THE BEHAVIOUR CHANGE COLLABORATIVE

City of Stirling Local Drug Action Team:

Alcohol and Other Drug Action Plan Consultation

Report of workshops process and outputs

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1. Background and methodology

Project overview

Background

The City of Stirling Local Drug Action Team (SLDAT), established a Strategic Working Group (SWG) to facilitate the development of a SLDAT Alcohol and Other Drug (AOD) Action Plan. The SWG comprised of representatives from the North Metropolitan Health Service's (NMHS) Healthy Population team and City of Stirling (CoS) Community Development Team. The SWG engaged The Behaviour Change Collaborative (The BCC) to facilitate a series of three consultation sessions to guide and inform the development of an AOD Action Plan. The City of Stirling, with its large and diverse population and expansive land area, presents distinct opportunities to address the AOD challenges faced by various communities within its jurisdiction.

The planned approach centred on leveraging community development and evidence-based practices to identify and implement the most effective AOD prevention programs. To facilitate this, The BCC worked in close collaboration with the SWG to develop a consultation process, structured around three workshops, which was designed to engage a broad range of local community groups, stakeholders and partners. These consultations provided an opportunity for participants to share their experiences and knowledge and to contribute to the formation of the SLDAT AOD Action Plan.

By involving the community in this process, the SLDAT aimed to ensure that the priority areas, objectives, and strategies identified in the AOD Action Plan would be both relevant to local needs and supported by the local community, resulting in a practical and sustainable approach to AOD prevention.

Methodology

The consultations were conducted over three workshops held at the Herb Graham Recreation Centre in Mirrabooka between August and September 2024, with a total of 85 stakeholders and community members in attendance. Each workshop had a distinct focus:

- The first workshop identified priority areas for the AOD Action Plan
- The second workshop informed the plan's objectives
- The third and final workshop developed strategies to achieve the objectives

Each workshop is discussed in greater detail in their respective sections of this report.

Recruitment for the workshops was conducted and managed by the SWG through a combination of social media posts, invitations through professional networks, and distributing flyers at key community locations. It should be noted that participation in workshops two and three was also bolstered by word-of-mouth recruitment from those who attended previous sessions.

Workshop participants included both community members and key stakeholders. Sectors represented during the workshops included health, local government, community and social services, church/clergy, law enforcement, not-for-profits and universities.

Acknowledgements

The SLDAT AOD Action Plan consultation was funded by the ADF, the CoS and NMHS.

The BCC would like to acknowledge the Stirling LDAT, with special recognition to the teams at North Metropolitan Health Service and the City of Stirling for their hard work and dedication throughout all stages of the project.

We also extend appreciation to the NMHS and CoS teams for their efforts in the planning, logistical and operational components of the consultations, including organising and funding the venue and catering, scribing group discussions, setting up and cleaning the room, providing all necessary materials, arranging guest speakers, recruiting attendees and conducting the consultation evaluation.

North Metro Health Service and the City of Stirling also kindly provided many of the images in this report, as well as the verbatim feedback from the evaluation surveys.

We would like to particularly recognise the invaluable contributions of the following staff from NMHS: Assunta Di Francesco, Lara Sheehan, Amy Barton, and Shani Toki; and from CoS: Melissa Mitsikas, Tarn Deere, Sandra Leach, and Justin Onek. We also extend our thanks to the placement students at both NMHS and CoS for their significant contributions, as well as all guest speakers.

Additionally, The BCC is proud to have contributed more than $7,000.00 additional value in pro-bono hours to support the successful delivery of this project.



Workshop 1: Identifying priorities

Workshop 1 Overview

Setting the scene and identifying priorities

Workshop 1 served as a foundational session, providing context and setting the scene for subsequent consultations. A total of 60 attendees participated, including 5 community members.

The workshop commenced with the provision of foundational background information, including the definition of an AOD action plan, followed by a brief explanation of health prevention and primary prevention. An icebreaker activity was undertaken to facilitate introductions and foster a collaborative atmosphere, encouraging productive table discussions for activities later in the session.

Two presentations were delivered to ensure participants gained a broad understanding of AOD in the City of Stirling. Tarn Deere from the City of Stirling presented an overview of the demographics of the local government area, as well as the structure of the SLDAT. Dr Tim Landrigan from the Department of Health's Epidemiology Directorate shared localised statistics on alcohol and drug consumption, highlighting impacts and harms such as hospitalisations, costs, and alcohol-related deaths within the City of Stirling.

Following a morning tea break, participants engaged in the first activity, identifying the most significant AOD challenges within the City of Stirling based on their own knowledge and experience, as well as the information presented by Dr Landrigan. Each group selected their top three challenges and shared them with the room.

In the second activity, participants prioritised areas for the AOD Action Plan. Working at their tables, they identified up to three **priority areas**, specifying a substance of concern and the context within which they believed it was causing harm (primarily either a target group or a physical setting). After group discussions, participants shared their priorities with the larger group. The identified priorities were categorised and displayed on the walls, allowing participants to vote for their top two choices.





TASK 1: What are the biggest AOD challenges/issues in the City of Stirling?

Participants were asked to identify the top three biggest challenges and issues related to AOD in the City of Stirling.

Homelessness and the cost of living

Participants discussed the impact of alcohol and other drugs on homelessness, noting the bidirectional nature of this relationship; that AOD use may contribute to homelessness, or that people who are homeless are at high risk of using AOD as a coping mechanism. They also addressed how the rising cost of living contributes to homelessness and may lead people to self-medicate when they cannot afford professional mental health support.

Accessibility and affordability of AOD products

Participants identified the low cost and easy access to alcohol and other drugs, particularly alcohol and vapes, within the City of Stirling as a significant challenge. They noted that the ease of access, especially for e-cigarettes (vapes), is further exacerbated by social media, which young people may use as a platform for buying and selling e-cigarette (vape) products.

AOD-related violence

Participants identified the link between AOD and violence as a major challenge in the City of Stirling. They highlighted how AOD use can increase violent behaviour, such as family and domestic violence as well as physical violence in public venues such as bars and clubs within the City.

Mental health

Participants highlighted the connection between AOD use and poor mental health outcomes as a challenge in the CoS.

AOD normalisation

Participants discussed the normalisation of AOD use, particularly in relation to Australia's drinking culture. They also highlighted the growing ubiquity of vaping among young people, noting its increasing acceptance and prevalence.

AOD marketing and advertising

Participants discussed the prevalence of alcohol advertising in public spaces within the City of Stirling, including on bus stops. They also mentioned the marketing of tobacco and related products to young people through appealing flavours, vape design, and promotions on social media.

Services

Participants noted a lack of holistic service options and limited cross-service collaboration in addressing issues related to AOD within the CoS.

