

Prevention strategies to reduce alcohol and other drug harm amongst young people.

Prevention is an important part of a comprehensive harm reduction approach to reduce alcohol and other drug (AOD) harms, particularly amongst young people.

This is because young people are going through significant social, physiological and developmental changes. In this phase of their life, prevention strategies have the potential to positively influence behaviour that will last through their adult years.

This resource provides an overview of the key elements of prevention, the important role of communities, and examples of where evidence-based prevention programs have been put into practice and shown success.

Why focus on primary prevention for young people?

Many young people go through a developmental period where they experience an increase in freedom and a decrease in social monitoring.¹ This is also a time where some young people begin experimenting with alcohol and other drugs.¹ Primary prevention is a strategy that can address the risk factors associated with early age alcohol and other drug use, as well as enhance the protective factors.^{2,3}

Primary prevention can help people avoid the use of alcohol and other drugs, delay or reduce the use of alcohol and other

drugs, or avoid the harms associated with alcohol and other drugs.⁴ This is done through either influencing individuals' personal behaviours or changing environmental conditions to reduce the potential for certain behaviours to develop.⁴

Primary prevention strategies aim to support the safe and healthy development of young people.⁵ There are several primary prevention strategies that can be used to reduce harm from alcohol and other drug use among young people, including:

- evidence-based AOD education programs
- health promotion and community development initiatives, and
- reducing the supply of alcohol and other drugs through legislation, regulation and policy.⁴

It is crucial that communities follow evidence-based examples when implementing primary prevention strategies targeting young people.⁶ Research continues to identify the components that result in effective prevention strategies.⁵ This highlights the need for comprehensive and robust evaluation of programs where possible. When information is shared on the key elements of successful primary prevention programs, there will be a better understanding of what works best.²



Risk and protective factors:

Alcohol and other drug harms are influenced by a range of modifiable factors that are likely to predict or prevent substance use during adolescence.⁷

Risk factors

Risk factors can increase the likelihood of a young person using alcohol and other drugs or experiencing harm from alcohol and other drug use.⁷ Examples of risk factors are:

- living in a household or community where alcohol or other drugs are readily available^{8, 9}
- parental substance use^{1, 10, 11}
- favourable parental attitudes toward substance use^{1, 11}
- family dysfunction^{1, 7, 11}
- associating with peers who have favourable attitudes toward alcohol and other drugs^{12, 13}
- school failure.^{1, 7, 14}

Protective factors

Protective factors interact with risk factors in complex ways. They may moderate the influence of risk factors to reduce the likelihood of AOD use in young people, delay the uptake of AOD use in young people, and reduce harm should young people engage in AOD use.⁷ Examples of protective factors are:

- parental supervision and communication^{13, 15}
- participation in supervised leisure activities^{13, 16}
- social and emotional competence⁷
- sense of belonging/connectedness to community, school and family¹⁷
- participation in positive activities with adult engagement^{17, 18}

It should be noted that these risk and protective factors only indicate the likelihood of alcohol and other drug use and related harms occurring.⁷

Key components for success

Community involvement

The local community plays a significant role in facilitating or contributing to effective prevention strategies.

National and international evidence highlights the effectiveness and importance of community engagement in preventing harms from alcohol and other drugs. This is especially the case in high risk populations such as young people, Aboriginal and Torres Strait Islander communities, migrant communities, and low socioeconomic communities.¹⁹⁻²²

It is critical that community programs ensure the focus of the program is relevant to the needs of the community.^{6, 23}

Community engagement in program planning, design and implementation

helps to increase awareness of alcohol and other drug harms. This is an essential component for ensuring community support and participation.

Community ownership

Community-led programs strengthen the capacity of the community to identify, prevent, and respond to health issues in a population.⁷ Fostering a sense of community ownership is key to engagement and participation in community-led programs. It acknowledges that gathering resources and knowledge, as well as coordinating with multiple agencies or sectors, are elements for success.

This collaborative approach is important for long term effectiveness in programs.²³



Evidence-informed examples of primary prevention for youth

Numerous community prevention programs operate to reduce alcohol and other drug harms in youth. Two examples of evaluated youth prevention programs are outlined below (one local and one international).

