

# **Community Based AOD Prevention in Australia.**

Dr Erin Lalor AM, CEO, Alcohol and Drug Foundation

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# Key messages.

- **Community action** is key
  - Efforts are **amplified** with the **right partnerships**
  - **Data** helps pinpoint the right issue
  - Address **risk and protective factors** rather than harms
  - Go with the **evidence**
-

# National Drug Strategy.



## Demand Reduction

Preventing the uptake and/or delaying the onset of use of alcohol, tobacco and other drugs; reducing the misuse of alcohol, tobacco and other drugs in the community, and supporting people to recover from dependence through evidence-informed treatment.



## Supply Reduction

Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.



## Harm Reduction

Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.

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## Harm Reduction

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*“It is almost axiomatic that the goals of drug policies will only be achieved through the actions of a very high proportion of the people in the community. It is clear, for example, that most of the adverse impacts of alcohol use come from the vast majority of drinkers who are not alcohol dependent, rather than from the small proportion who are dependent. It follows that changed behaviour on the part of the majority of drinkers is required if we are to reduce significantly the level of morbidity, mortality and social disruption caused by hazardous drinking. **The challenge for drug policies, then, is to harness the initiatives of community groups and individuals in the community to change drug using behaviour in such a way as to minimise harmful drug use.**”*

# Community based prevention.

## What is it?

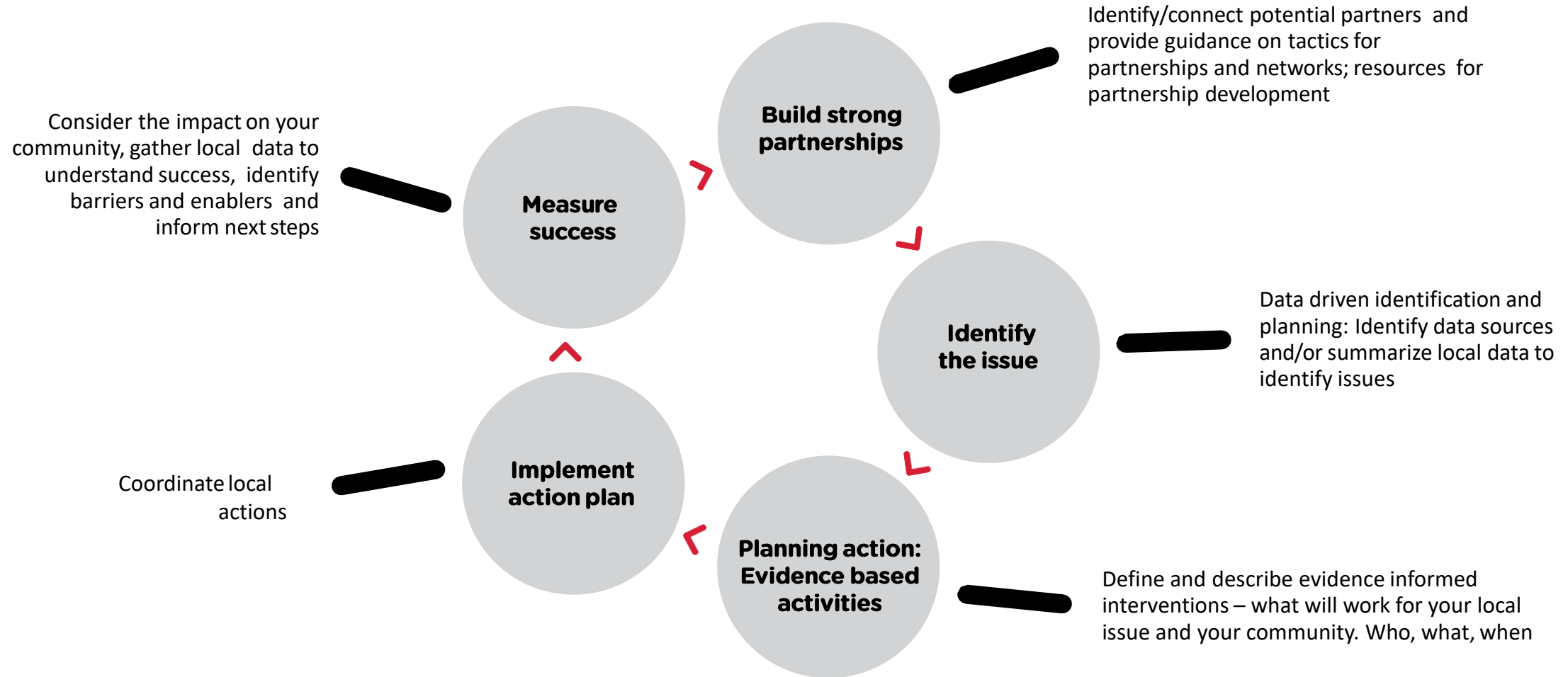
Brings community-based organisations together to reduce the harmful effects of alcohol and other drugs

