

PreventionResearch

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Preventing alcohol and drug problems in your community

A practical guide to planning programs and campaigns

Preventing alcohol and drug problems in your community

Key messages

- Grassroots community prevention programs can have a significant impact on reducing alcohol and drug (AOD) problems. These programs are more likely to reduce harm when coupled with advocacy for legislative change.
- There is now a body of evidence demonstrating best practice in community prevention, which should be considered when planning prevention initiatives.
- Community activities are best focused on primary or 'upstream' prevention where programs aim to protect people from developing an AOD-related problem.
- It's important for communities to work together on prevention programs rather than individuals trying to develop their own approaches that don't leverage related initiatives.
- When identifying and communicating AOD problems, credible data and research needs to be used rather than relying on people's perceptions or media reports.
- Consulting with stakeholders and the target audience early in the planning stages can have a huge impact on a prevention program's success.
- Setting realistic objectives and writing down a program plan can help ensure everyone is on the same page, objectives are more likely to be achieved, and the program can be evaluated, which is important when trying to gain further funding.

"Grassroots community prevention programs can have a significant impact on reducing alcohol and drug problems."

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 **Listen to the seminar**

Access the audio and slides from the 'Preventing alcohol and drug problems in your community' seminar by visiting druginfo.adf.org.au

Introduction

Community members know their communities best and have a huge opportunity to affect change. Whether a community is defined by a geographical area, religion, cultural background, language or just shared interests, the people within a community are essential to preventing alcohol and drug (AOD) harm.

It's easy to think that the prevention of AOD issues is something that only governments or researchers participate in, but prevention is far more democratic than that. Many of the examples in this publication are drawn from communities, led by communities, and informed by their members. They highlight the difference that can be made when a community comes together to address a problem.

This publication has been developed because, although many communities show concern about AOD issues, action can be stifled or limited by a lack of knowledge on how to

take action. As momentum has grown around community prevention, a body of evidence has emerged that demonstrates best practice. This provides community with a basis from which they can learn from others' experiences while also adapting strategies to meet their needs.

While your community may be enthusiastic to take action, we encourage you to stop, take a breath and consider the information in this publication. It offers some food for thought that may influence the type of action you take, and a step-by-step guide to program planning.

Prevention can be challenging. It can be easy to give up when results aren't achieved immediately and enthusiasm for the program wanes. By considering best practice and taking your time to plan, you are more likely to achieve success and gain momentum in your community for preventing AOD problems.

Why is community prevention key to reducing alcohol and drug harm?

I have great pleasure in introducing this edition of Prevention Research devoted to the role of community in alcohol and drug (AOD) prevention. Engaging community in AOD prevention is the central goal and activity of the Australian Drug Foundation (ADF).

Misuse of AOD remains a huge problem in Australia. Despite large sums devoted to law enforcement and treatment, we seem unable to reduce the impact of AOD in our society. It is not possible to eliminate drugs from our world, so the answer lies in either helping people to avoid using them in the first place, or avoiding risky or harmful use. That is the task of prevention and community settings are the place for it.

The ADF is concerned insufficient resources are devoted to preventing AOD problems before they occur – this is known as 'going upstream'. Downstream services in the form of treatment are required to assist people who have AOD problems, but it's cheaper in the long run to reduce the incidence of AOD problems, and it saves much personal, family and social anguish.

The scientific evidence is clear: prevention works. Numerous studies bear that out when prevention is funded for the long term – the historic reduction in tobacco use is a classic example. We also know where prevention resources need to be directed. Specific resources are needed for people who face difficulties such as dysfunction in families, unemployment, trauma, isolation, and mental health problems.

Community prevention is important because AOD problems are entrenched in our lifestyles, and are partly a result of how we organise our society. While we are all ultimately responsible for the personal decisions we make about AOD, community prevention acknowledges that our behaviour is influenced by our social environment. We are stronger and more effective when we act together rather than acting alone.

Government has a role to play in prevention too. Legislation and regulations are powerful tools in moulding behaviour but governments can be reluctant to act unless they know they have overwhelming support. So it is essential for communities to be prepared to act to protect themselves and their members from the risk of preventable harm, to encourage everyone to adopt health-enhancing behaviours, and to encourage government at all levels to assist those tasks.

We know there is enthusiasm in communities for AOD prevention. The ADF has been working with communities for over 50 years through initiatives such as the national Good Sports program, the Community Alcohol Action Network in Victoria and more recently the Community Drug Action Teams in New South Wales. Momentum is definitely building in this area.

I hope you will be inspired to take concerted action to reduce the toll imposed by AOD problems and to improve the liveability of all our communities, big and small, across Australia. Enjoy this terrific read!

John Rogerson

Chief Executive, Australian Drug Foundation



UPSTREAM PREVENTION

Imagine that you are standing on a river bank and see a person drowning as he floats by. You jump in and pull him ashore. A moment later, another person floats past you going downstream, and then another and another. Soon you're so exhausted you know you won't be able to get in the river and save any more people. So you decide to travel upstream to see what the problem is. You find that people are falling into the river because they are stepping through a hole in a bridge. Once this is fixed, people stop falling into the water.

Primary prevention

What is prevention?

The river analogy described above has frequently been used to explain the importance of 'going upstream', or engaging in primary prevention, to fix a problem at the source rather than trying to save victims one by one downstream¹. 'Downstream' or emergency interventions are piecemeal and costly, both in financial and human terms, as many lives are damaged and lost.

Primary prevention contributes to the national policy of harm minimisation by reducing the demand for AOD through education, health promotion and community development, and reducing the supply of AOD via legislation, regulation and policy².

Although there is a strong argument for communities to focus on primary prevention activities, some may still want to focus on downstream secondary or tertiary prevention.

Considering the three different types of prevention may help you define what you are trying to achieve through your community activities.

Primary prevention

The goal of primary prevention is to protect people from developing an AOD-related problem or experiencing an accident or injury. Examples of primary prevention include informing people about the effects and the harms associated with the use of AOD, changing laws and regulations that govern sales of alcohol and tobacco, providing positive role modelling of AOD use, helping people to reduce stress in their lives, and developing safe environments that reduce the risk of AOD use.

Secondary prevention

Secondary prevention is directed towards people who have a higher or specific risk of suffering an AOD problem. It responds to a sign of a possible or emerging problem in order to prevent its development. Examples include helping tobacco smokers to cease smoking, providing education programs for drink drivers, offering counselling for people who use AOD at risky levels, and providing clean needles for people who inject drugs.

