Government of **Western Australia**
Drug and Alcohol Office

Introduction to Alcohol and other Drug Prevention

GUIDELINES

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The Drug and Alcohol Office (DAO) is the business name of the Western Australian Alcohol and Drug Authority, which is an independent statutory authority. Its functions are set out in the *Alcohol and Drug Authority Act 1974*.

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Foreword

Welcome to the Drug and Alcohol Office (DAO) *Introduction to Alcohol and other Drug Prevention: Guidelines*. These guidelines provide valuable information to support professionals and services in the development and implementation of effective, evidence-based alcohol and other drug (AOD) prevention activity. Information contained in this document is drawn from the AOD and population health fields.

DAO is undertaking a long term, strategic approach to increase the competence, confidence, knowledge and skills of the AOD prevention workforce. An overview of what DAO are doing to achieve this is provided in the background section of the guidelines (see page 4).

Reducing AOD related harm on a population level requires a coordinated and comprehensive approach including prevention, early intervention and treatment initiatives. Prevention initiatives, in particular, have the potential to affect the greatest reduction in AOD related harm across the population, hence the need to support professionals and services in the development and implementation of effective, evidence-based prevention activity.

Effective AOD prevention requires a high level of knowledge and skill on behalf of those professionals leading this area of work. These guidelines are part of a range of strategies that DAO is implementing to support the development and implementation of effective evidence-based AOD prevention in Western Australia. DAO provides a range of professional development opportunities around prevention. It is recommended prevention professionals access relevant training or have prior experience in evidence-based AOD prevention planning and implementation.

The literature identifies preventative actions that are known to be effective in reducing AOD use and related harm. Prevention initiatives can involve a combination of demand, supply and harm reduction strategies. Some of the most effective measures are often the least popular. Understandably, prevention professionals may be more inclined to implement strategies which on the surface may appear to be popular, but the research suggests make little difference to AOD use and harm. Furthermore, implementing single strategies as opposed to a comprehensive suite of strategies also brings about little or no change in AOD use and harm. In some cases, some strategies can cause more harm than good by distracting from those actions that will make a difference.

It is important that professionals who have responsibility to develop and implement AOD prevention programs take the time to develop the knowledge and skills required to do this successfully.

DAO looks forward to supporting AOD prevention professionals to develop knowledge, skills and confidence regarding the development, implementation and evaluation of comprehensive evidence-based AOD prevention programs.

Neil Guard
Executive Officer, Drug and Alcohol Office
February 2014

Section 1: Background Information

1. Alcohol and Other Drug Prevention Workforce Development Plan

GOAL: To have a confident, competent and skilled WA workforce that can develop, implement, evaluate and sustain evidence based effective population level AOD prevention programs and strategies within their local communities and where relevant, state-wide.

STRATEGIC FOCUS AREAS	WHAT THE DRUG AND ALCOHOL OFFICE WILL DO
INDIVIDUAL LEVEL	
Develop the AOD prevention knowledge and skills of the workforce.[1]	• Develop, deliver and evaluate regular face-to-face introductory and advanced AOD prevention training programs. • Develop a range of prevention online learning modules with appropriate follow up support. • Incorporate a short introduction to prevention into existing Workforce Development clinician training.
MANAGEMENT LEVEL	
Develop the knowledge and skills of relevant management and senior staff so they are able to provide support, leadership and supervision for workers undertaking AOD prevention.	• Consult with management from relevant services (e.g. CDSTs) and sectors (e.g. population health) to determine the support they require.
ORGANISATIONAL LEVEL	
Support organisations to develop tools, policies, procedures and a workplace culture that will support the implementation of AOD prevention.	• Work together with relevant organisations to develop prevention strategies for their local area as required. Promote this opportunity to relevant organisations and community groups. • Explore the option of offering job placements for key prevention staff interested in further developing their AOD prevention skills.
SYSTEMS LEVEL	
Support the development and implementation of systems to support the implementation of AOD prevention.	• In collaboration with relevant stakeholders, develop an AOD Prevention Knowledge and Skills Framework. • Incorporate prevention outcomes into relevant service contracts and service level agreements. • Develop Introduction to AOD Prevention: Guidelines. • Form and lead an AOD Prevention Network across WA to facilitate cross learning, networking and dissemination of best practice in AOD prevention. • Advocate for the inclusion of prevention modules in relevant undergraduate and post graduate courses.

[1] The AOD prevention workforce includes prevention officers from Community Drug Services and Teams, Health Promotion Officers, Aboriginal Health Workers and other relevant workers who have a role to play in implementing AOD prevention activity.

2. Purpose of these guidelines

These guidelines aim to support professionals leading in the area of AOD prevention from services such as health promotion organisations, community drug services, Aboriginal health organisations and so on. The document provides information on how to develop, implement, and evaluate effective evidence-based AOD prevention activity on a local level. The guidelines also include information on how staff from different geographical areas (e.g. health regions) can influence state and national priorities and programs through advocacy and coalition building.

Treatment and support services, legislation, community development and workforce development are also important aspects of an overarching approach to reducing AOD harm in Western Australia (WA). This document focuses on the planning and implementation of the prevention aspect of an overarching plan to prevent and reduce AOD related harm in communities. In some cases, communities may have an existing alcohol management plan or similar. This document does not seek to duplicate existing plans, but can be used to support existing plans or to assist in the development and implementation of a separate prevention plan, depending on the needs of the community.

This resource can be used as a reference, but should not be used on its own. The range of knowledge and skills required by staff working in the AOD prevention area are detailed in the *AOD Prevention Skills and Knowledge Framework*. Workers are encouraged to access appropriate education and training to ensure they acquire these essential knowledge and skills.

Included in this document is:

- An overview of evidence-based prevention.
- Principles of empirically sound prevention practice.
- The context surrounding AOD prevention at the national, state and local level.
- A summary of the various agencies involved in AOD prevention in WA.
- An overview of the required steps to be followed when planning, implementing and evaluating an AOD prevention project or program.
- A range of evidence-based population level and targeted prevention strategies,
- Essential information on how to undertake prevention activity in a culturally competent way.

DID YOU KNOW?

- In general across Australia and internationally, a much higher proportion of AOD service funding and activity is focussed on treating and supporting people to recover from dependence and re-integrate into the community. This means there is often less focus on the development and implementation of effective prevention activity aimed at preventing and reducing harm across the whole population.
- Some sectors or professional groups may attest that AOD related problems can be attributed to a small number of dependent individuals; however this is not the case. Though the visibility of problems may differ in various population groups, most alcohol-related harm is not caused by a minority in the community, but by the majority who occasionally binge drink.

3. Who is this information intended for?

This resource may be useful for all professionals, service providers and community groups who have a role in preventing AOD related harm in their local communities, and where relevant, state-wide.

4. Policy context

This section provides a brief overview of relevant national and state level AOD related policy and strategy documents. Each document includes important information on AOD prevention that should be consulted when undertaking AOD prevention. Although each local community may have different priorities, it is important that local level prevention activity is in line with national and state level priorities to ensure effectiveness.

National

The *National Drug Strategy 2010-2015* is the overarching strategic document which informs the national approach to the prevention and reduction of AOD related harm. The Strategy advocates for an approach that includes supply, demand and harm reduction strategies. The document outlines a number of objectives relating to AOD prevention and promotes actions that contribute to changing the culture around the harmful consumption of alcohol.

State

The *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011 – 2015* outlines the WA state level approach to the prevention and reduction of AOD related harm. The document has been endorsed by the Drug and Alcohol Strategic Senior Officers Group (DASSOG) – a group representing various government departments who have a role to play in preventing and reducing AOD related harm.