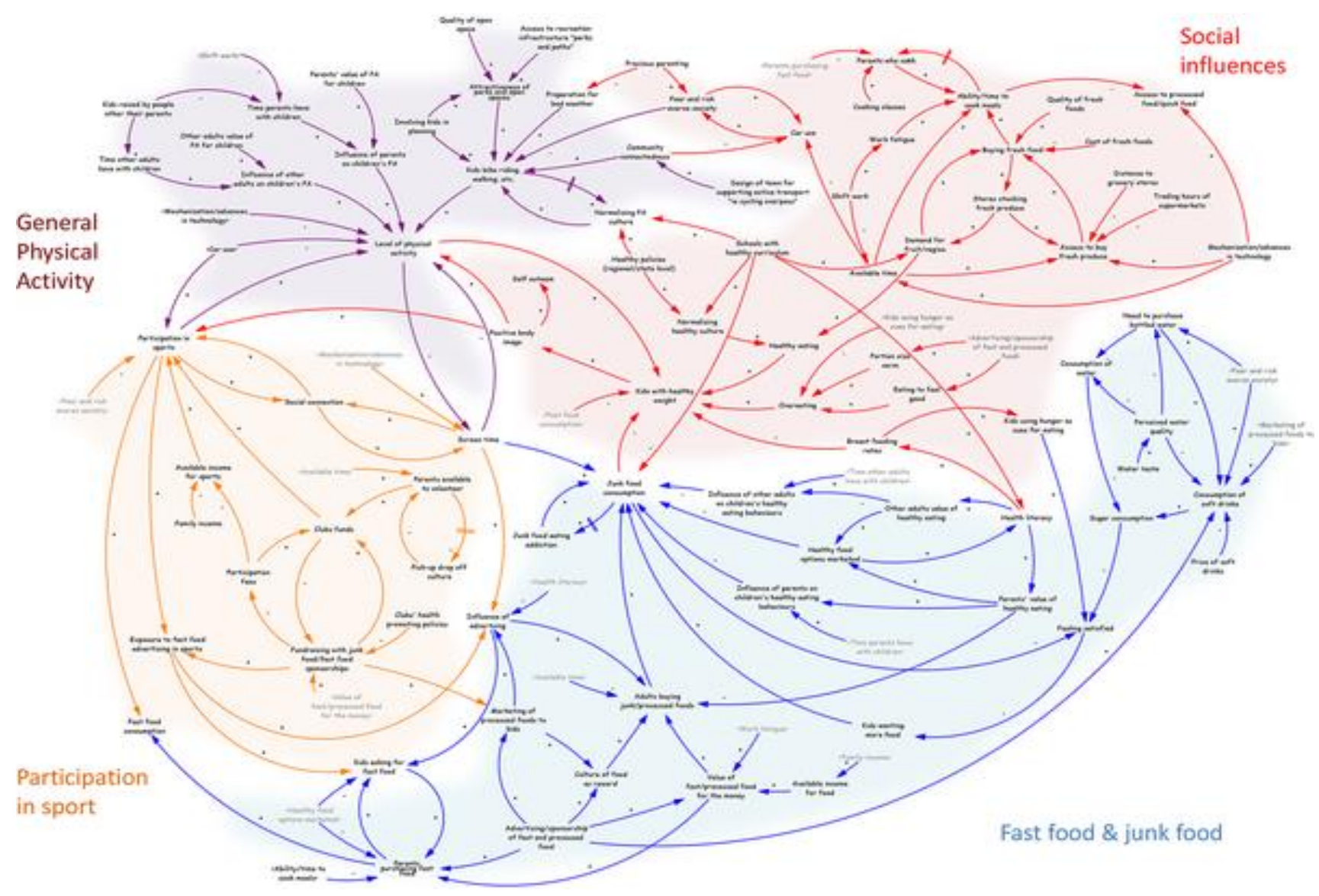


## Why?

- Solutions and barriers (risk/protective factors) for addressing AOD harm are community based
- Locals know their community
- Creates change that is more responsive to local needs
- Leverages off close proximity of influencers to individuals
- Leads to more sustainable change
  - Increases awareness of AOD issues as health issues
  - Expands community responsibility for AOD solutions through diversity
  - Increases community ownership of the issue
  - Builds organisational and community capacity

