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Our Aim

Our Affirmation

To reduce alcohol-related harm and the effects of alcohol misuse within the Mandurah youth and community.

We see young people making informed, responsible choices about alcohol use. We see confident parents supporting young people in the Mandurah community. We see a thriving, healthy, safe and connected community.

Our Priority Areas

The Mandurah Community Youth Alcohol Strategy seeks to address individual, family and community issues relating to alcohol use, especially among young people 12 to 24 years within the Mandurah community.

Priority Areas

- 1. Education of parents regarding the effect of alcohol on young people and evidence-based strategies to reduce harm
- 2. Increase the knowledge and awareness of penalties and risks of the supply of alcohol to a person under legal drinking age residing in Mandurah
- 3. Promote alcohol harm reduction and community safety messages and strategies in Mandurah

Priority Two Objectives

Increase awareness, skills and knowledge of parents around the effects of alcohol on young people.

Increase awareness of the prevalence of alcohol being supplied to young people by parents.

Reduce the availability and access of alcohol to young people by parents in the home, at school events, sporting clubs and parties.

Increase the awareness of alcohol free events and occasions for young people in the Mandurah area.

Increase awareness of the local community around alcohol-related safety issues relevant to young people and alcohol misuse in Mandurah.

Strategically disseminate information using localised social media, links to services, local media relationships, schools, police and community champions.





Our Rationale -A snapshot of alcohol use

"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" – National Preventative Health Strategy, 2009.

Alcohol misuse results in financial, social and environmental costs. Alcohol is associated with anti-social behaviour such as graffiti, criminal damage and violence. There is an increasing level of community concern with safety and the impact of crime associated with alcohol misuse.

Harmful alcohol use is a key risk factor for developing chronic diseases, such as cardiovascular disease, some cancers, mental health, arthritis and injury.

Research indicated that 78 percent of 15 to 17 year olds believed more teenagers were "drinking too much alcohol". In 2010, 77 percent of the Western Australian population aged 16 and over reported that they consumed alcohol, and 23 percent reported that they were non-drinkers. The average age at which Australians consumed their first serve of alcohol was 17 years. 63 percent of Australians have their first drink of alcohol

before 18 years of age.³ Approximately one third of 12 to 17 year olds (34 percent) drink alcohol monthly or less often, while 5 percent drink weekly or more often.⁴

Similarly, the 2008 Australian School Student Alcohol and Drug Survey reported that more than four out of five (84.1 percent) of 12 to 17 year olds who participated had tried alcohol, with a third (33 percent) of participating 17 year olds reporting that they had drunk alcohol in the week before the survey.⁵ Of those who reported that they drank alcohol, half (48 percent) did so at levels that put their health at high risk of harm from an alcohol-related disease over their lifetime and almost a quarter (23 percent) consumed alcohol at levels that put their health at risk for an alcohol-related injury from a single occasion of drinking.²

When asked how they had accessed their last alcoholic drink, 33 percent of young people indicated that their parents had given them their last drink. If somebody else had bought alcohol for the young person, it was most likely to be a friend aged 18 years or over. Furthermore, among Australian school students who drank alcohol in the past week, 80 percent indicated that they had their last drink at either the family home, a friend's home or a party.⁶

Each year in Australia, approximately 5,554 people die as a result of excessive alcohol consumption and over 157,425 people are hospitalised.⁷ In Western Australia (WA) there were 2,690 deaths from all alcohol-related conditions from 2007 to 2011.⁸ Specifically, between 2004 to 2008, 2,340 12 to 17 year olds were admitted to hospital for alcohol-related reasons equating to 6,185 alcohol-related hospital bed days for this age group.⁵

Males who consume alcohol were more likely to drink at levels which placed them at risk of lifetime harm than females who drank (60 percent compared with 39 percent). 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 percent compared with 14 percent). Engaging in high risk drinking behaviours declined with age for both men and woman.