Prevention is a high priority within the framework and various actions within the document aim to promote a positive culture and supportive environment, consistent with decreasing harmful AOD use.

The *Strong Spirit Strong Mind – Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015* provides guidance to key stakeholders on how to conduct culturally secure AOD prevention and treatment work with Aboriginal communities.

The *Western Australian Health Promotion Strategic Framework 2012–2016* identifies the reduction of harmful drinking as a key public health priority for WA. The document acknowledges alcohol as a risk factor for a range of preventable chronic health conditions.

5. What is evidence-based prevention?

Prevention requires a thorough understanding of the population's needs and behaviours as well as an understanding of behaviour change models and the evidence regarding what works to reduce AOD related harm on a population level. It also requires the implementation of a range of complementary strategies which together can make a difference.

Evidence-based prevention refers to prevention initiatives, strategies or interventions that are supported by good quality research (often randomised control trials or other high level evidence). Evidence-informed prevention involves drawing lessons from research in related areas, e.g. research relating to reducing harm from tobacco use, to inform prevention in another area such as harmful alcohol use. Just as counselors and other treatment professionals only implement treatment interventions that are supported by evidence, the same must be done when implementing prevention initiatives.

Evidence-based AOD prevention can be conceptualised under the headings of supply reduction, demand reduction and harm reduction.

Supply reduction – Supply reduction strategies reduce the supply of illegal drugs and regulate the supply of legal drugs e.g. alcohol, tobacco and pharmaceuticals.

Examples:

- Liquor licensing regulations
- Controlling the supply of illegal drug precursors
- Boarder control and interdiction

Demand reduction – Demand reduction strategies prevent the uptake of AOD use, delay the onset of AOD use and reduce the harmful use of AOD.

Examples:

- Developmentally appropriate and comprehensive school-based AOD education and skill programs which are based on evidence of what works
- Increasing the price of alcohol to reduce its affordability (therefore reducing demand)

Harm reduction – Harm reduction strategies reduce the harmful impacts of AOD use on communities, families and an individuals' health and well-being.

Examples:

- Responsible service of alcohol programs
- Needle and syringe programs.

WHAT IS NOT CONSIDERED EVIDENCE-BASED PREVENTION?

Examples of ineffective prevention include single activities conducted in isolation that are not part of a broader strategy, such as a one off presentation to a school or community group which is not part of an evidence based ongoing program. These activities do not constitute AOD prevention, and in some cases can inadvertently contribute to more harm than good.

The Systems Model

In recent times, AOD prevention, particularly in WA, has drawn on the Systems Model to inform the development and implementation of AOD prevention activity. The systems model comes from the social marketing field and has been used successfully in the area of smoking to raise community awareness of the risks associated with tobacco use, challenge common beliefs and influence behaviour as well as created a supportive environment in which to introduce legislation and policy change (e.g. no smoking in public bars). In the area of road safety, the systems model informed the development of programs to raise community awareness of the dangers of not wearing a seat belt which helped create support for legislative change to seat belt laws.

The systems model suggests population level behaviour change can be achieved through strategically implementing a combination of education, persuasion, design and control strategies.

Education and persuasion strategies – Education and persuasion strategies are particularly important to use in the early stages of implementing AOD prevention activity. This is because they are used to raise awareness of an issue and ensure community members understand the impact harmful AOD use has on the health and well-being of the community.

Education and persuasion strategies are also used to gain support for strategies that are shown to be effective in achieving behaviour change (e.g. design and control strategies, see below). Education includes initiatives that inform, advise, build awareness and de-bunk myths and misconceptions. Persuasion strategies include initiatives that engage the community and key stakeholders, motivate people to change their behaviour, build positive attitudes to change and get issues on the social agenda.

Examples include:

- Education campaigns raising awareness of the risk of harmful alcohol use.
- Media reporting of alcohol issues to raise community awareness.
- Developmentally appropriate and comprehensive school-based AOD education and skill programs which are based on evidence of what works.
- Key community leaders being spokespersons and advocates of what works in AOD prevention.

Design and control strategies – Design and control strategies aim to create settings that support low-risk environments and reduce the supply of AOD in a way that supports a reduction in harmful AOD use. Control strategies can include legislation and regulation, law enforcement and taxes. Design strategies include initiatives that re-structure the physical environment, change the context and/or engineer new products.

Examples include:

- Reducing late night trading hours.
- Increasing the price of alcohol.
- Limiting alcohol advertising.
- Changing planning laws that allow for Local Governments to influence liquor outlet density.
- Supporting community members to contribute to the liquor licensing process, particularly in communities that have high alcohol related harm.
- Separating children from alcohol promotions and environments (e.g. making sure that sporting grounds and school events do not have alcohol promotions).

A comprehensive approach to prevention will include a range of education, persuasion, design and control strategies, which together are likely to be most effective in making a difference to AOD use and harm across the population.

6. Key populations

There are a number of population sub-groups who experience more problems relating to AOD use and have been identified, by the Western Australian Government, as requiring priority in Western Australia. These are:

- Children and young people.
- Aboriginal and Torres Strait Islander people.
- People with co-occurring mental health and AOD problems.
- People in rural and remote areas.
- Families, including AOD using parents.
- Offenders.

NB: Children and young people can experience harm resulting from someone else's AOD use. In addition, many communities may have their own identified priority target groups or drugs of concern.

7. What skills and knowledge do workers undertaking AOD prevention need?

Workers involved in the development and implementation of evidence-based effective AOD prevention activity require certain knowledge and skills to be able to carry out their work effectively, particularly those who are leading this area of work. A document outlining the knowledge and skill requirements of AOD prevention workers is available on the DAO website. In summary, the following knowledge and skills are required for AOD prevention work.

1. Skills in forming and maintaining local coalitions and stakeholder groups.
2. Skills in undertaking needs assessments, including identifying and analysing relevant research, consulting stakeholders and developing appropriate strategic recommendations.
3. Knowledge of trends relating to AOD use and harm in Western Australia.
4. Knowledge of relevant AOD and prevention models, theories and concepts.
5. Skills in developing a project/program plan that sets out agreed program/project aims and objectives.
6. Knowledge of a range of effective evidence-based AOD prevention strategies which can be implemented at a local, state or national level.
7. Skills in identifying and prioritising evidence-based AOD prevention strategies and managing the implementation, sustainability and evaluation of appropriate strategies.
8. Skills in applying cultural competency and political sensitivity when undertaking all AOD prevention work.
9. Skills in developing and implementing an appropriate advocacy plan, including working with the media where necessary.

DAO provides ongoing support to professionals to ensure they acquire or further extend their knowledge and skills in the area of AOD prevention. DAO also has a range of information, statistics and local area bulletins which include important information on AOD use and harms within Western Australian communities. Please contact DAO for more information.

8. Key stakeholders

This section includes a summary of some different stakeholders involved in AOD prevention in Western Australia and the roles each can play in the development and implementation of AOD prevention activity.

The Drug and Alcohol Office

The Drug and Alcohol Office (DAO) is the government organisation responsible for leading the development and implementation of state-level strategies to prevent and reduce AOD related harm. DAO is also responsible for supporting relevant organisations and local communities to develop localised programs and services to prevent and reduce AOD related harm.

DAO works with a range of partner organisations including a range of government and non government agencies such as WANADA, WA Country Health Service, Population Health services, Community Drug Services, WA Police, local government, Local Drug Action Groups and local Alcohol Management Groups. The *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011 – 2015* (discussed on page 8) guides the work of DAO.

Drug and Alcohol Strategic Senior Officers Group

The Drug and Alcohol Strategic Senior Officers Group (DASSOG) is made up of key government departments who have a role to play in preventing and reducing AOD related harm in Western Australia. The DASSOG members have endorsed the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011 – 2015* and are involved in implementing relevant strategies to prevent and reduce AOD related harm within their own areas of statutory responsibility and where appropriate jointly with relevant partners.