# Process for community action.



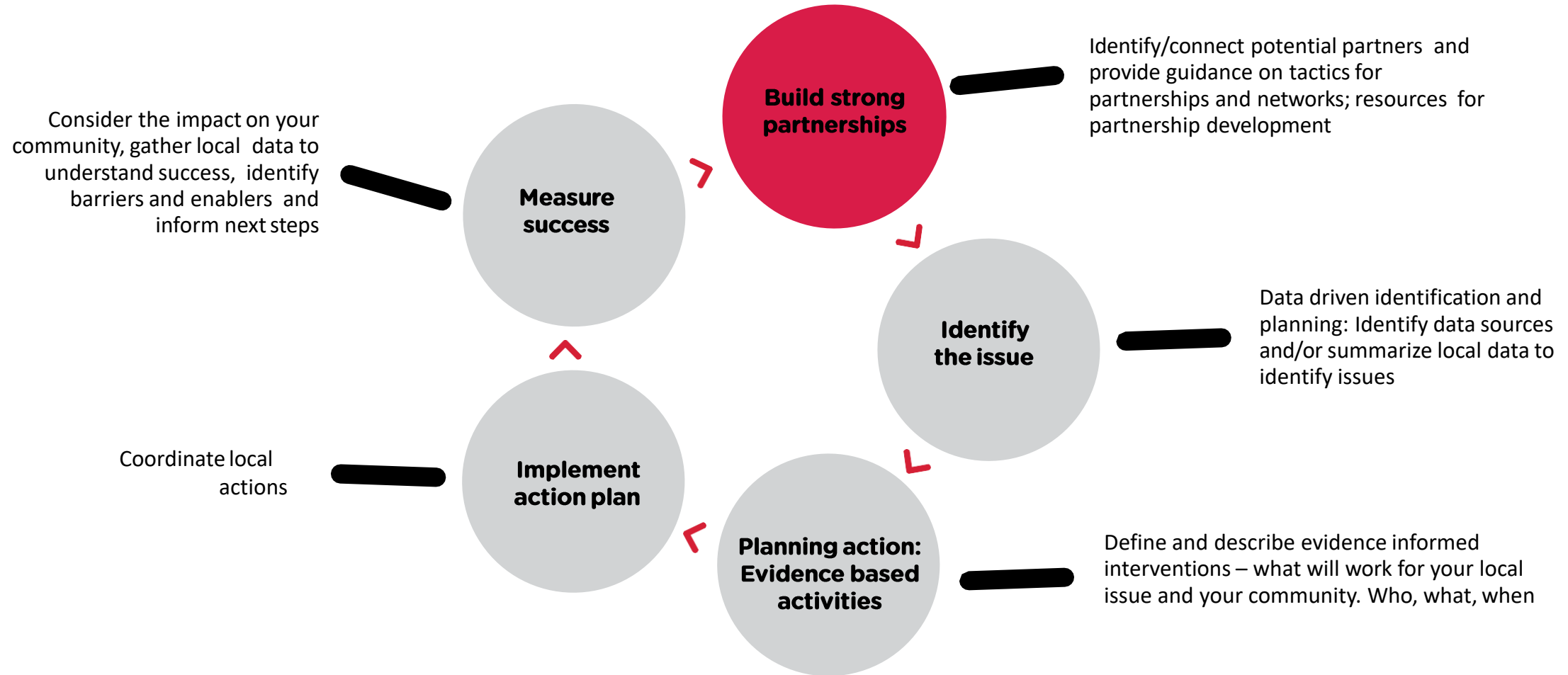




# Socio-Ecological Model.



# Process for community action.

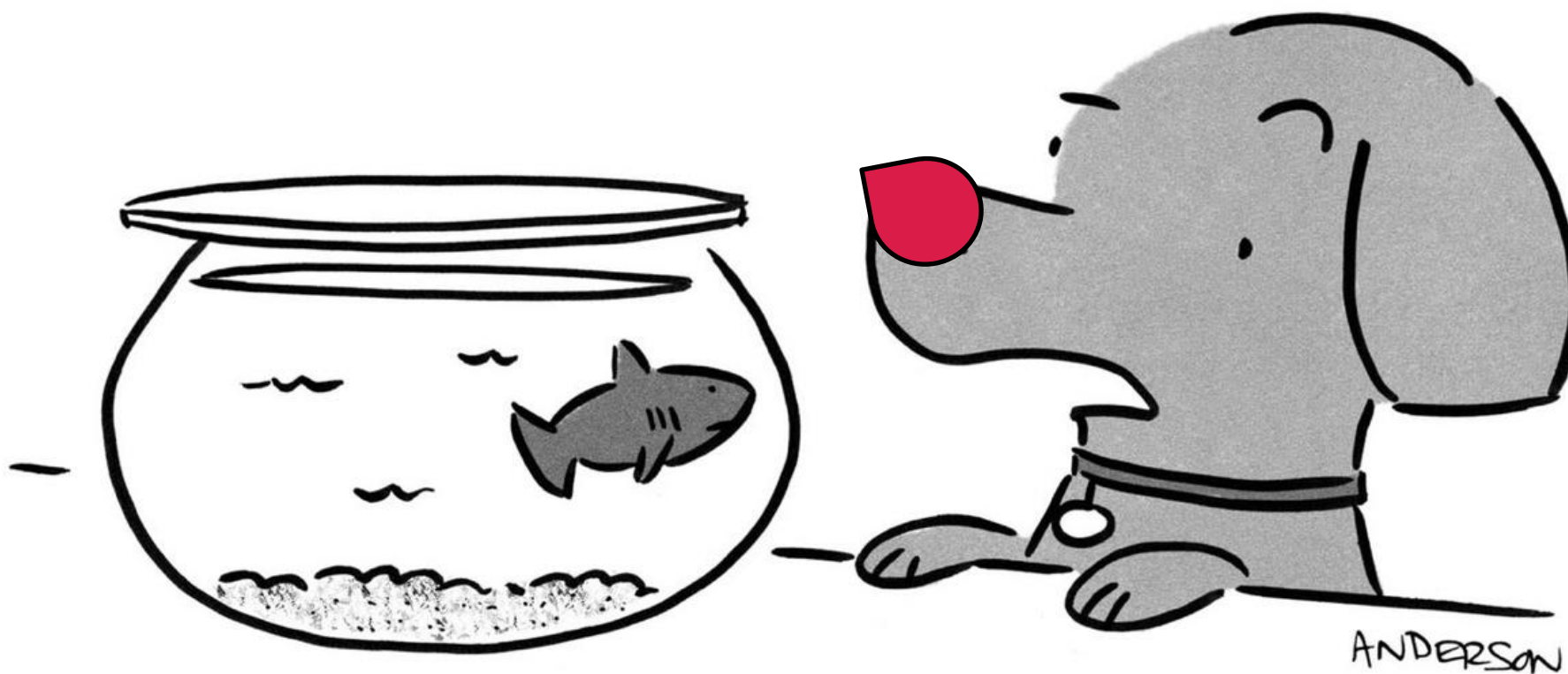


# Benefits of partnerships.

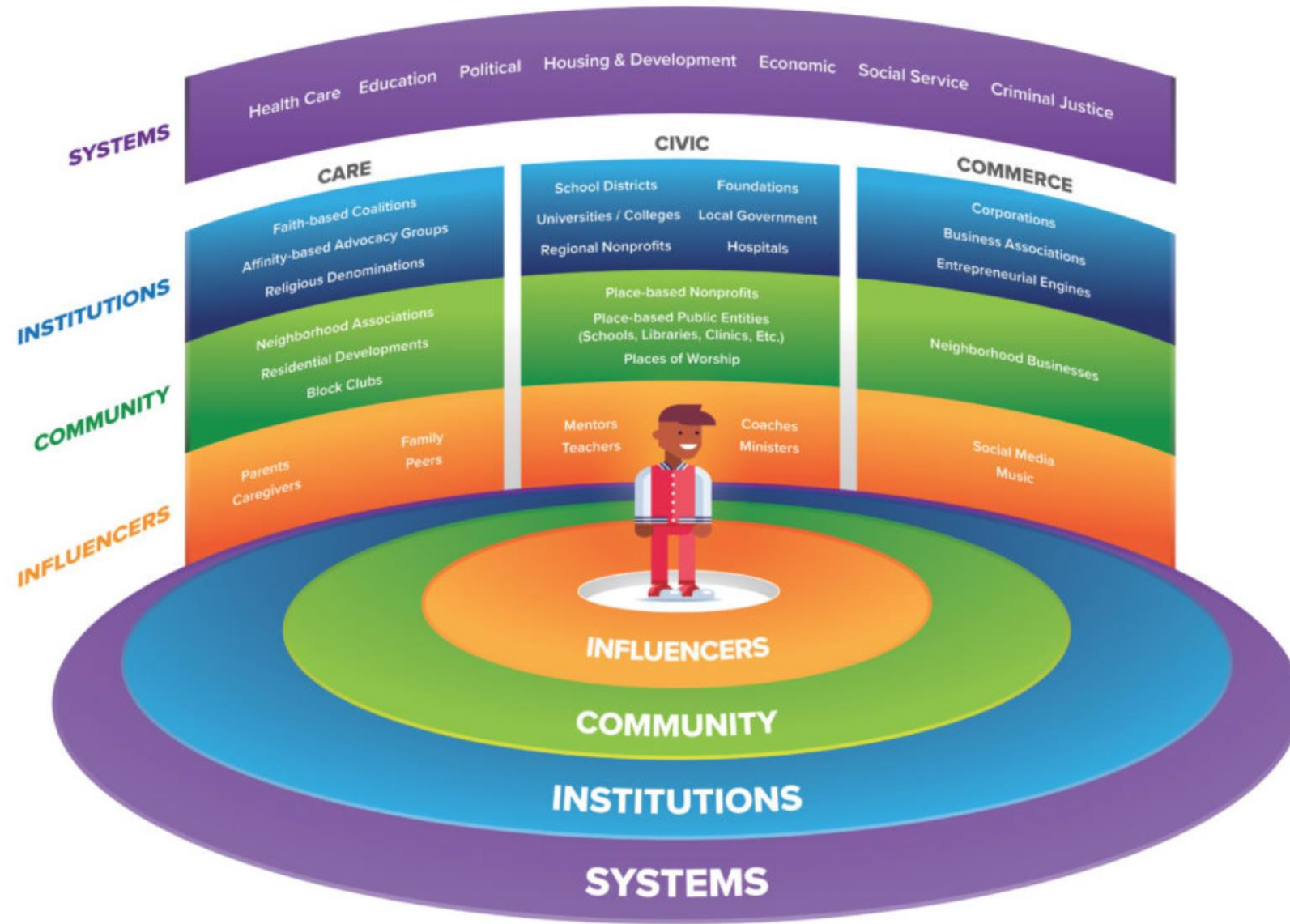
- Broaden skills, knowledge and experience
- Extend reach into the community
- Access different perspectives and insights
- Complex causes of AOD harm,
- Often transcend boundaries of individual groups or organisations
- Build organisational and leadership capacity



**Increased impact**  
**Sustainable change**



"You make a good point; we both hate the cat. I'm just not sure what it is you'd bring to a partnership."



# What makes a good partnership?

1

## Determining the need for the partnership

- Common interest and complementary capacity
- Clear goal
- Shared understanding and commitment
- Partners are willing to share
- Perceived benefits outweigh the perceived costs