Tertiary prevention

The goal of tertiary prevention is to help people with an existing disease, disability or medical condition to overcome it, or to improve their quality of life. This includes AOD detoxification and withdrawal, cognitive-behavioural therapy, pharmacotherapy (substitute medication), twelve-step and other self-help programs, residential rehabilitation, and therapeutic communities.

What influences alcohol and drug use?

There are a number of personal, social and environmental factors that can influence the extent to which someone uses AOD. Some of these factors are constant over a lifetime, such as:

- Quality of relationships
- Employment
- Mental health
- Cultural attitudes to AOD use
- Availability of AOD

Some factors are more important at specific stages of life. For example, particular factors for adolescents include:

- Attitudes to and completion of schooling
- Positive social group and interests
- Peer attitudes to AOD
- Family relationships
- Access to positive adult role models

In general, having a purpose in life, having positive relationships, living in a supportive community and maintaining sound mental health do much to lessen the risk of AOD problems³. Valuable community prevention activities can seek to improve these protective factors and thereby protect or lessen the chance that people will be drawn to misuse AOD.

Examples of strategies that could enhance protective factors include:

- Improving facilities for young people within the community, for example skate parks, BMX tracks, graffiti walls and access to a range of sports.
- Offering youth activities such as holiday programs that provide mentoring and support from caring, responsible adults.
- Helping schools to set up peer-support programs and other

- activities to make sure all students feel welcome at school.
- Assisting newcomers to a town or suburb so they feel part of the community.
- Providing information stalls in shopping centres to inform people of health problems and how they can take action to reduce risks to their health.
- Using local media to promote healthy activities and services, so they can benefit more people.
- Bringing counselling services to the local area or promoting telephone helplines.
- Organising drop-in child care facilities and activities for parents to bond with their young children.
- Encouraging employment in the local area such as through small businesses.
- Promoting job seeker support services.

Other strategies may concentrate on addressing AOD use itself. These strategies may include:

- Introducing programs in community settings such as sporting clubs that provide appropriate controls over the use of AOD (see Good Sports case study on page 10).
- Raising awareness amongst influential groups such as parents about the role they can play in preventing AOD harms, and equipping them with the right tools (see The Other Talk case study on page 11).
- Advocating for measures that are known to reduce AOD problems (see 'Media (Advocacy)' on page 8).

CASE STUDY 1: WINCHELSEA SKATE PARK YOUTH ENGAGEMENT STRATEGY

What's the issue? Surf Coast Shire Council identified a need to provide outreach activities to ensure young people from across the shire can effectively access youth services.

And the solution? The BBQ and Beats program was developed, which is based on an outreach model. Local government staff and a drug and alcohol outreach worker from Barwon Youth visit the 10 skate parks across the shire. They take a BBQ and music and effectively set up a pop up drop-in centre. They try to be set up when the school bus arrives and stay for a couple of hours. The program runs on Wednesday nights; the team might get to two towns in the one night. This is an especially important initiative for young people in some of the lower socio-economic status towns and areas who experience difficulty accessing health services. It provides support for young people by going to where they hang out.

What's been the impact? Last year over 250 young people engaged through this program, which the organisers have seen as a great response.



Where does your strategy sit within the wider context?

Successful prevention campaigns and programs have shown that multiple strategies lead to the greatest change.

Australia's success in lowering the road toll has been achieved by many single measures acting together: information campaigns that alerted people to behavioural risks, drink-drive laws, breath testing of drivers, mandatory seat belts, speed cameras, booze buses, improved road design and maintenance and design of cars. Many of these measures were unpopular when first contemplated, but became acceptable when advocated by diverse groups including police, emergency staff, surgeons, transport experts and civic-minded citizens, including some who had lost loved ones to preventable accidents. Now few would want to return to those prior conditions.

To use your time and effort most effectively, think about how your issue of concern might link in with other initiatives and issues. Have a look over the list of people and programs you could consult with (see 'Find out who can help you' on page 13) – their current activities could help shape your program. For example, if you have a concern about community violence, obvious allies are people who are advocating for responsible serving of alcohol and reduced trading hours of liquor venues, or people concerned about lack of positive activities for young people. Working together rather than separately will help achieve the greatest impact.



CASE STUDY 2: KEEPING SCHOOL LEAVERS SAFE

What's the issue? The Surf Coast in Victoria is a desirable location for school leavers, with the small towns of Lorne and Torquay in particular receiving a large influx of young visitors when year 12 students finish their schooling each year. Anecdotal reports of partying with excessive alcohol and illicit drug experimentation, and associated risk taking, vandalism and violence, caused concern in the community and some negative reactions towards school leavers.

And the solution? Council, service providers and the community came together to create the School Leavers Working Group, which is a subgroup of the Surf Coast's Community Safety Group. It focuses on minimising harm to residents and school leavers during the week-long school leavers period. Surf Coast Shire Council leads the group, with key partners being Victoria Police and the Youth Support and Advocacy Service (YSAS). Other stakeholders include local hotels, liquor outlets and accommodation providers, and volunteers from youth support networks Red Frogs and Student Life. This coordinated, multifaceted response has been vital to the success of the project.

The working group has created a program on the Surf Coast that focuses on being chilled out, fun and safe. School leavers are required to register to access services and activities. They pay a fee which helps offset the costs. They receive a wristband, which entitles them to a free shuttle bus and entry into a range of activities. The bus is an important initiative to ensure school leavers can safely return to their accommodation.

A key initiative of the group is having YSAS drug and alcohol support service workers on the street from 8pm to 4am during the school leavers' period, with four workers in each town, travelling in pairs. A government grant of \$30,000 funds this service.

Another important part of the event is the Student Life and Red Frogs volunteers who provide positive engagement through a range of activities. They visit the school leavers in their accommodation and cook pancakes, organise sporting activities, offer support at chill out areas, drive the shuttle bus and generally get to know the school leavers. More than 100 Red Frogs and Student Life volunteers deliver this program of activities, which are totally drug and alcohol free.

Support is also offered through a website, Facebook page and text message service where positive messages about safety and chilled out activities on the coast are circulated to registered school leavers. The Facebook page is also used by residents who want to stay up to date with the latest information about the event. A business card is also provided in the school leavers' registration pack, with YSAS contact details, the Red Frogs hotline, and details of various other helplines and support services.

