

# Alcohol Learning from Tobacco Knowledge Exchange Event Report

**March 21 and 22, 2012  
Truro, Nova Scotia**



# Summary of Events

## How the Alcohol Learning from Tobacco Knowledge Exchange Event evolved....

With a major concern for injury prevention and the harms associated with alcohol use, a group of like minded individuals came together for the purpose of healthy alcohol policy work in Nova Scotia. Looking back on healthy public policy in Nova Scotia, it was evident that lessons could be learned from the success of tobacco control initiatives in this province. Bridging these lessons into the world of healthy alcohol policy became a priority, and so the development of this event resulted. The purpose of this event was to strengthen healthy alcohol policy initiatives in this province by offering an opportunity for those working in the field of healthy public policy, health promotion, public health and addictions to learn and share information and perspectives.

## The Planning...

The planning committee consisted of a number of individuals from across the province with a vested interest in making this event a success and promoting healthy alcohol policy work. Supported by Injury Free Nova Scotia (Shirley Ann Rogers), these individuals include:

- Dan Steeves- Addiction Treatment and Prevention Services, Capital Health
- Erica Saulnier- Public Health, Capital Health and Dalhousie University
- Holly Gillis- Public Health, Capital Health
- Jenna Hopson- Addiction Treatment and Prevention Services, Annapolis Valley Health
- Larry Phillips- Mental Health and Addiction Services, South West Health
- Lisa Jacobs- Nova Scotia Dept. of Health and Wellness
- Racheal Surette- Public Health, South West Health
- Sophie Melanson- Addiction Treatment and Prevention Services, Cumberland Health

Planning took place from November 2011 through March 2012.

## The invitation process...

The invitation was disseminated to healthy alcohol policy leaders in each district health authority in Nova Scotia with the ask that they then distribute it to individuals within their district who they feel will benefit most from participating in the event. These three individuals, as well as healthy policy leaders, received funding to attend the event. All those working in tobacco control or healthy alcohol policy were invited to attend, but space was limited and participants were chosen on a first come, first serve bases. Interest grew beyond expectations and over 90 participants registered.

## Theme...

The activities and atmosphere for the event was very participatory. This involved numerous group discussions, small conversations and engaging activities. Participants came prepared to share your stories, experiences and interact in an active way.

### Key Events...

Through a series of facilitated conversations participants learned the history of tobacco control in Nova Scotia from individuals and groups who are/were on the front line of the public policy discourse. These lessons were bridged into the world of healthy alcohol policy through a number of participatory activities including a “high school dance” discussion, world café sessions, and a visit from a surprise guest. There was a focus on the healthy alcohol policy work currently being done and how to build upon its existing success. As we work to address the culture of alcohol in the province, it is important to learn from the successes and challenges of those engaged, both past and present, with Nova Scotia tobacco control.

### Next steps...

The event enabled clarity as we learned from the evidence and from each other for immediate and future work in healthy alcohol policy in Nova Scotia.

1. The time is now. Don't wait to get started in working on alcohol policy in your community.
2. Start locally.
3. Get clear on your key messages. Share them far and wide. Be agile to change your messages as the work progresses.
4. Explore hosting a future learning event. Focus on success stories and learning from what works. Understanding the industry and the role they play is critical to this work.
5. Evaluation is essential to learn from the event and each other. The planning committee committed to a 6 month follow-up evaluation to check in with participants about this work. The summary from that evaluation will be shared with participants.



## Alcohol Learning from Tobacco Event Agenda

### Goals

1. Understanding the similarities between the tobacco control movement and the healthy alcohol policy movement.
2. Identifying key partners in moving forward on healthy alcohol policy.
3. Identifying at least one healthy alcohol policy vector that participants will move forward in their community for 2012/2013.