In 2008, nearly a quarter (24 percent) of Western Australian adolescents (aged 12 to 17) who drank, consumed alcohol at levels that placed them at risk of short-term harm. It is reported that 20.3 percent of the adult population (16 years and over) of the City of Mandurah are drinking alcohol at a level associated with short-term harm (drinks more than four standard drinks on any day). This is more than the population of adults (16.3 percent) drinking alcohol at a level associated with short-term harm in Western Australia. 10

Young people are particularly at-risk of short-term effects of drunkenness, including accidents and violence. In total, 62 percent of young people reported experiencing at least one of the negative

outcomes of drinking alcohol in the last twelve months.⁵ Approximately 80 percent of teenagers also reported witnessing violence while drinking compared to 49 percent of those who had never had an alcoholic drink.¹ Specifically, more than a third of 14 to 19 year olds and more than two thirds of 20 to 24 year olds experienced alcohol-related physical or verbal abuse in the previous twelve months.¹¹

The National Health and Medical Research Council (NHMRC) recommend that for children and young people under 18, not drinking is the safest option. Research demonstrates that there is a high risk of accidents, injuries, violence and self-harm among young people.² The brain is still developing through the teenage years and drinking alcohol may cause damage to the brain and health complications later in life. The earlier a child is introduced to alcohol, the more likely they are to develop problems later in life.²

See appendix for our guiding National, State and local strategies.

Target Groups

Our Primary Target Groups:

- Young people 12 to 24 years residing in Mandurah
- Parents of young people 12 to 24 years residing in Mandurah

Our Secondary Target Groups:

- Community
- Sporting groups
- Licensed premises

Our Partnerships

This strategy was the result of a whole-of-community approach to the issues revolving around alcohol and young people. Specifically, it actively supports partnerships between community and service providers to identify and address local alcohol-related issues. This strategy aims to act as a means to co-ordinate, implement and evaluate an evidence-based, whole-of-community approach in a timely and appropriate manner.

The following organisations were involved in developing this Strategy and Action Plan:

- South Metropolitan Population Health Unit (SMPHU)
- City of Mandurah (CoM)
- SDERA (School Drug Education and Road Aware)
- WA Police, Community Engagement (South Metro)
- Palmerston Association Inc.

Our Supporting Agencies:

- Nidjalla Waangan Mia (NWM)
- Department for Child Protection & Family Support
- Youth Focus
- Mental Health Commission

Priority One

Education of parents regarding the effect of alcohol on young people and evidence-based strategies to reduce harm

Overall Objective: Increase awareness, skills and knowledge of parents around the effects of alcohol on young people

| Action | Outputs What tangible things will be produced? | Who and When | Expected Outcomes | Means of Measurement |
|--|--|---|--|--|
| Objective 1.1 Increase access an modelling. | d availability of information for p | arents about alcohol ar | nd young people including the | importance of positive role |
| 1.1.1 Disseminate information and materials: Mental Health Commission 'Parents, Young People and Alcohol' campaign (Appendix 1) Australian Drug Foundation (ADF) Health Matters | Posters, booklets, fact sheets Media release templates Links and information on website and newsletters AAPMG Yearly Calendar of Events (Internal) Social media strategy App messages School bag app Road signage | SMPHU (Health Matters) (L) CoM (L) Palmerston Association Inc (S) ONGOING AAPMG Yearly Calendar of Events produced by November each year (Internal) | Increase parents' knowledge/awareness of their drinking behaviour on young people Increase in number of locations distributing information and resources | Number of resources distributed to parents Number of resources distributed by Service Providers Number of media releases developed Number of media articles promoting resources printed Number of links on website Number of schools who distribute materials |

| Lege | end | |
|-------|---|---|
| L | Lead | SMPHU South Metropolitan Population Health Unit |
| S | Support | SDERA School Drug Education and Road Aware |
| ADF | Australian Drug Foundation | NOTE: The Mental Health Commission and the Drug and Alcohol |
| СоМ | City of Mandurah | Office amalgamated on 1 July 2015. The joined organisation is |
| AAPMO | G Alcohol Action Plan Management Group and Partners | called the Mental Health Commission. |