What's been the impact? Police data indicates a decline in assaults and other reported crimes during the school leaver period on the Surf Coast since the program began. Media coverage of the period is also now less negative. Incentives for school leavers to register for the event seem to be working with registrations increasing. School leavers recognise the value of a wristband and the entitlements that go with it such as the alcohol-free activities and events. Collaboration between the key stakeholders in the community continues to be strong with new initiatives and improvements to the event launched each year.



Which community setting will your strategy cover?

Considering which setting to base your program in is an important part in strategy development. When choosing your setting, think about which one will help you address your community's problems with AOD and which one you can realistically target effectively given your skills and resources. For example, if you believe your community has a widespread problem with AOD you might consider a whole of community approach. However, if you believe this approach is too ambitious or the problems are related to a particular group, you may consider targeting a specific setting such as sporting clubs.

Whole of community

The advantages of prevention efforts in a number of settings across a community are increasingly being proven (see AARC case study below). Coordinated programs are more likely to be cost-efficient because they minimise duplication of effort and resources. This approach also tends to be more effective because messages are reinforced when they are received in a number of settings and are more likely to lead to behaviour change. For example, if a GP talks with you about the effects of risky drinking you may be less likely to object when your local bar stops selling shots and doubles after 10pm. Although one community group may struggle to develop a whole of community approach by itself, by supporting existing activities it could help develop a widespread prevention effort in its local area.⁴

CASE STUDY 3: ALCOHOL ACTION IN RURAL COMMUNITIES (AARC)

The Alcohol Action in Rural Communities (AARC) project is a good example of how a coordinated approach to reducing alcohol-related harm across a community can be successful. The project was facilitated by researchers at The University of New South Wales and the University of Newcastle who worked with communities across New South Wales. In each area, through a process of consultation, the community nominated a 'community coalition group' made up of key stakeholders and chaired by the mayor or their representative from local council.

The community coalition groups worked with the researchers to develop and implement a number of actions in their local area including:

- **Media:** Gathering research to help describe the problem, such as alcohol-related crime data, that was communicated to the community through local newspapers and radio.
- **Health services:** Providing GPs, pharmacies, hospital emergency departments and Aboriginal health services with training or tools to help them identify patients drinking at high levels and provide these patients with information and strategies on how to reduce risky drinking.
- **Workplaces:** Helping local major employers develop policies and procedures that aim to reduce alcohol-related harms.
- **Schools:** Giving year 11 students interactive training sessions on preventing alcohol problems.

- **Licensees and police:** Identifying known problematic weekends through analysing local crime data and warning the community to be particularly careful during these times. This was done through the mayor writing to licensees, media articles and increased police presence on these Friday and Saturday nights.
- **Sporting clubs:** Implementing the Good Sports program (see page 10) in local sports clubs.

In addition to the researchers helping communities implement evidence-based approaches, they also completed a comprehensive 'outcome evaluation' of the program. The study found that:

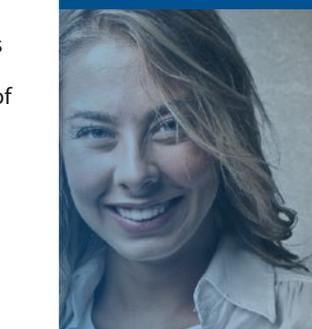
- A majority agreed with a community action approach to tackling alcohol problems
- Households in rural communities are prepared to pay money to reduce alcohol harm in their communities

In addition the 'experimental' communities experienced:

- A reduction in average weekly alcohol consumption
- A reduction in residents' experience of alcohol-fuelled verbal abuse

The researchers also concluded that community action would be most effective when coupled with legislative change (see 'Media (Advocacy)' on page 8)⁵.

(See 'Evaluate what you do' on page 18 for information on working with a university.)



TOBACCO – THE POSTER-CHILD FOR PUBLIC HEALTH ADVOCACY

Professor Mike Daube advocated for a number of years for tobacco control. In his own words, “tobacco is now a poster-child for public health advocacy”⁶, and provides an excellent case study of the role that advocacy can have in preventing harm associated with substance use. Australia has recently had an historic win in this field with the introduction of plain packaging in 2012. However, as Daube notes, it has been a long road to get to this point: 40 years of advocacy, starting at a time when there was little evidence of the harms related to tobacco use and industry groups opposed to any control measures. Daube believes that the decline in smoking is because of “fine scientists, wonderful coalitions of health groups, a relatively small number of highly skilled advocates, media that recognised the magnitude of the problem, and principled politicians of all parties who were persuaded of the need to act”⁶. An important lesson we can learn from the efforts to reduce smoking is that prevention can take time, and requires the efforts of multiple stakeholders. However, another lesson is that prevention works, and that the efforts to reduce tobacco use (such as banning tobacco sponsorship in sport) are now being put forward as ways we can prevent harm related to other substances such as alcohol.



Media (Advocacy)

The tobacco case study as explained above demonstrates the power of advocacy for change.

This is an area communities can play a part in because governments often need to believe that there is an appetite for change before acting. In fact, there is evidence to suggest that prevention strategies that include advocacy for legislative change along with complimentary community programs are more likely to reduce harm. This is why a recent study on community prevention concluded that advocating and lobbying for legislative change should be part of all community activity on alcohol⁷.

There are a number of changes that people can advocate for in their community, which have been shown to reduce AOD-related harm:

- **Increased tax/price, especially of the cheapest alcoholic drinks.** This is controlled by the federal government. You could make your views known through writing to your federal member of parliament, mounting a petition and talking with the media about your views.
- **Reduced trading hours of licenced venues.** This could be done through objecting to noise or disturbances in and around venues and damage to property done by patrons of the establishment.
- **Reduced density of licenced venues and bottle shops.** This could be done through objecting to applications for new liquor outlets, including packaged liquor (big liquor stores, bottle shops) and new on-premises venues such as bars, hotels and nightclubs. Objections to new venues can be mounted due to their location (near schools, churches or youth facilities), lack of infrastructure such as adequate parking, or because the area is already served by liquor outlets and there is already evidence of serious alcohol-related disturbances or problems. Local councils are an important ally for this issue.

