

# Acknowledgments:

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- All the people and organisations who's material has been used in the development of this presentation including:
  - ADF
  - Various GAPC presenters
  - NDLERF & Peter Miller, Ashlee Curtis, Tanya Chikritzhs, Steve Allsop, John Toumbourou
  - Democracy Centre
  - Alcohol.org.nz

# Why do we need to mobilise the community?



VS

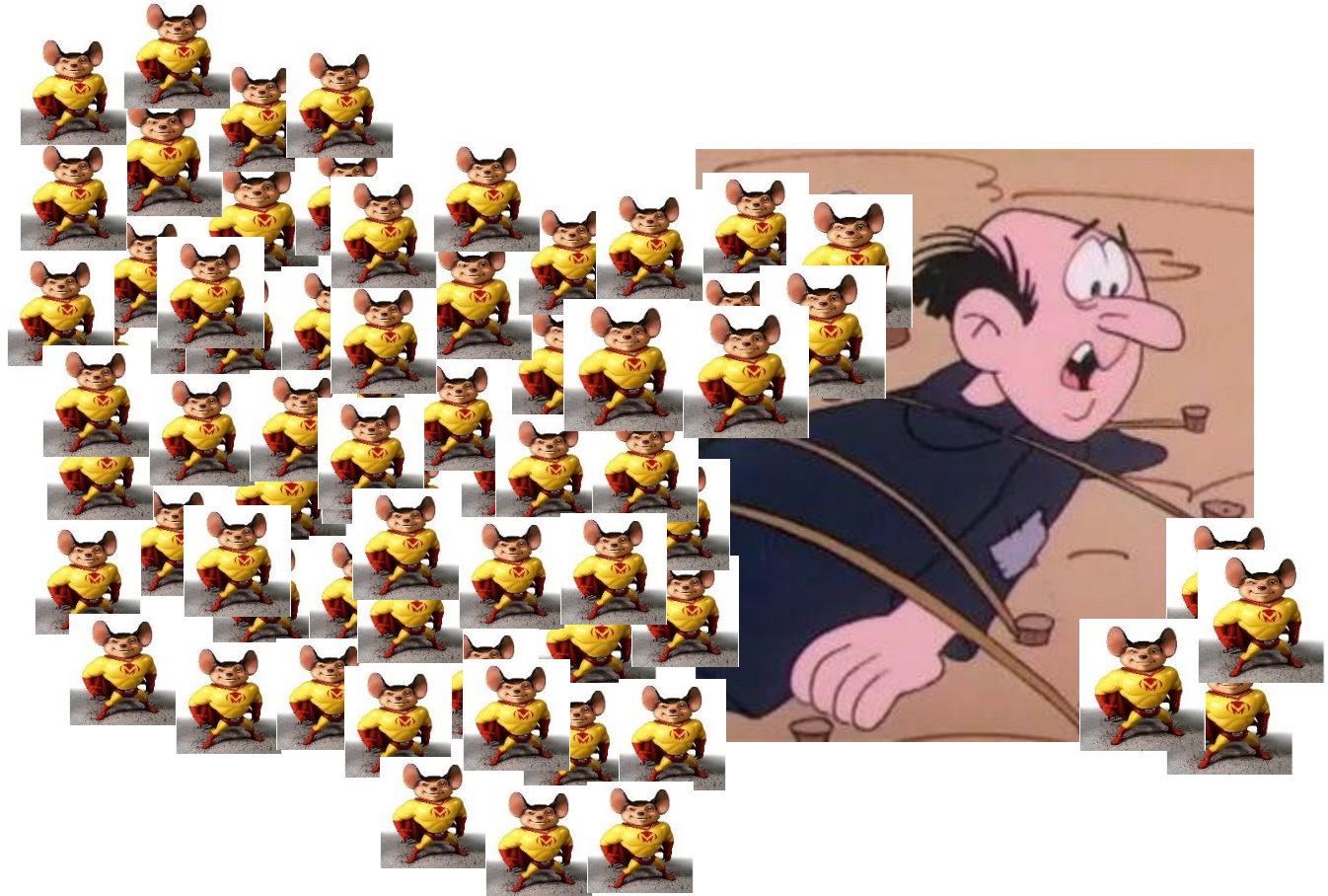


**\$901,829** donations to Victorian political parties between 2010-11 and 2012-13

**Alone, we  
are no  
match for  
the alcohol  
industry?**



**But together with the  
community, we might  
have a chance.**



# The three things I want to pass on today

**Strategy** – deliberate not random

**Message** – harm to others, consistent

**Resources** – there are a great deal of resources out there to support this work

# How can community mobilisation make a difference?

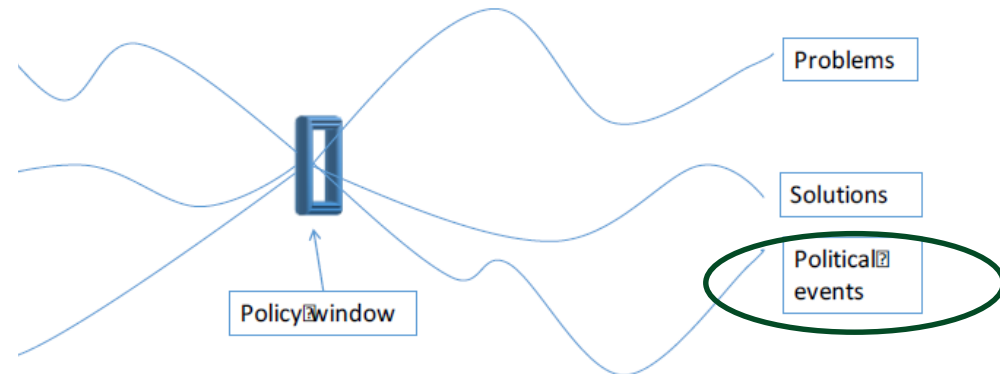
## How policy change occurs

Policy change occurs when three streams of activity collide:

1. Problem Stream (evidence of need for action)
2. Policy Stream (evidence of effective solution)
3. Political Stream (political will to act)

Collision creates policy “windows of opportunity” for policy change

(John Kingdon, 1984)

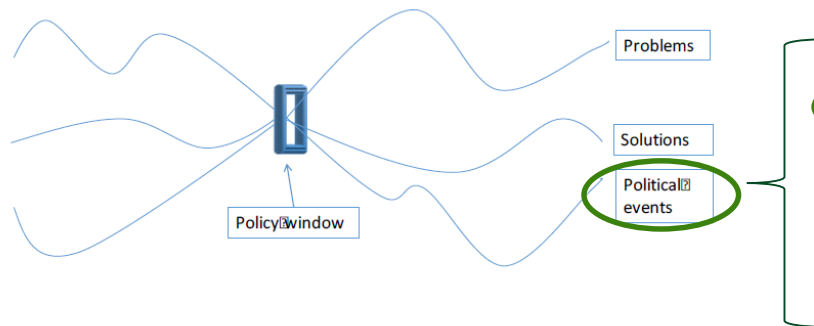


Kingdon, J, *Agendas, Alternatives and Public Policies*, 1984

## Kingdon's multiple streams approach

# How can community mobilisation make a difference?

## Factors that will affect the Political will to act:



1. Community opinion/demand for change
2. Interest groups/coalitions
3. Media
4. Industry
5. Other influences (e.g. politics)

Kingdon, J, *Agendas, Alternatives and Public Policies*, 1984

## Question:

How can we strategically use community mobilisation to amplify pressure on the political will to act?