2

## Choosing partners

- Share common ideologies, interests and approaches
- See core business as partially independent
- History of good relations
- Brings added prestige
- Enough variety to have a comprehensive understanding

3

## Making sure partnerships work

- Managers support the partnership
- Necessary skills for the collaborative action
- Strategies to enhance the skills of the partnership
- Roles, responsibilities and expectations clearly understood
- Simple structure

4

## Planning collaborative action

- All are involved in planning and setting priorities
- Partners promote the partnership in their organisations
- Some staff have roles that cross agencies or divisions
- Lines of communication, roles and expectations are clear
- Participatory decision-making systems is accountable and inclusive

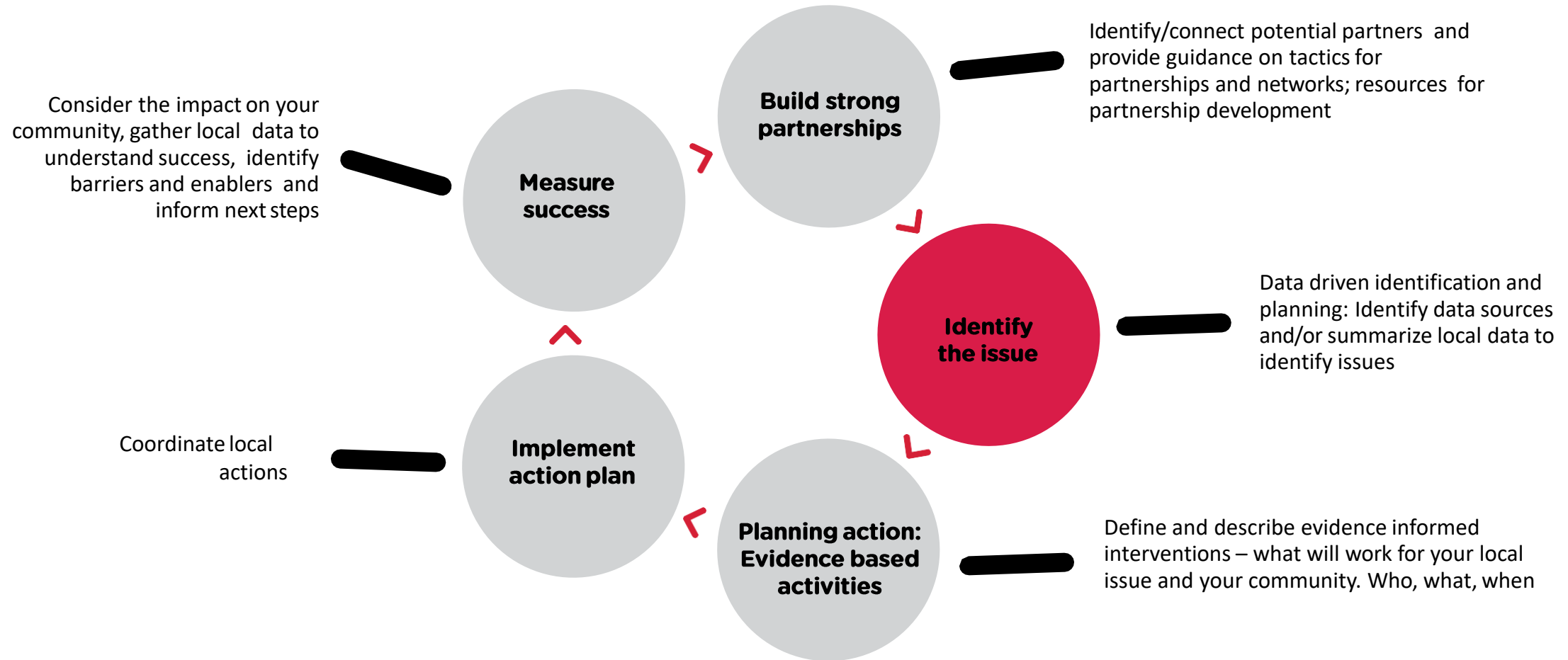
# Partnerships tackling complex issues.