- **Reduced advertising, especially where it can be seen by young people.** This can be done by objecting to advertising that is positioned close to a school or other sensitive facilities, relies on offensive themes, or promotes unsafe drinking attitudes. This can apply to alcohol advertising on billboards, public transport infrastructure such as taxis, buses and trams, transport stations and shelters, at alcohol outlets and venues, and advertising brochures and other publicity.
- **Robust secondary supply (teen drinking) laws** which make it illegal to supply someone who is under 18 with alcohol without their parent/legal guardian's permission – even if it's on private property including homes. These laws are controlled by state/territory governments. Concerned parents who have organised petitions and talked with the media have played a huge role in bringing in these laws. At the time of printing, Western Australia, the Australian Capital Territory and South Australia still do not have secondary supply laws. In areas where these laws do apply, awareness amongst young people and parents of these laws still needs to be raised.
- **Stricter policing of liquor outlets** which appear to engage in unsafe or irresponsible practices including serving alcohol to intoxicated or underage patrons. This could be done through talking with local police and identifying problem venues.
- **Needle and syringe programs including supervised injecting facilities.** These facilities can be effective in communities that have a high rate of public injecting. They can also offer pathways into treatment programs for people who inject illegal drugs. The Sydney Medically Supervised Injecting Centre in Kings Cross has proved effective, but it has been difficult for other areas in Australia to successfully introduce similar facilities. To introduce these facilities in your area you will need to lobby your state/territory government, highlighting the benefits seen in Sydney and other areas around the world.



Schools

AOD education in schools alone can't be expected to outweigh the impact of cultural traditions, sophisticated marketing of alcohol and tobacco, and the powerful role modelling by parents, siblings and other adults. However, schools can contribute to attitude and behaviour change around AOD, just as they did in the case of the social campaign against smoking.

The case for AOD education is this: young people need to be informed about these issues because they live in a world in which AOD use is everywhere. Even if young people don't use these substances, AOD can affect their lives in a number of ways, including through people who do use them⁷.

Although AOD education is often described as ineffective⁸ other experts think the benefits outweigh the costs⁹ because some research has shown that this education can stop or delay use^{10,11}. Preventing or delaying early use for as long as possible is important because it predicts problems and dependence later in life¹². If your school can make an effort to do this, even by a year or two, it is likely to reduce short and long-term harms.

While it's best that school-based programs aim to delay the start of AOD use, they can include harm minimisation principles as well. These education activities should be included in the school curriculum and there should be an effort to ensure all students receive the same message¹³.

Some experimental Australian programs such as the School Health and Alcohol Harm Reduction Project (SHAHRP) and the CLIMATE program have reported reducing AOD use and related harm. SHAHRP provided an extensive program of interactive activities for students in years 8 and 9. While most students continued to drink at risky levels after the program, they were 23 per cent less likely to experience alcohol-related harm¹⁴. When a similar program (Drug Education in Victorian Schools) was conducted in Victoria, students drank less, got drunk less, and had fewer alcohol-related harms¹⁵. The CLIMATE program reduced student binge drinking and cannabis use after 12 months¹³.

While SHAHRP and CLIMATE tested well as pilot programs, there is a gap between best practice and routine practice in schools¹³. Drug education often has a low priority in the curriculum, so what actually happens can vary a lot across schools.

As well as including AOD education in the curriculum, your school can reduce personal and social risk factors that influence young people to use these substances, and promote protective factors that make use less likely and have a less negative impact. Protective factors include feeling connected to and enjoying school, having quality peer and adult relationships, and having an optimistic view of the future³.

AOD programs in schools do not have to be limited to a focus on personal use. Schools can also ensure that young people know how to access help and advice in the community when it's needed. This is something communities could play a role in, as demonstrated in the case study on the Western Alcohol Reduction Program below.

CASE STUDY 4: WESTERN ALCOHOL REDUCTION PROGRAM

What's the issue? The western area of Melbourne in Victoria has a high proportion of AOD-related harm among young people.

And the solution? The Western Alcohol Reduction Program connected local police, AOD workers and hospital staff with schools to develop a better relationship between these services and students. The aim of the program was to address alcohol-related behaviour resulting in assaults, falls and other preventable consequences of risk-taking behaviour. One of the strengths of this program was that it sought to build a healthy relationship between at-risk adolescents and members of the health community.

The program was developed with teachers from local schools to ensure it complemented the curriculum and worked well for the students. It was run over a single day, and included presentations, scenarios, a DVD and a number of talks and interactive activities by AOD workers, emergency department nurses, police, youth liaison officers, and young people who had physical or mental illness resulting from excessive alcohol consumption or the use of 'party' drugs. In 2013, the program was run six times as part of a pilot that is currently being evaluated by Deakin University.

What's been the impact? The program is currently being evaluated, but early results look promising. The full report is expected to be published in 2014 and feed into the development of a future program.

Sporting clubs

While most sporting clubs make a positive contribution to our health and wellbeing, some have cultures that promote alcohol misuse, smoking and unhealthy foods, which impacts on their players, members and spectators.

In fact, local and international research has found that alcohol consumption among members of community sporting clubs is markedly higher than in the general community and 'binge' drinking is common^{16,17,18,19}. The potential negative impact of this sort of culture on children and adolescents when they are developing their views on what constitutes a healthy or 'normal' lifestyle is of concern. Research suggests clubs are keen to promote healthier behaviours, but often lack the confidence to implement the necessary changes²⁰. This makes sporting clubs – often the centre of community life – an opportune environment for prevention.

The largest and longest-running prevention program for sporting clubs in Australia is Good Sports, which is run by the Australian Drug Foundation. Through government funding, the program provides free support for community sporting clubs to help make them healthier, safer and more family-friendly places.

Good Sports clubs commit to progress through three levels of accreditation over three to five years, increasing their commitment to changing practices and policies around alcohol and smoking management as they advance. Level one accreditation focuses on ensuring clubs abide by liquor licensing laws and responsible service of alcohol (RSA) training of bar staff; level two accreditation

focuses on the provision of alternative food, drink and revenue-raising; and level three focuses on policy development, review and enforcement. The staged approach takes into account the club's readiness to change and enables progressive improvements to be embedded within the club before setting greater expectations at the next level.

Good Sports has been thoroughly evaluated, and has shown positive results. For example, early research suggests that rates of risky alcohol use decrease as clubs move through the program¹⁹. The clubs experience many other positive changes including an increase in membership, particularly among females, young people and non-players²¹. A recently completed randomised controlled trial of Good Sports (submitted for publication) demonstrated positive program outcomes, supporting these strong results.