### Agenda

**Day 1-** Wednesday March 21, 2012  
 Holiday Inn Truro Conference Room

Time	Event
<b>8:30 am</b>	<b>Meet and Greet</b>
<b>9:00 am</b>	<b>Welcome and logistics-</b> <i>Shirley Ann Rogers, Injury Free NS</i>
<b>9:30 am</b>	<b>Tobacco History</b> Learn about the tobacco journey from story tellers who play a role in tobacco success! Participants will enjoy the relaxed atmosphere while participating in small groups.
<b>11:00 am</b>	<b>Plenary-</b> A great large group discussion with opportunity to ask questions.
<b>12:30 pm</b>	<b>Lunch</b>

<b>Time</b>	<b>Event</b>
<b>1:15 pm</b>	<b>Keynote Speaker- <i>Todd Leader</i></b> Bridging the experiences of tobacco into the world of alcohol
<b>2:15 pm</b>	<b>Break</b>
<b>2:30 pm</b>	<b>Alcohol Industry</b>
<b>3:30 pm</b>	<b>Reflections-</b> Transitioning into tomorrow

**Day 2-** Wednesday March 22, 2012

Nova Scotia Agricultural College Riverview Room, Jenkins Hall

<b>Time</b>	<b>Event</b>
<b>8:30 am</b>	<b>Healthy Alcohol Public Policy-</b> what evidence suggests for greatest impact
<b>9:30 am</b>	<b>What is already happening</b> <b>Moving Healthy Alcohol Public Policy forward</b>
<b>11:15 am</b>	<b>Reflection</b>
<b>11:30 am</b>	<b>NS Alcohol Action Network-</b> <i>Dr. Rob Strang</i>

## Day 1

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# Tobacco History

Learning about the tobacco journey from story tellers who played a role in tobacco success! Participants had the opportunity to participate in small group discussion and attend 2 story groups.



### Community and Municipal Mobilization and Engagement

Told by *Catherine Hebb* and *Nancy McBay*

### Provincial Government & NGOs Perspectives

Told by *Steve Machat* and *Nancy Hoddinott*

### Community Leadership

Told by *Phyllis Price* and *Doug Hergett*

### Doug's "Ah-ha"...

Tobacco, and by transference alcohol, requires long term focused committed resistance. Nicotine, like alcohol, is a pernicious drug. The companies who make money off these drugs are fabulously wealthy and will not give up ever. They can afford the best PR and advertising. These drugs are partially respectable, yet can do so much damage. They require long term persistent resistance from dedicated people who have sorted out their own response to the damage they do. These drugs need to be contained.

### Social Marketing and Shifting Community Perceptions

Told by *Andrea Donovan* and *Dan Steeves*

## Provincial Coalition Experiences

Told by *Sharon MacIntosh* and *Todd Leader*

### **Sharons “Ah-ha”...**

My biggest learning is that advocacy coalitions and government can and do work together to create good legislation. Advocacy groups have access to essential information and evidence that is necessary for good public policy. Sharing that information appropriately can mobilize public opinion in support of legislation and enable government representatives to move legislation forward.

What I want everyone to know is If you have evidence of the need or opportunity for change, get your ducks in a row and get out of starting blocks. You don't have to have all the answers to start an advocacy journey. It is ideal to be able to work with people within the government and elected officials to help inform and unroll an advocacy strategy effectively. Working in a coalition allows you to have access to evidence, resources, partnerships and politically and media savvy people within all your member organizations. If you want to go fast, go alone, if you want to go far, go together - an African proverb first seen in Phyllis Price's e-signature.

### **Tell us your Ah-ha...**

*“Communities are more ready than you think... amazing what a conversation can reveal!”*

*“The experience is in communities... connect, connect, connect!!”*

**Watch for a more in depth report on the tobacco history  
Story telling in the next few months!**

# Keynote Speaker

*Todd Leader*

Healthy alcohol policy advocate Todd Leader spoke on how the experiences of tobacco connect to the world of alcohol. He highlighted similarities between the two industries, such as the creation of products to increase sales to women, and the marketing efforts which target children and youth as their future customers. Over the years, efforts to collaborate with either industry, which have often been encouraged by various levels of government, have continued to demonstrate and highlight the fact that our mandates are opposite and collaboration is technically impossible. To reduce harm, we must reduce consumption of the product, at least by some people, which means reductions in sales.

Todd further noted that to work on making true social change using public policy, requires that we empower people and recognize the need for interdisciplinary collaboration, a focus on the policy environment rather than on individuals, and a focus on long-term prevention rather than just treating those with problems. When we look at the progress we have made in tobacco, and the fact that it has come due to public policy change, it is clear that with the right approach, and the right amount of patience and perseverance, we can do the same with alcohol.

# Alcohol Industry

Kimberly Sleeman-Banks, Executive Director of the Canadian Council for Safe Drinking Practices (CCSDP), made a surprise visit to the event to discuss how her organization is doing their part to support the promote healthy alcohol consumption. The mission of the CCSDP is to promote education for responsible drinking practices to shape and sustain healthy communities. Among their top priorities is the environment, education, active communities. They have a vested interest in reducing obesity, going green and providing parental support for teen alcohol consumption.



