Community Based AOD Prevention in Australia.

Dr Erin Lalor AM, CEO, Alcohol and Drug Foundation
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.
Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs.

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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.
“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
Consider the impact on your community, gather local data to understand success, identify barriers and enablers and inform next steps.

Measure success

Build strong partnerships

Identify the issue

Implement action plan

Planning action: Evidence based activities

Coordinate local actions

Identify/connect potential partners and provide guidance on tactics for partnerships and networks; resources for partnership development.

Data driven identification and planning: Identify data sources and/or summarize local data to identify issues.

Define and describe evidence informed interventions – what will work for your local issue and your community. Who, what, when.
Socio-Ecological Model.

- Individual
- Interpersonal families, friends, social networks
- Organisational organisations, social institutions
- Community Relationships between organisations
- Public Policy national, state, local laws and regulations
Process for community action.

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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?

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Characteristics</th>
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</thead>
</table>
| 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.

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Implement action plan

Define and describe evidence informed interventions – what will work for your local issue and your community. Who, what, when.

Planning action: Evidence based activities
Understanding the problem, building awareness.

- Meetings with local community groups
- Walkabouts with staff from local services, local residents and councillors to highlight visible issues in the local area
- Community profiles - Statistical data
- A residents' survey to identify local priorities, issues, concerns
- Open day events and conversation cafes to develop ideas and actions for community action plans
Issues identified.

Physical environment
Town centre regeneration
Activities for young people
Police/housing Anti-social behaviour
Employment
Alcohol and drugs
Understanding the problem, building awareness.

- Community profiles – Statistical data
- Walkabouts with staff from local services, local residents and councillors to highlight visible issues in the local area
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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.

Consider the impact on your community, gather local data to understand success, identify barriers and enablers and inform next steps.

Measure success

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Implement action plan

Planning action: Evidence based activities

Identify/connect potential partners and provide guidance on tactics for partnerships and networks; resources for partnership development.

Data driven identification and planning: Identify data sources and/or summarize local data to identify issues.

Define and describe evidence informed interventions – what will work for your local issue and your community. Who, what, when, where.
Addressing the environment around us.

- Public Policy national, state, local laws and regulations
- Community Relationships between organisations
- Organisational organisations, social institutions
- Interpersonal families, friends, social networks
- Individual knowledge, attitudes, skills
### AOD lifecycle

<table>
<thead>
<tr>
<th>Age</th>
<th>Issues</th>
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| 0–5 years   | • AOD use in pregnancy*  
               • Approach of parents/carers to parenting*  
               • Early experimental use of AOD |
| 6–11 years  | • Approach of parents/carers to parenting*  
               • Risky drinking  
               • AOD use  
               • Steroid use |
| 12–17 years | • Approach of parents/carers to parenting*  
               • Risky drinking  
               • AOD use  
               • Steroid use  
               • AOD use in pregnancy |
| 18–30 years | • Risky drinking  
               • Drink driving  
               • AOD use  
               • Steroid use  
               • AOD use in pregnancy |
| 30–50 years | • Risky drinking  
               • Drink driving  
               • AOD use  
               • AOD use in pregnancy |
| 50–60 years | • Risky drinking  
               • Drink driving  
               • AOD use  
               • Pharmaceutical use |
| 60–70 years | • Risky drinking  
               • Drink driving  
               • Pharmaceutical use  
               • Poly-drug use (pharmaceutical and alcohol) |
| 70+         | • Risky drinking  
               • Pharmaceutical use  
               • Poly-drug use (pharmaceutical and alcohol) |
<table>
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<tr>
<th>Age</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years</td>
<td>• Family history of AOD use • Family conflict • Child abuse and neglect • Social disadvantage • Alcohol advertising • AOD use in the home • Availability and accessibility of AOD in community</td>
<td>• Higher parent skills, knowledge and confidence including the knowledge of harms/health beliefs that support healthy AOD use (among parents/caregivers) • Child’s sense of family belonging or connectedness • Proactive family problem solving • Family rituals/celebrations • Caring relationships with at least one parent/caregiver • Positive role models, including around AOD</td>
<td>Positive Parenting Toolkit Alcohol and Pregnancy Toolkit</td>
</tr>
<tr>
<td>6–11 years</td>
<td>• Family conflict • Child abuse and neglect • Social disadvantage • Alcohol advertising • AOD use in the home • Availability and accessibility of AOD in community</td>
<td>• Evidence-based drug education • Community building activities including evidence-based drug education • Positive role models, including around AOD • Sense of belonging/connectedness to community, school and family • Knowledge of harms/health beliefs that support healthy AOD use (among parents/caregivers) • Involvement in recreational activities</td>
<td>Education in Schools Toolkit Peer Support Toolkit Supporting Teenagers Toolkit Mentoring Toolkit</td>
</tr>
<tr>
<td>12–17 years</td>
<td>• Family conflict • Lack of engagement in activities with adults • Mental health issues • Academic failure • Low attachment to school and community • Negative peer influence • Availability and accessibility of AOD in community</td>
<td>• Evidence-based drug education • Community building activities including evidence-based drug education • Positive role models, including around AOD • Sense of belonging/connectedness to community, school and family • Knowledge of harms/health beliefs that support healthy AOD use and the supports available in the AOD space • Participation in positive activities with adult engagement • Involvement in recreational activities</td>
<td>Alcohol and Pregnancy Toolkit</td>
</tr>
<tr>
<td>18–30 years</td>
<td>• Lack of engagement • Mental health issues • Unemployment • Isolation (geographic and social) • Family violence/relationships • Negative peer influence • Availability and accessibility of AOD in community • Life transition (Increasing independence)</td>
<td>• Community building activities including evidence-based drug education • Sense of belonging and engagement with community • Knowledge of harms/health beliefs that support healthy AOD use and the supports available in the AOD space • Participation in positive social activities • Access to training and employment pathways • Access to information on avoiding alcohol in pregnancy</td>
<td>AOD and Young Adults Toolkit</td>
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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 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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