Population Health

Population health professionals (e.g. Health Promotion Officers) play a role in the development and implementation of population health programs, which is likely to include AOD prevention programs.

Community Drug Services

Community Drug Services (CDS) provide AOD treatment, and in some areas, prevention services for their local area. Although much of their work involves the provision of AOD treatment, CDSs are contracted to develop and implement of AOD prevention activity.

Aboriginal Community Controlled Health Organisations

Aboriginal Community Controlled Health Organisations are likely to be involved in developing and implementing AOD prevention programs in Aboriginal communities. Information on culturally secure ways of working with Aboriginal communities is provided in section 12.

Local Government

Local governments, alongside other stakeholders, play an important role in protecting and promoting their local community's health and well being in general, which can include leading and contributing to strategies to reduce and prevent AOD related harm. Local governments have control over environmental and planning areas of community development which can directly impact AOD use in their local areas. They can also influence the design of licensed venues.

WA Police

WA Police are increasingly interested in actively participating in AOD prevention and community safety initiatives and are often involved in local AOD prevention coalitions as well as state level AOD prevention activity. WA Police are responsible for the implementation of some critical AOD policies, including enforcing the law in relation to drink driving, responsible service of alcohol provisions, liquor licensing regulations and so on.

Health/clinical services

Representatives of local primary health and hospital services have frontline expertise that can benefit awareness raising initiatives in a local community regarding AOD related harm. Where relevant, representatives of local health services may become involved in local AOD prevention activity.

Schools

Schools primarily have an interest in preventing and delaying AOD use in children and young people. The School Drug Education and Road Aware (SDERA) program is an evidence-based AOD prevention program targeting schools. It is of value for school representatives (e.g. principals and other allied health staff) to be aware of SDERA and become involved in supporting its implementation. School representatives may also wish to become involved in local AOD prevention activities to ensure the views of local schools are represented.

Community groups

Various groups may exist in the community that could be considered representative of a particular community interest, such as sporting clubs, social clubs and so on. Community groups such as these are undoubtedly interested in promoting the health and well-being of the community in which they live. Community groups can play a role in consulting and engaging with their fellow community members to stimulate support for AOD prevention activity and can be essential allies when implementing AOD prevention programs.

Local Drug Action Groups

Local Drug Action Groups (LDAG) consist of community members who have an interest in preventing and reducing AOD related harm in their local community. All members are volunteers. These groups are at the "grass roots" of the community and will implement activities on the ground level including community events. These groups can also play a lead role in advocacy and working with the media. The groups are supported by LDAG Inc., a not-for-profit organisation which is directed by a board of management consisting of representatives from regional and metropolitan LDAGs.

Local AOD Prevention Coalitions (E.g. Alcohol Management Planning Groups, Volatile Substance Use Working Groups)

Many communities may have an existing AOD prevention coalition/group set up, e.g. an alcohol management group or volatile substance use working group. These groups might consist of a range of stakeholders, such as those described above. The groups focus on the development and implementation of coordinated and comprehensive plans to prevent and reduce AOD related harm. This includes prevention, community capacity building, treatment and support.

9. Principles of good prevention practice

The following principles of effective AOD prevention practice have been identified by DAO, based on a range of literature (see the list of relevant documents on page ***):

- **Guided and supported by key stakeholders.** Development and implementation of AOD prevention programs and projects requires "buy-in" from a range of key stakeholders, as well as ongoing engagement and inpout. Prevention activities should be guided and supported by an "AOD prevention coalition" or strategic working group with representation from relevant services and the local community, e.g. population health services, AOD clinical services, WA Police, Local Government, local businesses, community leaders and so on. If the target group or community do not support proposed prevention strategies, then actions and initiatives should attempt to raise knowledge and awareness of the relevant health issues in order to gain support for action.
- **Based on a well researched, evidence-based, agreed needs assessment and strategic plan.** Prevention projects should be guided and supported by a needs assessment and a strategic plan which identifies and prioritises local AOD issues and proposes a range of evidence-based strategies. As indicated above, the "plan" should be agreed by key stakeholders and have clearly identified aims, objectives, strategies, roles and responsibilities as well as timelines.
- **Evidence-based and evidence informed prevention strategies.** All AOD prevention strategies should be reflective of the best available evidence of what works to prevent and reduce AOD related harm. Where evidence does not exist, in this or related fields (e.g. tobacco) AOD prevention strategies should be thoroughly evaluated to determine their effectiveness. DAO can assist with this process where necessary.
- **Multi-strategic, multi-level and integrated.** There is no one size fits all approach and no silver bullet. AOD prevention should involve a wide range of strategies which work together to achieve the desired outcome.
- **Culturally secure.** AOD prevention activity should be culturally secure, that is, cognisant of cultural protocols and processes, reflective of the rights, values, expectations and beliefs of the community in which they are being implemented.

Section 2: An Introductory Guiding Framework

1. Where to start? Forming a local AOD prevention coalition

The first step to consider when undertaking or leading the development of AOD prevention activity is to establish a local AOD prevention coalition whose aim is to prevent and reduce AOD related harm. There may already be an existing local AOD prevention coalition/working group set up in the community or local area. An example may be a local alcohol management group.

If a local AOD prevention coalition/working group already exists, it is advisable to join this group and work together on AOD prevention related activities. Organisations such as Population Health agencies, Community Drug Services, Aboriginal Health Organisations, police, local government, local community representatives and so on should be involved and play a role in the AOD prevention local coalition or working group.

If there is no local AOD prevention coalition/working group identified in the community it is advisable to form one. The first step to consider is which key stakeholders in the community would need to be included in a group, whose purpose is to prevent and reduce AOD related harm. These could include:

- Local health promotion officers/population health professionals.
- Local police.
- Local health service and Aboriginal health service representatives.
- Local community representatives.
- Local school representatives – (including SDERA representatives).
- Local health service representatives.
- Local government representatives.
- Community Drug Service/AOD service representative.

Individual meetings with potential group members may be required in the beginning to establish a common purpose/goal and ensure all group members are supportive of the need to prevent and reduce AOD related harm in the community and are committed to implementing strategies that work.

Once the group is formed and has a common purpose/goal, it is advisable to develop terms of reference and a mission statement to ensure all group members understand why they are part of the group and can guide work going forward. Identifying a leader of the group who is responsible for organising meetings is also important, as is keeping coalition members interested and motivated. It is also important to define the role of individual members.

For more information on forming and maintaining effective local coalitions/working groups contact the DAO Community Programs team.

EXPECTED OUTPUT: A local coalition or working group is established, which includes key community stakeholders, has an identified leader and clear roles and responsibilities of group members, meets regularly to coordinate the development, implementation and evaluation of comprehensive AOD prevention activity.

2. Identifying local population needs

Once a local AOD prevention coalition is established with a common goal of preventing and reducing AOD related harm in the community, the next step is understanding the local population's needs. This process is referred to as a needs assessment.

What is a needs assessment?

Needs assessments involve identifying and analysing a health problem and the characteristics of the population affected. This information is then used for the purpose of planning action.

Why do a needs assessment?

- To assist in identifying local priorities and to inform the development of a plan to address local issues.
- To engage local stakeholders and promote local-buy in into the issues identified and the need to take action.
- To establish a link between the prevention strategies you want to implement and the needs of the community.
- To ensure you will be able to strategically focus your programs to achieve the best potential health benefit for your community.
- To ensure you have a credible and authoritative voice in the formulation of health policy in your region, directly impacting on health services planning.