TASK 1: What are the biggest AOD challenges/issues in the City of Stirling? Continued

Other themes identified:

Stigma

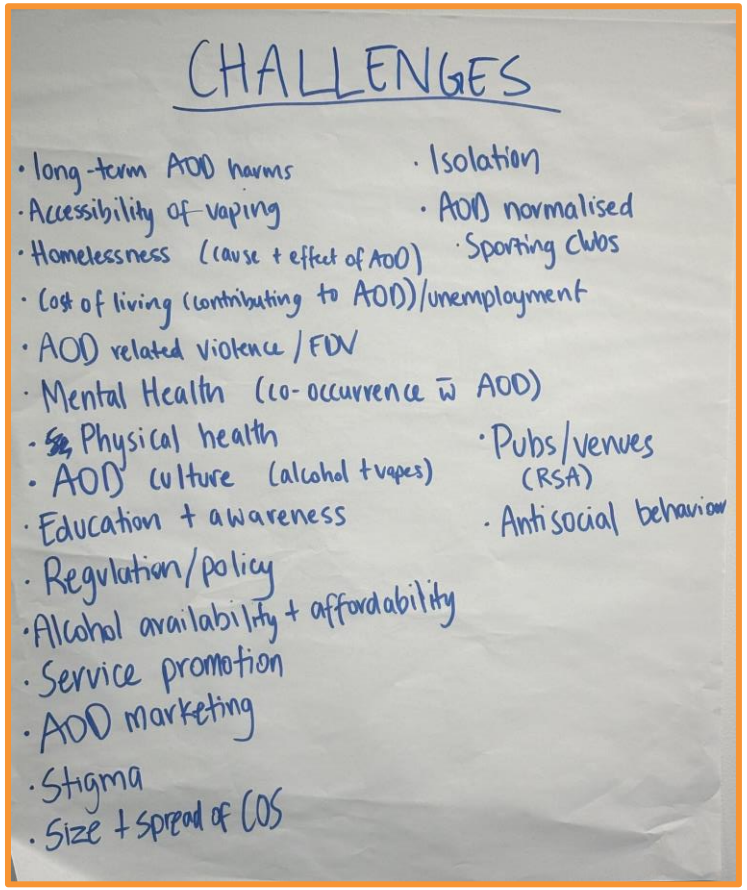
Associated with AOD use, as well as the experience of mental health issues.

Isolation

As a strong risk factor in the development of mental health issues and driver of AOD use.

Venues

As a high-risk environment that enables high-risk alcohol use.

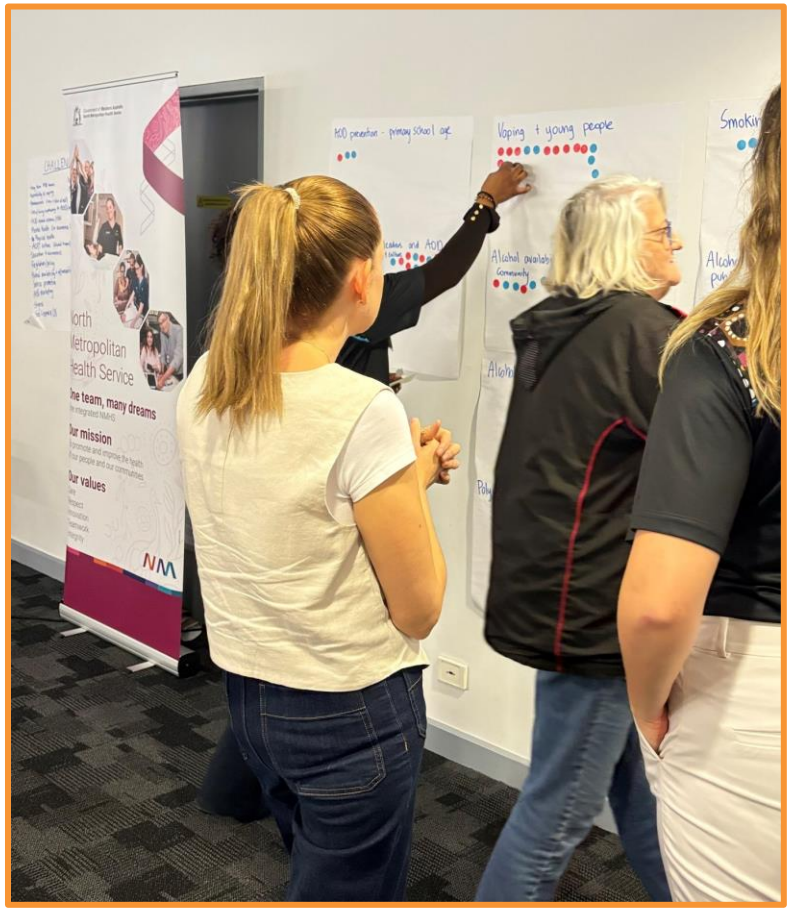




TASK 2: What do you think the priority area(s) for the City of Stirling AOD Action Plan should be?

Workshop participants were asked to discuss what they believe should be the priority areas for the AOD Action Plan, by including two elements: the **substance** and a contextual factor; either a **group OR setting**. The priority areas identified by participants during table discussions are listed below:

- Alcohol and males
- Smoking in public places
- Alcohol, young people and families
- Polydrug use/purchasing via social media
- Alcohol use among young people (in public places and other settings)
- Alcohol use/behaviour in venues
- Cannabis and young people
- AOD prevention – primary school age
- Vaping and young people
- Alcohol use among adults in the home
- Community and cultural leaders and AOD
    - Alcohol normalisation and culture
- Alcohol availability and marketing among CoS community
- Cannabis use in public settings

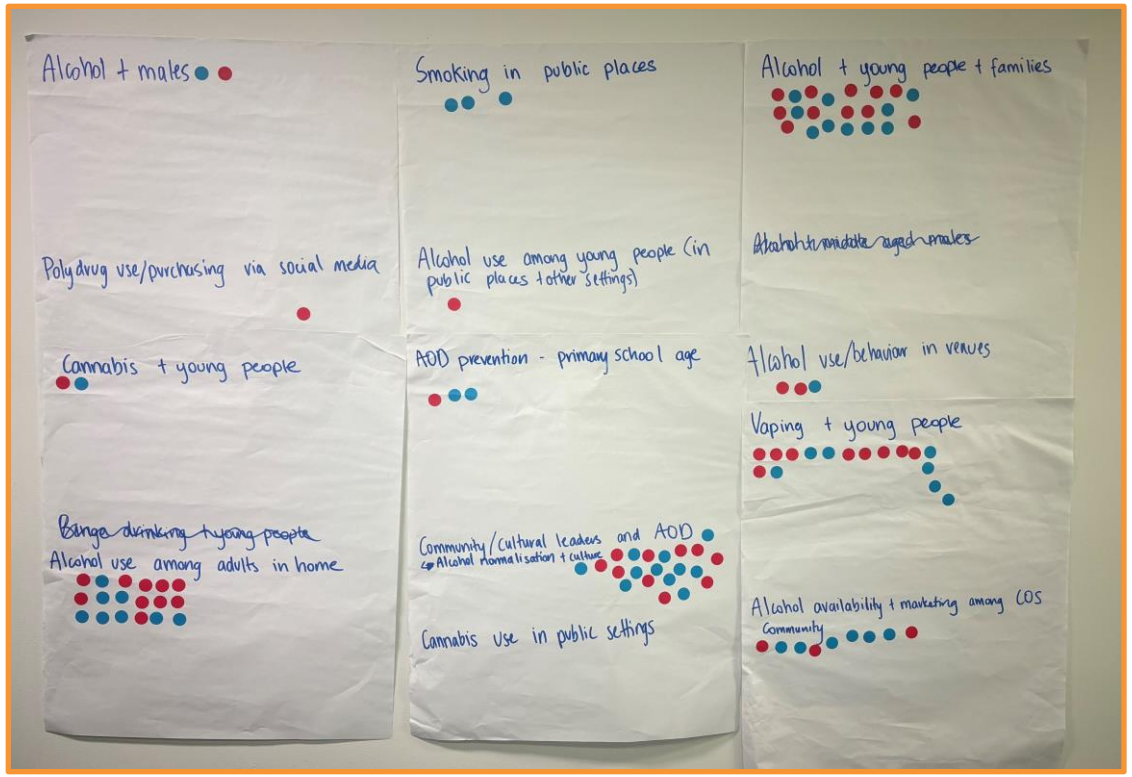


TASK 2: What do you think the priority area(s) for the City of Stirling AOD Action Plan should be? Continued

Participants were asked to vote for their top two priority areas. A voting system was used where participants were given two dots: a red dot to indicate their first priority, and a blue dot to represent their second priority. Community members' votes were recorded to identify areas of community concern.