| Action | Outputs What tangible things will be produced? | Who and When | Expected Outcomes | Means of Measurement | |
|---|---|---|---|--|--|
| Objective 1.2 Increase knowledge | e and awareness of parents to ce | ase or delay introductio | on of alcohol to young people. | | |
| 1.2.1 Research and develop an engagement framework with existing groups (community groups, parent groups, school P&C/P&F committes) with the aim to increase awareness and skills of parents to cease or delay the introduction of alcohol Plan workshop strategy based on best practice Promote workshop plan Deliver workshops on demand | Workshop plan Media release templates Links and information on website and newsletters Social media strategy | SDERA (L) – Plan SMPHU (S) CoM (S) Palmerston (S) WA Police (S) | Increased knowledge of benefits to cease and delay the introduction of alcohol to young people Increased awareness of harm reduction strategies | Workshop plan produced Number of enquiries and RSVPs from community members Number of attendees to workshops Locations/venues of workshops Number of resources distributed to parents Pre and post workshop responses from parents regarding intent to/actual supply of alcohol to young people Number of promotional opportunities utilised | |
| Objective 1.3 Demonstrate dissemination of alcohol harm reduction information and alcohol-related support services to parents. | | | | | |
| 1.3.1 Update and promote directory of alcohol-related services in the Mandurah area to parents | Directory availablePromotional distribution of Directory | CoM (L) Palmerston (S) SMPHU (S) | Broad distribution of knowledge and awareness of local alcohol-related services available to parents | Number of directories distributed and downloaded | |

Priority Two

Increase the knowledge and awareness of penalties and risks of the supply of alcohol to a person under legal drinking age residing in Mandurah

Overall Objective:

- Increase awareness of the prevalence of alcohol and access of alcohol being supplied to young people by parents
- Reduce the availability of alcohol and access of alcohol to young people by parents in the home, at school events, sporting clubs and parties
- Increase awareness of alcohol free events and occasions for young people in the Mandurah area

| Action | Outputs What tangible things will be produced? | Who and When L = Lead, S = Support | Expected Outcomes | Means of Measurement |
|--|--|---|--|--|
| Objective 2.1 Increase knowledge at 2.1.1 Increase the level of signage of penalties for supplying alcohol to minors across all licensed premises in Mandurah Investigate current signage Provide appropriate signage 2.1.2 Roll out an awareness campaign across the Mandurah community informing people about | Audit results on current signage (phone and physical) Signage Printed materials Media releases Social media strategy | CoM (L) CoM (L) CoM (L) CoM (L) SDERA (S) | Awareness of signage, or lack thereof, in licensed premises Increased (15 percent) signage at all licensed premises Licensed premises have increased alcohol harm reduction signage within their venues | Pre and post-audit map of alcohol harm reduction signage in licensed premises within the Mandurah area Bottle Shops Bars and Clubs Taverns Number of media releases developed and/or published |
| penalties for the supply of alcohol to minors. Examples include: Supply means supply – NSW Don't Kid yourself – QLD Who are you buying for – QLD Mental Health Commission WA Campaigns Secondary Supply Legislation (WA) | Develop a secondary supply poster for licensed premises Deliver through Mandurah Liquor Accord | WA Police (S) | Reduced supply of alcohol to minors within Mandurah licensees Increased awareness of licensed premises regarding supply to young people Increased knowledge of parents, licensees and bottle shops | Number of alcohol harm reduction promotional materials distributed to licensed venues Pre and post photos of licensed premises with the promotional materials |

| Action | Outputs What tangible things will be produced? | Who and When L = Lead, S = Support | Expected Outcomes | Means of Measurement |
|---|---|------------------------------------|---|--|
| Objective 2.2 Support Mandurah sp | porting clubs to reduce alcohol- | related harms at club- | related grounds and associated funct | ions. |
| 2.2.1 Encourage Mandurah sporting groups to join programs such as: Top Club | Information about alcohol support services for sporting clubs | CoM (L) SMPHU (S) | Increased number of clubs participating in club-specific alcohol-related services | Number of resources distributed to sporting groups and clubs Develop and promote a case study (at least one per year) |
| 2.2.2 Facilitate Department of Sports and Recreation Club Development workshops | Facilitated Top Club training workshops Provide Secondary Supply promotional materials | CoM (L) SMPHU (S) | Increased number of clubs participating in club-specific alcohol services Increased awareness of alcohol- related environments at club -related grounds and associated functions | Number of sporting groups participating in club-specific alcohol services training |
| Objective 2.3 Increase awareness o | f alcohol-free events and occas | ions in the Mandurah | area. | |
| 2.3.1 Focus on promoting and engaging more young people into alcohol free events Investigate opportunities for youth engagement (potential funding, number and type of events) CoM events focusing on providing alcohol-free events | Communication Strategy Family Friendly Foreshore 'No Alcohol' signage Use of variable message boards Social media strategy Media releases | CoM (L) SMPHU (S) | More young people participating in alcohol-free events as an alternative to activities where alcohol is available. Increased awareness of the number of alcohol-free events held in Mandurah | Number of young people attending alcohol-free events (pre and post) Event evaluation findings Number of media releases developed and/or published Number of alcohol-free events held per year City of Mandurah events Location-based events |