Some needs assessments can take up to six months or longer to complete so do not be in a hurry to do this step – a good needs assessment is worth the work and time.

The AOD needs assessment

The AOD needs assessment process should be led by the local AOD prevention coalition.

The needs assessment should include a summary of relevant AOD statistics and information, a summary of relevant policies and programs already in place, information on community concerns/views and recommendations for action.

Conducting an AOD needs assessment involves the following key steps.

Step 1: Review existing information and research

DAO has a range of local community profiles that include much of the information/statistics required for a needs assessment. To access this information visit the DAO website or phone the DAO Community Programs team.

Reviewing existing research, population level data and local, state and national strategies will provide a picture of the health of the local community and relevant strategic priorities. In relation to AOD, information which may be useful to review includes:

- Trends of AOD use over time in the local community compared to state levels and other similar communities.
- Local AOD service utilisation data compared to state levels and other similar communities.
- AOD related hospitalisation and death data compared to state levels and other similar communities.
- AOD related police offence data compared to state levels and other similar communities.
- Drink driving incidents and road crashes compared to state levels and other similar communities.
- Local government information on community concerns regarding AOD use.
- Relevant local, state and national AOD strategic plans.

The above information provides a comprehensive picture of the most important AOD related issues in the community, informs prioritisation of the main issues and indicates what prevention strategies are necessary. Much of the information may also be available from local AOD prevention coalition members such as Community Drug Services, Police, health service representatives and so on.

Step 2: Consult with key stakeholders

The views of key stakeholders, particularly members of the local community, local businesses and other relevant services are important to collect during the needs assessment process. Talking to key personnel in existing networks and relevant organisations/services in the community to understand their views on AOD related issues is also useful.

Consulting with the community to understand their views on the issues and engage them in the needs assessment process is essential (e.g. what AOD related issues are most important to community members? What factors do they think impact AOD problems in their local community?). Assessing whether the community is at a stage where they are ready to address AOD related issues is an essential step in the consultation process (see section 10 for more detail).

Community consultation can be done via a online or written survey, face-to-face interviews, focus groups, community forums and so on. It should include a wide range of people from the community to ensure all views are represented.

DAO has developed a mapping tool to assist communities in identifying exactly what alcohol-related problems are present in the community that need to be addressed.

The mapping tool is best implemented with the support of a facilitator – contact the DAO Community Programs team for assistance.

The mapping tool aims to support the community in breaking down the components of the problem into manageable parts.

The mapping tool can either be used independently by the local coalition based on their understanding of the issues or used to facilitate a community forum with key stakeholders or community members. If the latter option is taken, it may be useful to complete some of the required information prior to the forum to direct the discussion.

BE AWARE OF OVER CONSULTATION!

Communities will often complain of being over consulted for what appears to be minimal outcomes.

Prior to conducting your own consultation, check what has been done previously that identifies AOD issues. Processes such as local government planning, developing community safety crime prevention plans or local Aboriginal justice plans will involve extensive consultation.

If there has been prior consultation and you are confident that AOD issues are reflected in these, you may wish to consider skipping the consultation stage and go directly to analysing and writing up of information.

It is important to acknowledge that the information you are using is from a previous consultation. Rather than a lengthy consultation it may be advantageous to send the results of past consultations to key stakeholders and community groups to confirm that the issues are still relevant.

Step 3: Analyse information and prioritise issues

Analysing and writing up all the information collected in the form of a summary document is one of the final steps of the needs assessment process. The needs assessment document provides an overview of AOD use and harm in the local community, service utilisation information where appropriate, an analysis of key stakeholder views and a prioritisation of the AOD issues to be addressed.

During the process of prioritising what issues should be addressed it may be worthwhile considering what the most important issues are, which ones can be influenced easily and what the benefits are of addressing a particular issue. The local coalition overseeing the needs assessment should be involved in reflecting on the information gathered and should be actively involved in prioritising the issues to be addressed. Some suggestions of what criteria may be used to prioritise issues identified could include:

- What drug causes the greatest level of harm in the community (in most cases alcohol is the drug which causes the greatest amount of harm)?
- What issue/s is the community most concerned about?
- Which community group (e.g. young people) are of most concern?
- What can we do which will make the greatest difference?
- What support already exists for addressing a particular issue?
- What are the state and national priority issues?

Examples of key issues identified may include:

- Higher than average (compared to state) drink driving incidents.
- Higher than average (compared to state) levels of alcohol-related violence.
- High than average (compared to state) hospitalisation relating to alcohol-related cancers or other diseases.
- Higher than average (compared to state) levels of injecting drug use.
- Higher than average (compared to state) levels of cannabis use.
- Harms from alcohol use in sporting or other social clubs.
- Underage drinking.
- Community concerns regarding noise or safety or underage drinking.
- Local business concerns regarding damage to property related to drunken behaviour.

These provide only an example of some of the issues which may or may not be identified through the needs assessment process. Having a clearer indication of the local community's particular AOD related issues will inform planning processes. It can also be used to inform evaluation as it will contain baseline statistics, which can then be measured again at various stages to determine whether implemented strategies have made a difference.

The final needs assessment document produced should be useful and accessible to a range of services and community groups.

DAO can assist in supporting organisations through the process of undertaking a needs assessment, including consulting with the community. Contact the Drug and Alcohol Office Community Programs team for advice and support.

EXPECTED OUTPUT: At the end of the needs assessment process it is expected that a document will be produced giving the local AOD prevention coalition information needed for planning prevention strategies. The needs assessment will include: details of the local populations AOD use and relevant AOD related harm indicators; key stakeholder and community views; and priority areas and issues to be addressed by the local AOD prevention coalition.

3. Planning and selecting evidence-based strategies

Planning

Planning processes aim to answer some key questions:

- What are we trying to achieve?
- What are we going to do?
- How will we know whether we have been successful?
- Are we undertaking activity which is required of us by our funding body?

Planning is about getting the building blocks right so that the program plan is evidence-based and designed to create effective and sustainable change.

Why develop a plan?

It is essential to develop a plan so that the intended program or project:

- Is aligned with, and does not duplicate, existing AOD prevention plans.
- Is appropriate to the health issue and the identified target group and therefore most likely to bring about the desired change.
- Can be implemented within available resources as well as ensure the efficient use of those resources.
- Contributes to best quality, evidence-based practice.
- Demonstrates accountability and fulfills funding body requirements.
- Ensures good organisation.
- Ensures the results of the program can be evaluated.

The Plan

Planning involves the members of the local AOD prevention coalition reflecting on the information contained in the needs assessment, the main issues identified and local/state/national priorities in order to come up with a detailed AOD prevention plan. Some communities already have alcohol management plans or volatile substance use plans in place, which also identify treatment and support strategies. This document is focussed on the process required to develop the prevention aspect of an overarching plan (which may also include treatment and support services).

In summary, an AOD prevention plan should include:

Aims – statements about long-term benefits or changes the local AOD prevention coalition seeks to influence or change. Aims are measured through outcome evaluation. An example of an aim might be:

- To reduce the number of underage young people drinking alcohol by 20% over the next 5 years.

Objectives – statements of change designed to achieve the aim/s – they are more direct and specific than goals and always include measurements and a timeline. They can be measured through impact evaluation. An example of an objective might be:

- To increase parent's knowledge and awareness of the harm associated with alcohol use among young people.

REMEMBER!

It's important to acknowledge and celebrate what has worked well. Taking time to reflect on successes and the contribution on local stakeholders can go a long way.

Strategies/interventions –strategies/interventions that will be implemented to achieve the aim/s and objectives specified in the plan. There should be multiple strategies/interventions identified, based on evidence of what works. Strategies and interventions are measured through process evaluation.

