



PROMOTING PARTNERSHIPS SERIES
DRUGS AND ALCOHOL
WORKING WITH LOCAL GOVERNMENT
HOW ADVOCACY CAN ASSIST

Background

PHAIWA is committed to working with all levels of non-government and government, including local government and recognises the important contributions that local government can make to creating healthy local communities.

A survey of local governments in Western Australia was recently conducted to identify opportunities for working together, to assess if specific training is required and to generally assess expectations about a range of organisations. The response rate of 53% represented a total of 75 local governments completing the survey.

The 2005 survey of Western Australian Local Government authorities conducted by the Drug and Alcohol Office (DAO) is acknowledged and the data from this survey complements those findings.

What did we ask local governments about alcohol and drug services?

Respondents were asked to consider three categories of issues within their local government authority. These included:

- The most important public health issues (top 3);
- The most urgent public health issues (top 3); and
- The most resource intensive public health issues (top 3).

Collectively, local governments ranked alcohol and drugs fifth in their top ten most important public health issues (Figure One). However, 4% of local governments specifically nominated alcohol and drug issues as their top priority issue, 6.6% of local governments nominated it as their second priority and 6.6% nominated it as their third priority.

This data supports the findings from the 2005 survey which indicated that many local governments deal either directly or indirectly with a range of alcohol related issues in their communities (Drug and Alcohol Office, 2006), yet provides opportunity for continual reinforcement of this important role.



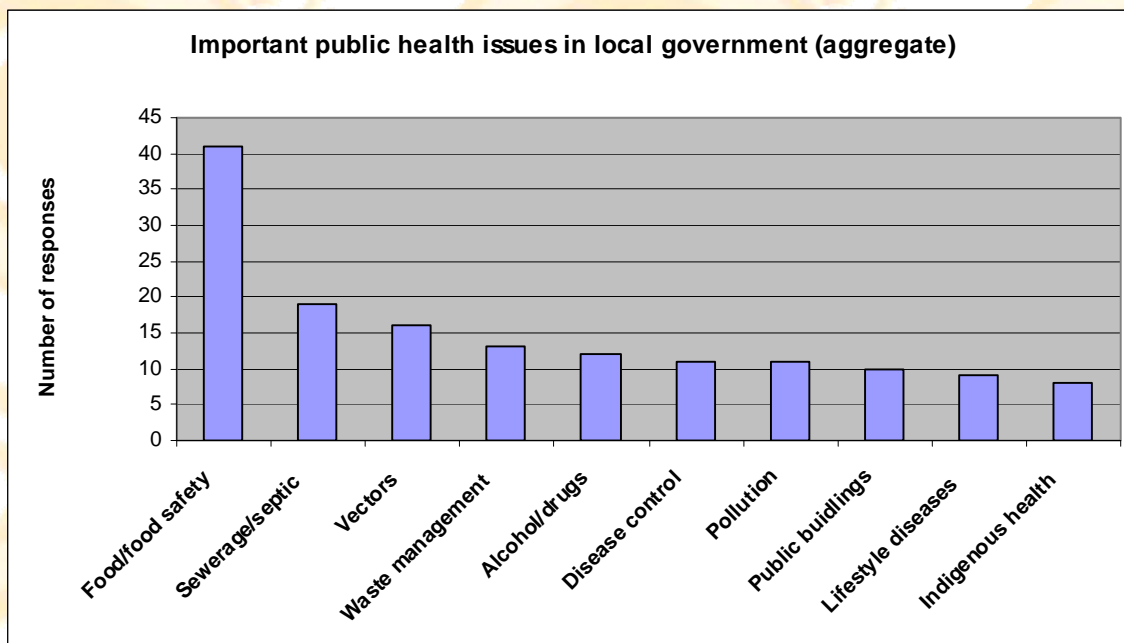


Figure One – Most important public health issues in local government (aggregate)

Similar results were found when analysing the most urgent public health issues in local government. The issue of alcohol and drugs ranked equal seventh in the aggregate data, with 2% of local governments ranking it as their primary urgent issue, 8% ranking it as their second most urgent priority and 2% ranking it as their third urgent priority (Figure Two).