# Community Mobilisation (CM) and strategy

CM isn't an isolated activity, it is part of a broader collective effort.

There is no 'one size fits all' recipe. CM efforts are time and location sensitive.

*'There is one common thread that runs through effective advocacy everywhere that it is done and on every issue it touches, and that is **strategy**'.* (The Democracy Centre)

**“Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.”**

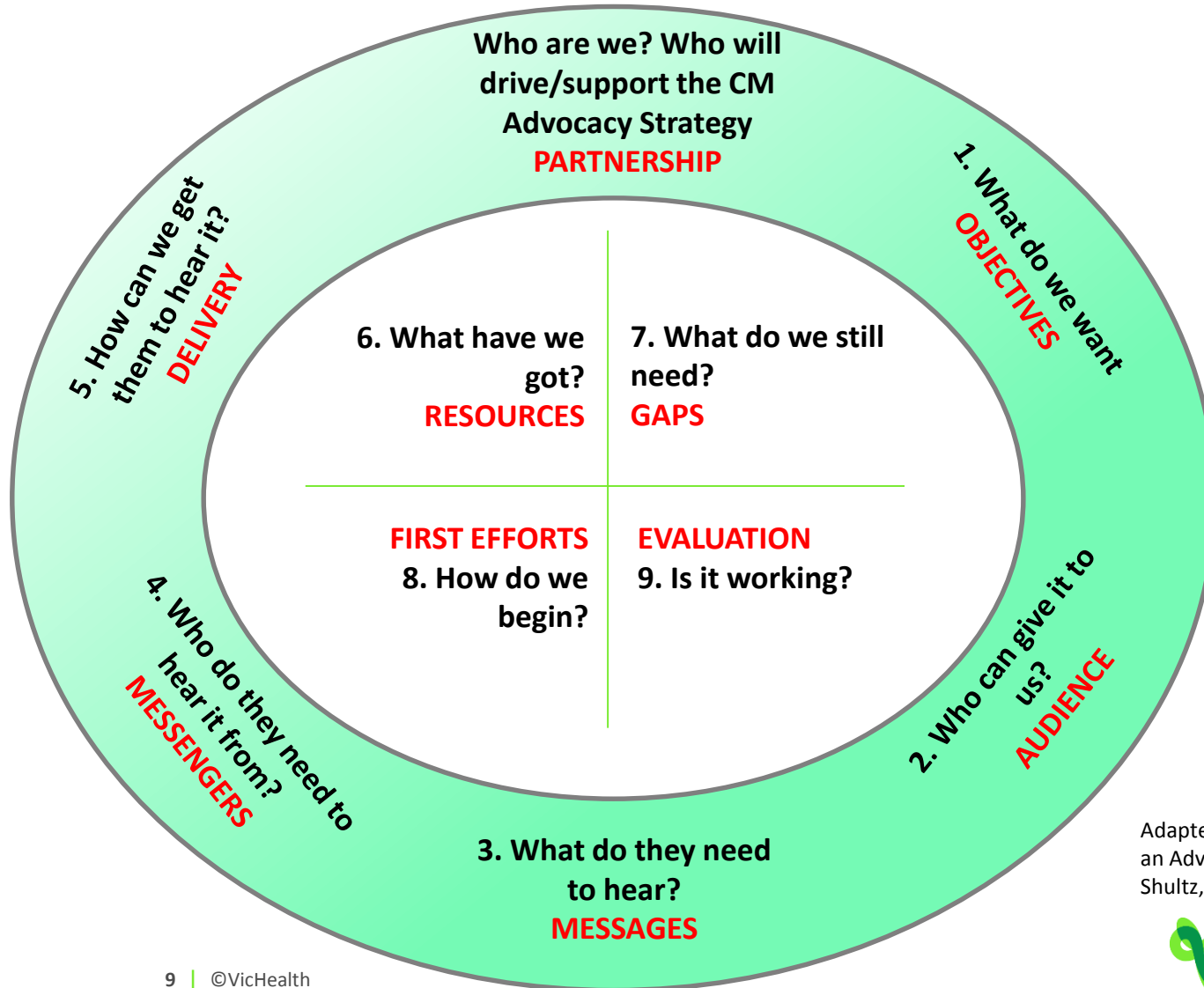
– Sun Tzu, The Art of War

**“Give me six hours to chop down a tree and I will spend the first four sharpening the axe.”**

- Abraham Lincoln

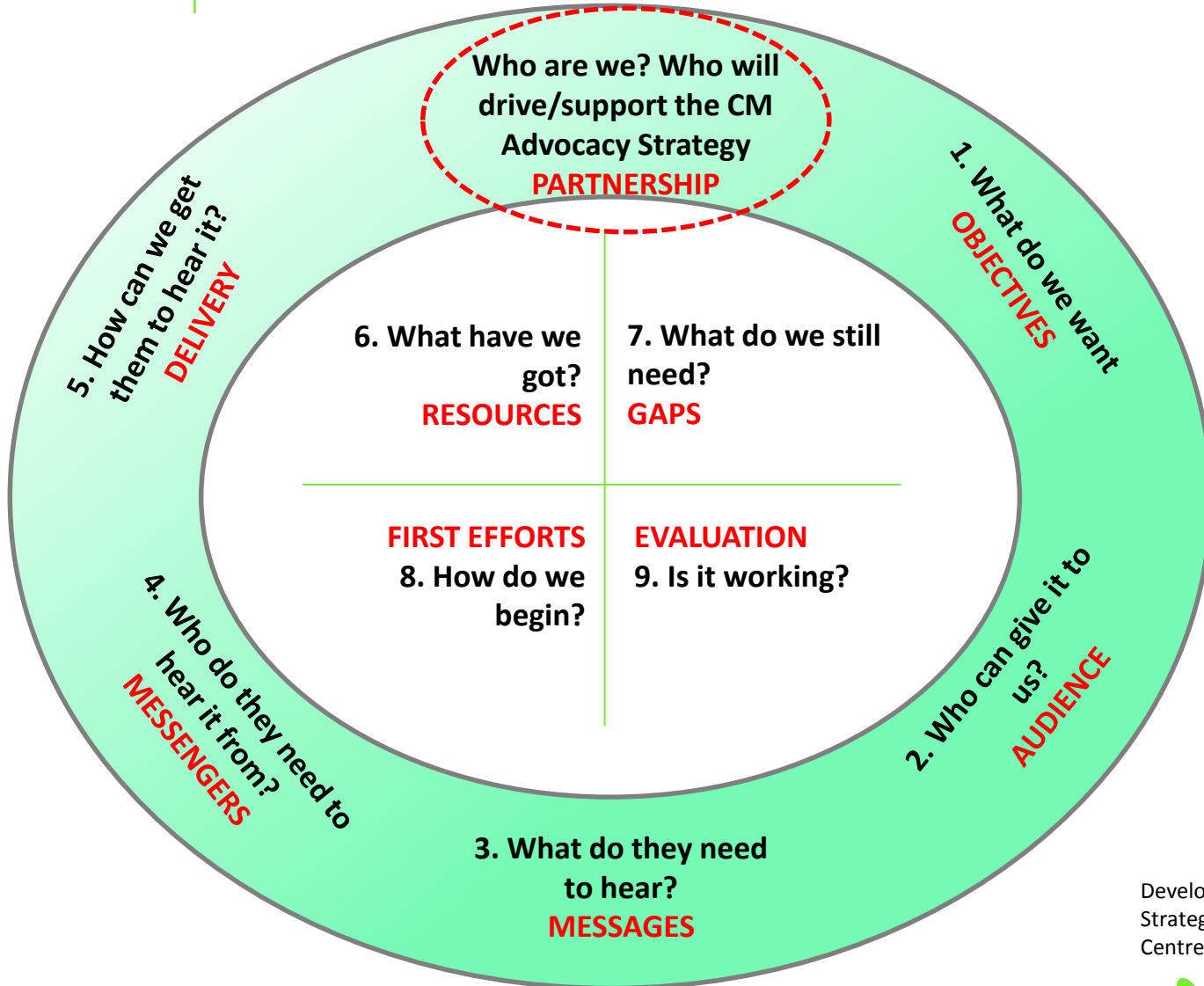


# Advocacy strategy framework



Adapted from Development of an Advocacy Strategy, Jim Shultz, Democracy Centre, USA