The priority areas with the most votes were:

- **Alcohol, young people and families** (21 total votes, including 2 community votes)
- **Community/cultural leaders and AOD → alcohol normalisation and culture** (21 total votes, including 1 community vote)
- **Alcohol use among adults in the home** (18 total votes, including 3 community votes)
- **Vaping and young people** (16 total votes, including 1 community vote)
- **Alcohol availability and marketing among City of Stirling community** (9 total votes)



Priority Areas – Selection process and finalisation

Following Workshop 1, the SLDAT Strategic Working Group members met to make a determination about what priority areas the AOD Action Plan would focus on. The Group themed the ideas generated from the workshop and collated votes within each broad area. Theming options were put to the SLDAT to vote on the preferred categorisation. The final priority areas are listed below, with related priority areas from Workshop 1 grouped under each overarching area.

Alcohol, young people and families

- Alcohol use among adults in the home
- Alcohol and young people
- Alcohol and males
- AOD prevention among primary school aged children

Alcohol in community settings

- Alcohol normalisation and culture in communities
- Alcohol availability and marketing in the City of Stirling
- Alcohol use/behaviour in venues
- Alcohol and males

Vaping and young people

- AOD prevention among primary school aged children
- Smoking in public places



Workshop 2: Defining objectives

Workshop 2 Overview

Defining objectives

Workshop 2 focused on identifying potential **objectives** for the Action Plan. A total of 42 participants, including 7 community members attended.

The session began with a review of Workshop 1 to refresh the memory of returning attendees and provide new participants with an understanding of the previous workshop's activities and outcomes. SWG representatives Tarn Deere (CoS) and Lara Sheehan (NMHS) presented an overview of how the SLDAT selected the final priority areas based on the outputs of Workshop 1.

Two presentations were delivered to provide context and information on health promotion and AOD in the City of Stirling. Jo Overall and Louise Watson from the Mental Health Commission provided an overview of AOD harm minimisation to support the development of objectives. This was followed by a presentation from Julia Stafford from the Cancer Council who shared findings from an Unhealthy Advertising Audit Including Alcohol, conducted in the City of Stirling.

After a morning tea break, participants engaged in group activities. The first activity involved identifying the risk and protective factors that exist within each priority area, specifically within the City of Stirling.

In the second activity, participants in their groups rotated between wall stations to propose potential objectives for the Action Plan for each of the three priority areas.





TASK 1: Risk and protective factors

Participants were asked to identify **risk and protective factors** within the City of Stirling for each priority area.

Risk factors were defined as: *What or who is enabling the issue or contributing to the problem?*

Protective factors were defined as: *What reduces the impacts, helps prevent, or protects against the issue?*

The activity was conducted in groups, with a scribe (note-taker) at each table. Each table was assigned a specific priority area, and after completing their discussion, the scribes rotated to the next table until all groups had contributed to every priority area.

The identified risk and protective factors have been categorised and presented in the following section of the report.





Task 1: Risk and Protective Factors

Alcohol, young people and families

TASK 1

Alcohol, young people and families: Risk factors

Normalisation and ubiquity

Participants identified the normalisation and presence of alcohol in the City of Stirling as a significant risk factor. Cultural norms, alcohol marketing, and promotion of alcohol-free options by known alcohol brands were seen as contributing factors to normalisation. Widespread exposure to alcohol advertising in public spaces and social media was also highlighted.

Family influence

Family influence was discussed by participants as a risk factor for alcohol use. They noted that exposure to alcohol within the family, alcohol dependency among family members, domestic relationships influencing drinking behaviour, and a lack of positive role modelling all contribute to alcohol use.

Ease of access

It was highlighted that alcohol is easily accessible to families and young people within the City of Stirling, in part due to the relative affordability of alcohol products and the number of vendors in local communities.

"Alcohol advertising/saturation of alcohol promotion"

"Family culture of drinking"

"Access to alcohol - lack of alcohol-free activities"



TASK 1

Alcohol, young people and families: Risk factors (continued)

Secondary supply

Underage alcohol supply was identified as a risk factor for alcohol use among young people in the City of Stirling. Participants emphasised the role of adults providing to children, as well as the permissive attitudes of family members towards secondary supply. Participants also noted the influence of legal-age friends and peers supplying alcohol to young people.

"Secondary supply - attitudes of family members"

Mental health

A reciprocal link between mental health and alcohol use was highlighted. Participants noted that depression and other mental health issues, combined with limited access to and cost of mental health support and counselling may lead individuals to use alcohol as a coping mechanism.

"Lack of access to mental health support and counselling"

Other themes

- **Stigma**
- **Profitability of alcohol for businesses**
- **Lack of education**
- **Peer pressure/influence**
- **Family and domestic violence**
- **Cost of living**
- **Discrimination**
- **Isolation**

TASK 1

Alcohol, young people and families: Protective factors

Education

Workshop participants highlighted education as a key protective factor against alcohol use among young people and families. The importance of educating caregivers/guardians and parents about the risks of underage drinking, enforcing consequences, and incorporating lived experience into prevention efforts were emphasised. It was also highlighted that early conversations between parents and children about alcohol are essential for prevention.

"Parental discussions around alcohol for their children --> education about the risk of alcohol before drinking age"

Healthy, affordable alternatives/activities

Workshop participants discussed the opportunities that healthy, affordable alternatives to alcohol such as physical activity, gardening, and arts can have as protective factors against alcohol use.

"Promotion of positive alternatives (clubs, sports, recreation)"

Strong social connections

Social connections and social support systems were also seen to be protective factors. Participants discussed the role of inclusive and supportive friends and family, social inclusion within the community, the value of role models, and activities that promote connection to culture, particularly for Aboriginal and Torres Strait Islander people.

"Role-models - safe, trusted community members and family members"

Other themes

- **Limiting alcohol exposure**
- **Accessible support services**
- **Increasing cost of alcohol**
- **Positive advertising**



Task 1: Risk and Protective Factors

Alcohol in community settings

TASK 1

Alcohol in community settings: Risk factors

Ease of access

Participants identified the ease of access to alcohol in community settings as a risk factor. They noted the prevalence of alcohol outlets, the number of licenced venues, and the affordability of alcohol – including cheap deals and promotions such as happy hour at venues – contribute to this ease of access. Additionally, building designs that expose children and young people to alcohol were also mentioned.