Resources – specify what funds and "people power" are needed to implement strategies/interventions. There are a number of ways to seek funding. Contact DAO Community Programs Team for more information on grant funding.

Evaluation methods (and where appropriate performance measures) – an approach to evaluation should be developed in the planning stages to determine whether strategies implemented have had an effect on the goals and objectives set. Evaluation is split into three parts – process, impact and outcome evaluation. For more information on evaluation see point 11 later in this document. Many organisations are also required to report on prevention performance targets – these can also be included as part of evaluation.

Action plan – action plans detail the steps and "actions" required to implement the plan and strategies/interventions identified. An action plan breaks strategies into smaller actions and often includes who is responsible for carrying out each action/task and a date by which the action/task should be completed.

For more information on how to develop an AOD prevention plan contact the DAO Community Programs Team.

EXPECTED OUTPUT: At the end of the planning process a plan which identifies aims, objectives, a range of strategies (based on evidence of what works – see point 9 for examples of evidence-based strategies), resources, evaluation methods and a detailed action plan should be developed which can guide the ongoing work of the local AOD prevention coalition.

4. Selecting evidence-based strategies and interventions

An important step in the planning process is selecting the strategies/activities to implement in order to address the AOD priority issues identified in the needs assessment. Strategies and interventions must be based on evidence of what works in AOD prevention, examples are provided in this section.

IMPORTANT!

It is essential to select education, persuasion, design and control strategies that reflect where the community is at in terms of their readiness to take action to address AOD issues. Determining whether the community is aware of the issues can be undertaken during the consultation process of the needs assessment (see section 2 for information on the needs assessment).

If community members and key stakeholders are unaware of the AOD issues within their community, or are unsupportive of the need to do something about the issues, education and persuasion strategies can be used to raise awareness of the issues and gain community member and key stakeholder support for action. This is an essential step prior to implementing design and control strategies. Once community members and key stakeholders are aware of the AOD issues within the community they will be more willing to accept strategies that may be considered unpopular (e.g. design and control strategies).

See Section 10 for more information.

Further information on effective AOD prevention strategies can be accessed by reviewing the case studies in Appendix A.

Education and Persuasion Strategies

Mass Media campaigns

Supporting and promoting state-wide campaigns and key messages (e.g. *Alcohol. Think Again* and *Drug Aware*) is a useful way to get maximum value at a local level and promote appropriate messages that support a reduction in AOD related harm.

To promote state-wide campaign messages local AOD prevention coalitions may choose to arrange community events to raise awareness of state-wide messages and by displaying posters and resources with the *Alcohol. Think Again* or *Drug Aware* logos in community areas.

Stakeholders are encouraged to consult with DAO to ensure local activities are consistent with the key messages of the *Alcohol. Think Again* and *Drug Aware* campaigns, and the timing of these campaigns.

DID YOU KNOW?

Strategies that are most effective are often the least popular. Local AOD prevention coalitions need to be prepared to follow through with the implementation of unpopular strategies despite resistance.

Advocacy

Advocacy involves a group of passionate, motivated people who come together to influence a particular issue (e.g. health, social or environmental issue). Advocacy groups can strategically use the media and other outlets to promote their messages in order to influence public policy – including policy at a state or national level.

Advocates do not "do" per se, but rather they influence other groups to act. Examples of advocacy strategies include writing letters to prominent politicians or business people to raise the awareness of a particular issue and advocate for action, bringing on board champions/well respected people to promote a cause, raising community awareness of an issue through the use of social media, encouraging local reporting (radio or print) of AOD harm is also effective.

The local AOD prevention coalition may choose to work with Local Drug Action Groups to support them in implementing advocacy initiatives. This is a useful way to implement advocacy at a local level.

AN EXCELLENT ADVOCACY RESOURCE WHICH SHOULD BE CONSULTED IF PLANNING TO USE ADVOCACY IS: *Advocacy in Action Toolkit* by the Public Health Advocacy Institute of Western Australia (2009).

Community Action

Prior to implementing any form of evidence based community project it is essential to ensure the community is engaged from the onset. AOD use is not confined to single individuals in certain locations. Indeed AOD use takes place across a variety of locations within a community and includes a broad range of individuals and groups. Hence, key stakeholders within local communities are well placed to identify the major concerns and determine some of the possible solutions.

In addition, local community members, groups and organisations are more likely to accept and support projects which they have helped developed and implement. Over time this local support is crucial for the success and sustainability of initiatives.

Design and Control Strategies

Reducing alcohol availability through contributing to liquor licensing processes

Research shows increased alcohol availability is related to increased consumption and greater levels of alcohol related harm.

The density of liquor outlets (number of outlets in an area) is positively correlated with alcohol availability and subsequently alcohol related harm. Longer liquor outlet opening hours have also been shown to be positively correlated with alcohol related availability, consumption and harm, that is the longer outlets are open the greater the number of alcohol related harm incidents (National Preventative Health Taskforce 2009).

It is advised local AOD prevention coalitions familiarise themselves with the research mentioned above and raise awareness of the research amongst key stakeholders.

Local AOD prevention coalitions can also encourage community members to contribute to liquor licensing decisions in their area if alcohol availability is an issue requiring attention. Local AOD prevention coalitions can keep community members informed of new liquor licence applications and support community members to contribute to the liquor licensing process. New applications must be advertised in the local paper and on the Department of Racing, Gaming and Liquor website.

Local AOD prevention coalitions are encouraged to contact DAO's Liquor Licensing team or the Department of Racing, Gaming and Liquor to be kept informed of new liquor licence applications and to contribute their views.

Restrictions on alcohol advertising and sponsorship

There is extensive research linking the advertising of alcohol and attitudes and behaviours towards alcohol. This is particularly the case for children and young people. Therefore, working towards reducing alcohol advertising and alcohol sponsorship, particularly when targeted at young people or in venues where young people attend (e.g. sporting clubs), is an issue that local AOD prevention coalitions may wish to focus on.

Local AOD prevention coalitions may choose to work with Local Drug Action Groups to raise awareness of the Alcohol Advertising Review Board (see case study in Appendix A). Community members can submit complaints to the Alcohol Advertising Review Board relating to alcohol advertising which appears to target children or young people, or is placed near areas where there are a high number of children and young people (e.g. near schools, sporting clubs and so on).

Enforcement of drink driving legislation

Consistent and regular enforcement of drink driving laws is an effective way to decrease alcohol related road traffic incidents and fatalities. This strategy is further enhanced through raising the community's expectations of "getting caught" if they drink and drive. It is a useful strategy to combine with others such as RSA initiatives.

The local AOD Prevention Coalition may choose to work with local Police to implement increased enforcement of drink driving laws. Alongside this, the local AOD Prevention Coalition may also choose to promote messages to the community that if they drink and drive they will be caught.

Price and Taxation

Research shows increasing the price of alcohol (e.g. through taxation) is a highly effective method of reducing alcohol related harm. It is important to understand there is a complex relationship between alcohol consumption and harm. A summary of the relevant information pertaining to alcohol taxation can be found in the Australian Government's Preventative Health Taskforce publication: *Australia: the healthiest country by 2020, Technical Report 3.*

In addition, restricting alcohol price discounting can have an impact on reducing alcohol related harm due to this strategy leading to a decrease in the consumption of alcohol.

Although not in the direct control of local AOD communities and AOD prevention coalitions, advocacy and awareness raising strategies can be used to raise awareness of this effective method of reducing alcohol related harm.

Combinations of Education Persuasion/Design and Control

Responsible Service of Alcohol Programs

Responsible Service of Alcohol (RSA) training programs have been shown to be effective in reducing alcohol related harm, only when coupled with appropriate enforcement (National Preventative Health Taskforce 2009).