Development of an Advocacy Strategy, Jim Shultz, Democracy Centre, USA



# Who are we?

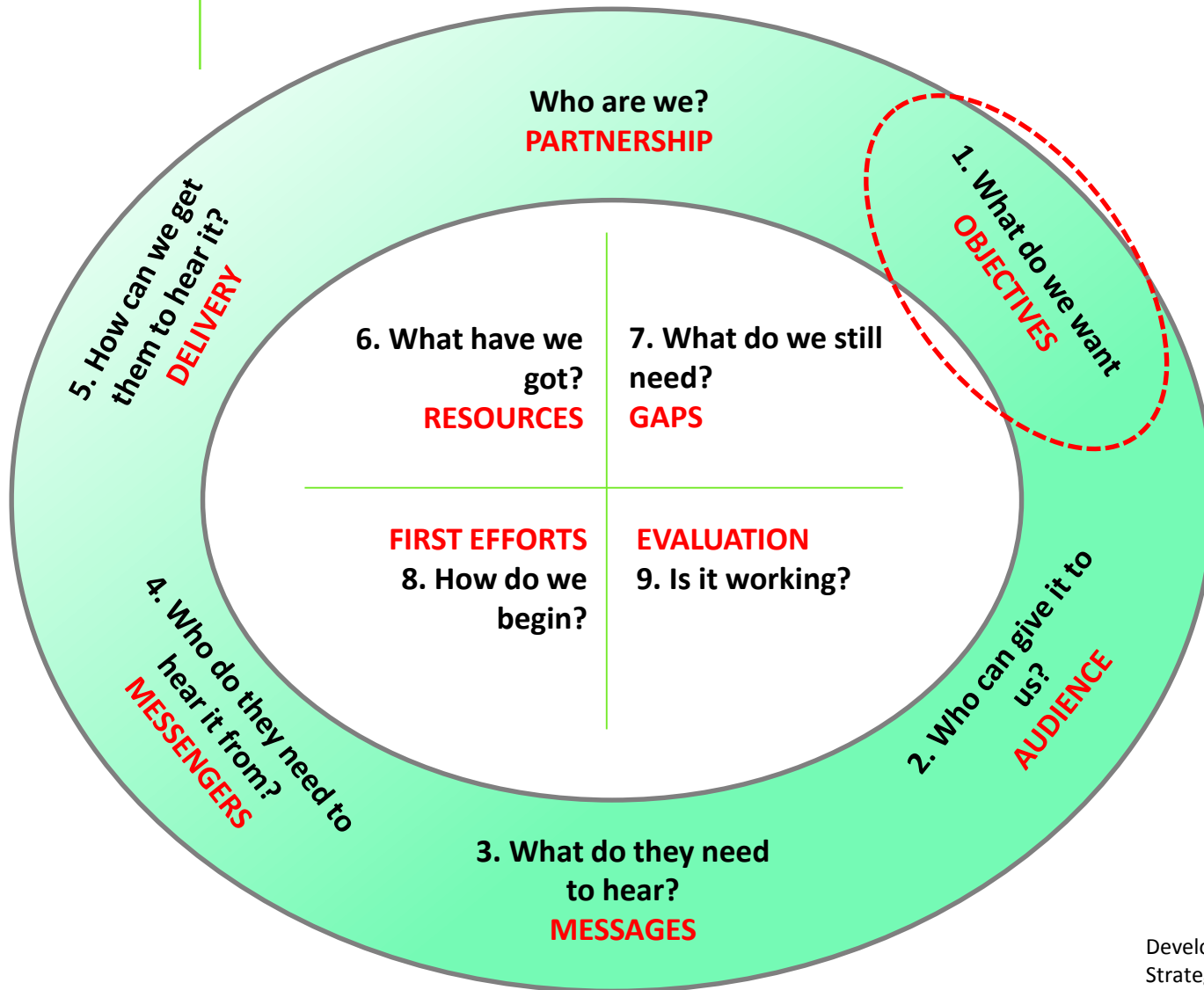
## Considerations:

- Formal/Informal (MOU, other partnership agreement instrument)
- Members
- Resource (financial, human, expertise)
- Leadership
- Executive decisions
- Secretariat
- Who will drive the CM? Who will draft and implement the strategy?

## Resources:

[VicHealth Partnership Analysis Tool](#)

[ADF Creating effective partnerships: issues and considerations](#)



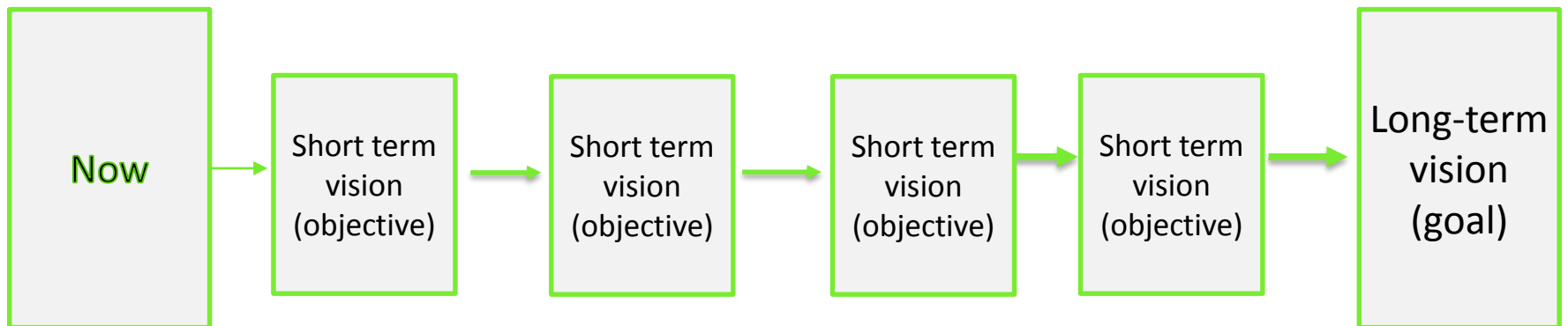
Development of an Advocacy Strategy, Jim Shultz, Democracy Centre, USA



# What do we want?

## Goals and objectives

- What are the gaps/issues? Who is experiencing the harm? What does the data say, what does the local intel say?
- What does the evidence say is effective/have the biggest impact?
- What can be done at a local level?
- What can we get?
- What is the long term vision (goal) and what is the shorter-term vision (objectives)?
- How can community mobilisation help you achieve your goal?
- How ready is your community? How does this influence what you do?