"Colocation of liquor stores and supermarkets"

Use of alcohol in social settings

Another significant risk factor discussed was the use of alcohol as a social lubricant, highlighting its social acceptance and close association with events and celebrations. Participants noted that activities involving alcohol consumption are often viewed as the default choice for social gatherings and are seen as an excuse to bring people together.

"Socially awkward – buffer"

Alcohol marketing

Participants identified alcohol marketing as a significant risk factor in community settings. They discussed how marketing strategies often extend to non-alcoholic products, with brand extensions that promote existing/known alcohol brands. The visibility of advertising and the exciting visual appeal of these campaigns further contribute to the normalisation of alcohol consumption in the community.

"Exciting visual appeal"

Other themes

- **Normalisation and ubiquity**
- **Policies and laws**
- **Influence of family/other adults**
- **Economic benefits to venues**

TASK 1

Alcohol in community settings: Protective factors

Policies and enforcement

Participants highlighted that effective policies and enforcement of those policies act as protective factors in mitigating alcohol use in community settings. They discussed how policies such as increased taxes and advertising bans encourage alternatives to alcohol consumption. Venues practicing Responsible Service of Alcohol (RSA) and having regulated hours were also noted as effective measures.

"Enhanced enforcement and compliance"

Alcohol free events/spaces

Participants emphasised the importance of alcohol-free events and spaces as protective factors. They noted that initiatives like Dry July and Sober October, along with creating alcohol-free spaces within events and ensuring bars are not prominently located in community venues, are effective strategies.

"Alcohol free spaces"

Safe spaces/support services

Participants noted the importance of safe spaces and support services, discussing the role that family and domestic violence (FDV) refuges, AOD services, and outreach support workers have in reducing alcohol in community settings.

"Refuges for women escaping AOD related FDV"



TASK 1

Alcohol in community settings: Protective factors (continued)

Education

As in Priority Area 1, participants identified education as a significant protective factor against harmful alcohol use. They discussed the importance of honest, peer-led education about the harms of alcohol. Additionally, they noted that early-intervention practices in the CoS by educating young people about the risks associated with alcohol use, allowing them to make healthier choices from a young age, are effective strategies.

"Limit number of licenced venues"

Reducing alcohol visibility

Participants discussed the efforts made to reduce alcohol visibility as a protective factor. They highlighted efforts to reduce alcohol sponsorships, limit the number of licenced vendors/venues, restrict alcohol use in outdoor areas to limit social acceptability and visibility of alcohol consumption in public.

"Less alcohol sponsors"

Other themes

Attitudes towards alcohol

Positive advertising

Healthy activities

Family influence



Task 1: Risk and Protective Factors

Vaping and young people

TASK 1

Vaping and young people: Risk factors

Vaping as an emerging issue/limited research

Participants discussed vaping as an emerging issue among young people, identifying this 'newness' as a significant risk factor due to the limited research and evidence on its harms. In addition to the lack of research and evidence, they noted insufficient education and awareness about the dangers of vaping. Misconceptions in the community, such as the belief that vaping is healthier than smoking or that it is nicotine-free, were also highlighted.

"Limited data to back up risks"

Schools

Participants identified the school environment as a significant risk factor for vaping among young people. They discussed the issue of black market 'contraband', with students selling vapes at school, and the curiosity and appeal of vapes among young people. Additionally, they highlighted the lack of support for schools and teachers in addressing youth vaping.

"Lack of supports for schools and teachers"

Ease of access

Participants identified ease of access as a significant risk factor for vaping among young people. They discussed how vapes being cheaper than cigarettes makes them more accessible to youth. Additionally, they noted the availability of vapes in convenience stores contributes to the ease with which young people can obtain e-cigarettes (vapes).

"Quick-e marts - buying still/available"

Other themes

- **Appeal of flavours and packaging**
- **Ease of consumption**
- **Limited enforcement**
- **Influence of friends and family**
- **Ubiquity/normalisation of vaping**
- **Coping mechanism**

TASK 1

Vaping and young people: Protective factors

Positive role modelling

Participants identified positive role models as a significant protective factor against vaping in young people. They discussed the impact of adults, local heroes, and older peers in promoting healthier choices, alongside the importance of family support and community care.

Laws and regulations of vape products

Laws and regulations were seen as essential protective factors against youth vaping. Participants explored the effectiveness of enforcing laws and policies, and balancing education with enforcement. Participants also emphasised the importance of new federal regulations filtering down to the local level and the role of signage in both enforcement and education efforts.

Research and prevention initiatives

Participants noted the impact of research and anti-vaping initiatives as potential protective factors. They discussed promoting plain packaging and using a similar 'playbook' to smoking prevention and tobacco control as effective strategies in the community. The Cancer Council's Generation Vape initiative, negative imagery on packets, and emerging data supporting education to increase community understanding of the risks were highlighted as key strategies.

"Increase positive role models within life"

"Consistent application and enforcement of law and policies"

"New emerging data coming to support education increasing community understanding for risks of product"



TASK 1

Vaping and young people: Protective factors (continued)

Social connection

Participants identified social connection as a protective factor in the CoS. They discussed the importance of increasing social inclusion and acceptance, strong friendships, and creating safe spaces for open conversations. Additionally, they highlighted the role of family connections in providing support and guidance.

Penalties for vendors

Penalties for vendors was seen as a protective factor among participants. Enforcement and penalties for suppliers and retailers of vapes, and the use of mystery shoppers to expose those breaking the law was noted as being effective.

Increasing social inclusion and acceptance

Harsh enforcement and penalties where vapes are sold

Other themes

- **Education for teachers and parents**
- **Knowledge of vaping harms**
- **School policies and programs**
- **Youth involvement in anti-vaping initiatives**
- **Increasing cost of vapes**



Task 2: Defining objectives

TASK 2: Defining objectives

Participants were tasked with identifying objectives for the AOD Action Plan by reflecting on the evidence presented during the workshop and considering actionable steps for the short, medium, and long term. The resulting objectives, categorised by theme, are outlined below. Suggestions from participants that better fit the definition of strategies than objectives have been captured alongside the strategy outputs from Workshop 3.

Alcohol, young people and families

Decrease secondary supply of alcohol to under 18's

- Decrease secondary supply of alcohol by parents/family members
- Reduce parents providing alcohol to kids

Increase knowledge about the harms of alcohol and the positive aspects of not drinking/consuming less alcohol

- Increase knowledge and education about the effects of alcohol
- Increase community education of harms
    - Aboriginal Islander Education Officer (AIEO)
- Increasing health promoting, positive media about reducing alcohol consumption
    - More clear messaging about the positives and negatives of alcohol
    - Not just saying 'No' or 'Don't'

Increase social and cultural connection and physical activity in the City of Stirling

- Increase low or no cost activities (access to recreation centres)
    - Increase connection and physical activity, decrease anti-social behaviours and drinking behaviours

Decrease alcohol promoting media and increase positive health-related messages

- Decreasing the influence of AOD advertising
- Decrease alcohol advertising/media in areas with high population of young people (e.g. schools)
- Decrease whole community alcohol related media

Increase knowledge of and access to (early intervention and diversionary) services

- Reducing inequalities/barriers to services – increase awareness and decrease barriers to services for parents/families
- Increase knowledge of services and how to access them – improving connections between service providers

TASK 2: Defining objectives

Alcohol and community settings

Reduce the accessibility of alcohol in community settings

- Reduce accessibility of alcohol in community settings e.g. sporting clubs, events
- Reduce the accessibility of alcohol in community settings
- Reduce the consumption of alcohol in licenced designated venues