Good Sports is also cost-effective. A recent economic analysis undertaken by KPMG demonstrated that in 2011 to 2012 alone Good Sports is estimated to have averted well over 1,300 alcohol-related falls, assaults and road accidents (combined) and saved the economy almost \$14 million²². Very few community-driven, community-owned alcohol management initiatives have achieved this magnitude of success.

Good Sports is an example of the positive benefits that can come from implementing a simple yet effective program. For this reason Good Sports has now been adopted by over 6,500 clubs around Australia. It is often incorporated into wider community initiatives such as liquor accords and local alcohol management plans as a key way of tackling alcohol problems in the important setting of sporting clubs.

CASE STUDY 5: SALE TENNIS CLUB

What's the issue? Weekend tennis was turning into long drinking sessions at the Sale Tennis Club in regional Victoria, to the point where the club had a reputation around town for its heavy drinking culture.

And the solution? The Sale Tennis Club joined the Good Sports program, knowing that support from the Australian Drug Foundation would be key to altering its members' attitudes towards alcohol.

By working through the program the underlying problems were identified and a strategy was developed that would significantly change the way the club dealt with alcohol including:

- Relocating the bar area so it no longer dominated the clubrooms
- Changing bar opening hours
- Hosting free RSA courses for members and appointing RSA-trained bar staff
- Offering a wider option of drinks at the bar, including more light beers, and low and non-alcoholic drinks
- Shifting from tap beer to packaged beer
- Increased security and monitoring of alcohol consumption
- Getting rid of 'happy hour', BYO and takeaway sales
- No longer including alcohol as part of awards, raffles or club prize pools
- Promoting an informal 'buddy' system to combat drink driving

What's been the impact? Since implementing the Good Sports program, the Sale Tennis Club has:

- Increased membership and community participation
- A positive community image
- Strong relationships with and support from local police, council (Wellington Shire) and businesses
- Developed a successful funding strategy that doesn't rely on alcohol sales

These fantastic results have led to the club being named the National Good Sports Club of the Year, and a finalist in the Community Sporting Club of the Year award as part of the Department of Planning and Community Development's Community Sport and Recreation Awards in 2011. It has also been made a Regional Centre Partner of Tennis Australia.



Families and parents

Family relationships are important because they are building blocks for all other relationships. Strengthening the skills of parents so they can have better relationships with their children can be an effective way to improve a whole range of social and health outcomes.

If we want children to take on healthy behaviours around AOD use it's important to model these behaviours ourselves. For example, avoid smoking tobacco and using illicit drugs, use pharmaceuticals and medicines sparingly, and if you drink alcohol, drink it at low levels.

Research shows that when parents disapprove of their children using AOD, their children are less likely to use these substances

and to experience related problems²⁵. These attitudes can be promoted through family education programs that focus on positive social and behavioural development²³. These programs aim to reduce early childhood problems by improve parenting practices and helping to create family environments that reduce the risk of misbehaviour, drug use and mental health problems³.

Parenting programs have shown promise to decrease AOD use by young people who are exposed to the program with their parent/s²⁴. These programs can also have a positive impact on family relationships and personal functioning beyond the issue of AOD use.

Your local school may offer parenting programs, however they can be expensive to run and participate in. You could approach community groups to ask for their help to promote and raise funds for these programs.

CASE STUDY 6: THE OTHER TALK

What's the issue? Parents are the greatest influence on their children²⁵, but many feel ill-equipped to talk with their children about AOD.

And the solution? The Australian Drug Foundation (ADF) launched The Other Talk to encourage and equip parents to have these discussions with their children. The Other Talk is about families talking openly about AOD, just like they are encouraged to do for sex. It's about parents explaining AOD facts and correcting any myths, setting clear rules and consequences, modelling responsible behaviour and ultimately delaying their children's first alcoholic drink, which has been proven to reduce alcohol-related harm²⁵.

To help parents have these conversations, a new website was developed:

TheOtherTalk.org.au. The website offers parents all the information they need to talk with their children, including AOD facts, safe partying tips, and information on teen drinking and drink spiking laws. Speakers from the ADF have also visited parent groups to talk about these issues and an information booklet for parents has recently been produced.

What's been the impact? The Other Talk was launched in June 2013 and in the first month alone there were more than 3,800 unique visitors to the website and the supporting media campaign reached approximately three and a half million people. The ADF is increasingly talking with parent groups about how they can have these important conversations with their children and encourages communities to contact it about The Other Talk.

**THE
OTHER
TALK**



Workplace

It is estimated that AOD use costs Australian workplaces an estimated \$6 billion a year, through lost productivity, absenteeism, injuries in the workplace and death²⁶. Just as schools are an ideal environment to target young people because they spend a large proportion of their time there, workplaces may be an ideal environment to target the working population. Communities can encourage local workplaces or even their own workplace to consider how they can prevent AOD problems.

When engaging in workplace prevention initiatives, you could consider following the best practice four-stage model:

- Develop and formulate a formal workplace policy on substance use, and communicate this policy widely within the organisation
- Provide ongoing education and training for employees
- Provide access to counselling and treatment for those employees who require it
- Evaluate the policy²⁷

This model is demonstrated in the 'Changing a workplace drinking culture' case study, below.

Employers often like to work with consultants in new areas they haven't tackled before. The Australian Drug Foundation helps workplaces develop AOD programs and policies and has a number of related products, such as online AOD training for employees called ADF Aware.

CASE STUDY 7: CHANGING A WORKPLACE DRINKING CULTURE

What's the issue? After being fed up with bad publicity and reports in the media about the misuse and abuse of alcohol, a large national organisation decided to change their relationship with alcohol and associated culture.

And the solution? The organisation worked with the Australian Drug Foundation to go through a process that would see them develop a better AOD culture. They started by conducting an organisation-wide review of the alcohol culture that was present or even perceived to be present, across all offices in Australia and New Zealand. This was achieved by a survey of all employees, holding focus groups with various management positions from each of their offices and engaging an independent consultant to conduct a physical audit of the work environments. Having obtained the evidence, this organisation decided to make some changes in an attempt to change the drinking culture and its reputation.

They established a working group which consisted of employees from each of the offices at different managerial positions to represent the attitudes of the people in that area. This working group developed an alcohol policy which was implemented organisation-wide that was tailored to suit the specific needs of this work environment. Following on

from this the working group provided input into a training package that was implemented. The policy stated that all new workers were required to complete the training program and that all employees across the organisation were required to participate in alcohol education and awareness on an annual basis to keep alcohol at the forefront of the minds of workers. Finally, they implemented event management protocols to reduce the number of incidents occurring at the various workplace events that would be held throughout the year.