# What does the evidence say? What will have the greatest impact?

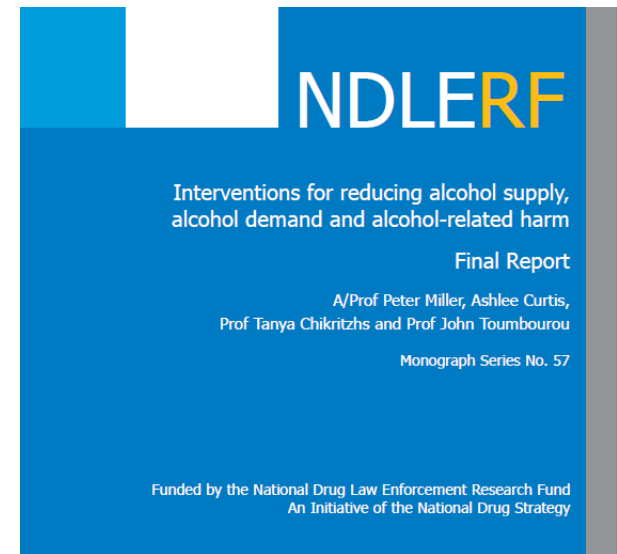
*Interventions for reducing alcohol supply, alcohol demand and alcohol-related harm, Final Report, Monograph Series No.57 (Miller et al. 2015)*

Lists interventions according to:

- published research identified through a literature review
- Delphi study with alcohol harm reduction experts

Lists the interventions in three categories:

- Demand reduction measures
- Supply reduction measures
- Harm reduction measures



# What does the evidence say? What will have the greatest impact?

## Delphi responses on supply reduction measures¶

Intervention¶	Level¶	Literature review¶	Delphi¶							How could this apply at a local level?¶
		Evidence for impact¶	Yes, has an impact (N)¶	Reducing alcohol-related assaults¶	Reducing intoxication¶	Solving crime¶	Preventing crime¶	Reducing alcohol-related harm¶	Reducing alcohol consumption¶	
Minimum legal purchase age (54)¶	Societal¶	✓✓✓¶	¶	¶	¶	¶	¶	¶	¶	¶
Reducing alcohol outlet opening hours (63)-(68)¶	Societal¶	✓✓✓¶	¶	¶	¶	¶	¶	¶	¶	This can be influenced at the planning permit stage and through an LPP¶
Reducing alcohol outlet density (48)¶	Societal¶	✓✓¶	¶	¶	¶	¶	¶	¶	¶	This is difficult but an LPP may limit where a licenced premises can operate¶
Restricting the sale of specific beverage types (14)¶	Societal¶	✓¶	¶	¶	¶	¶	¶	¶	¶	¶
Liquor licensing restriction—community wide (10)¶	Societal¶	No evidence¶	20¶	6.10¶	5.90¶	n.a.¶	5.55¶	6.30¶	5.55¶	This is an example of alcohol harm zones as proposed by APC¶
Liquor licence planning involving health & safety officials in licensing (40)¶	Societal¶		18¶	4.11¶	3.50¶	n.a.¶	n.a.¶	4.17¶	3.44¶	Develop internal council protocol to ensure public health/social policy review of planning permits¶
Schedule 4 (violent venues register) NSW (81)¶	Societal¶		17¶	6.35¶	5.06¶	n.a.¶	5.53¶	6.18¶	4.76¶	Is there a partnership that you could develop with Victoria Police to report violent incidents locally (e.g. local paper, local police social media)?¶
Secondary supply restrictions (65)¶	Community¶		¶	3.75¶	4.08¶	-¶	3.75¶	4.25¶	4.5¶	¶

# What can be done at a local level?

## Planning:

- Assessing planning permits
- Permit conditions
- Alcohol harm and public realm design
- Planning scheme e.g. LPP

## Liquor licensing:

- Objecting to a liquor licence

## Local laws and local policies:

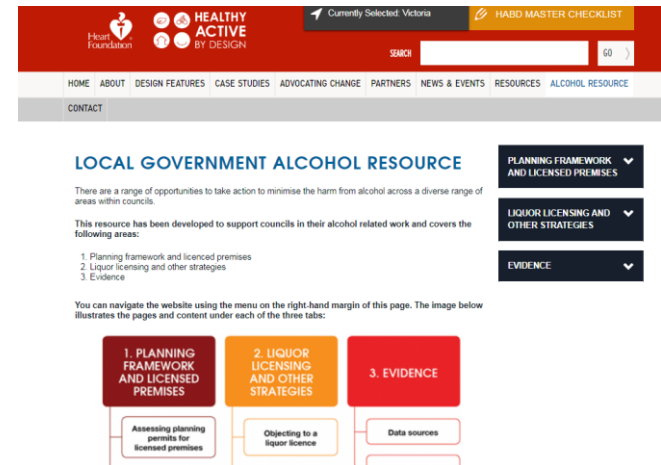
- Internal policies, external agreement, alcohol bans

## Targeted alcohol harm reduction programs:

- LDAT, alcohol culture change, Communities that Care

## Partnerships:

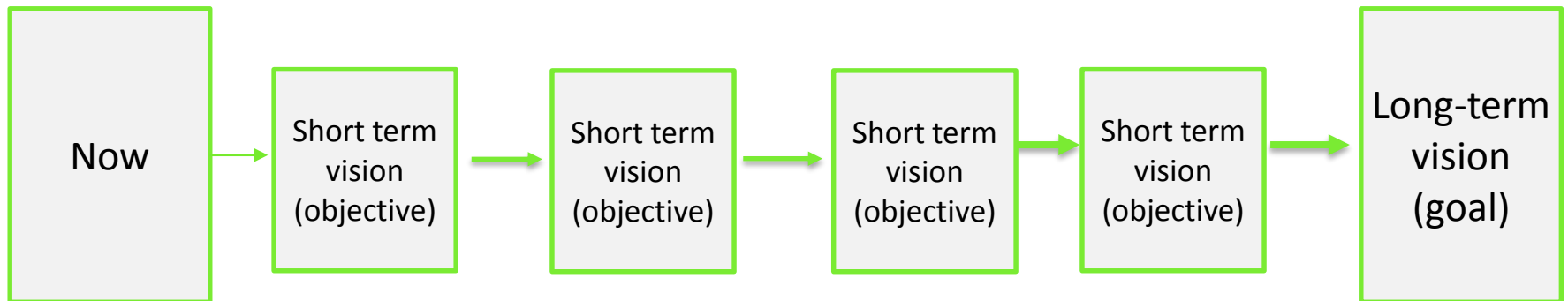
- Advocacy (SEMCA, Action on alcohol flagship group (AAFG))
- Local referral pathways
- Collective impact approach