## Partnerships

- Take time
- Require work themselves
- Will constantly evolve



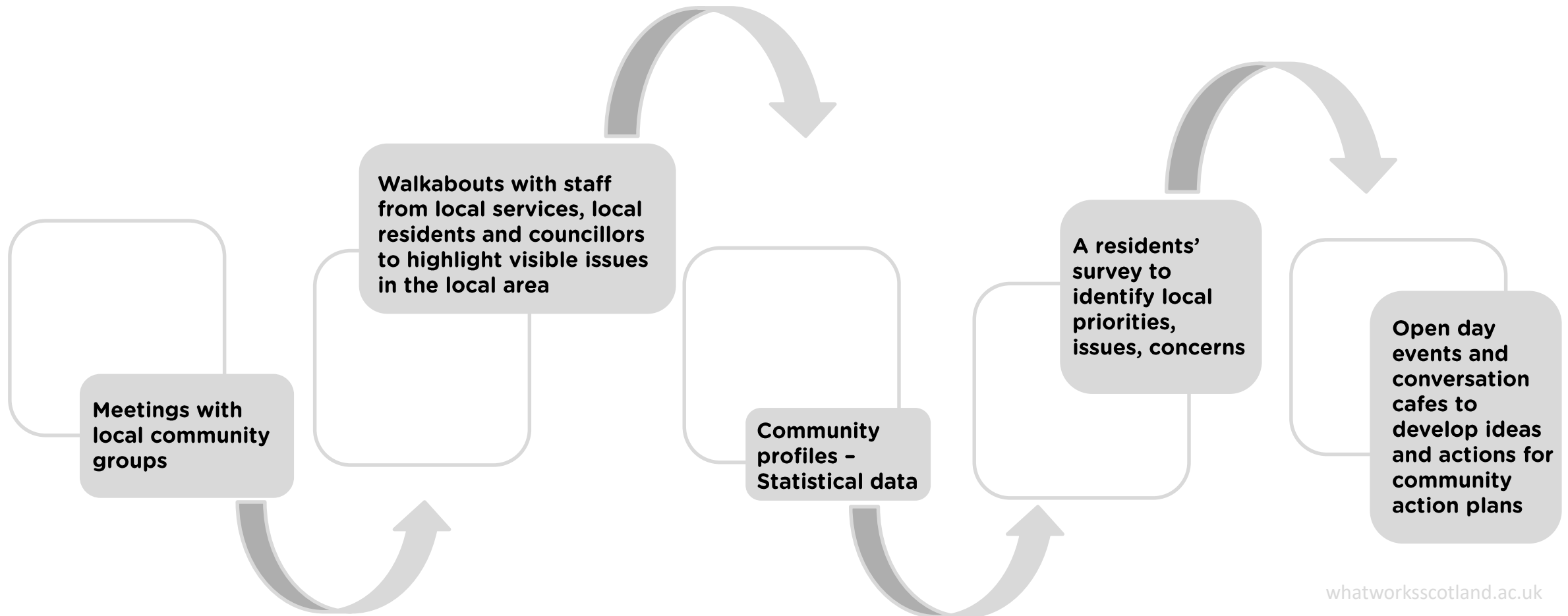
# Process for community action.







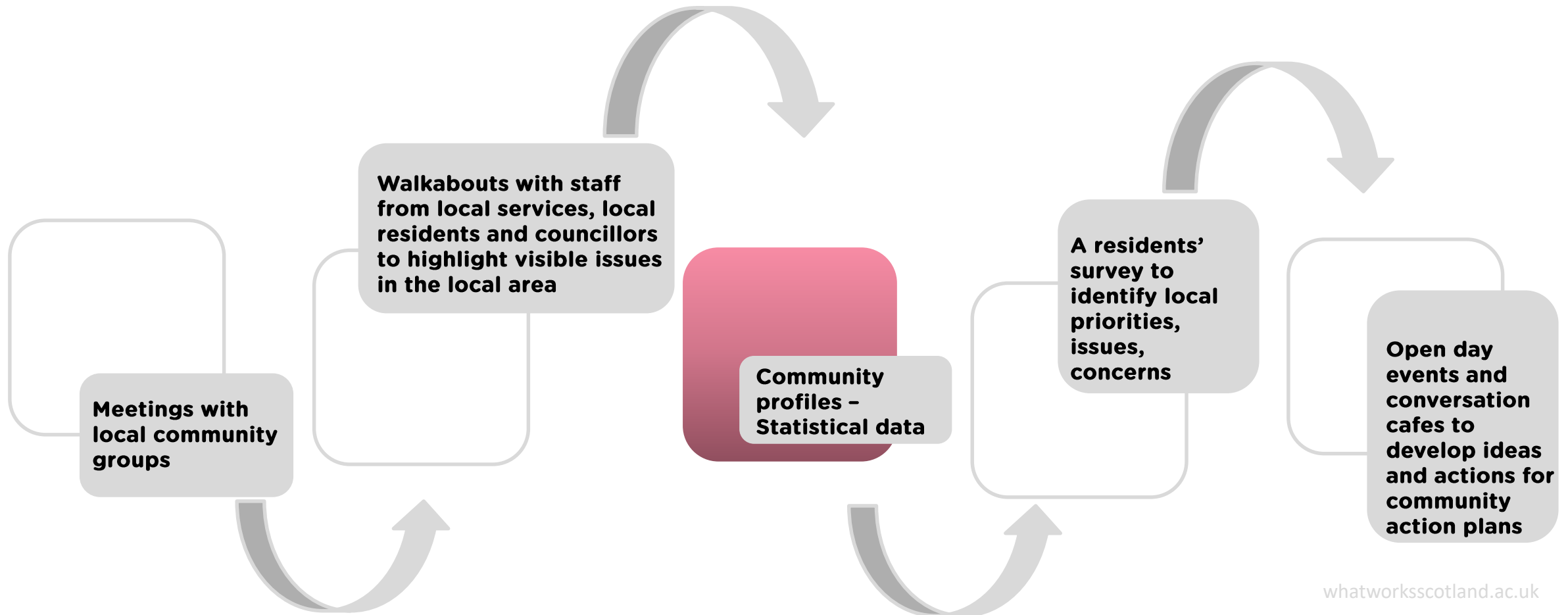
# Understanding the problem, building awareness.



