media forms where appropriate. 	SWCADS	Flyers	MHC PO	Nil.

<p>11.2 Promote local services and WA wide treatment support services available to the community.</p> <ul style="list-style-type: none"> • Research local services that can support local community members in addressing methamphetamine/cannabis-related issues and develop a register with contact details. • Distribute this information to the communities. • Identify opportunities for local media to promote available services (eg. radio ads promoting local service, radio interviews with counsellors from services, press advertisements in local papers etc.). Include service options available to carers/family members affected by someone's drug use. 	Committee	Funding for printing	Committee	Nil.
--	-----------	----------------------	-----------	------

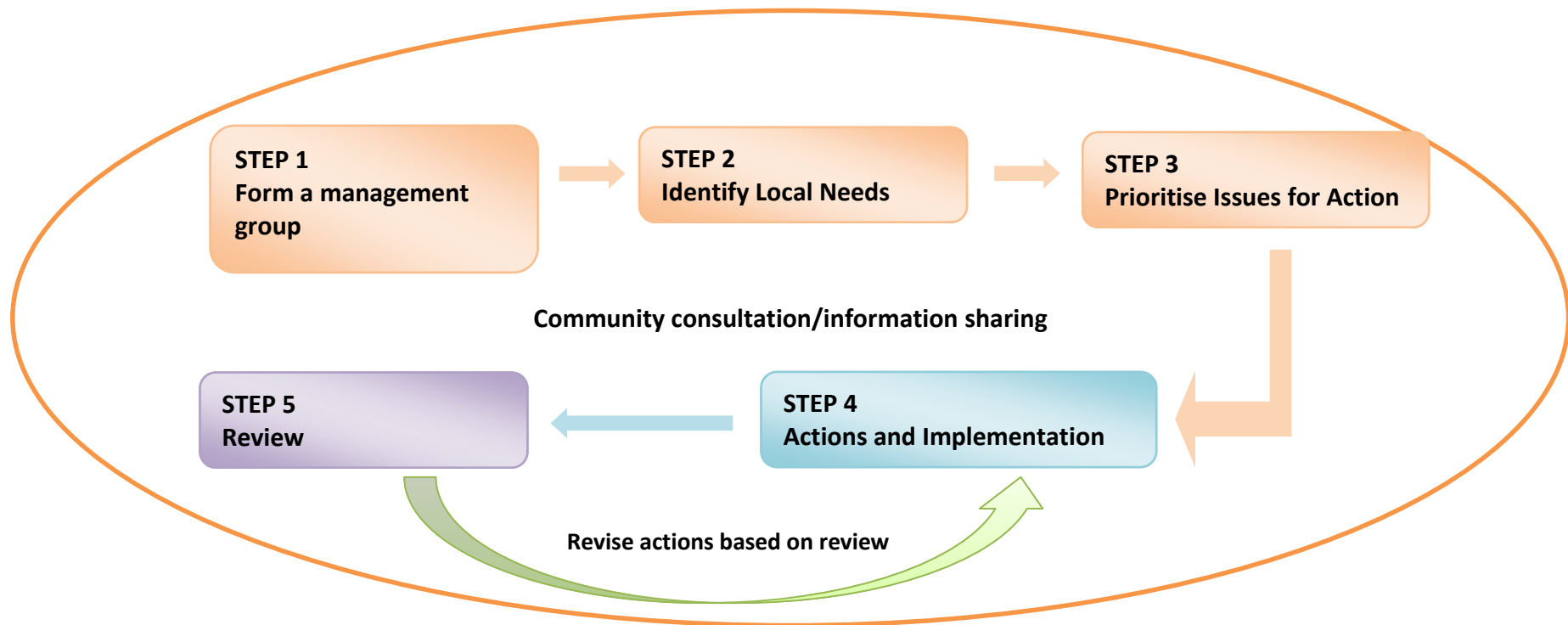
APPENDIX 1

Planning for an effective Strategic Plan

Creating a sustainable reduction in alcohol and other drug related harm is a complex and long-term process. Issues can be overwhelming and seen as too difficult to address at a local level. However, with some effective planning, it's at the local level where partnerships between communities and services can have the greatest impact.

Prior to establishing and implementing an AOD Strategic Plan, a number of steps need to happen to ensure the resulting plan has been developed in partnership to reflect the communities needs and has the best chance at creating sustainable change.

It is important that the community have a strong understanding of the issues and have ownership of the strategies developed to address them. To ensure this, processes should be put in place that allow community input into all stages of the development and implementation of the Strategic Plan, including progress made against addressing the issues.



APPENDIX 2

Development and Planning Checklist

Steps	Task	Month/Year	Done
1. Review current AODMP	<ul style="list-style-type: none"> Review current AODMP and identify the current status of each of the strategy areas. 	November	✓
	<ul style="list-style-type: none"> Gather existing/emerging information and research in relation to AOD related issues in the area. 	November	✓
2. Prioritise issues for action	<ul style="list-style-type: none"> With Committee members, review current strategies in AOD plan/emerging information and prioritise the top two or three issues for action. 	Nov/Dec	✓
	<ul style="list-style-type: none"> Work through each priority by identifying target groups, community impact, contributing factors, etc. With Committee, agree on a broad range of actions to address each priority. 	Feb/April	✓
3. Develop actions and implement plan	<ul style="list-style-type: none"> Complete the AOD MP template for each priority issue which includes actions, timeline, resources and evaluation. 	Complete	✓
	<ul style="list-style-type: none"> Implement strategies as per funding applications and agreements – where successful. 	As per funding agreement	
	<ul style="list-style-type: none"> Review current active Committee members and identify any new members/organisations that could be approached to sit on the Committee. 	July/August	
4. Review AOD committee	<ul style="list-style-type: none"> Review Committee Terms of Reference. 	As above	
	<ul style="list-style-type: none"> Implement strategies and regularly report on progress to the Committee. 	As per six weekly AODMP Committee meetings	
	<ul style="list-style-type: none"> With Committee members, identify a suitable date to review the SFAODMP and appropriate communication pathways to enable regular feedback to community and key stakeholder groups. 	2017	
5. Review	<ul style="list-style-type: none"> With Committee, identify a suitable date to review the AODMP and appropriate communication pathways to enable regular feedback to community and key stakeholder groups. 	As per AODMP Committee meetings and in between communications/ongoing	

APPENDIX 3

Examples of strategies implemented to date

- Project launch
- Localised data research (e.g. surveys on alcohol consumption, pre and post-test alcohol knowledge surveys)
- Alcohol related community information sessions
- Secured funding from Healthway to develop, implement and evaluate localised media campaign (utilising radio, newspaper, magazines, editorial and advertisements)
- Staff interactive stalls at community events (e.g. Cherry Harmony Festival, Youth Week, Seniors Week)
- AOD professional development opportunities for service providers
- Piloted Alcohol Self Checks in General Practice and other settings
- Presented information about the Project at the 2013 National Australian Health Promotion Association Conference
- Developed and disseminated SF Alcohol Think Again merchandise in school and community settings
- Established a Southern Forests Liquor Accord to promote positive working relationships between licensees and provide training and advice as requested (e.g RSA revision training)
- Developed a poster for tourists outlining the WA drinking laws



(L-R) Alcohol Project Officer Assunta Di Francesco with Wellbeing Warren Blackwood participants Karlee Roche and Mary Ditri practice pouring standard drinks. December 201