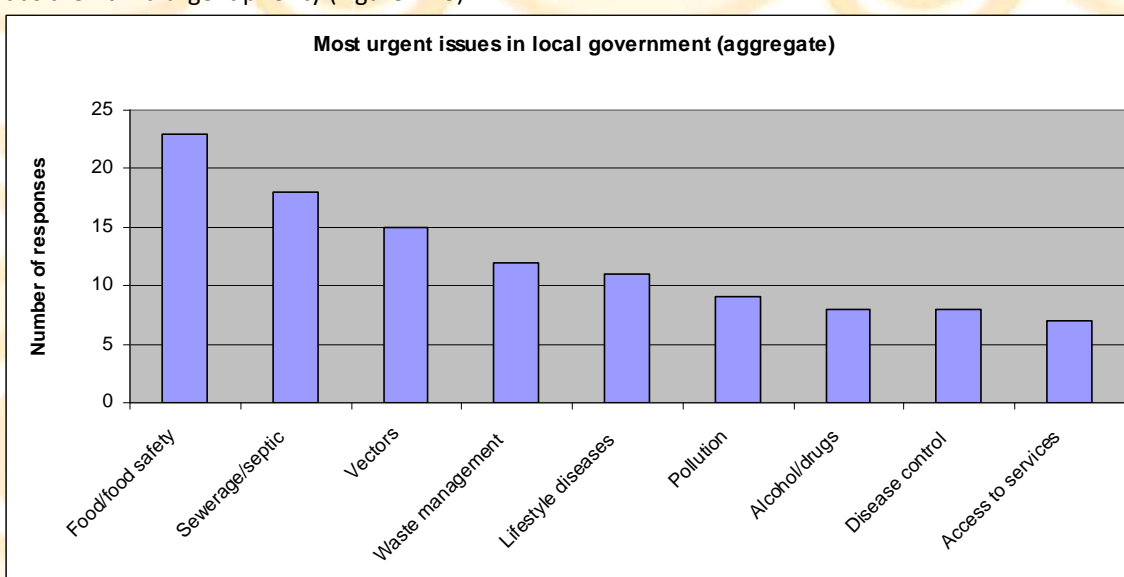


Figure Two – Most urgent issues within local governments (aggregate)

Local government was requested to nominate the most resource intensive activities undertaken in public health within their local government authority. Respondents were asked to rank the top three resource intensive activities. One local government (1.3%) nominated alcohol and drugs as their third most resource intensive activity in this category. No other responses were offered.

The survey assessed whether local government authorities dealt with PHAIWA priority issues and specifically asked respondents to rank their level of involvement in each issue on a scale of 1 (low involvement) to 10 (high level involvement). Alcohol is one of PHAIWA's priority areas. Figure Three illustrates the responses.

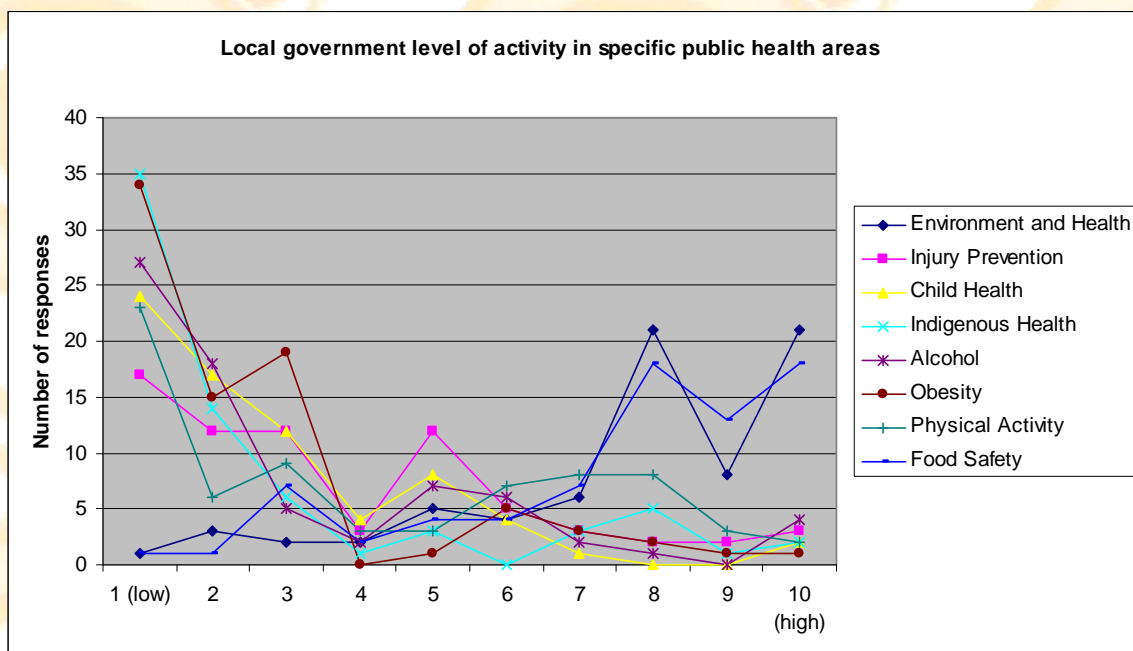


Figure Three - Local Government involvement in PHAIWA Priority Issues

Figure Three highlights there is little local government involvement in the areas of obesity, Indigenous health, alcohol and child health.

What about prevention?

It is recognised that many organizations, including the prevention branch of DAO, aims to reduce the harm caused by or associated with the misuse of alcohol and other drugs in Western Australia. A number of resources have been developed specifically to assist local governments to address the area of alcohol management at the community level.

Advocacy is widely accepted as a fundamental component of effective health promotion and public health, and if based on a careful analysis of the potential contribution of other sectors, is clearly a precondition of healthy public policy and good practice (Milio, 1991).