What next? As the work achieved to date was primarily to address the organisation's reputation with alcohol, this organisation is now shifting the focus to address the illegal use of drugs (both prescription and illicit) in the workplace.

How do you evaluate it? Whilst these initiatives are still being rolled out across the organisation, the number of negative media reports have reduced by 38 per cent in the last three years and the overall opinion from the workers has been 'this needed to be done'. This is an ongoing initiative and as such, this organisation has built this work into their annual plans and established key performance indicators against these initiatives.



Planning community prevention

Before taking action on AOD-related issues in your community it's a good idea to follow the below steps to planning an effective prevention program.

① Find out who can help you

Before organising a prevention program, consider if there might be other stakeholders who you can work with. Often, there are others already working on AOD prevention in the community who could help you and it's important to understand what programs and campaigns already exist in this area.

Stakeholders you should consider consulting with include:



Some of these groups might provide recommendations on how to start, while others may be in a better position to lead a prevention initiative or provide facilities, expertise and/or services including funding.

By conducting this research you may find that others are already running activities you may have planned. This will enable you to identify how you could

either help them or develop a new program that complements these existing activities. Think about how you could coordinate with them to develop a whole of community approach (see page 7), which has been shown to be effective in achieving change. Whatever you decide to do, it's important to leverage rather than duplicate existing programs.

② Build the story

If you are considering starting a prevention initiative in your local area, you probably have an idea of what the problem is. But it's important to test if your perception is accurate by gathering credible information including research and data. It's important not to rely on less credible sources like media reports, which may focus on individual cases. Having data can also help you build a story that explains the reason for action, which will help you gather support from others and funding for your program.

This step in program planning is particularly important because not having a clear idea of the problem is a common stumbling block for many local prevention efforts. For example, media reports often focus on young people taking illicit drugs. However, as Figure one demonstrates, illicit drug use isn't so prevalent among young people. A higher proportion of young people are drinking alcohol while they are still underage,

which is probably placing them at risk of harm. Targeting illicit substance use among this group may therefore mean that your work lacks meaning as the majority of your target audience are not using these substances.

In this publication we have included some statistics and research that applies to the Australian or a particular state population (see Figure one and Figure two), which can help you build a picture of the problem. However, also finding statistics about AOD use in your local community is important when considering and formulating your prevention initiative. This can be a difficult step, but it's worth spending time on it and you may meet some prospective collaborators during the process.

Organisations that may be able to help you source relevant research and data include:

- Local councils (ask for the planning, recreation or youth officer)
- Primary Care Partnerships in your area
- Local police station
- Local universities (see 'Evaluate what you do' on page 18 for further information)
- Australian Drug Foundation's information service

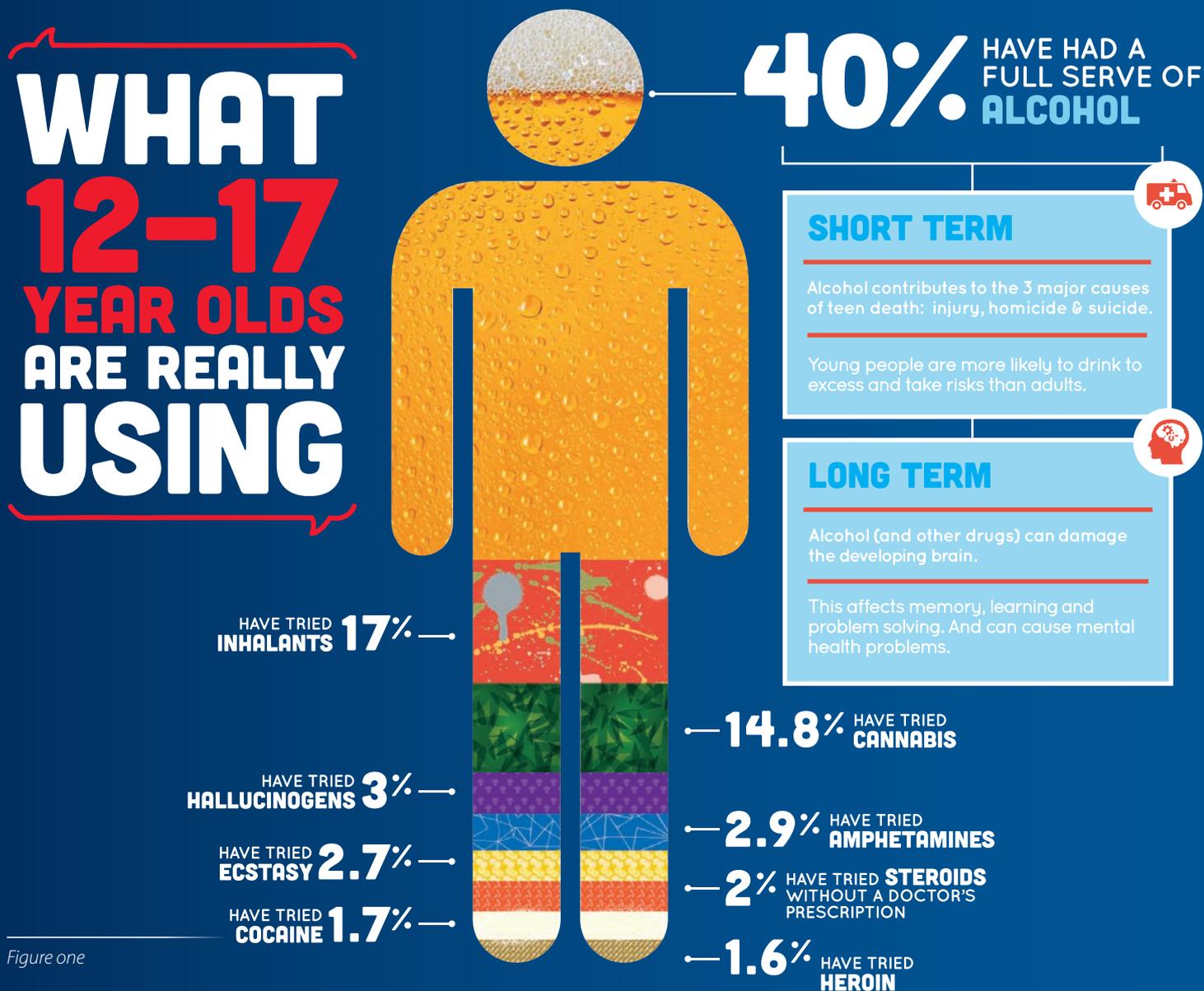


Figure one

Figure two

1 in 5 women drink alcohol while pregnant



Drinking during pregnancy can cause miscarriage, premature birth and stillbirth. It can also cause learning and memory difficulties, behavioural problems, poor growth, organ damage and facial abnormalities in the child. The Australian Alcohol Guidelines recommend not drinking during pregnancy.