Little did participants know, this was a hoax set up to display tactics used by the alcohol industry to defend their products in an attempt to prevent or delay limitations being placed on their industry. Kimberly Sleeman-Banks is a fictional character set up organizers to show just how convincing these strategies can be. This presentation was followed by a group discussion and sharing on industry tactics observed



### **Alcohol Industry Tactics**

- Development of their own evidence
- Board membership- get buy in from senior levels
- “Looking out for the little guy”
- Wonderful partners-our brand is priceless. Health needs to be powerful-we need to use our health brand.
- Reassure that we are not marketing to children-about brand changes
- The environment-save the world-save water
- Slick marketing; direct attention; good media/public relations
- Normalizing A-give them safe environments “everyone drinks”
- To use education as a tool to delay and distract
- Co-opting children’s health issues –distract
- Develop credibility-mask it, front groups
- Present themselves as an economic driver/benefactor-appropriate us- don’t bite the hand that feed us

# Reflections

Shirley Ann Rogers, Executive Director of Injury Free Nova Scotia, wrapped up day one with a reflection on the day's key learnings and messages.

- Be prepared for the long haul.
- The only way to do this is together.
- Invest in relationships and in partnership.
- Don't let mis-steps or perceived failures define you.
- Show your compassion and model accountability.
- Be realistically ambitious.
- This is a mighty large issue - but how do you eat an elephant? - one bite at a time.
- Not everyone is going to proceed with this work at the same pace - that is o.k.
- Know you sometimes need to be patient and you sometimes need to be impulsive.
- What you are pursuing will sometimes be unpopular. It helps if you can wear your "thick skin" outfit.
- Being respected trumps being liked every time. We are pursuing the right work for the right reasons.

## Day 2

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# Healthy Alcohol Public Policy Presentations

What evidence suggests for greatest impact?

## Advertising

Presented by Jenna Hopson (*District Health Authority 1, 2 & 3*)

### Key Points

- Regulate alcohol advertising and other marketing.
- Restrict alcohol industry sponsorship of community, sporting, and cultural events

## Pricing

Presented by Lisa Jacobs (*Department of Health and Wellness*)

### Key Points

- Increase minimum prices (uniformly) to remove inexpensive sources of alcohol favored by young adults and other heavy drinkers. (Saskatchewan, Nova Scotia, Alberta)
- Price products based on alcohol content, creating price incentives for lower strength products and disincentives for higher strength products. (Ontario Saskatchewan Alberta)
- Index prices to inflation to ensure alcohol does not become cheaper compared to other goods (not significant issue in NS) (Ontario & Quebec)

## Outlet Density

Presented by Sophie Melanson (*District Health Authority 4, 5 & 6*)

### Key Points

- Restrict hours/days of operation
- Restrict expansion
- Restrictions on density of outlets
- Maintain government control

## Privatization

Presented by Jennifer Heatley (*Atlantic Collaborative on Injury Prevention*)

### Key Points

- High outlet density, low pricing & high advertising = higher *population* consumption.
- Higher *population* consumption = Higher rates of injury, chronic disease, etc.

# Moving Healthy Alcohol Policy Forward in NS

Leads from Nova Scotia alcohol projects that have objectives tied to moving forward healthy alcohol policy hosted teams of event participants to share the story of their project. Through small group discussion, they generated rich conversation and provided participants with an opportunity to become connected to the initiative.



## Advertising/Sponsorship/Oval

*"Its Ok to do this work"* - Dr. Robert Strang (the first time is the hardest)

### Next Steps

- *Get into communication with leadership, MOHs and community*
- *Have agreement in principles within our organization*

## Hypersexualization

### Next Steps

- *Begin addressing marketing*
  - o Advertising issues relating alcohol and sexualization
- *Need to normalize and promote healthy sexuality*
- *Start conversations*
  - o Network
  - o Community, provincial
  - o Engage youth
  - o Use tools (ie. documentaries)
  - o Invoice male sexualization

## Social Marketing, Magic Goat

### Next Steps

- *Refresh goat*
  - o Edgy
  - o Look at target audience
  - o Generate new tag lives designed by youth
- *Goat Workbook Toolkit*
  - o Make links
  - o Effective resources
  - o Youth engagement