Increase knowledge and reduce confusion around low-risk alcohol consumption

- Increase knowledge of low-risk alcohol consumption
- Reduce confusion about low-risk alcohol consumption
- Increase knowledge of alcohol related harms e.g. using positive messages via communication channels such as social media

Increase awareness of and access to (early intervention) services and supports to reduce alcohol consumption

- Increase awareness of services, social groups and activities
- Increase knowledge of services available for health promotion and public health
- Increase positive education/promotion around alcohol reduction – look into why people drink, offer alternatives

Reduce exposure to alcohol advertising in the City of Stirling

- Reduce alcohol advertising in public settings
- Reduce exposure to alcohol advertising in community settings

Increase participation in alcohol-free positive events and activities / Increase opportunities for positive engagement for people in the City of Stirling (physical, social, cultural)

- Increase number of positive events across City of Stirling - events that promote positive mental health; family friendly; alcohol free



TASK 2: Defining objectives

Vaping and young people

Increase awareness and knowledge of the harms associated with vape products

- Increase awareness and knowledge of the harms associated with vape products within schools and communities
- Increase/extend education and awareness locally

To influence young people's attitudes and beliefs towards vapes

- To influence young people's attitudes and beliefs towards vapes → goal to reduce usage and product demand
- Advocate towards plain packaging – as a collective voice to government changes

Reduce the availability and accessibility of vaping products

- Reduce the availability and accessibility to vaping products
- Support actions to reduce availability of vapes

Reduce vaping within public spaces

- To increase the number of public spaces that are smoke and vape free
- Reducing vaping within public spaces

Increase participation in positive activities (physical, social, cultural)

- To reduce existing barriers that limit young people's participation in cultural activities and social programs e.g. dancing, singing, physical activity
- Improve positive culture – cultural connections



Objectives – Selection process and finalisation

Following Workshop 2, an internal workshop was conducted with the SLDAT members to decide what objectives would be included in the AOD Action Plan. The SLDAT discussed the objectives, grouped into themes by The BCC, taking into account the resources and capacity of the SLDAT going forward. The final objectives within each priority area are listed below.



Priority: Alcohol young people and families

- **Objectives:**
  - Increase social and cultural connection in the City of Stirling.
  - Increase knowledge of alcohol-related harms and the benefits of consuming less alcohol.
  - Increase access to early intervention and support services among young people and families.

Priority: Alcohol in community settings

- **Objectives:**
  - Increase social and cultural connection in the City of Stirling.
  - Promote healthy and safe spaces in the City of Stirling.
  - Increase access to early intervention and support services.

Priority: Vaping and young people

- **Objectives:**
  - Increase social and cultural connection in the City of Stirling.
  - Increase knowledge of the harms and laws associated with e-cigarette (vape) products.
  - Reduce community exposure to vaping aerosols and other tobacco related products in public spaces.

Workshop 3: Defining strategies

Workshop 3 Overview

Defining strategies

Workshop 3 was the final session in the consultation series, aimed at identifying potential **strategies** the SLDAT could employ to achieve the defined objectives. A total of 45 participants attended, including 5 community members.

The session began with The BCC providing an overview of Workshop 2. SLDAT representatives Lara Sheehan (NMHS) and Sandra Leach (CoS) explained how the SLDAT members selected the final objectives for each priority area, based on the outcomes of the second workshop.

Two key presentations were delivered to guide and support the strategy brainstorm during the workshop activities. Dionne Aitken and Keira Bury from the Mental Health Commission presented on effective strategies for AOD prevention, followed by Gisele Gould from the Alcohol and Drug Foundation, who provided an overview of the LDAT program.

After a morning tea break, participants engaged in two rotating activities at wall stations. The first activity involved identifying what is already being done in the City of Stirling that would be contributing to each objective. This activity was intended to identify opportunities for the SLDAT to leverage existing strategies and to avoid duplication of efforts.

The second activity focused on developing strategies to achieve the objectives. Participants brainstormed ideas for actions and activities the SLDAT could do to achieve each objective, considering the evidence presented earlier in the session and exploring how the SLDAT could link with or build upon existing initiatives or address gaps in current efforts.



TASK 1: What is already being done?

Participants were asked to explore what activities, services and strategies are already in place in the CoS that address each of the objectives and priority areas. The activities identified by participants have been categorised and are listed in this section of the report.

Alcohol, young people and families

Objective: Increase social and cultural connection in the CoS

Community/religious/local government

- Churches (social programs – activities; community strength) → True North Church (Merriwa & Mullaloo)
- Community and recreation centres
- Basketball and other sporting clubs
- The Big Issue – Social Sports Program
- Arts and music programs
- Kids Sport program
- Local government programs
- NAIDOC week
- Community events – skate workshops
- Markets
- 3x3 Hustle
- CoS sponsoring events
- Mothers' groups/playgroups WA
- Libraries rhyme time
- CAP – Scarborough Summer Sports

Private/NFP organisations

- Edmund Rice (existing but could expand opportunities)
- Fathering Project
- Free classes - Naala Djookan - Mirrabooka
- Red centre programs - Toddler gym
- Youth group at Ishar
- FAST - Ngala, Wadjak Northside men's group
- Narcotics Anonymous and Alcoholics Anonymous Fellowship which offers free programs and support networks

School-based

- Cultural connections in schools
- School Holiday Programs

Other

- North Metro Community Alcohol and Drug Service - Co-connection between agencies
- Existing programs are too expensive

TASK 1: What is already being done?

Alcohol, young people and families

Objective: Increase knowledge of alcohol related harms and the benefits of consuming less alcohol

Advertising and campaigns

- Education campaigns - i.e. Alcohol. Think Again.
- Advertising at events - i.e. Groundswell Drug Aware
- Bus advertising no alcohol campaign
- Parent providing alcohol to under 18's campaign

Training and education

- Training responsible alcohol serving - RSA
- Schools teaching young people
- Schools-based AOD awareness programs via health curriculum/studies
- Guest speakers and people with lived experience in schools
- School-based AOD awareness program and services

Regulations and enforcement

- Alcohol labelling
- Don’t drink and drive - random breath tests

Services

- Child health nurses
- Youth Futures 15-18 yr olds in education settings
- Sudbury House
    - Safer Mirrabooka Project → clients/ outreach services → streets talking to client
    - Increase awareness and offering resources, info and knowledge (smaller scale e.g. Salvation Army churches)
- Cyrenian House
- Wadjuk Northside Aboriginal Community Centre

Other

- Decreasing antisocial behaviour
- Offering a safe place to hang out

TASK 1: What is already being done?

Alcohol, young people and families

Objective: Increase access to early intervention and support services among young people and families

Youth-specific services

- Mercy care - Youth wellness (AMBER)
- White Lion youth programs
- A Stitch in Time, Karrinyup (schools)
- Smith Family
- Drug and alcohol youth services
- Ebenezer - youth AOD program --> residential care
- Centre Care CAPS Program, youth outreach
- Student Support Services - Highschool, TAFE, Unis
- Peer-based Harm Reduction E.g. like needle exchange
- Youth Futures - Outreach WA

Men's programs and services

- Men's Talk' - program - Scarborough
- Fathering Project - National Initiative

Women's programs and services

- Ishar - perinatal women's program
    - Issues AOD
    - School programs & 1:1 support
- Stirling Women's Centre - funded by Department of Communities
- Naala Djookan programs - soft entry - reconnect family program

General/multi-audience programs, services and facilities

- Anglicare
- Mental Health Services
- Early Years Community Group - MEYCG
- Child and Parent Centres
- Indigo Junction - AOD and homelessness (broad range)
- Nest Step & Cyrenian House - liver scanning, cirrhosis
- Social Inclusion Mirrabooka and Surrounds (SIMS) Program - Community Directory

TASK 1: What is already being done?