| Action | Outputs What tangible things will be produced? | Who and When L = Lead, S = Support | Expected Outcomes | Means of Measurement |
|--|---|------------------------------------|--|--|
| 2.3.2 Support Events Coordinators with information (i.e. Mental Health Commission's 'Parents, Young People and Alcohol' campaign resources) regarding alcohol and young people i.e. signage, brochures, posters Investigate funding opportunities for alcohol-related signage Develop alcohol-related and alcohol-free signs | Family Friendly Foreshore 'No Alcohol' signage Use of variable message boards Social Media Strategy Posters, booklets, fact sheets Media releases | CoM (L) SMPHU (S) | More young people participating in alcohol-free events as an alternative to activities where alcohol is available Increased awareness of the number of alcohol-free events held in Mandurah | Number of alcohol-free signage at events Event evaluation findings Number of resources provided e.g: signs/posters Number of media releases developed and/or published |
| Objective 2.4 Promote safety and a | lcohol-related harm reduction i | n and around licensed | venues, particularly in relation to yo | ung people. |
| 2.4.1 Provide information to licensed venues to reduce violence and injury in and around bars, such as education and training programs and/or resources Investigate education and training resources and funding opportunities Provide or recommend resources and opportunities to licensed venues, if appropriate | Recommendations for implementation of training and resources Funding application for campaigns and projects Produce an alcohol harm reduction strategy and/or marketing materials | CoM (L) SMPHU (S) | Applied/sourced funding for campaigns and projects Increased awareness of alcohol harm reduction strategies | Number of resources distributed to licensed venues Funding achieved |
| 2.4.2 Promote and support the City of Mandurah Community Safety projects such as; Continuation of the Mandurah Liquor Accord Family Friendly Foreshore 'No Alcohol' signage | Regular Accord meetings held Liquor Accord newsletters distributed Harm reduction strategy focussed article included at least once per year | CoM (L) SMPHU (S) | Increased awareness of City of Mandurah Community Safety projects Increased partnerships between licensees and AAPMG Increased number of Accord members participating in Community Safety projects | Number of members of the Mandurah Liquor Accord Number of licensed venues who link with campaigns and Community Safety projects Attendance of AAPMG members to Community Safety projects |



Priority Three

Promote alcohol harm reduction and community safety messages and strategies in Mandurah

Overall Objective:

- Increase awareness of the local community around alcohol-related safety issues relevant to young people and alcohol misuse in Mandurah
- Strategically disseminate information using localised social media, links to services, local media relationships, schools, police and community champions

| Action | Outputs What tangible things will be produced? | Who and When L = Lead, S = Support | Expected Outcomes | Means of Measurement |
|--|--|---|---|--|
| Objective 3.1 Review plans, develop | o, promote and implement reco | mmendations. | | |
| 3.1.1 Review the results of the current Community Safety and Crime Prevention Survey and highlight the specific issues associated with young people and alcohol | Annual report identifying key issues for 12 months AAPMG Yearly Calendar of Events (Internal) | CoM (L) SMPHU (S) | Increased community input into approaches relating to alcohol and young people | Annual report produced Number of strategies and initiatives influenced by community responses |
| 3.1.2 Review and support ongoing implementation of social development initiatives addressing alcohol-related antisocial behaviour (as stated in the CoM Community Safety and Crime Prevention Partnership Plan 2011-2016 (and subsequent documents)) | AAPMG annual calendar of events (Internal) | CoM (L) WA Police (S) SMPHU (S) SDERA (S) | Increased whole-of-community approach to initiatives relating to alcohol and young people | Number of recommendations promoted and implemented yearly |
| 3.1.3 Review findings and recommendations from the SMPHU, Local Government and Alcohol Profile Data | Annual report identifying key issues for 12 months | CoM (L) SMPHU (S) | Increased whole-of-community approach to initiatives relating to alcohol and young people | Annual report produced Number of recommendations promoted and implemented |