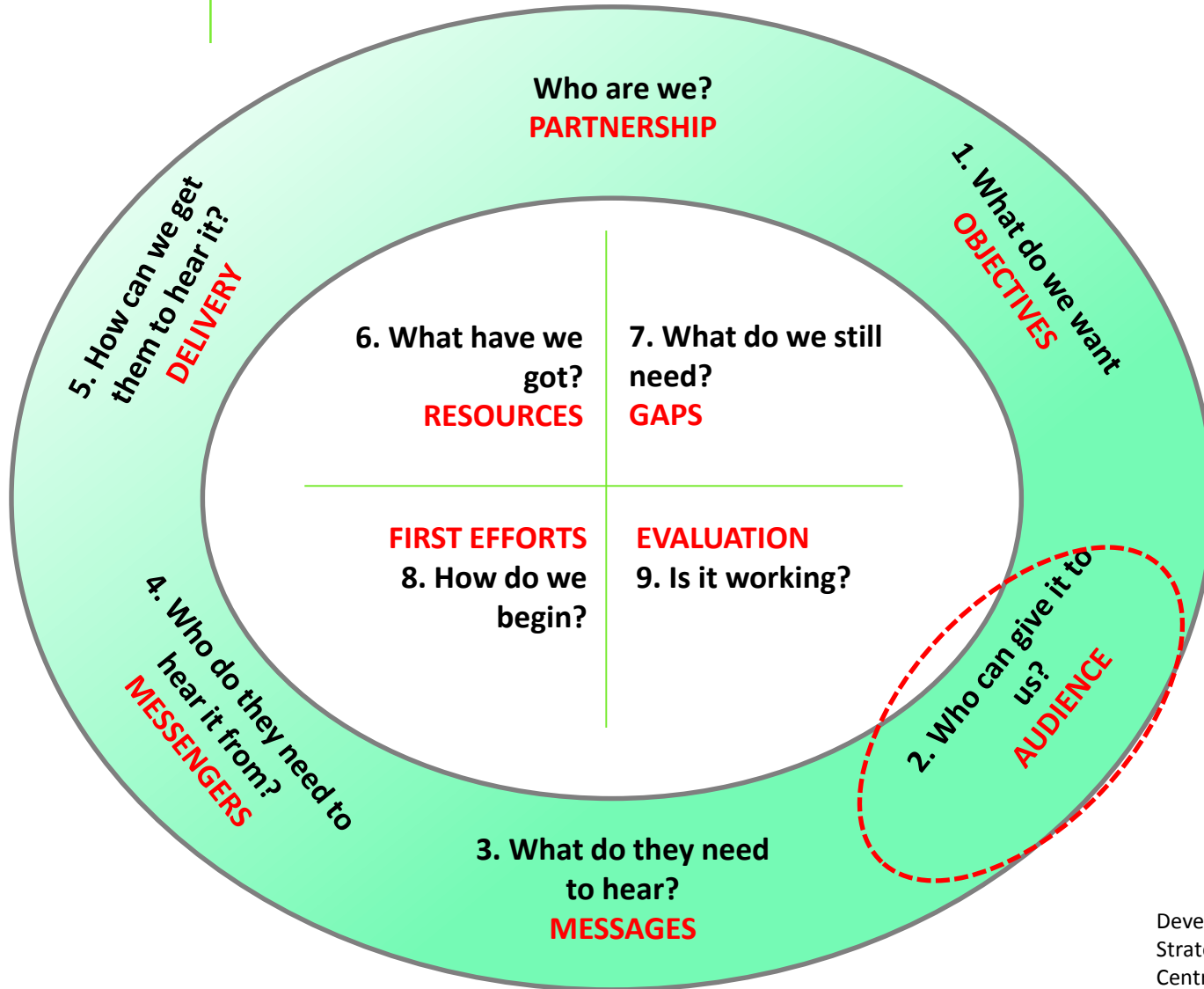




# Group task 1

- Get into groups of 3-6 people.
- Using the worksheet 'What do we want', work through the two questions outlined in the left hand column and make notes in the right hand column.
- Feedback to the larger group.
- Groups have 5 mins for discussion.





Development of an Advocacy Strategy, Jim Shultz, Democracy Centre, USA

# Who can give it to us?

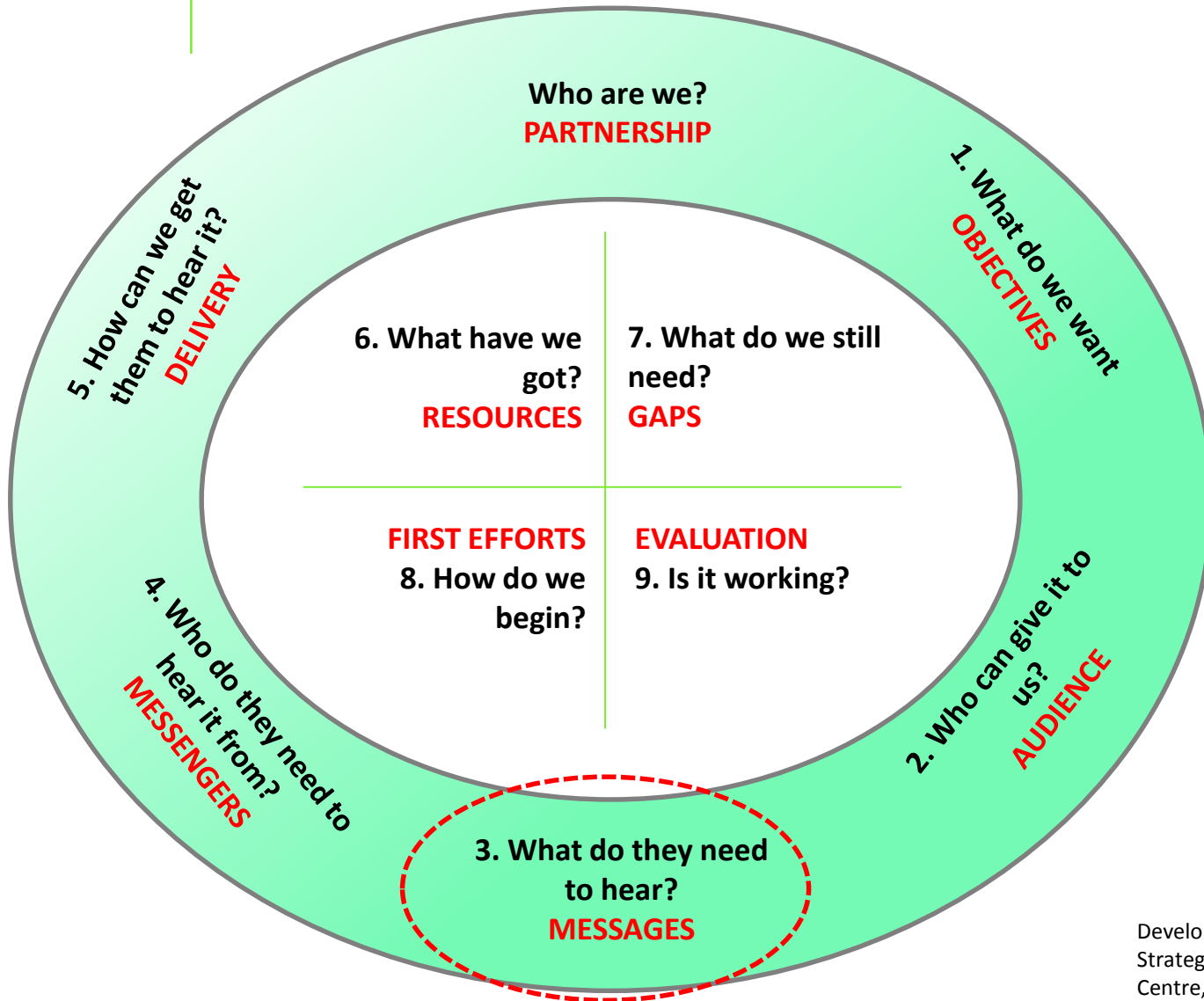
## Audience

Be strategic about what parts of the community you try to mobilise

Who are the people and institutions you need to move?