By the age of **12** a child will have seen **1300+** alcohol ads on TV.

Parents are the most likely source of alcohol for 12-17 year olds.



8 out of 10 Australians over 14 drink alcohol.



7% of Australians misuse pharmaceuticals (e.g. painkillers, tranquilisers) at some point in their life, about the same amount that will use meth/amphetamine.



1 in 10 workers say they have experienced the negative effects of a co-worker's misuse of alcohol.



DRINK DAILY Australians aged over 70 years are the most likely group to drink daily.

1 in 5 Australians over 14 drink at levels that put them at risk of alcohol-related harm over their lifetime.



Alcohol and other drugs cost Australian workplaces **\$6 billion** per year in lost productivity.



AGE 10, 20, 30, 40, 50, 60, 70, 80, 90. Illicit drug use is most common among people aged 20-40 years.

\$7b is generated by alcohol related tax. But

alcohol costs society **\$15.3b** annually and illicit drugs **\$8.2b** annually.



Alcohol caused more than **twice as many** deaths (3,494) than road accidents (1,600) in 2005.



Go to DrugInfo.adf.org.au for more information and references. You can also download this page as a pdf.

The most common drugs people seek treatment for are: alcohol (46%), cannabis (22%), amphetamines (11%), heroin (9%).



IMPORTANT

Talking about AOD harms

There is no doubt that alcohol and other drugs, when misused, can cause a large amount of harm. However, when talking about these harms it's important not to exaggerate them and to acknowledge why people would drink alcohol and use drugs, such as for the pleasurable effects, to ensure you come across as a credible source of information on the topic²⁸. To find accurate information on the effects of alcohol and different drugs visit DrugInfo.adf.org.au

engage with the community

Without the target audience's input, your program could be ill-informed and miss its target.

③ Engage with the community

After identifying who can help you develop a program and gathering together some initial information about the problem with AOD in your community, it's easy to jump straight into developing the solution. However, it's important not to forget to first engage with the people who will be affected by your program. The groups who need to be included in this process are wide-ranging and include key stakeholders and your target audience.

Benefits of community engagement

There are many benefits to involving people who will be affected by your program in its development, including:

- Gaining a more accurate understanding of the real situation or problem.
- Understanding what sort of prevention efforts would be acceptable to the community and identifying opposition to any particular solutions early in the planning process.
- Gathering together many supportive voices within the community for your program.
- Testing different messages with the target audience to understand which ones resonate best.
- Empowering the community to have a say in how the program is delivered and how they can play a part in it.
- General sharing of knowledge that can contribute to better decisions, and as a result, enhanced outcomes.

Who needs to be engaged?

Identifying who needs to be engaged is possibly the most important and sometimes the most challenging part of any community program. Answering the following questions may assist in determining this:

- Who will the program affect?
- Who do we need information from to develop the program?
- Who can help us to deliver the program?
- Who will benefit from the program's delivery?
- Who needs to know we are doing this?

It's particularly important to engage with your target audience during this stage. Without this 'primary stakeholder' input, the program could be ill-informed and miss its target.

How can you effectively engage with these groups?

The first step in planning your engagement is determining what level of engagement you can undertake by considering factors such as resources, timing and what has worked well in the past.

The International Association of Public Participation (IAP2) defines five different levels of engagement and how they can be practically undertaken:

Inform: Providing information to assist the community understand the problem, alternatives and/or solutions. This could be through generating coverage in local media, distributing flyers and organising presentations to local community groups.

Consult: Asking for feedback on the analysis of the problem, who the target audience of your program should be, different solutions, key messages etc. This could be through focus groups, surveys and community meetings that are professionally facilitated to enable productive discussion. Posing specific questions and asking the community to choose from a series of options can help focus consultation.

Involve: Working with the community to develop your program through an ongoing discussion with them. It's important to explain to them how their comments have been included in the final program strategy. This could be through a series of workshops.

Collaborate: Partnering with the community to develop your program and incorporating its advice and recommendations to the maximum extent possible. This could be through forming a committee that discusses and provides specific recommendations.

Empower: Placing the final decision-making power in the hands of the community. This could be through a committee with voting rights or ballots.²⁹

It's common for different levels of engagement to be used for different groups of people. For example, as part of your program development you may 'involve' your key stakeholders and 'consult' with your target audience.

When determining what sort of engagement would be most appropriate for different groups, take into consideration how much time and interest in your program they have and what sort of consultation (e.g. large meeting, small group discussion or a survey) would make them feel most comfortable.

Whatever level of engagement you choose, it's important to be clear about the scope of the engagement, for example explaining what people can actually influence through their comments. This will help focus input and set expectations.

④ Identify the best approach

The first section of this publication provides a wide range of information and case studies explaining best practice. It's important to consider this information when identifying the best approach to addressing AOD issues in your community.

Two questions you could consider when making this decision are:

- **What influences alcohol and drug use?** Communities are advised to consider primary or 'upstream' prevention activities where they can potentially have the greatest impact.
- **What is the best setting for your program?** Whole of community approaches have been shown to be effective, so consider how you can complement existing activities in the community to develop widespread action on AOD issues.

Communities often have their own creative ideas about how to solve AOD problems and can be enthusiastic to take action. However, taking some time to consider what others have done before and what has worked and what hasn't will increase the chances of your program having an impact, which will help build momentum in your community for tackling these issues.