# Issues identified.



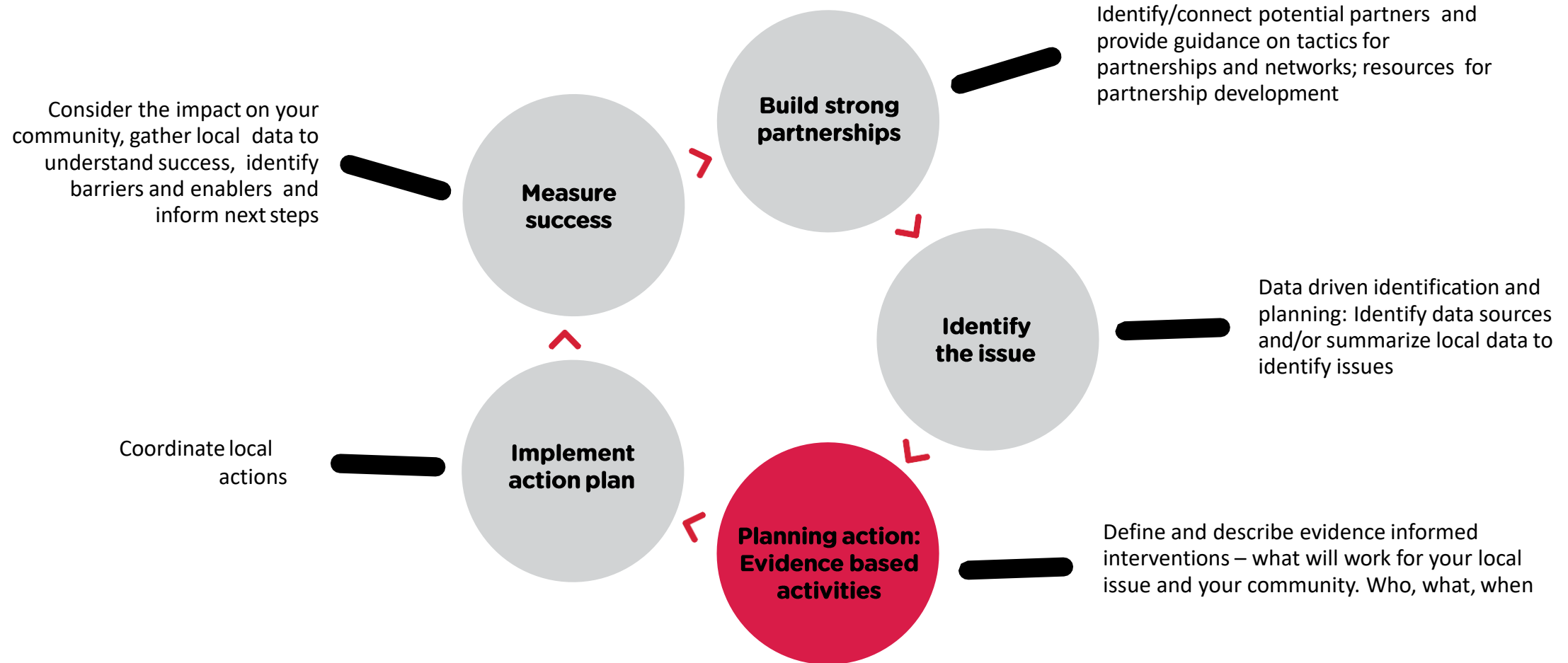
# Understanding the problem, building awareness.



# Using data to pinpoint local issues.

- Data on harms
    - Arrests
    - Hospitalisations
    - Police data
    - Ambulance call outs
    - Violence
  - Data on protective & risk factors
    - Good family attachment & affection
    - Parental supervision
    - Good family communication
    - Minimal conflict between parents
    - Involvement in social activities
    - Peers
-

# Process for community action.



# Addressing the environment around us.



# AOD lifecycle.



Age	0-5 years	6-11 years	12-17 years	18-30 years
Issues	<ul style="list-style-type: none"> <li>• AOD use in pregnancy*</li> <li>• Approach of parents/carers to parenting*</li> </ul>	<ul style="list-style-type: none"> <li>• Approach of parents/carers to parenting*</li> <li>• Early experimental use of AOD</li> </ul>	<ul style="list-style-type: none"> <li>• Approach of parents/carers to parenting*</li> <li>• Risky drinking</li> <li>• AOD use</li> <li>• Steroid use</li> </ul>	<ul style="list-style-type: none"> <li>• Risky drinking</li> <li>• Drink driving</li> <li>• AOD use</li> <li>• Steroid use</li> <li>• AOD use in pregnancy</li> </ul>