## Municipal Alcohol Policy

### Learning

- No fear approach to reach out/bravery of the town councils “champions”
- Importance of partnerships and connections
- Good deal of interest at municipal government level to bring/move forward the community
- Vigilantly move the “individual” perspectives to health public policy/social determinants

### Next steps

- Move toward healthy community to encompass issues and collaborate (not just one at a time)- may take decades.
- Networks/relationships/collaboration

## School/Community Based Policies and Partnerships

### Next steps

- Need a successful, effective pilot project
- Get informed: look at your local policy

## University Policy

### Next Steps

- Advocacy
  - o Create alternative options
  - o Facilitate conversations among universities
  - o Get this issue on provincial /Atlantic student/university associations
- Look at local context
  - o Partner with municipality
  - o Develop relationships between municipality and university

# NS Alcohol Action Network

## Key points from Dr. Robert Strang

- Huge potential being developed and released simply from this event.
- The key learning from tobacco is that real progress comes when the focus is on creating supportive policies rather than a focus on education and treatment
- The first step in moving policy work forward, and where we are today in NS regarding alcohol policy, is building awareness, understanding and a willingness to act at a community level [mobilizing the voice of the general community]
- This type of work involves the “A” word – advocacy - but there are many ways to do advocacy. Leading from behind and through collaboration is the often the most effective way to stimulate community voice and for those work in government or DHAs this is often where you can acceptably do advocacy work.
- Not only is policy-based advocacy work okay to do, it is necessary to truly make a difference at a population-level.
- The CPHA alcohol policy paper gives us the policy framework on which to base our work [www.cpha.ca/en/programs/policy/alcohol.aspx](http://www.cpha.ca/en/programs/policy/alcohol.aspx)
- The Municipal Alcohol Project work and the University Policy work provide a great opportunity for synergy and are where we need to be focusing to really move ahead on alcohol policy.

*Let's get going and I will support you wherever I can.*

# Alcohol and Suicide

## **A note from Shirley Ann Rogers, Injury Free Nova Scotia**

Sometimes it seems like the first step, - that which takes us from inert to first movement, is the hardest thing to take. Since I began my role with Injury Free Nova Scotia in April 2010 I have been challenged to engage with the issue of suicide, despite the fact that I often speak of it as one of the top injury issues of Motor Vehicle Collisions, Falls and Suicides/ Suicide attempts. We know it is prevalent in our society and has such tragic costs associated with it, but I have found it to be particularly challenging to even approach the issue, and amidst the many other injury issues less shrouded in stigma and secrecy, this one has remained, by me, untouched....until now.

Small but meaningful changes are afoot for me since the Alcohol Learning from Tobacco event, where I met individuals sharing the concern that the issue of suicide and suicide attempts need to be addressed by communities and brought out into open dialogue. We know that alcohol is often used by individuals attempting suicide, and also that it is the deaths from such things as alcohol poisonings and violent altercations resulting from alcohol consumption that result in media coverage, not the suicides.

Since the event I have been invited to attend a session at Acadia University in April on Communities Addressing Suicide Together, where many health and education partners concerned about suicide and broader mental health issues will gather to share what we know and explore what we can pursue together. While it is only a first step, it is also a first step. It represents to me the opportunity to greatly increase my knowledge of the issue and learn better how our small organization can become a needed voice.

It seems the value of engaging with others passionate about their work can so readily yield much more than originally envisioned and help nurture new and vibrant partnerships.



## #cigsanddrinks

All participants were invited to follow the event via Twitter (#cigsanddrinks). In an effort to spread the message and broaden the event's audience Holly Gillis and Dan Steeves "tweeted" their thoughts and messages throughout the two days.

**Dan Steeves-** @culture\_alcohol

**Holly Gillis-** @Hgillismac

"this is like a reunion" #cigsanddrinks Folks from around province. Leaders in health.

Injury Free Nova Scotia leading the province. Alcohol leads to injury. #cigsanddrinks

2010 Ns Alcohol Forum was an important milestone. #cigsanddrinks

Addressing alcohol industry has to play a part. #cigsanddrinks

Great stories. #cigsanddrinks Tobacco industry denorm is important. Is alcohol industry denorm in the future?

"You have to be crazy to do this work" #cigsanddrinks. Passionate people.