5 Plan the best way to take action

Once you have an idea for a program, you need to write up a plan to make sure everyone involved is on the same page and you will be able to evaluate the program. Your plan needs to:

- **Clearly identify the problem/behaviour** you are attempting to address, using relevant data and feedback from the community. Make it clear who this is a problem for. Not everyone in the community may see the behaviour as a problem.
- **Define the target audience.** You may have already conducted some engagement activities with your target audience. This may help you identify a very specific target audience that you have the most chance of making an impact on and achieving the greatest results. For example, instead of just targeting the broad group of parents, you may decide to target concerned parents who have children between the ages of 10 and 18. Identifying certain attitudes and behaviours of your target audience along with their demographics (age, gender, ethnicity, income etc.) can help you define a more meaningful target audience that will make it easier to construct key messages and a program in general that is likely to have an impact.
- **Articulate your overall aim.** This is important to be clear on and communicate. Others may perceive your aim to be different to what you have in mind and therefore deem your program too ambitious. For example, if you aim to bring in secondary supply laws to give parents the power to say no to their children drinking, others may perceive that you are trying to bring in these laws to stop teen drinking, which the laws are unlikely to achieve alone.

- **Set your objectives.** Objectives help you explain exactly what you are going to do in your program that will help you achieve your aim. Given community programs are often run by volunteers, it's especially important to make sure you set realistic objectives. It's better to start small and achieve something than being overwhelmed and discouraged by ambitious objectives. For example, if your aim is to change behaviour this probably won't happen overnight, so set some short-term realistic objectives around providing information or raising awareness first. This can help you work towards your longer-term aim.

One method you could use to set some robust objectives that you can easily evaluate is SMART:

- S** Specific
- M** Measurable
- A** Achievable
- R** Realistic
- T** Time-frame specific

- **Explain your strategy.** This is where you articulate how your program or campaign is going to be rolled out. Explain your creative ideas and who is going to do what. Writing this down can help you identify and fill holes in your plan and make it clear to your group how the program is going to run.
- **Plan for your evaluation.** Setting good objectives is the first part in this process. It's also a good idea in this planning process to articulate exactly how you will measure these objectives, so you can set up relevant processes early. It can be difficult and potentially meaningless to only think about evaluation at the end of the program. See the next step on 'Evaluate what you do' for further information.

6 Evaluate what you do

Evaluation simply means reflecting on and measuring the success of your project. This should be done in a planned and structured way and should happen both while the project is being delivered and afterwards. Evaluation is a good way to understand whether what you have delivered has worked or not, and is very useful if you want to roll out your project more broadly, develop it further or seek additional funding in the future.

In the planning stages of a community activity or project, it is extremely valuable to think about and plan for how you will critically reflect on your project once it has been implemented. In fact, the key to successful evaluation is to consider it from the beginning, in the planning stages. Setting aims, and specific and measurable objectives and strategies, at the beginning of a project will provide you with a simple roadmap for evaluation.

There are three broad types of evaluation:

- **Process evaluation** – to reflect on project development and delivery.
- **Impact evaluation** – to measure immediate program effects and determine how well project objectives have been met.
- **Outcome evaluation** – to measure the long-term effects and assesses how well the original project aims have been achieved.

Critically reflecting on and documenting what exactly was delivered, to what extent, to whom, and how it was received by the target audience/ key stakeholders with a well-planned process

evaluation (see page 19) can be extremely useful in community prevention. A well-described process evaluation that offers an understanding of what went well in the project and what could be improved can be used to apply for future funding. It can also help you see where things didn't work, so you can work on them rather than being discouraged and potentially giving up.

Evaluations that measure the impact or outcome of prevention work are often beyond the reach and resources of grassroots community-driven activities. However, information from process evaluations, or even just a well thought out project idea, can open the doors to partnerships with universities and academic partners to work on larger-scale and more detailed program development and evaluations.

If you do want to engage with people at a university, try contacting someone in a school or a faculty associated with public, preventative, or allied health; for instance in Victoria:

- School of Health and Development at Deakin University
- School of Public Health and Preventive Medicine at Monash University
- School of Population and Global Health at Melbourne University
- School of Public Health and Human Biosciences at La Trobe University

You can also contact the Council of Academic Public Health Institutions Australia (CAPHIA), the peak organisation that represents heads of schools and discipline leaders of public health in universities that offer undergraduate and postgraduate programs and research and community service activity in public health throughout Australia. They may be able to put you in touch with the best contact at the university most local to you.

Process evaluation basics

To plan a process evaluation, make sure the program has been planned in detail and you are very clear about your overall goal, what exactly you are trying to achieve with this program (objectives) and how exactly you will achieve it (strategies).

It is important that what you have developed takes into account the needs of your target audience and is realistic within your timeframes, budget and capacity.

Key areas to consider for your process evaluation and the types of questions you might try to answer include:

Project feasibility – What was delivered and was the project able to be delivered as planned? Could the project be easily replicated if the same problem came up somewhere else? Were there any specific barriers/challenges in the chosen setting or with the chosen target audience?

Project acceptability – Was the uptake of or engagement with the project/activity as expected? Did the target audience/key stakeholders find the project appropriate, meaningful and/or acceptable?

Key learnings – What were key barriers/solutions for the delivery of the project? What would you do differently next time?

It can be difficult and potentially meaningless to only think about evaluation at the end of the program.

Conclusion

Community prevention can be daunting, especially if it's organised by volunteers who lack time and resources. However, as this publication demonstrates, communities don't need to start from scratch when trying to address AOD problems.

There are already a large range of programs and people who are working in this area that communities can leverage. Prevention programs can be organised on a large scale and address a number of settings in the community or they can simply involve introducing a local sporting club to the Good Sports program. Every little initiative helps, and the more people there are who start showing an interest in preventing AOD-related harm, the more likely momentum is to build in the community for making these changes. We can't rely on governments or harm reduction measures to reduce the number of people who die or suffer each year from entirely preventable AOD-related causes. Communities can do a lot for themselves.



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Given community programs are often run by volunteers, it's especially important to make sure you set realistic objectives.

resources

Blog about preventing alcohol-related harm in families and communities

GrogWatch.adf.org.au

Community Drug Action Teams (New South Wales)

adf.org.au

Resource guide for planning effective community drug prevention

health.vic.gov.au

Victorian peak body for alcohol and drug workers (There is a similar organisation in each state/territory)

vaada.org.au

Website for parents wanting to talk to their children about alcohol and drugs

TheOtherTalk.org.au

Statistics and facts about alcohol and drugs

DrugInfo.adf.org.au

Not-for-profit training and consulting company for community prevention

rch.org.au/ctc

Resources for community prevention

CringeTheBinge.com.au

Assistance for objecting to new liquor licenses (New South Wales)

acap-nsw.org.au

Community engagement tools and training programs

iap2.org.au

Improving facilities for young people within the community, for example skate parks, BMX tracks, graffiti walls, access to a range of sports, can help prevent them developing alcohol and drug problems.





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