RSA training is mandatory for staff of licensed premises in Western Australia, however research suggests that if venues are not monitored for their compliance with relevant liquor licensing laws then RSA training is unlikely to be highly effective.

Local AOD prevention coalitions may wish to familiarise themselves with the RSA program and the relevant laws associated laws relating to the service of alcohol. Strategies to increase the effectiveness of RSA training include promoting community awareness of the liquor laws such as advertising the laws relating to serving underage or drunk persons. RSA support strategies can be complemented by other strategies designed to create a lower risk venue for harm, such as promoting the provision of food at licensed venues, provision of safe drinking containers, and training of security personnel in non-aggressive patron management techniques.

Local AOD prevention coalitions may also work with Police to increase enforcement of responsible service laws and support Police publicly when this strategy is shown to work.

Reducing harm from volatile substance use

If there is an issue with volatile substance use (VSU) in a community , there are a number of strategies that can be implemented to prevent and reduce VSU and related harm. Best practice for addressing VSU requires a comprehensive approach implemented in a coordinated manner. It involves a balance between supply reduction, demand reduction and harm reduction strategies.

- **Supply reduction strategies** aim to reduce availability of volatile substances. Examples include education strategies targeting retailers, industry and contractors.
- **Demand reduction strategies aim to reduce the use of volatile substances and prevent the uptake of VSU. For example through engagement in alternative activities;** and
- **Harm reduction strategies** aim to reduce VSU-related harm to both individuals and communities. This may include harm reduction information for service providers working with volatile substance users.

What can local AOD prevention coalitions do?

It is important to ascertain the extent and nature of the issue in order to implement the most appropriate range of strategies. A few people engaging in this behaviour may warrant treatment service outreach as opposed to a multi-strategic prevention approach. If the local AOD Prevention Coalition decides to go ahead with action they need to first ensure the community in which the problem is occurring are supportive of the need to take action. Following this important step, a range of strategies can be implemented.

Further information on strategies to reduce VSU in urban settings is available in the following resource: MacLean, S 2012, *Developing an Inhalant Misuse Community Strategy*, Turning Point Alcohol and Drug Centre & Centre for health and Society, University of Melbourne.

For advice and support in developing an approach to address VSU local AOD prevention coalitions are encouraged to contact Coordinator Volatile Substances Program, Drug and Alcohol Office.

A number of case study examples of effective evidence-based prevention initiatives are provided in Appendix A. Please refer to this section for more information on the wide range of prevention initiatives AOD prevention coalitions can implement.

Useful resources:

- Babor, T et al. 2010. *Alcohol No Ordinary Commodity*, Oxford University Press, New York.
- Brady, M. 2005. *The grog book: strengthening Indigenous community action on alcohol (revised edition)*, Department of Health and Ageing, Canberra.
- Dibley, G. 2008. *Prevention of harm from alcohol consumption in rural and remote communities, Issues Paper: 4*, Drug Info Clearinghouse, Melbourne.
- Dibley, G. 2007. *Local government reducing harm from alcohol consumption, Issues Paper: 2*, Drug Info Clearinghouse, Melbourne.
- Rowland, B. 2006. *Community and structural approaches to prevention*, Number 19. Prevention Research Quarterly: current evidence evaluated, Drug Info Clearinghouse, Melbourne
- Drug Info Clearinghouse. 2008. *Factsheet: Building resilience and social capital in rural and remote communities: for workers*, Drug Info Clearinghouse, Melbourne
- Drug Info Clearinghouse, 2008. *Drug Info Newsletter*, Vol. 6, No. 1, Australian Drug Foundation, Melbourne
- Loxley W, Toumbourou J, Stockwell TR, Haines B, Scott K C et al. 2004. *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Australian Government Department of Health and Ageing.
- National Preventative Health Taskforce 2009. *Australia the Healthiest Country by 2020, Technical Report no 3, Preventing alcohol related harm in Australia: a window of opportunity*, Commonwealth of Australia
- Roche, A. et al. 2008, Young people and alcohol the role of cultural influences, NCETA, South Australia.

***** WARNING*****

Raising awareness of the use of volatile substances is strongly discouraged as this may lead to an increase in use.

Targeted prevention strategies/interventions for priority populations and sub-gro ups

Children and Young People (under 18 years of age)

There are a number of evidence-based initiatives that are effective in preventing and delaying the onset of AOD use in children and young people under the age of 18 years, some of which are described below. Non-government/community organisations and government departments such as Department of Education, Department for Communities, and the Department for Child Protection have responsibility for developing and implementing interventions and strategies focussing on this priority group. Local AOD prevention coalitions may choose to involve representatives from these organisations and departments in their meetings in order to find out more about what is happening in this area.

What can local AOD prevention coalitions do?

Local AOD prevention coalitions may choose to work with appropriate organisations to implement some of the following initiatives.

Initiatives targeting parents

- Wherever possible discourage parents from supplying alcohol to their children.
- Find out more about and promote the following services:
  - Parent Drug Information Service (PDIS)
  - Positive Parenting Programs (Triple P)
- Separate children from alcohol environments to reduce the normalisation of alcohol use in every day activities.
- Promote the inclusion of the following in AOD treatment organisations:
  - Family interventions (particularly targeting parents in drug treatment services).
  - Parenting programs targeting parents who are using AOD in a harmful way.

Initiatives targeting children and young people

- Work with your local schools to implement all elements of SDERA including curriculum, policy, parent and teacher capacity building. For more information visit: http://www.det.wa.edu.au/sdera/detcms/portal/
- Work with the local school to understand their policy on alcohol use at school and fundraising events and encourage a policy which includes no alcohol on school grounds and no alcohol used or promoted at events involving the school.
- Increase children and young person inclusion in community through:
  - Promoting and initiating alcohol free community activities.
  - Providing alternative activities for young people.

Useful resources:

- Leung, R. et al. 2010. *Preventing alcohol harms in young people: family based interventions. A resource for workers*, prepared by the Australian Drug Foundation for NSW Health. Published by NSW Health: Sydney
- Loxley W, Toumbourou J, Stockwell TR, Haines B, Scott K C et al. 2004. *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Australian Government Department of Health and Ageing.
- Roche, A. et al. 2008, Young people and alcohol the role of cultural influences, NCETA, South Australia
- Ward, B. & Snow, P. 2008. The role of families in preventing alcohol-related harm among young people, *Prevention Research Quarterly*, June: 5

Aboriginal Communities

A number of effective strategies are available to decrease harm from AOD use within Aboriginal communities. The education and persuasion strategies discussed on pages *** are also just as effective in reducing harm in Aboriginal communities.

It is highly recommended, when undertaking AOD prevention work with Aboriginal communities that relevant staff attend the *Strong Spirit Strong Mind* workshop series offered by the DAO Aboriginal Programs Branch (contact DAO for details). In addition, consulting the *Strong Spirit Strong Mind Aboriginal Drug and Alcohol Strategic Framework for Western Australia 2011 – 2015* will provide a good overview of relevant areas to focus on when working with Aboriginal communities.

Further reading and training on culturally secure ways of working with Aboriginal communities (i.e. *Strong Spirit Strong Mind* workshops) should be undertaken before developing and implementing strategies.

It is also essential to work in partnership with local Aboriginal organisations such as Aboriginal Community Controlled Health Organisations when developing AOD prevention programs for Aboriginal communities.

- Facilitate local Aboriginal community ownership and control of AOD prevention programs.
- Encourage Aboriginal staff development.
- Promote the *Strong Spirit Strong Mind* workshop series offered by DAO as well as the messages associated with *Strong Spirit Strong Mind* and *Strong Spirit Strong Future* campaigns.
- Focus on implementing family strengthening programs and early year's programs to support families.
- Provide opportunities for Aboriginal communities to get involved in interesting community activities e.g. cultural activities which bring the community together.
- Work with relevant community and government organisations to implement programs which promote economic participation, e.g. employment programs.
- Promote programs which increase educational attainment in Aboriginal young people.
- Promote the provision of night patrols to provide transport.