Social marketing takes- energy, evidence and consistent leadership. #cigsanddrinks

Social Marketing "Smoke Free Around Me" was successful. #cigsanddrinks changed perceptions

Meaningful work takes place at district and NGO. #cigsanddrinks We need to empower NGOs

"felt like we were playing CSI"- collecting evidence. #cigsanddrinks

"Expect the unexpected" "Have a team" #cigsanddrinks

"Be humble" "Ask for help" "Always be looking for new partners" #cigsanddrinks

"We need to change the adult world children live in" #cigsanddrinks

Government monopoly is best to control harms re:alcohol #cigsanddrinks

Stronger alcohol should cost more? #cigsanddrinks

It is ok to do this work. Tobacco control and healthy alcohol policy #cigsanddrinks

Things happen through relationships and making connections for better health in #NovaScotia #cigsanddrinks

Relationships can push change; influence peddling helps

Change is a dance; sometimes you're a wallflower, sometimes you dance. Networking influences #policy #cigsanddrinks

Think back to 2000, we've come so far for #health in #NovaScotia. We've taken leadership on #Tobacco #cigsanddrinks

We have evidence that educating people is not the best route; yet we go to it first. Need policy for action #cigsanddrinks

Public input and community makes change happen with #cdnpoli Talk to your municipal reps about what matters in your community #cigsanddrinks

#Bridgewater was the first community in #NovaScotia to have comprehensive tobacco bylaws #cigsanddrinks Connecting w/others for change

Technology helps bridge isolation and hear what is going on #cigsanddrinks

If you want to go fast go alone, if you want to go further go together #cigsanddrinks

#Advocacy is opportunistic- be ready, have the evidence and jump when the doors open

Smoke free cars fell into our lap b/c the foundation was there and evidence was solid #cigsanddrinks

Initial stuff w/ change is hard... then there are natural next steps. Paradigm shift creates more change for #health #cigsanddrinks

St. Patts day was sloppy and messy: why? How do we change this? #cigsanddrinks

Build on stories & share #local data. Ppl respond when its note a judgement but an experience that is shared #cigsanddrinks

Changing broad cultural norms takes time; importance of champions who understand municipal process for #health in #NovaScotia #cigsanddrinks

Its important to be a bit ahead of the crowd but not too far that you leave people behind #cigsanddrinks

#culture eats #evidence for breakfast. Demonstrate evidence in unique way #cigsanddrinks

Test the waters to see where ppl are at; move beyond the safety zone. #cigsanddrinks

If you're not hearing from someone, you're not doing the right thing. Change your action. Risk makes change happen #cigsanddrinks

Expect the unexpected. Be uncomfortable with the unknown. Its ok to not know where you're going #cigsanddrinks

There has to be a vehicle at the municipal level for policy change #cdnpoli #cigsanddrinks things will move forward by starting somewhere

Find concerned leaders. They will be there. Be there for them to move changes forward. #cdnpoli #cigsanddrinks

"We used to smoke in elevators at St. Martha's" #Antigonish #cigsanddrinks

How to navigate relationships in community? Tough conversations need to happen- move to a community #Alcohol mgmt strategy #cigsanddrinks

“Big tobacco is an adaptive organism” Todd Leader keynote #cigsanddrinks

Contests for kids to drive Bud Light zamboni- is this ok with you? #cigsanddrinks

Alcohol is designed for kids and youth- looks good, tastes good #cigsanddrinks

Education is just information and can have the opposite effect from what we want #cigsanddrinks

We have it already in #NovaScotia Let's keep it. Govt monopoly is best to control alcohol related harms #cigsanddrinks

Lots of Framework to do this work globally, nationally & provincial, use the tools to move healthy public policy forward #cigsanddrinks

#CPHA Too high a Cost- use the 1<sup>st</sup> ntl public health resource (in the world!!) for your work in policy #cigsanddrinks

Advertising, access, pricing, privatization... moving alcohol policy forward in #NovaScotia #cigsanddrinks

Effective pricing works- watch for stories from #Sask #cigsanddrinks Lets learn from their success for #NovaScotia

The overuse of #alcohol affects each and everyone of us. #healthcare spends too much time on #alcohol related injuries. #cigsanddrinks