Alcohol in community settings

Objective: Increase social and cultural connection in the City of Stirling

Community groups and facilities

- Day clubs for seniors - outings, encourages social connection
- Sporting clubs
- Wadjuk Northside - Elder Groups
- Four City of Stirling community hubs - library, recreation - co-located
- Gardening initiatives - wicking beds
- Arts groups
- Walking groups
- Sporting clubs & community groups
- Youth program
- Men's shed
- Women's group
- Elders Group (connect to culture programs) ---> children's programs

Events

- Family friendly alcohol-free CoS events e.g. Harmony Week, NAIDOC, Youth Week, R U OK?, Refugee weeks
- Community engagement and trailer for events - whole community
- Cooking demonstrations
- Harmony Week
- Reconciliation week
- NAIDOC
- Groundswell

Other

- Funding Healthway for community developments e.g. Edmund Rice
- Ground swell
- Naala Djookan Healing Centre activities

TASK 1: What is already being done?

Alcohol in community settings

Objective: Promote healthy and safe spaces in the City of Stirling

Facilities, spaces and services

- Libraries
- Shopping centres
- Beaches
- Church
- Community gardens - volunteers
- Arts spaces - express themselves, especially young people
- Recreation centres - sports
- Women's shelter
- Safe Mirrabooka Project / Sudbury House (Safe bus station)
- GP clinics

Programs and events

- Alcohol free events
- Good sports program (ADF)
- Community hubs - events

Security - environmental design, regulation and enforcement

- Community Safety Officers (enforcing law/rules)
- Mirrabooka Square development
    - Security through design
    - Surveillance to prevent anti-social behaviour
- Built environment - demonstrate how foster community - all new substantial development
- Alcohol free signage (Scarborough)

TASK 1: What is already being done?

Alcohol in community settings

Objective: Increase access to early intervention and support services

Youth-specific programs and services

- School programs (education)
- Health fair/expo (CoS) - Yarn Youth Week
- School chaplains
- SDERA - Dept of education
- Student support services e.g. chaplain, school health
- Youth Futures - 15–18-year-olds, disengaged youth
- Orygen – youth mental health

General / multi-audience programs, services and facilities

- Street doctor
- Street chaplains (support)
- "EOI - school sessions - AOD Cyrenian House- Expos"
- Head to health (government online tool for mental health directory and quiz to appropriate services)
- Mindspot
- ORS - GP Plan - free counselling appointment in WA → Not part of mental health care plan

Aboriginal programs and services

- Derbarl Yerrigan
- Wungening

Other

- CoS events (alcohol free)

TASK 1: What is already being done?

Vaping and young people

Objective: Increase awareness and knowledge of the harms and laws associated with vape (e-cigarette) products

Advertising and campaigns

- Bus advertising
- National vaping campaign
- PTA- train poster (negative messaging)
- State campaign - modelled from NSW Gov
- Cancer Council WA - A breath of fresh air project

Education and educational resources

- Education and resources for schools
- Department of Education - vaping/e-cig toolkits for teachers etc
- Organisations advocating and educating young people

Local government initiatives

- Development of Public Health Plan
- Smoking and vaping free working group (Mirrabooka)

Other

- Federal and state-based laws
- Healthway funding - youth vaping
- Lung foundation - anything vaping/lung issues



TASK 1: What is already being done?

Vaping and young people

Objective: Increase social and cultural connection in the City of Stirling

Programs and facilities

- "After school sports programs (preventative)
    - Sports/rec facilities
    - Lego/robotics activities
- Safer Mirrabooka Project - Sudbury House
- Act, Belong, Commit encouraging social connection/belonging
- Truesports programs - DLGSC and Sports West (aligned with anti-vaping)
- Stephen Michael Foundation - school connection and culture through sport
- Sporting clubs with funding

Current funding arrangements/opportunities

- Healthway funding
- CoS funding
- Drug Aware funding

Events

- CoS Community events - all AOD free
    - Reconciliation week
    - NAIDOC
    - Harmony week

Other

- Preliminary planning of Mirrabooka Town Centre
- Vaping detector in (some) offices and school bathrooms

TASK 1: What is already being done?

Vaping and young people

Objective: Reduce community exposure to vaping aerosols and other tobacco related products in public spaces

Laws, regulations and policies

- Change of land-use definition to protect smoking products going into certain areas - draft plan released in October 2024
- Enforcement of laws and regulations
- National vaping laws restricting access
- Workplace policies/conduct
- Legislation for transportation
- Shopping centres/public spaces - within 5 metres
- Bars and restaurants (smoke/vaping zones)

Advocacy, education and awareness

- Growth in awareness of vaping as a health issue
- Vaping advocacy and lobbying
- Parent advocacy
- Smoke and vape free signage at community events
- Healthway: vaping funding program (youth vaping, art/sport)

Other

- Smoke and Vape Free Working Group



TASK 2: Defining strategies

Participants were asked to define potential **strategies** that could be included in the AOD Action Plan by considering the evidence they had heard throughout the workshop and previous consultations. They were encouraged to consider how to link in with or build on existing initiatives or address gaps based on the actions already being undertaken that were identified in the previous task.







Task 2: Defining strategies

Alcohol, young people and families

TASK 2: Defining strategies

Alcohol, young people and families

Objective 1: Increase social and cultural connection in the City of Stirling

Promotion of events and activities

- Increase advertising of what is already happening in local community → CoS to promote social and emotional wellbeing events on socials/fliers etc
- Young people to take responsibility with CoS to promote events/social advocates → build capacity

Using existing events/groups to communicate about AOD

- Strength of this area is multicultural diversity/communities - don't use alcohol - role models talking about why they don't drink and talk about it at existing events - sharing views/experiences
- Rhino's: South Sudanese and other African community basketball team
- Aboriginal kids' group (7-12; 12-18): Moorditj Koolangka (Strong Children) Program. One -off events → Cultural activities and healthy lifestyles
- Stories, dance and music - promote not using AOD → Healthy living and culture (more groups like this)
- Increase amount of funding available to community groups committed to running AOD-free activities and events offered by LGAs. Grants up to $2000 available at CoS Community Development team.