Useful resources:

- Brady, M. 2005. *The grog book: strengthening Indigenous community action on alcohol (revised edition),* Department of Health and Ageing, Canberra.
- Drug and Alcohol Office 2011, *Strong Spirit Strong Mind Aboriginal Drug and Alcohol Strategic Framework for Western Australia 2011-2015.* DAO, Western Australia
- Loxley W, Toumbourou J, Stockwell TR, Haines B, Scott K C et al. 2004. *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Australian Government Department of Health and Ageing.
- Rowland, B. & Toumbourou, J. W. 2004. Preventing drug related harm in Indigenous communities, *Prevention Research Evaluation Report*, May: 10

Sporting clubs

Providing safe and healthy settings where children, young people and adults can come together to socialise and play sport is important for community cohesion and physical activity. Alcohol promotion and use in these environments can compromise these goals. Local AOD prevention coalitions may wish to work with local sporting clubs to understand their policies on alcohol provision and to determine whether clubs are places where children and young people are not overly exposed to alcohol promotion and advertising.

What can local AOD prevention coalitions do?

If the prevention of alcohol related harm in sporting clubs is considered a priority issue by the local AOD prevention coalition they may wish to consider working with local sporting clubs to promote the implementation of the following programs:

Healthy Club

Healthway and Sports Medicine Australia administer the Healthy Club program in Western Australia. This provides sponsorship for sports clubs on the condition that they develop a healthy club policy, which includes, among other areas, alcohol and other drugs.

The Good Sports Program

The Good Sports program aims to reduce alcohol related harm through implementing an accreditation program in clubs. The three-level accreditation criteria define alcohol management standards for clubs that serve and consume alcohol. Clubs need to move through the levels over a period of time (maximum 5 years), maintaining all criteria from previous levels. A Good Sports Project Officer assists the club through the entire process with materials, one-on-one visits and ongoing support.

Good Sports Program – Stages of Accreditation

Level 1:

- Liquor license
- Bar management (RSA training)
- Smoke-free environment

Level 2:

- Maintain Level 1 criteria
- Enhanced bar management (RSA training, etc.)
- Food and drink options (low and non alcoholic)
- Safe transport policy
- Diverse revenue generation

Level 3:

- Maintain Level 1 & 2 criteria
- Alcohol management policy
- At each level the club must promote their involvement to their members. Clubs that do not serve or consume alcohol may apply for Level 0:

Level 0:

- Alcohol-free facilities
- Smoke-free
- Diverse revenue generation
- Promotion (Good Sports program)
- Safe transport policy
- Alcohol management policy

Research has shown that Good Sports clubs have seen a marked increase in the number of females and junior members. As clubs move through the Good Sports program, they see a rise in the number of junior players joining the club (Good Sports, 2012).

Harm reduction strategies

Although, as described in Section 1 of this document, the greatest population level decrease in AOD related harm will be seen by implementing population level prevention strategies targeting whole communities, it is important to be aware of the need to implement strategies which can reduce harm amongst people using AOD. Harm reduction strategies aim to decrease AOD related harm amongst those who may have already developed, or are at high risk of developing, problems relating to AOD use. Harm reduction strategies do not condone drug use.

What can local AOD prevention coalitions do?

The following are suggested harm reduction strategies, which are strongly supported by evidence. As with any strategy further reading is advised. Local AOD prevention coalitions may not be involved in developing and implementing the following programs but should at least be aware of these types of initiatives and should advocate for the local AOD treatment service to implement relevant harm reduction programs where needed.

- Needle and Syringe Programs.
- Heroin overdose prevention education (including first aid training).
- Emergency services protocols for overdose.
- Treatment for opioid dependence, including methadone maintenance.
- Hepatitis B vaccinations for high risk groups.
- Assessment and treatment of co-morbid conditions (mental health).
- Assessment and treatment of physical health problems.
- Diversion of offenders away from criminal justice system towards evidence-based treatment

Useful resources:

- Loxley W, Toumbourou J, Stockwell TR, Haines B, Scott K C et al. 2004. *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Australian Government Department of Health and Ageing.
- Goren, N & Mallick, J. 2007. Prevention and early intervention of coexisting mental health and substance use issues. Issues Paper no. 3, *Prevention Research Quarterly*: 3, Drug Info Clearinghouse.

5. Assessing whether the community is ready for change

Despite the production of a comprehensive and thorough needs assessment, many community members or groups may not recognise there is a problem with AOD use in their community. Therefore implementing the broad-based interventions required to make a real difference in reducing AOD related harm can be extremely difficult.

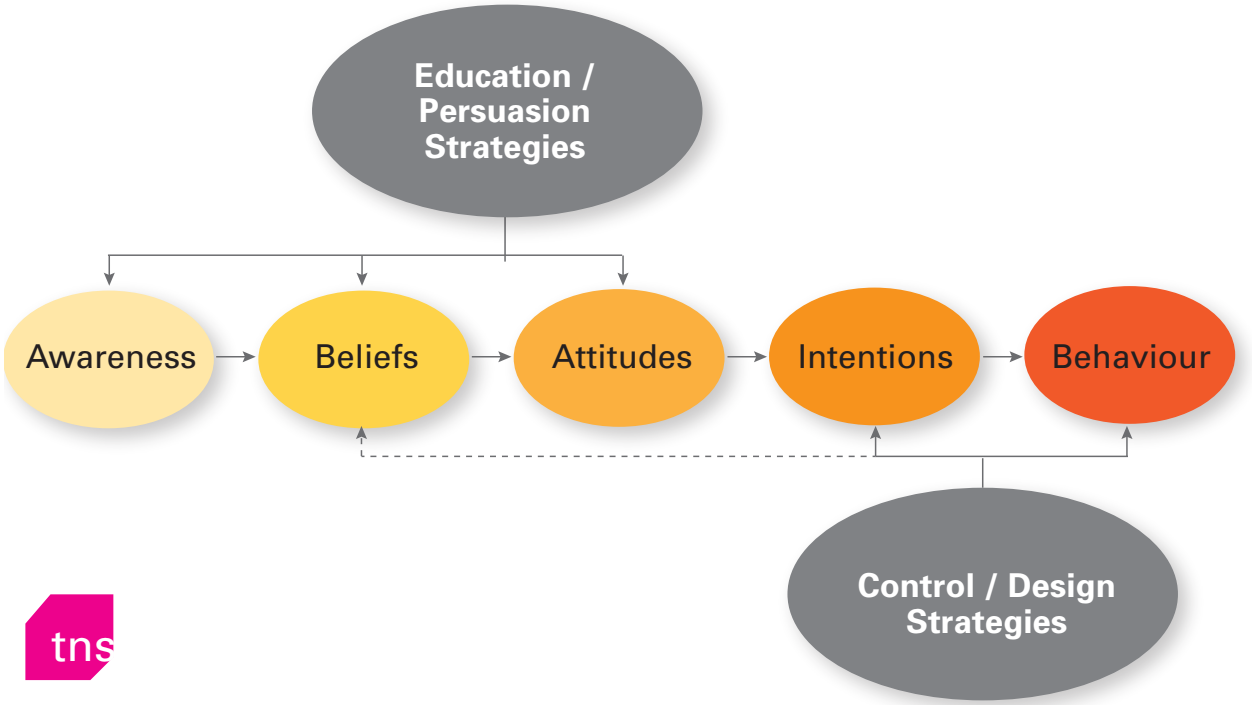
Assessing a community's readiness to change is part of the community consultation during the needs assessment process. This involves engaging individuals and groups within the community via individual conversations, public forums, inter-agency and internal meetings. A useful method to raise the topic is by substantiating the AOD issues/s with data and statistics.