Don't compromise on values. Find your role and move it forward #cigsanddrinks

Its not what we drink but how we drink #cigsanddrinks

## Evaluation Results

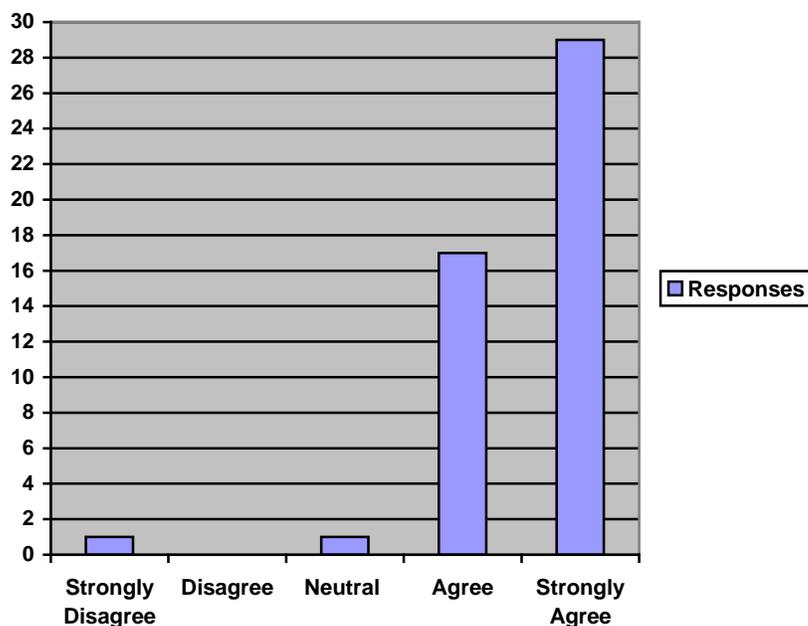
To measure the impact of the event and determine if the goals have been met, an evaluation was given (in paper form) to participants on day one of the event and collected at the end of day two. For those that did not have an opportunity to complete this evaluation, an online version was distributed to participants after the event. This evaluation included the following questions and a total of 48 responses were collected.

To further investigate the impact of the event and determine what difference it really made in the long term, we will be completing a follow up evaluation. This evaluation will focus on the progress participants have made on their goals, barriers they have experienced and supports they may need to move their work forward. This survey will be distributed to all participants six months post event via email in an online survey format.