What part of the community will encourage them to move? Can you include these groups as the audience in your CM strategy?

Who do you want to move?	Who will encourage them to move?
Ministers/senior politicians	General community
Special advisors	Specific leaders
Other departments within Local Government	Community groups <ul style="list-style-type: none"><li>• Sports</li><li>• Cultural</li><li>• Educational</li><li>• Other advocacy groups</li></ul>
Councillors	Drinkers/non drinkers
Business	Media
	Other professionals (health, police, community health)
	Business



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# What do they need to hear?

## Messages

Depends on who you are talking to - messages should be **CONSISTENT** but tailored to audience – make the problem relevant to the audience

Depends what stage of readiness – do you need to start

Needs to be simple

- > Not too many – ideally 3
- > Avoid jargon
- > Make them active
- > Not too technical – simple facts
- > Emotion beats logic
- > **Formula - message+evidence+people+solution+industry formula**

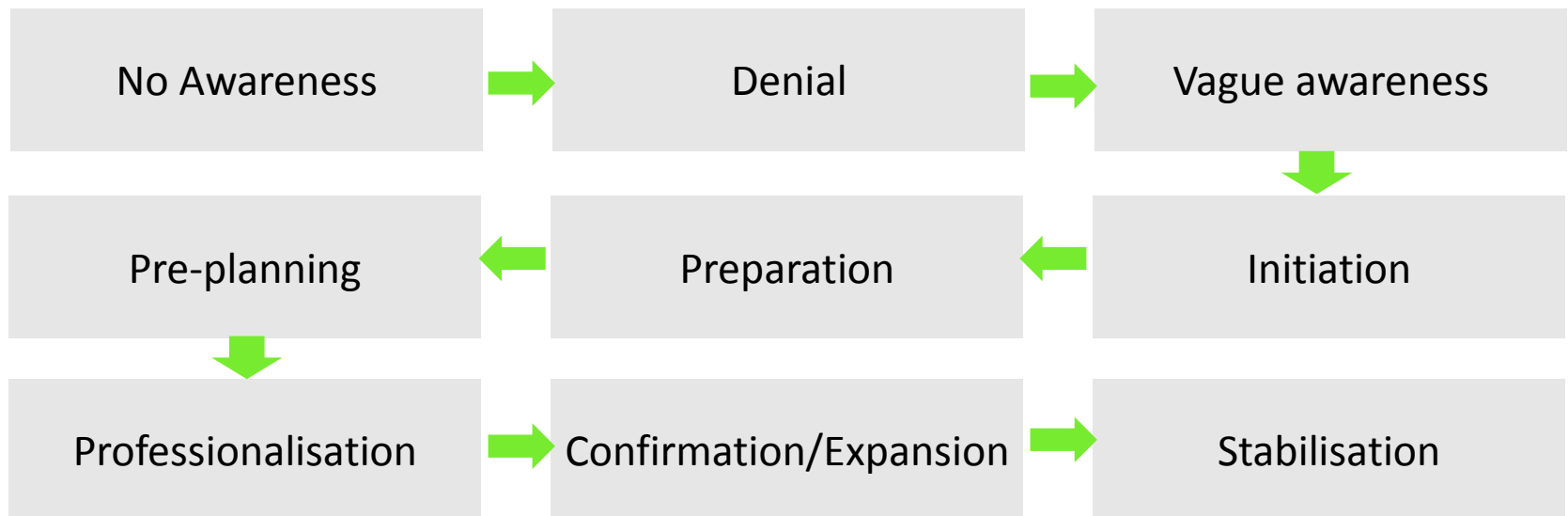
Don't focus on the individual – the problem is the product (how it is supplied and promoted, industry practices), not people

# What do they need to hear?

## Community readiness

Communities vary in their readiness to adopt programmes of change. This readiness plays a considerable part in a programme's success and the community's willingness to support it.

Need to know where the community is in terms of readiness as this will inform your approach to messaging development and delivery (next three steps in the framework)



# What do they need to hear?

**'message+evidence+people+solution+industry' formula**

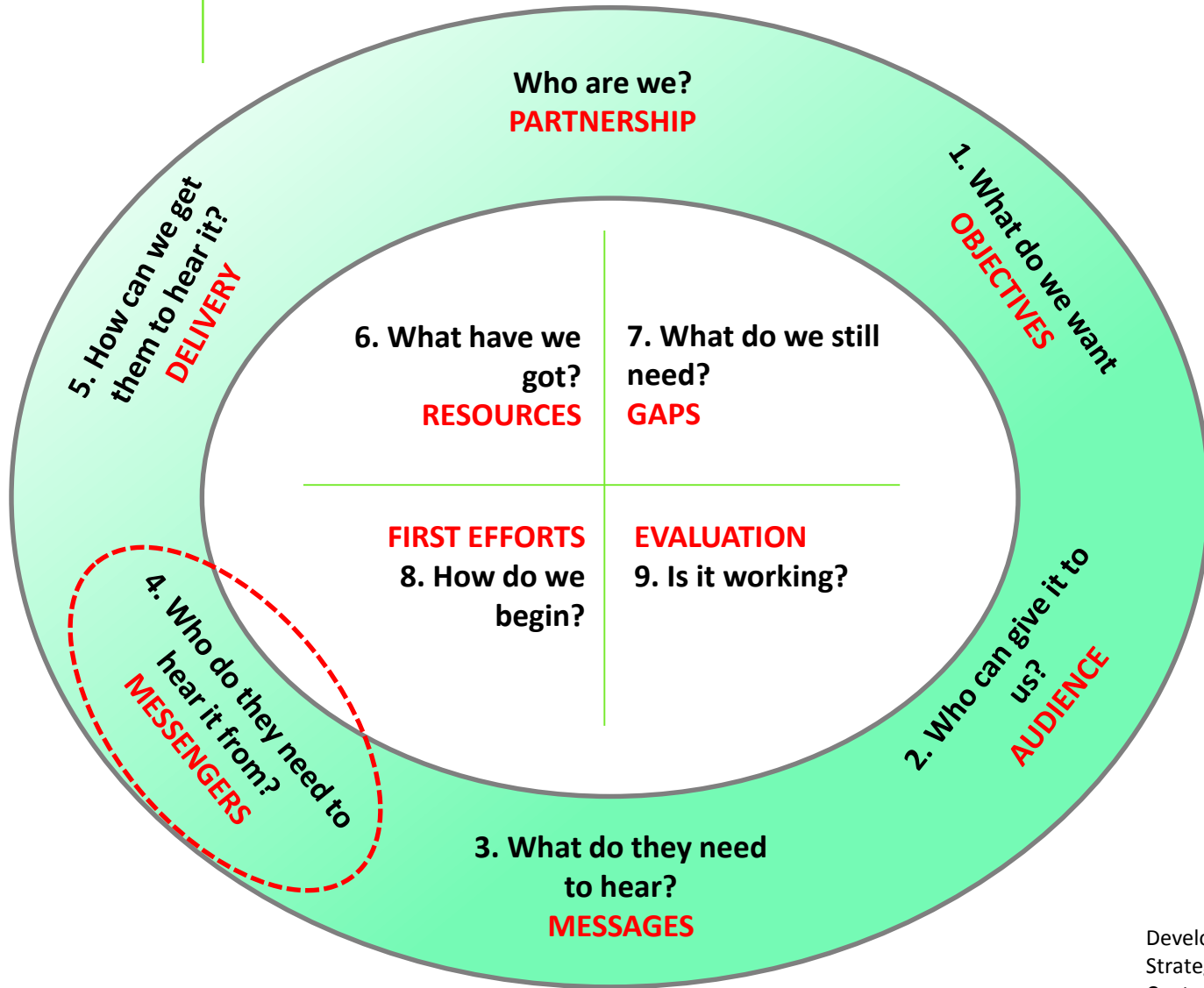
Message	The saturation of outlets in Melbourne is leading to an increase in alcohol-fuelled violence in Melbourne
Evidence	The latest figures for street assaults by people under the influence have risen by 50% in 3 years
People	Officer Smith is just returning to duty after 6 weeks in hospital as a result of a drunken assault and he wants to tell his story
Solution	No more alcohol outlets unless industry can prove that any new outlet won't contribute to public harm.
Industry	The onus is on the industry to ensure the product they sell does not contribute to public harm.