30-50 years	50-60 years	60-70 years	70+
<ul style="list-style-type: none"> <li>• Risky drinking</li> <li>• Drink driving</li> <li>• AOD use</li> <li>• AOD use in pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Risky drinking</li> <li>• Drink driving</li> <li>• AOD use</li> <li>• Pharmaceutical use</li> </ul>	<ul style="list-style-type: none"> <li>• Risky drinking</li> <li>• Drink driving</li> <li>• Pharmaceutical use</li> <li>• Poly-drug use (pharmaceutical and alcohol)</li> </ul>	<ul style="list-style-type: none"> <li>• Risky drinking</li> <li>• Pharmaceutical use</li> <li>• Poly-drug use (pharmaceutical and alcohol)</li> </ul>





Age	0-5 years	6-11 years	12-17 years	18-30 years
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Family history of AOD use</li> <li>• Family conflict</li> <li>• Child abuse and neglect</li> <li>• Social disadvantage</li> <li>• Alcohol advertising</li> <li>• AOD use in the home</li> <li>• Availability and accessibility of AOD in community</li> </ul>	<ul style="list-style-type: none"> <li>• Family conflict</li> <li>• Child abuse and neglect</li> <li>• Social disadvantage</li> <li>• Alcohol advertising</li> <li>• AOD use in the home</li> <li>• Availability and accessibility of AOD in community</li> <li>• Childhood conduct disorders</li> <li>• Academic failure</li> </ul>	<ul style="list-style-type: none"> <li>• Family conflict</li> <li>• Lack of engagement in activities with adults</li> <li>• Mental health issues</li> <li>• Academic failure</li> <li>• Low attachment to school and community</li> <li>• Negative peer influence</li> <li>• Availability and accessibility of AOD in community</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of engagement</li> <li>• Mental health issues</li> <li>• Unemployment</li> <li>• Isolation (geographic and social)</li> <li>• Family violence/relationships</li> <li>• Negative peer influence</li> <li>• Availability and accessibility of AOD in community</li> <li>• Life transition (increasing independence)</li> </ul>
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• Higher parent skills, knowledge and confidence including the knowledge of harms/health beliefs that support healthy AOD use (among parents/carers)</li> <li>• Child's sense of family belonging or connectedness</li> <li>• Proactive family problem solving</li> <li>• Family rituals/celebrations</li> <li>• Caring relationships with at least one parent/carer</li> <li>• Positive role models, including around AOD</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based drug education</li> <li>• Community building activities including evidence-based drug education</li> <li>• Positive role models, including around AOD</li> <li>• Sense of belonging/connectedness to community, school and family</li> <li>• Knowledge of harms/health beliefs that support healthy AOD use (among parents/carers)</li> <li>• Involvement in recreational activities</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based drug education</li> <li>• Community building activities including evidence-based drug education</li> <li>• Positive role models, including around AOD</li> <li>• Sense of belonging/connectedness to community, school and family</li> <li>• Knowledge of harms/health beliefs that support healthy AOD use and the supports available in the AOD space</li> <li>• Participation in positive activities with adult engagement</li> <li>• Involvement in recreational activities</li> </ul>	<ul style="list-style-type: none"> <li>• Community building activities including evidence-based drug education</li> <li>• Sense of belonging and engagement with community</li> <li>• Knowledge of harms/health beliefs that support healthy AOD use and the supports available in the AOD space</li> <li>• Participation in positive social activities</li> <li>• Access to training and employment pathways</li> <li>• Access to information on avoiding alcohol in pregnancy</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Positive Parenting Toolkit</li> <li>Alcohol and Pregnancy Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Education in Schools Toolkit</li> <li>Peer Support Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Supporting Teenagers Toolkit</li> <li>Mentoring Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and Pregnancy Toolkit</li> <li>AOD and Young Adults Toolkit</li> </ul>

# Choosing an evidence based approach.

## **Mentoring**

Mentoring builds positive and supporting relationships between people.

## **Peer Support**

Peer support occurs when people share their experiences and knowledge.

## **Strong and Connected Communities**

Build strong communities in order to help prevent AOD harms

## **Education in Schools**

Preventing and reducing of alcohol and other drug harms in a school setting.

## **Positive Parenting**

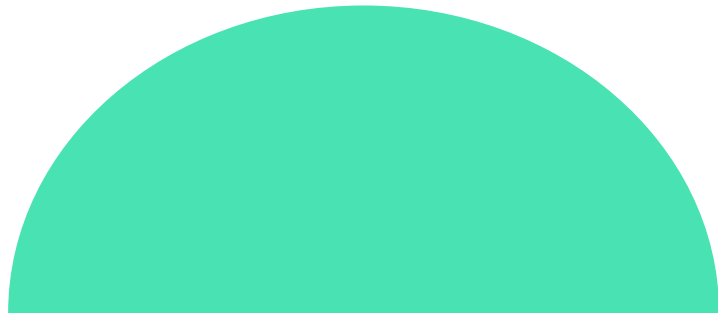
'Positive parenting' gives parents direct and targeted education and support.

## **Community Participation in Liquor Licensing**

How can communities respond to liquor licensing applications

# Peer Support.

**Peer support occurs when people share their experience and knowledge**



- Individuals learn within a social context
- Alcohol and other drugs use is a learned behaviour influenced by observation, modelling, imitation and social reinforcement.
- Peer groups are more powerful than parents and other groups
- Can be both positive and negative

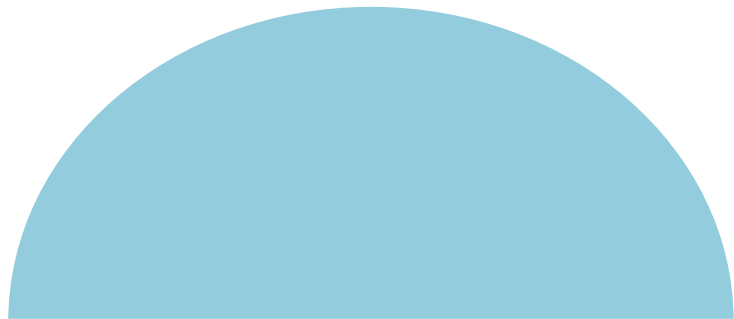
# Peer support programs.