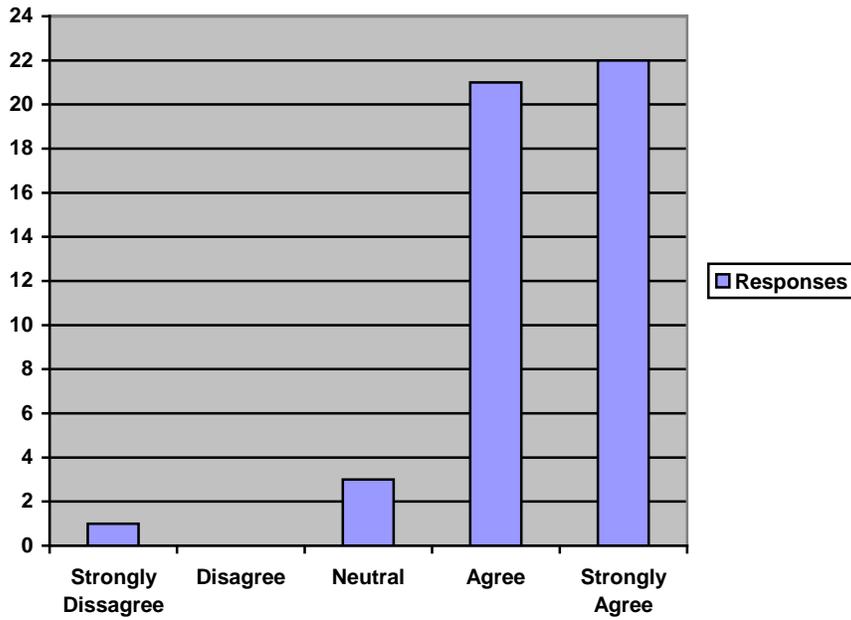


### **“Alcohol Learning from Tobacco” Knowledge Exchange Evaluation March 21 & 22, 2012**

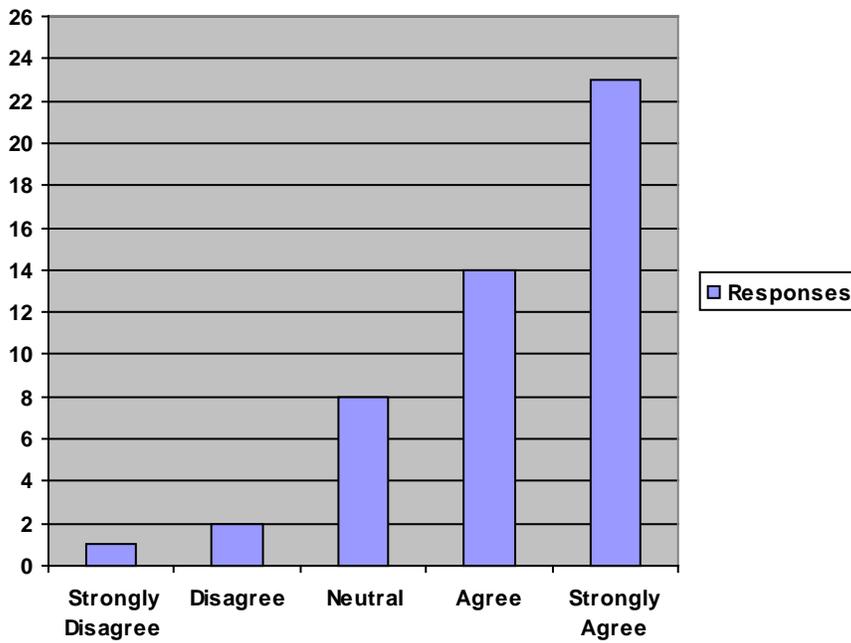
1. I understand the lessons learned from tobacco control.



2. I can identify my key partners in moving forward on healthy alcohol policy.



3. I can identify at least one policy vector that I am moving forward in my community for 2012/2013.



## Action Plans

Our goal was for participants to leave the event with actions for moving this work forward in their community. Participants were asked to list any plans they had for the future. Themes that emerged from these action plans were *advocacy, changing culture, community engagement, knowledge mobilization, making partnerships, municipal alcohol policy work, school/university policy work*, as well as *other thoughts*.

### ADVOCACY

- *Advocating for a comprehensive alcohol management strategy in Wolfville, NS.*
- *Challenge my volunteer organizations to rethink taking funding from the (alcohol) industry.*
- *Lead/support advocacy work in our district*
- *Proposing to local advocacy group to look at doing/supporting working/initiatives at policy level. Local training event in advocacy and awareness could include practical experience around alcohol.*

### CHANGING CULTURE

- *Continue to support IFNS in creating key messages, positions and policy levers*
- *Develop key messages re: alcohol harms*
- *Get clear on the ask (Nancy Hoddinott's advice) - what are our messages and what are we looking for? This would be good to send out with the conference report and might also be a future event.*
- *How can we get adults (who show/are a role for other youth and children) more interested in how to set a good example for their children in the world of alcohol (monkey see, monkey do)*
- *Looking into the process of GASHA position statements.*
- *Position statement on alcohol for organization (DHA)*
- *Raise awareness in my community and start conversations around the effects of alcohol use with the community.*
- *Raise awareness of this issue wherever I can*
- *Start conversations in my work.*
- *Targeting a specific policy change*
- *Try to develop priority statements/position statements for my DHA on alcohol, sponsorship, etc...*
- *Trying to get more adults, youth/teens more interested in how alcohol affects us/everyone as a community*
- *Work towards common message to use in influencing policy change and to educate*

### COMMUNITY ENGAGEMENT

- *Bring the goat campaign back to HERH to show students.*
- *Build community partnerships and mobilize advocates to bring agenda forward, increase readiness*
- *Community engagement regarding women substance use, gambling, violence and abuse*

- *Continue community work that began with the alcohol webinar and continue community engagement around alcohol*
- *Continue with community conversations to root advocacy within the community.*
- *Creating opportunity for community conversations and action around women's health (and alcohol)*
- *Encourage community collaboration*
- *Engage youth at Lockview in discussion and messaging*
- *Getting more community stake holders involved. Very important-come at it from all angles.*
- *More meetings with community stakeholders*
- *Staying connected to those leading the charge on this issue.*
- *To start conversation in my community*