Low-cost/free activities/events

- Low-cost activities (not just sports activities)
  - Coding, craft etc. Craft has a strong connection to NAIDOC, Harmony Week etc.
- Free and unstructured sporting activities
- More diversion programs – free and accessible
- Herb Graham Recreation Centre to offer free community events
- CoS facilities open on weekends and before/after school
- Free events after hours, weekends, school holidays → things for people to do
- Basketball events – Edmund Rice, Youth Futures.
  - Free access to courts until 10pm
- Healthway Programs
- More young people having access to volunteering to be better connected to community
- Increase the number of alcohol-free family events in the City of Stirling

Other

- Working with law enforcement to direct more social services and events --> or work directly with social services

TASK 2: Defining strategies

Alcohol, young people and families

Objective 2: Increase knowledge of alcohol related harms and the benefits of consuming less alcohol

Review and adaptation of policies/procedures/contracts/strategies at the local government level

- Review current practices and policies around alcohol and other drug advertising
- Advertising codes need to be reviewed and changed to support AOD prevention
- Look at existing contracts on health policy (localised)
- Incorporate strategies into CoS's Public Health Plan
- Local law review and reform on health laws

Reduce alcohol advertising/increase positive health advertising/communications

- Reduce alcohol advertising
- More health promotion advertising
- Healthway and other agencies and local government to place/buy advertising on government assets → need LGA's policy support
- Positive advertising near schools and other sensitive areas e.g. parks
- Localise *Alcohol. Think Again* campaign
- Ban/replace bus shelter advertising with counter messaging
- Social media campaigns – influenced by young people
- Positive podcasts/stories from community

Increase education and positive behaviours in schools and associated audiences (families)

- Include education in the school curriculum – as early as primary education
- Increase AOD prevention courses available to school admin, teaching staff as part of compulsory/mandatory training (such as that provided by SDERA https://www.sdera.wa.edu.au/)).
- Encouraging schools to promote healthy role modelling behaviour e.g. no alcohol as gifts, offer healthier alternatives for gifts and prizes at events of in staff recognition/awards
- Increase engagement with young people and families about the issue and finding solutions together
- Minimise exposure of alcohol consumption to young people
- Educate on secondary supply – working with schools, local reps
- Increase school-based programs – integration with local government

Increase engagement with community and local workforce to increase knowledge and positive behaviours

- Upskill community workers to further promote and increase knowledge of AOD and available resources and supports
- Engaging with men's groups/sporting clubs about FASD (Men's Shed, other local groups)
- Role modelling good behaviour and support person i.e. partners supporting pregnant mums by not drinking too
- Christmas parties at work, reduce alcohol
- Community corrections (Banksia) – professional development

Other

- Develop an LDAT Youth Advisory Group
- Increase the reporting/evaluation of AOD in the home

TASK 2: Defining strategies

Alcohol, young people and families

Objective 3: Increase access to early intervention and support services among young people and families

Services in/linked to school settings

- Breakfast program
- Alternative schools and youth focus
- Allied health and services in schools e.g. school health nurses, psychologists, social workers be upskilled/informed about support services and programs offered by existing organisations in the wider community to improve referrals

Services outside of school settings

- Outreach services
- Youth hubs and drop-in centres
- Youth health centres (social workers, GPs, allied services, school health nurse)
- Increase access to services for young people outside of school settings – more in community and accessible after hours e.g. youth hub
- Increase safe spaces for young people and families in the community, and resources for people to access in safe spaces.

Increase capability of and coordination between service workers

- Train community workers on vast range of programs to save clients getting lost
- Upskill community workers to work collectively and link clients to other support groups - warm referral
- Improving working relationships between local community organisations and school services
- Increase qualified workforce, increase pay for health workers
- Increase community advocacy supports to lead to collaboration with supports that are already available

Increase knowledge of / promotion of / accessibility of information about existing services

- WANADA as a lead agency (*Green Book* to increase knowledge of existing services and programs)
- *Ask Izzy* online directory
- *Head to Health* - tapping into existing online directories
- Cyrenian House - Aboriginal Family Support Program
    - Outreach: goes into community and engages with men and families; take to appointments
- Central directory for all AOD related services in the CoS
- Increase community events including fun/information/referrals/access to specialist info - one stop shop i.e. Salvation Army, community doctor, food etc (at community hubs regularly) - CoS to coordinate
- Programs such as those run by Holyoake in the Southern Wheatbelt: Increase coordinating diversion programs - information in a wallet format to inform community because young people didn't know what was available.

Other

- Integrated health system
- Reduce stigma – wearing wristband at events to passport activity



Task 2: Defining strategies

Alcohol in community settings

TASK 2: Defining strategies

Alcohol in community settings

Objective 1: Increase social and cultural connection in the City of Stirling

Increase alcohol-free events in the CoS

- Cultural ambassadors e.g. Italian/Jewish celebration. Fund alcohol free events for religious festivals to promote low-risk drinking and alcohol reduction.
- More alcohol-free events in CoS (with alcohol-free signage and promotion)
- Utilise existing spaces and introduce alcohol free events → replacing bars and alcohol provision with similar alcohol-free alternatives
- Increase advertising/promotion of events
- Incentivise community to organise alcohol free events/activities/zones

Increase positive messages using local messengers

- Increase advertising/self-promotion around AOD strategies
- Permanent structures with cultural alcohol-free messages
- Cultural community champions
- Religious leaders speak about alcohol and how to relate back to religion (education for religious leaders
- Raise the profile of those who don't drink – share impact stories
- Information sessions sponsored by the CoS

Other

- Something addressing the myth 'drinking responsibly and enjoying alcohol'



TASK 2: Defining strategies

Alcohol in community settings

Objective 2: Promote healthy and safe spaces in the City of Stirling

Reduce alcohol advertising/promotion and increase positive messaging in CoS

- Permanent alcohol-free signage in high-risk areas
- Exclude/remove alcohol signage from CoS venues
- Regulate/prevent alcohol advertising around schools
- Provisions to alcohol signage/advertising (bus stops)
- Reduce alcohol advertising
- *Alcohol. Think Again.* campaigns in bus shelters and other areas across CoS
- Promote healthy alternatives/activities that don't involve drinking e.g. culturally safe and fun
- Increase level of advertising that is culturally appropriate

Engage with community and community groups to promote knowledge and desired behaviours

- CoS introduce rules around City owned venues for sporting clubs (alcohol-free venues, Good Sports Programs, access to alcohol)
- Involve Elders and youth
- Sporting clubs:
    - Make more family friendly
    - Role modelling
    - AOD-free events for under 18-year-olds
    - Separation of sports and alcohol
    - Mentoring
    - Role modelling for youth

Make AOD a consideration for planning and licensing carried out by the CoS

- Alcohol outlet density consideration in planning
- Consideration of co-located alcohol and supermarkets
- City planners:
    - Building use consideration
    - Education for CoS planners
    - Readiness to change
    - Education re CoS data
    - Effective harm reduction strategies
- Monitor advertised liquor licence applications
- Decrease child targeted features at licenced venues
- Reduce liquor licences across the CoS
    - Planning processes
    - Does the CoS have a process to report to occasional licences?
    - Alcohol harm reduction policies in CoS building/sporting clubs
    - Monitor Container for Change household vs event waste
    - Section 40 – align license aeras to planning approvals (visual demarcation)
- Reduce service times of alcohol sales (preventing extensions to availability)
- Increase the number of safe spaces that are free from alcohol

TASK 2: Defining strategies

Alcohol in community settings

Objective 3: Increase access to early intervention and support services

Improve communication and cooperation between services

- Increasing networking opportunities
    - Services
    - Community
    - School chaplains/counsellors
- Red Frogs
- Service providers need to know what is available
- SDERA & Cyrenian House working together