Primary prevention in Yarrabah, Queensland

A program led by an Aboriginal community in far north Queensland identified an increase in risky alcohol consumption by young people in the community. Key stakeholders came together and sourced funding from the Australian Government's National Binge Drinking Strategy to organise a two-year program that targeted short term risky drinking amongst people aged between 18-24 years old.²⁴

The strategy focused on raising awareness of safe drinking practices, promoting alternative alcohol-free events, and providing diversionary supervised activities (e.g. sport, music and cultural events) to alleviate boredom and facilitate peer engagement.²⁴

The diversionary activities were a key focus, providing an opportunity for achievement and a sense of self-empowerment.²⁴ Stakeholders in the community planned a yearly program which involved two major events and 12 minor activities.²⁵ Larger events celebrated the history, culture and

achievements of Aboriginal and Torres Strait Islander peoples, and smaller activities involved sporting, music and cultural events.²⁵ All events involved harm reduction education about risky alcohol consumption.²⁵ Although the program was targeted toward young people, events were inclusive of all members of the community.²⁵ The program reached 1,880 people in the first year, and the average age of participants was 16 years old.²⁵

The program, named "Beat da Binge", was found to reduce binge drinking in the community, providing an example of a successful prevention strategy.²⁶ The main strengths of the program were identified as:

- community-led
- used participatory strategies
- engaged young people in the design, implementation and evaluation
- created partnerships with researchers for evaluation.²⁴

The program was associated with a 10% reduction in the proportion of survey respondents who reported engaging in short term risky drinking, as well as an increased awareness of standard drinks and binge drinking.²⁴ The evaluation of the program emphasised that having access to community specific data is important for enabling communities to target local risk factors and produce robust evaluation.²⁴

Primary prevention in Iceland: Planet Youth

Planet Youth is a community-based model in Iceland that has been internationally recognised for its efforts in preventing alcohol and other drug use in adolescents through strengthening known protective factors.

The Planet Youth model was implemented in response to rising alcohol and other drug use by adolescents in the late 1990s.²⁷

Two key protective factors are emphasised by the Planet Youth approach:

- increasing parental monitoring and communication, and
- the promotion of alternative and diversionary supervised activities (e.g. participation in sports).^{15, 27, 28}

The program focuses on engaging parents and strengthening connections within the community.²⁷ There is an emphasis on parents spending more time with their

children, as well as providing increased support and monitoring.²⁷

Increased participation in sports has been made easily accessible by providing parents in Reykjavík (regardless of socioeconomic status) access to a leisure card which subsidises fees to encourage young people to participate in various organised activities.²⁹ The card gives families access to over 100 different organisations which provide access to dance, music, sport and other youth organisations.²⁹

Planet Youth has demonstrated that alcohol and other drug use may be reduced by increasing:

- participation in supervised activities
- time spent with parents
- support at school
- supervision during the evenings.¹⁵

As a result of its success, Planet Youth has been implemented in 20 countries.



Taking action

Community organisations:

Community organisations can support young people, parents, educators and other carers through the provision of evidence-based prevention programs and diversionary activities, such as organised leisure opportunities (e.g. sports or arts), and alcohol-free events.

Consider facilitating strategies such as positive parenting programs, mentoring programs, peer- support activities and education activities.

Local government:

Diversionary events and recreation are key protective factors for young people and the community, to promote peer engagement and encourage young people to develop resilience and life-skills.

Some states and territories have sport vouchers available for school students to subsidise sporting costs. Consider

making recreational sports and arts more accessible for local youth to increase participation.

Policy makers:

Exposure to alcohol advertising can impact on the drinking behaviours and attitudes of young people. Restrictions on alcohol advertising on public transport, social media and near schools may be beneficial.

Subsidised access to various diversionary activities can assist families in providing their children with the opportunity to participate in organised activities such as sport and art.

Local Drug Action Teams

Local Drug Action Teams (LDATs) are community primary prevention groups funded to implement activities that prevent the harms associated with alcohol and other drug use. The Alcohol and Drug Foundation has now supported the formation of 244 LDATs across Australia.



LDAT participants engage community stakeholders and partnerships, conduct a needs analysis based on community consultation and available data, and implement an action plan followed by evaluation.

The LDAT Program provides multiple resources available to the public on best practice for primary prevention strategies. community.adf.org.au

Good Sports

The Good Sports program is available at no cost to sporting clubs nationwide and has been shown to reduce harm, positively influence health behaviours, strengthen club membership and boost participation. goodsports.com.au

Climate Schools

CLIMATE Schools is an evidence-informed educational program for years 8-10 that addresses the issues of alcohol and other drug use from a health and wellbeing perspective. The program was developed by the National Drug and Alcohol Research Centre (NDARC), and has been evaluated and shown to reduce drug use. climateschools.com.au

School Health and Alcohol Harm Reduction Project (SHAHRP)

Developed by the National Drug Research Institute and Curtin University, SHAHRP is a classroom-based program aimed at reducing alcohol-related harm and risky consumption. ndri.curtin.edu.au/research/research-specific-sites/school-health-and-alcohol-harm-reduction-project



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