To gain a better understanding of how public health professionals in local government allocate time, the survey asked the respondents to indicate the percentage of time dedicated to the following activities:

- Planning
- Building
- Health promotion
- Indigenous health
- Food safety

The survey results identified that public health in local government in WA remains firmly grounded in the more traditional and legislative approaches to public health. For example, 92% of respondents sent less than 30% of their time conducting health promotion activities. Figure Four illustrates the allocated times.



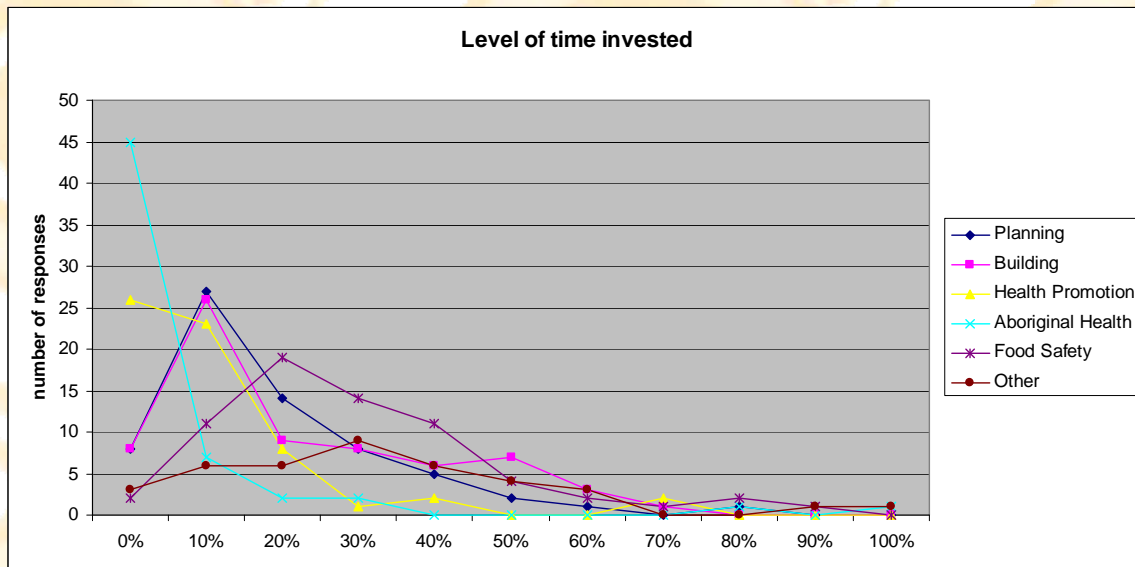


Figure Four – LG's active or performing duties in specific areas and estimates of the percentage of time.

When looking further at this data, 61% of respondents advised they did not allocate any time on Indigenous health and 35% spent no time on health promotion. Over three-quarters (79.4%) of local governments advised they spent no or less than 10% of their time on health promotion, and only 3.2% of respondents invested over 50% of their time on health promoting activities or services.

What else did the survey highlight?

Other interesting data from the survey relevant to alcohol and drug issues included:

- Almost three-quarters of the respondents advised they spent less than 30% of their time planning.
- More than half (57%) of the respondents did not have an annual business plan and 1% were unsure if a plan existed.
- 56% of respondents advised they had difficulty recruiting Environmental Health Practitioners and 42% stated they had difficulty retaining these professionals.

How can advocacy address this lack of investment in local alcohol and drug issues?

Local governments have scarce resources and competing priorities. One method of promoting, ensuring and developing advocacy to support the development of healthy communities may be to encourage collaboration between local governments and organisations such as DAO, with the intent of sharing resources, and in particular funds. There is clearly an opportunity to strengthen and build relationships between organisations interested in reducing harm associated with alcohol and drugs and local government.

The survey results indicate clear that local governments are not fully aware of the benefits of working with external agencies. The following tips may provide some assistance to promote partnerships with local governments.

Be aware: Every local government is different. The diversity of our state means that the way local governments do business varies from region to region. Local governments are autonomous and although governed by the *Local Government Act 1995*, are primarily responsible for their own strategic direction. In terms of funding, local governments are primarily funded through the collection of property rates and the allocation of government grants, so resources are generally limited.

Be patient: Local governments are vital and multi-functional organisations within local communities. As such, they are responsible for a diverse range of issues, some of which are defined under statutory requirements. It may take some time to ensure that your issue is seen as a priority in local government. It is also important to understand that local government business units differ between councils, and it may take some time and a number of requests before you speak to the right Officer.

Be known: Local governments, both large and small, must be aware of type and extent and the services offered by external agencies, their role, areas of expertise and avenues for support. Strategies to disseminate this information to local governments include through WALGA, the peak body for local government in WA, through individual correspondence, through professional associations, through links with the Environmental Health Directorate, through PHAIWA, and through publications.



References

- DAO (2006) Local government alcohol and drug survey – 2005. DAO report, Perth.
- Milio N (1991) Making healthy public policy: developing the science by learning the art: an ecological framework for policy studies. In Bandura B & Kickbusch I (1991) Health Promotion Research – towards a new social epidemiology. WHO, Copenhagen.