Message	Alcohol is toxic and increases the risk of seven different types of cancer, including mouth, throat, bowel and breast cancer.
Evidence	Only 1 in 10 people in the UK are aware of the link between alcohol and cancer
People	Claire Smith is recovering from breast cancer. She wishes she'd know that alcohol can cause cancer. At least then she should have had the choice as to whether she cut down how much she was drinking.
Solution	Health warnings
Industry	Industry has stalled on health warning implementation for years.

## Group task 2

- Get into groups of 3-6 people.
- Look at the worksheet 'Stages of community readiness'
- Discuss how the level of readiness would impact on community mobilisation goal/s and activities in your area
- Feedback to the larger group
- Groups have 5 mins.





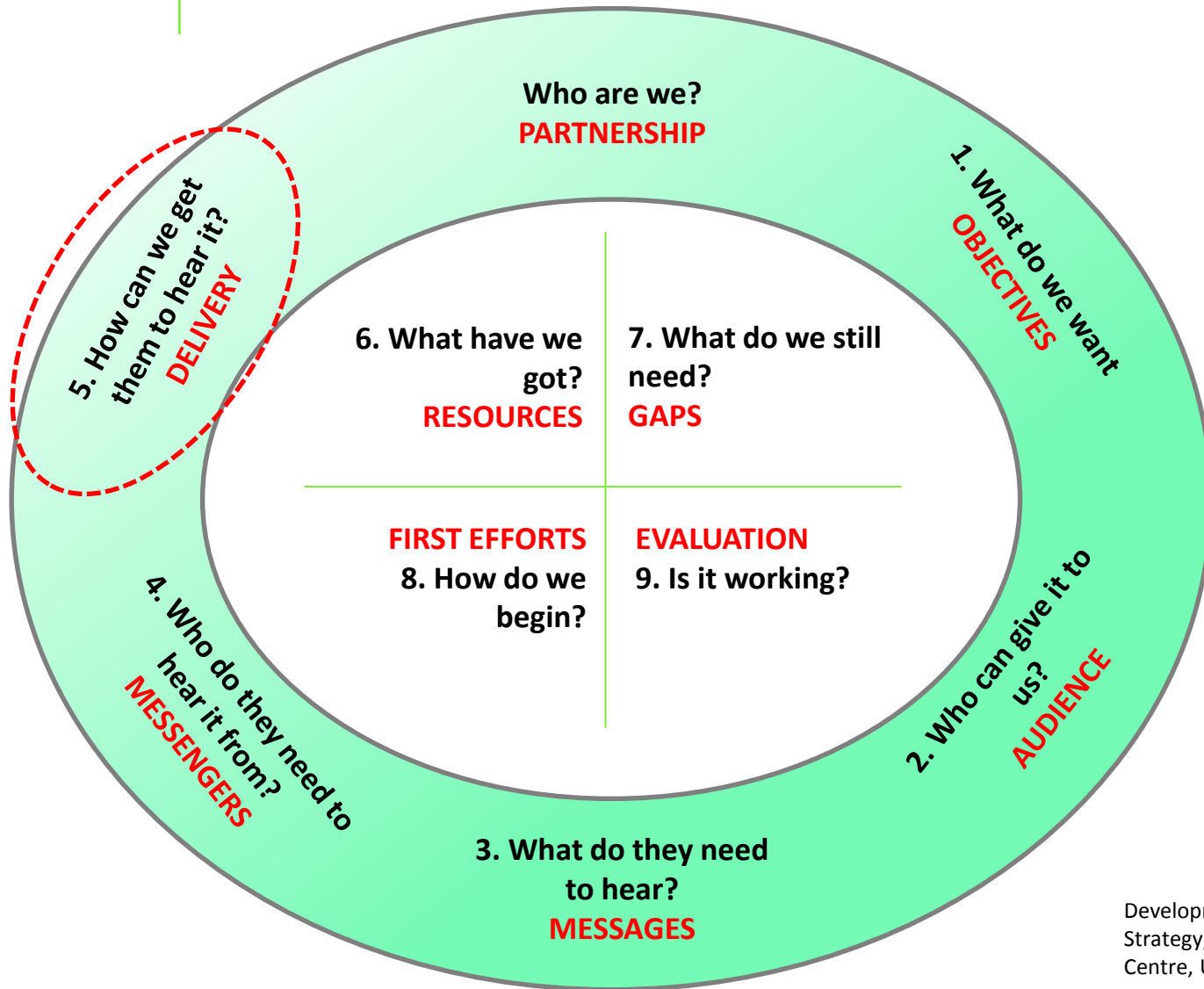
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# Who do they need to hear it from?

## Messengers

Kind of messenger	Detail	Example
Experts	People whose credibility is largely technical	Academics, researchers, peak bodies,
Authentic voice	People who can speak from personal experience	Patients, user groups, young people, health professionals, police, victims of crime
People with clout	People who come with the kinds of political connections that make authorities want to listen	Politicians, Councillors, heads of organisations eg. CEOs,



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# How can we get them to hear it?

## Delivery

Campaign consisting of:

- Social marketing
- Media
- Social media
- Competitions
- Direct advocacy
- Call to action



Develop a schedule

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Aust Day, Feb fast	Feb Fast progress	Uni Students	Easter holiday drinking, Guidelines	Footy club example of good practice	Dry July	Dry July progress	Footy finals, safe drinking	FARE, FASD campaign	Safe party info (schoolies)	Cricket club example of good practice	Xmas party season

# How can we get them to hear it?

## Delivery

### Who and how?

- WHO IN YOUR NETWORK HAS SKILLS TO DO THIS (M&C expertise)?
- Do you have a budget to get the expertise?
- Do you have a budget to undertake communication activity?
- What can you leverage off? What do you already do?