## Components of effective peer support programs

1. Peer-led interventions are part of a larger programs of prevention and are not stand alone programs
2. Involve target population in the development of the content.
3. Led by peers who
  - adopt desired behaviours
  - do not have current or previous history of use
  - are nominated by peers rather than adults or volunteers

# Mentoring.

**Mentoring builds positive  
and supporting  
relationships between  
people.**



- Two of four RCTs: on alcohol use - less alcohol use by mentored youth.
- Six RCTs on drug use; two showed some evidence of less drug use.
- Most successful mentoring programs
  - have strong family acceptance,
  - create community partnerships,
  - are of high intensity, and
  - meet consistently and frequently

# Education in schools.

## **School-based alcohol and other drug programs that are more likely to be effective:**

- use interactive methods rather than didactic presentations
- are delivered by trained facilitators
- are delivered through a series of structured sessions and often with refresher sessions
- normalise the non-use of alcohol, tobacco and other drugs
- change perceptions of risk associated with alcohol and other drug use
- provide opportunities to practise and learn personal and social skills

## **School-based alcohol and other drug programs that are more likely to be ineffective:**

- use non-interactive methods like lecturing
- are information-only sessions, particularly if they are based on fear
- are based on unstructured chat sessions
- focus only on building self-esteem and emotional education
- address only ethical or moral decision-making or values
- use former drug users or police to deliver the program

# Education in schools.

Preventing and reducing of alcohol and other drug harms in a school setting.

## **Cochrane review**

- Many studies methodologically weak and rejected.
- Poor theoretical basis
- 51 studies included, two caused harm, three consistently reduced drug use

## **Australian review on alcohol education**

- 39 studies
- Only three showed evidence of lower drinking levels and alcohol related harm
- CLIMATE (from NDARC); two US programs: program ALERT and All Stars
- SHAHRP (from NDRI) also had positive effects



# Key messages.

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  - Efforts are **amplified** with the **right partnerships**
  - **Data** helps pinpoint the right issue
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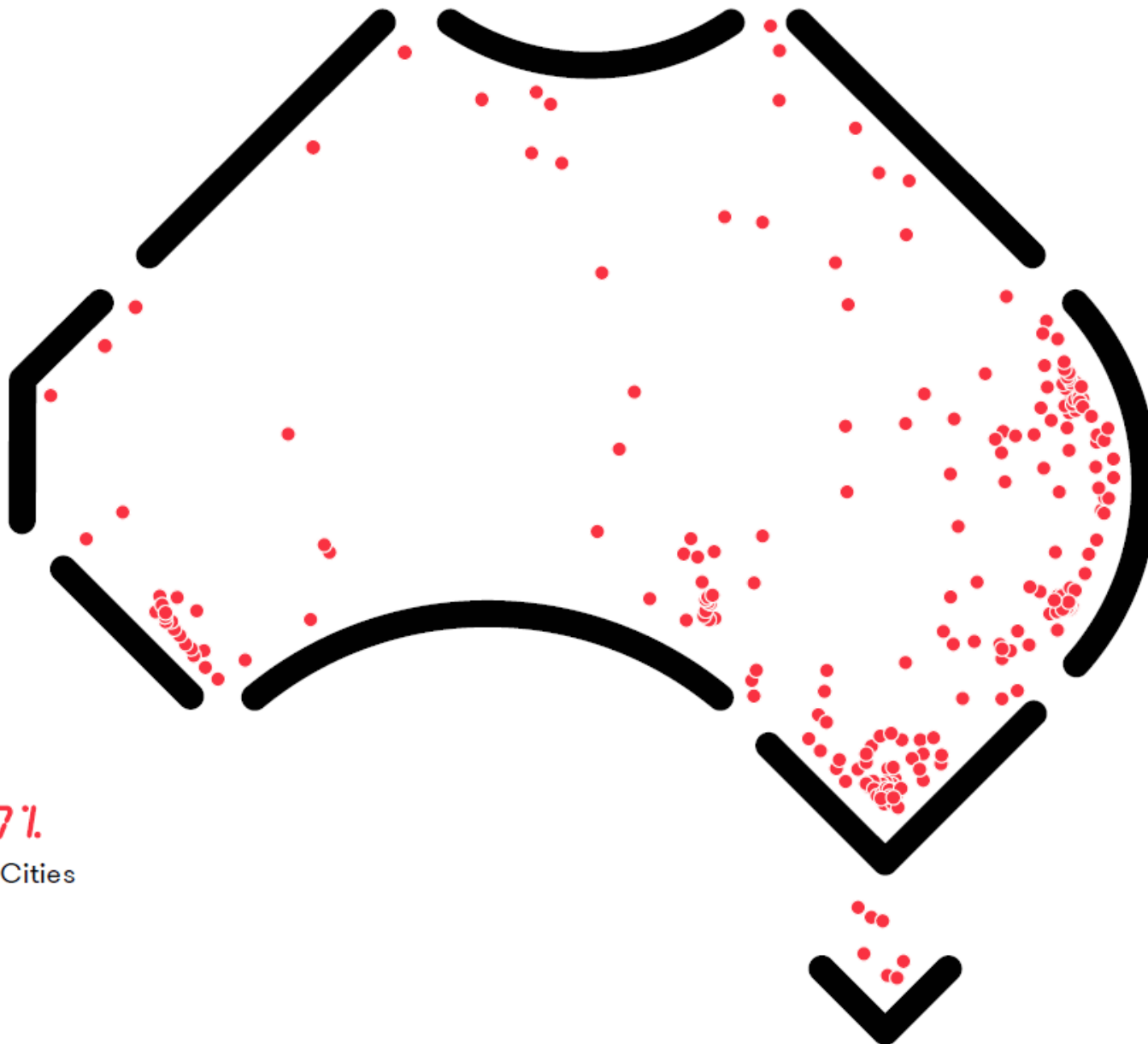
244

LDAT's across  
Australia



1350 +

Partner  
organisations



9%

Remote

44%

Regional



47%

Major Cities

**Dr Erin Lalor.**

**@erinlalor**

**erin.lalor @adf.org.au**