| Action | Outputs What tangible things will be produced? | Who and When L = Lead, S = Support | Expected Outcomes | Means of Measurement |
|---|---|--|--|--|
| Objective 3.2 Increase the level of a | alcohol awareness being promo | oted in secondary school | ols in Mandurah. | |
| 3.2.1 Investigate existing alcohol education currently being delivered by individual secondary (Years 7 to12) schools in Mandurah | Checklist for alcohol-related educational material and resources being delivered in Mandurah schools Map level of alcohol-related education programs being delivered | SDERA (L) | Map level of education in relation to alcohol awareness in secondary (Years 7 to 12) schools | Number of education tools and materials accessed (pre and post) |
| 3.2.2 Promote current alcohol resources and best practice principles to schools that can be used to strengthen existing programs. e.g. SDERA Don't Drink & Drown Enough is Enough Campaign | SDERA engages with schools Distribution of alcohol education/information resources to match map produced in 3.2.1 | SDERA (L) CoM (L) | Increased awareness of alcohol- related resources and best practice principles | Number of education resources promoted and accessed |
| Objective 3.3 Promote and dissemin | nate initiatives that encourage y | oung people to make | healthy decisions about drinking alco | phol to the Mandurah community. |
| 3.3.1 Investigate programs that engage with young people to have their say about alcohol/initiatives, eg: WA Police S.A.Y. program YOH-Fest Stretch Arts Festival Phone Apps | Number of attendees to two events (S.A.Y, YOH- Fest) | CoM (L) WA Police (S) SDERA (S) Yearly | Increased awareness of existing initiatives in relation to alcohol awareness | Number of programs investigated and/or implemented to improve engagement and attendance at two events (S.A.Y. and YOH-Fest) Service providers Young people Agencies |



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- 5. Young People and alcohol: Helpful information for parents and carers. Alcohol think again (2007) Government of Western Australia, Drug and Alcohol Office.
- 6. Cancer Council Victoria (2012) Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011.
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- 8. Alcohol-related hospitalisations and deaths in Western Australia (2014) Drug and Alcohol Office surveillance report. Government of Western Australia, Drug and Alcohol Office.
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 Department of Health, WA. Perth: Department of Health, WA.
- 10. Health and Wellbeing of Adults in Western Australia: Overview and Trends (2014) Western Australian Health and Wellbeing Surveillance System Population Surveys. Government of Western Australia, Department of Health.
- 11. Alcohol-related social disorder and rural youth, 1993-1998 (2001) Australian Institute of Criminology Research and Public Policy Series.

Appendix One -Links to existing strategies

National and State

- National Drug Strategy 2010 2015
- National Health and Medical Research Council 2009, Australian Guidelines to Reduce Health Risks from Drinking Alcohol
- Drug and Alcohol Office (Mental Health Commission)
 Alcohol Think Again program (Parents, Young People and Alcohol Campaign Community Action Kit)
- Drug and Alcohol Office (Mental Health Commission)
 Alcohol Think Again program (Alcohol and Health
 Campaign Community Action Kit)
- Western Australian Health Promotion Strategic Framework 2012 - 2016
- Prevention Research: Preventing Alcohol and Drug problems in your community - A practical guide to planning programs and campaigns

Local

- City of Mandurah 2011 2016 Community Safety and Crime Prevention Partnership Plan and City of Mandurah's 2014 Community Safety and Crime Prevention Survey
- South Metropolitan Population Health Unit (2014).
 Pathway to reducing alcohol-related harm: A guide for local government
- South Metropolitan Population Health Unit Mandurah Alcohol Profile (in Draft)



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