### YOU DON'T NEED TO START FROM SCRATCH!

*Resources:*

#### [ADF Leveraging Social Media](#)

#### [ADF Using social marketing for health promotion](#)

*Content:*

#### [ADF Insights](#)

#### [VicHealth Alcohol culture change blog](#)

[FARE](#) e.g. Boozefree sport, research, public opinion, other campaigns e.g. FASD

*Example:*

#### [#seizethesnowys](#)

# CASE STUDY

# Alcohol Harm in the North East

- 2 in 5 adults drinking above recommended guidelines
- Enough alcohol sold for every drinker to consume 22 units a week
- Highest rate alcohol related hospital admissions
- Costs over £1bn pa
- Balance launched 2009
- Learn from tobacco control – population-level, de-normalisation programme



**BALANCE**  
Getting the  
measure of alcohol

THE NORTH EAST ALCOHOL OFFICE

# Lessons from Tobacco Control

- Build evidence base
- Build an understanding of harms
- Tell story of second hand harms
- Expose industry behaviour
- Set clear goals
- Work together
- Build public awareness, understanding, support
- Use the media
- Tell stories, not just facts
- Frame the problem – addictive product not bad people



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# Two Competing Frames

## INDUSTRY

- Alcohol consumption is normal, fun and healthy; the majority of people drink responsibly
- Alcohol is not the problem- it's the behaviour of an irresponsible minority
- Policy solutions are education, self-regulation, punishment and partnership

Lesson: blame product (and industry) not users

## PUBLIC HEALTH

- Alcohol 'no ordinary commodity' - harms individuals and society
- Large sections of public drinking too much
- Problem is product (and industry)
- Policy solutions are based on evidence – affordability, availability, promotion - and most require legislation



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**DRY JANUARY**

## CAN YOU STAY OFF THE BOOZE FOR 31 DAYS?



## Looking for quick wins: White cider tax

- Survey of cheapest products
- Link with children's charities
- MPs visit liver units
- Parliamentary event
- Human story – Megan Goode

↓

- Consultation on raising tax band

### Paramedics subject to abuse by drunk people

01/11/2018

"I think it's becoming an increasing problem"

Almost half of all paramedics in one region have been subjected to alcohol related abuse while on duty, according to a new survey.

The report published today by Balance, the North East Medical Office, reveals that two in five of the paramedics surveyed have been sexually assaulted or harassed by patients and members of the public who have drunk too much.

Member for South Westminster Britain has also exclusively seen early findings from a national survey for the millions of Alcohol Units which stream a similar job role across Britain.

Member South Westminster Nicola Hoggan, aged 33, of Newcastle, who has worked on the frontlines at North East Ambulance Service for 17 years, the last seven of which she has been a paramedic.

She said: "I had a really night shift recently which was actually in New Year's Eve. Every single job was drunk related and no patients was over 10".

Contact us on South Westminster Britain with @TSWhogan

**Nicola Hoggan** @TSWhogan

@TSWhogan Shocking that 100% of paramedics have faced abuse in their careers – we should be concerned about #ALCOHOL



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**EQUAL TO 22 VODKA SHOTS**

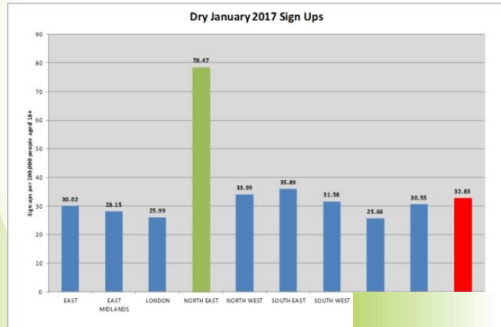
**BOTH 22 UNITS**

**CHEAP ALCOHOL: #PRICEWEPAY**



# Is regional approach working?

- High levels of engagement in Dry January

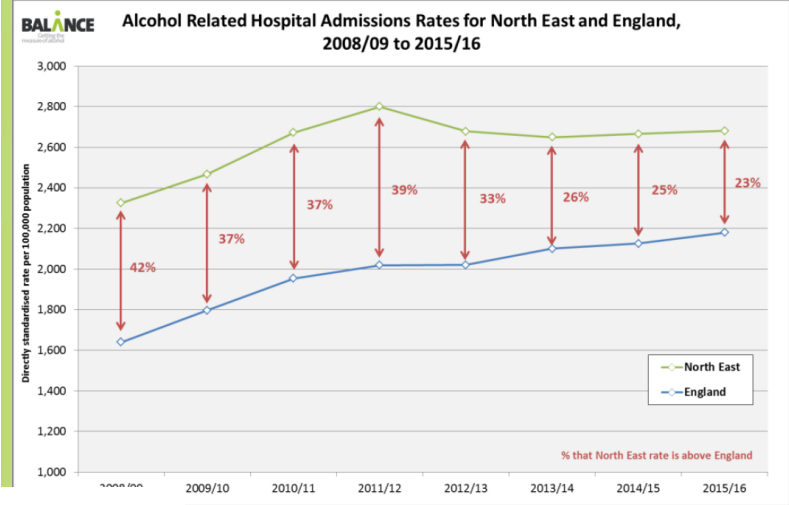
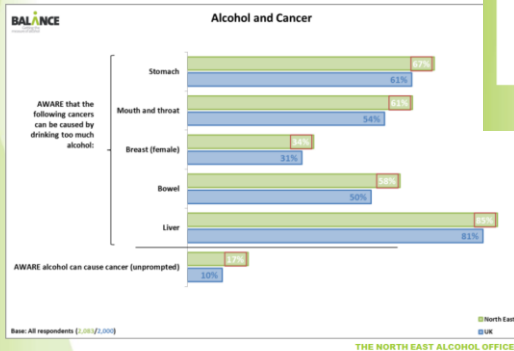


# Is regional approach working?

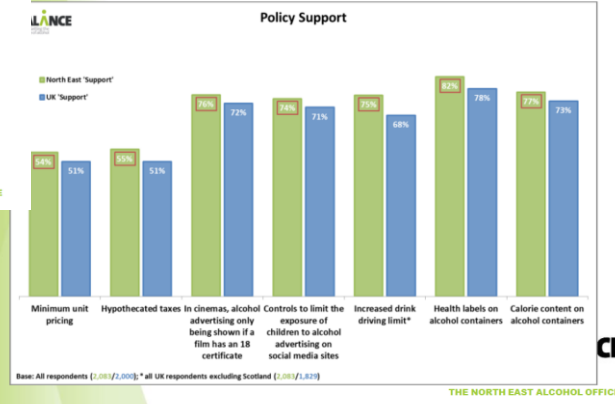
Hospital admission figures by England region

Area	2011/12 DSR	2015/16 DSR	% change 2011/12 to 2015/16
North East	2,800	2,680	-4.3%
North West	2,443	2,601	6.5%
Yorkshire and the Humber	2,105	2,331	10.7%
East Midlands	1,871	2,085	11.4%
West Midlands	2,046	2,352	14.9%
East of England	1,791	1,959	9.4%
London	2,111	2,235	5.9%
South East	1,614	1,768	9.5%
South West	1,907	2,021	5.9%
England	2,020	2,179	7.9%

# Is regional approach working?



# Is regional approach working?



# Tools and resources

1. Join VicHealth's local government alcohol eNetwork, email Maya Ravis: [mrivis@vichealth.vic.gov.au](mailto:mrivis@vichealth.vic.gov.au)
2. Attend the MAV's Local Government Gambling Alcohol and Other Drugs Issue Forum, email Jan Black: [JBlack@mav.asn.au](mailto:JBlack@mav.asn.au)
3. Resources used in the development of this presentation:
  - HAbD
  - LDAT resources
  - GAPC presentations
  - Monograph of evidence based interventions
  - Democracy advocacy resources
  - Alcohol.org.nz
  - ADF: Tackling the availability of alcohol

# The three things I want to pass on today

**Strategy** – deliberate not random

**Message** – harm to others, consistent

**Resources** – there are a great deal of resources out there to support this work

# Save the Troy Library



[Save the Troy Library Video](#)