Increase service capabilities/capacity around AOD

- Sudbury House Mental Health - can we include AOD?
- WAPOL wellbeing checks
- WA Recovery College – kids/adults – run workshops re AOD and do outreach (Lori)
- Edmund Rice Centre - Skills for Life for adults. Can the Centre promote AOD info?
- First responders (police, ambulance, security etc) to provide trauma informed responses which are culturally appropriate

Raise awareness and knowledge of services and their benefits

- Directory of local services
- Raising awareness of the benefits for seeking help.
    - Links and referrals on CoS websites
    - Admin staff access trauma-informed practices, AOD knowledge, mental health (increase their knowledge and confidence and awareness of services)

Increase community and peer supports

- Anything that can be done to reduce waitlists to access services?
    - Peer pathways (make this a CoS program)
- Increasing community's awareness of the power of their voice e.g. community consultations; community awareness of their ability to appropriate language for advocacy



Task 2: Defining strategies

Vaping and young people

TASK 2: Defining strategies

Vaping and young people

Objective 1: Increase social and cultural connection in the City of Stirling

Increase number and promotion of smoke & vape-free events in CoS

- Increase smoke-free events e.g. NAIDOC
- Increase communications and awareness of CoS events through digital marketing, social media promotion, targeted communications to schools - create a registration/portal list for schools to sign up to
- Have event series as opposed to one-off events, to retain community engagement
- Locally culturally diverse groups - tap into the events they run
- AOD free events (include community champions)
- Wadjuk Northside - Supporting activity: ensure their youth programs address vaping

Increase services and spaces for young people

- Purpose-built youth spaces → replicate Youth Futures model and open after-school hours
- Head Space groups and AOD outreach services (as done in City of Joondalup)

Engage with local community leaders and groups to deliver education and diversionary activities

- Religious and cultural leaders on social media
    - Community champions → Maybe even in person to speak to different groups
    - Shisha (targeting those venues too) → culturally appropriate approaches to encourage non-use among young people
- After school care programs for older high school with education focus
- Homework clubs
- Link Stirling L.E.A.D.S (and other community groups) to vaping issues
- Increase communications and engagement with Youth Futures
- Specific cultural/heritage group activities - education about culture → utilise Elders or cultural leaders
- (School) support associations - for diversionary activity → more diversionary activities like sports that are actually focusing on vaping
- Ensure that vaping prevention approaches are collaborative and led by young people to find effective solutions

Other

- Healthway: fund to promote health messaging/toolkits in workplaces e.g. vaping messaging on banners, uniform logos etc
- Current campaigns in language
- Youth reference groups /youth parliament to increase involvement in these strategies

TASK 2: Defining strategies

Vaping and young people

Objective 2: Increase awareness and knowledge of the harms and laws associated with vape (e-cigarette products)

Increase/advocate for greater enforcement/regulations, laws and policies around vaping

- Policing of convenience stores/associated convenience vendors for vape supplying (crackdowns)
- Street advertising (health/policy messaging)
- Plain packaging
- Reinforce and support existing legislation and policies around vaping in the CoS

Develop and distribute/promote advertising and educational materials

- Education and more communication in schools
- Develop anti-vaping advertising
- Increase advertising and localise campaigns such as Cancer Council's 'Clear the Air'
- Develop resources for teen vaping cessation → online (social media-based) resources, brochures
- Community education sessions
- Social media
  - Tik Toks with health messaging
  - Targeting athletic performance
  - Sharing new evidence/research

Other

- Lobby groups in CoS
- Religious leaders - encouraging positive health changes
- Youth Reference Groups
- Increase access and referrals to services and programs that offer vaping cessation supports

TASK 2: Defining strategies

Vaping and young people

Objective 3: Reduce community exposure to vaping aerosols and other tobacco related products in public spaces

Increase anti-vaping/smoking signage

- Reinforcing smoking policies with signage (updating existing signage with universal vape symbol)
- Bus stops - no vaping signage/enforcement
- Youth hotspots to target with signage (McDonalds, skateparks etc)
- Increase signage and improve clarity and language of new and existing signage to clearly involve vaping

Provide infrastructure to prevent or reduce vaping / reduce harms/impact of vaping/smoking

- Air monitoring systems/enforcement (smoke detectors)
- Safe disposal units for vaping equipment- more bins (with smoking/vaping messaging for cessation)
- Infrastructure
    - good lighting
    - Colour/street paint and art-
    - Increase walkability → more children and families on streets, therefore decreased vaping behaviours
- Availability of vape disposal bins
- Detectors on buses

Develop and/or promote education and information about vaping to key audiences

- Increase knowledge of federal legislation
- Educate vendors on harms and laws
- Parent education on apps such as Telegram so they can recognise behaviours
- Consult with/educate GPs about the harms of over-prescribing vapes
- Provide tips to quit vaping/steps to stop → CoS to develop resources
- Spread campaign messaging at events
- Promote quit lines
- Increase positive role modelling – normalisation of not vaping
- Provide options for positive alternative to vaping
- Youth-focussed resources (developed by youth) that are engaging and visually appealing

Increase monitoring and enforcement of existing anti-vaping policies and laws

- Reporting high risk locations to Department of Health for monitoring
- Enforcement in schools to prevent uptake of teen vaping → increase awareness of rules through assemblies and communications
- Local laws
    - Enforced public areas with no vaping
    - Encourage venues to update policies/enforcement
    - Support them to create policies
- Reporting to the CoS security usage of vapes and disposal usage to identify priority hotspots for vaping and monitor those areas

TASK 2: Defining strategies

Vaping and young people

Objective 3: Reduce community exposure to vaping aerosols and other tobacco related products in public spaces - *Continued*

Other

- Organise retreats and camps for youth
- Lobbying and advocacy stakeholders such as WACOSS, Department of Justice, Youth Ministerial Advisory Council, YACWA
- Increase smoke free events
- Develop standardised wording for vaping communication in policies
- Identifying community champions who can become positive role models and represent diverse cultures e.g. basketball, surfing, music, cultural leaders

Consultation feedback

IN THEIR OWN WORDS

Feedback on the consultation experience

The workshops were highly successful, having both **high participation** and **high engagement** from those who attended. A total of 71 evaluation surveys were collected throughout the consultation process. Some of the feedback received in the NMHS evaluation surveys is outlined below and speaks to the positive experiences of attendees.

The BCC would again like to acknowledge that this success is the result of the combined efforts and collaboration of all of those involved in the consultation planning and execution, particularly core team members from the CoS and NHMS.

"Love the opportunity to be involved in community discussion and collaborate with local CTPO's"

"Very well-run workshop - lots of opportunities for input/discussion. I can see the process and the pathway has been identified clearly…"

"Good ability to be able to hear everyone's different views from different community perspectives"

"Engaging and everyone contributing ideas. This could have powerful impact in the future - good stuff"

"Opportunity to work towards implementation of an effective action plan based on community input!"

"Very well organised event. Setting the scene, data, background info really supported getting the most from the workshop"

"The opportunity to collaborate, network and hear about other perspectives"

"Increasingly collaborative, having the scribe move from table to table kept the conversation fresh.

"Opportunity to learn about what preventative measures are in, or can be, in place around the community"

"Great workshop! A lot of ideas and thoughts shared."

THE BEHAVIOUR CHANGE COLLABORATIVE

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The Behaviour Change Collaborative acknowledges the traditional owners of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to the elders of the past, present and emerging.

Influencing Behaviours. Improving Lives.