### **KNOWLEDGE MOBILIZATION**

- *Appreciative inquiry facilitation skill building for girls and young women with mentoring partnership for support from using our influence.*
- *Do some reading on current strategies etc referenced these 2 days.*
- *Education request already made of our DHA experts to address provincial CHB coordinators*
- *Education request already made of our district health authority experts for community*
- *Examine and work to implement effective and sustainable health policy*
- *Local follow up day already in the planning stage*
- *Maintain contact with people I have met here and bring the info I learned back to the community NGOs I work with.*
- *Meet with IFNS board, share lesson learned here, health articulate policy levers with them- network with partners as required to clarify*
- *Meet with Valerie Davis/AVH addictions to learn more about the mental health perspective that she wants to ensure is represented in our work.*
- *Preparing information on this issue for organizations website*
- *Read the MAP stories*
- *Research some initiatives that have been implemented in other communities and learn from them further.*
- *Share some of information received over last day and a half with mayor/council and CAO plus other where applicable.*
- *Share the information from the event with my colleagues, family and friends. So much to understand about the world of alcohol.*

### **LEADERSHIP**

- *Be a champion in challenging conversations around those in favor of privatization.*
- *Be opportunist and be ready with evidence when opportunity arises*
- *Contacting town major about supporting the MAP work*
- *Engage MOH and leadership in district to begin conversation re: alcohol policy work*
- *Talk with municipal leaders*

- *Connect and build relationships with leadership in both district health authorities I work in.*

### **MAKING PARTNERSHIPS**

- *Better networking*
- *Build local team that will focus on implementing policy initiatives*
- *Build relationships with other staff throughout the province looking to move forward*
- *Commence talking with like minded (public policy) people, especially in Pictou County.*
- *Connect with injury free to explore the connect with mental health.*
- *Connect with key players and advocates in my area*
- *Continue contact with my municipal partners and CHBs; starting contact with my personal municipal partners.*
- *Gathering with key stakeholders in my district in how we move forward*
- *It's a team effort/partnership. Its going to take leadership in adults, youth and multiple people to help let the community realize the effects of alcohol that don't always meet the eye*
- *Meeting with Public Health, school partners. We have a Cobequid YHC working group.*
- *More meetings with town and municipal councils*
- *My role is to support the work of our addictions HP and prevention coordinator and our health communities team. Still determining my specific role.*
- *Network and identify key contacts within my community*
- *Provide support to colleagues working in this area*
- *Support enhanced alcohol collaboration across district*
- *Support others with work they are doing to help move alcohol policy forward*
- *This was an excellent opportunity to meet with others that will be working for the common goal. No need to work in silos.*
- *Work with the universities and municipalities to create a comprehensive and coordinated approach to make changes*

### **MUNICIPAL ALCOHOL POLICY**

- *Continue to work with municipal alcohol in 2 towns.*
- *MAPP- working with municipalities*
- *Work on municipal alcohol policy in my district.*
- *Work with municipalities to begin a MAP*
- *Develop a Community Alcohol Management Strategy (CAMS) for the town of Wolfville with key stakeholders- Acadian business community, RCMP, land owners, general population of residents. This will need some funding and a defined goal that will take some time- maybe several years.*

### **SCHOOL/UNIVERSITY POLICY**

- *At some point soon make attempts to bring awareness to university population. Involve RCMP for assistance and consultation*
- *Contacting local university official about alcohol policy conversations*

- *Look into current school/community based substance abuse policies that exist in the schools in my community.*
- *Meet with Lockview admin and SAC about policy and strategies*
- *Move forward on alcohol-policy work with at least 1 university*
- *Sit on school policy project group.*
- *Start dialogue and talk about these topics at the university level*
- *Work with universities to create policies around safer environments (ie in residence, campus, bars, around holidays like Halloween and St. Patrick's Day)*
- *Working with school based/community based alcohol policy/procedural development*
- *Working with the schools on a substance use policy*
- *Working with universities/colleges/schools in our area to develop substance use policies.*

### **OTHER THOUGHTS...**

- *Alcohol work is important but I hope not at the risk of losing tobacco momentum*
- *Always focus on end goal and be patient*
- *Continue hypersexualization youth work at the community level (2 comments)*
- *Focus on establishing funding for IFNS to ensure we can that needed work (Work it, work it!)*
- *Focus at municipal level*
- *Hopefully taking part in Moe's Palace dance plan.*
- *Identify at least one issue and solution plan*
- *Identify policy changes and enact*
- *Identifying concrete ways that my organization can become involved.*
- *Loved Moe's idea with gathering supporters to fill bar to capacity and dance, not check coat and do not drink.... Brilliant.*
- *Review any policies existing in SWH.*
- *Work on my district (DHA) alcohol policy*

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