Examples of some of the questions that could be asked during the community engagement are:

Awareness – Are they aware of the issue/s?
Belief – Do they believe there is an issue?
Attitude – What is their attitude to the issue? Positive, negative, unsure?
Intentions – What are their intentions around the issue/s?
Behaviour – Would they change their behaviour in reference to the AOD issue/s discussed?

To ascertain where the community is at with regard to changing their behaviour the following basic behaviour change model (TNS, unpublished) is helpful.

The basic behaviour change model …



Based on Aizen and Fishbein

By identifying where a community is at on the model appropriate strategies can be implemented to continue moving the community towards behaviour change.

If a community is not aware there is an issue related to AOD use in their community it is important to focus on strategies to increase awareness of the main issues and challenge/change attitudes and beliefs. This may be done through working with the local media, advocacy and so on (see Section 9). If the community is on board and committed to implementing effective strategies, a range of educational as well as other strategies can be implemented (see Section 9).

The DAO are committed to supporting local AOD prevention coalitions through the process of assessing the community's readiness to change and therefore inform what strategies and intervention are appropriate at what time.

EXPECTED OUTPUT: At the end of the process of assessing whether the community is ready for change, the AOD prevention coalition should have a good idea of whether the community is aware there is a problem with harmful AOD use in the community and is supportive of the need for action, or whether the community is not aware of any AOD related issues and therefore may resist action to reduce AOD related harm.

6. Planning and implementing an evaluation

Once strategies have been implemented it may seem that the process is complete. It is vital, however, to evaluate the success of the chosen strategies. For local groups and small organisations, evaluation can appear to be a complex and time-consuming process. Evaluation shouldn't be seen as a burden however, but as a learning opportunity. Every community is different so it is important to get feedback to find out what worked well and didn't work so well for the local area or target group.

Evaluation should be considered during the planning phase to ensure that sufficient time and resources are allocated to complete the evaluation. Some data may need to be collected before any strategies are implemented so any changes can be accurately measured by comparing results before and after.

Types of evaluation

There are three primary types of evaluation, all of which may be used at different stages.

Process evaluation

This focuses on how strategies and interventions are implemented and run. Indicators that can be measured as part of this include project reach, participant involvement and satisfaction, and quality of materials and components. It is valuable to conduct process evaluation throughout the implementation phase so improvements can be made if necessary.

Impact evaluation

This focuses on assessing and measuring the impacts of the strategies and identifying whether any change occurred. Ideally this type of evaluation is looking for change in the objectives identified in the planning phase. This may be a change in attitudes, knowledge, behaviour or environment.

Outcome evaluation

This focuses on the long-term effect of strategies and interventions and usually corresponds with the aim/s. This may be a behaviour change such as a sustainable reduction in AOD consumption or AOD-related harm such as hospitalisations or assaults.

Approaches to information collection

There are two main approaches to collecting information. Both approaches have benefits and you may find it best to include a combination of the two in your evaluation method. Qualitative methods are often used in planning the program and identifying needs and quantitative methods are more often used to evaluate program effects.

Qualitative evaluation is based on opinions, thoughts and experiences of people, such as open-ended questions or interviews.

Quantitative evaluation is based on numbers and things that can be measured, through the collection of data. It is a more structured way to evaluate.

Collecting information

The most obvious way to gather data and probably the first one most people think of is conducting a survey. There are many other options, however, for collecting information and these are listed below. For small projects, these methods may be sufficient to receive feedback and can be less resource-intensive than conducting a formal survey.

- Observation
- Environmental audit
- Reviewing existing public information such as police crime data, hospitalisations, census data
- Focus groups and community forums

There are many online resources that provide further detail about how to design and implement an evaluation.

Useful resources:

- Hawe, P., Degeling, D., and Hall, J. 1990. *Evaluating health promotion: a health workers guide*, MacLennan & Petty, Artarmon.
- Nutbeam, D., and Bauman, A. 2006. *Evaluation in a nutshell,* McGraw Hill, North Ryde.

EXPECTED OUTPUT: An evaluation plan, which includes at least process and impact evaluation measures will be developed. These will identify how the local AOD prevention coalition will know that what they are implementing is making a difference. The evaluation plan should form part of the overall prevention plan (see section 8).

7. Cultural security

Cultural security aims to respect the cultural rights, values, beliefs, and expectations of the variety of cultural groups in Australia. A culturally secure approach is essential when developing programs, services, policies and strategies that impact CALD communities.

In Western Australia, agencies are most likely to engage with Indigenous community groups when developing programs to reduce AOD related harm.

Aboriginal leadership, community consultation, direction, negotiation and involvement form an essential part of a culturally secure approach.

When considering developing and implementing prevention programs in Aboriginal communities it is essential to understand the meaning and application of a culturally secure approach to program development and implementation.

For further information consult the *Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015*. The Strong Spirit Strong mind workshop series, offered by the DAO, also provides an excellent opportunity to increase knowledge and understanding in this area.

Visit the Training@DAO calendar for information on the next workshop series.

EXPECTED OUTCOME: The AOD prevention coalition is culturally competent and is taking a culturally secure approach to working with CALD communities. In particular, if the program is being implemented in an Aboriginal community, it should be led and controlled by members of the community.

8. Support, contacts and definitions

AOD Prevention Networking Group

The DAO coordinate an AOD Prevention Networking Group which brings together key staff in Western Australia who have responsibility to lead the development and implementation of effective prevention activity. Participation in the group gives staff the opportunity to network with other staff, receive support and guidance from DAO prevention staff, receive updates on best-practice in AOD prevention and much more. If you are interested in being part of the group please contact the Community Programs team (contact details below.

Training, resources

The DAO offer a range of training, both generic and individualised to meet the needs of organisations and groups responsible for developing and implementing prevention activity. See the Training@DAO calendar (http://www.dao.health.wa.gov.au/Educationandtraining/TrainingDAOCalendar.aspx.) for training events and contact the Workforce Development Team for further information

Online learning

Prevention online learning modules will be available through DAO from late 2013. Contact DAO Workforce Development team for more information.

Further reading

Suggested useful resources have been provided throughout these guidelines. The following may also be useful to refer to:

- *The prevention of substance use, risk and harm in Australia: a review of the evidence* – this document provides a review of the research evidence behind a large range of AOD prevention strategies. (Loxley et al., 2004)
- *Preventing alcohol-related harm in Australia: a window of opportunity* – this document provides detailed information on what works in the prevention of alcohol related harm (Australian Government Preventative Health Taskforce 2009)
- The Australian Drug Foundation (ADF) has also published numerous topic specific reviews as part of their Prevention Research Quarterly publication, of which many have been used to inform this document. The ADF publications include specific documents on preventing AOD harm in Indigenous communities, rural and remote communities and young people. The website where these documents can be accessed is: http://www.druginfo.adf.org.au/reports/prevention-research-quarterly.

Contacts

Drug and Alcohol Office

- Community Programs
- Liquor Licensing team
- Workforce Development

Phone: 9370 0333

Community Program team website information:
http://www.dao.health.wa.gov.au/Informationandresources/Engagingthecommunity/CommunityPrograms.aspx

Definitions

Advocacy: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Such action may be taken by and/or on behalf of individuals and groups to create living conditions which are conducive to health and the achievement of healthy lifestyles. Advocacy is one of the three major strategies for health promotion and can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilisation through, for example, coalitions of interest around defined issues. Health professionals have a responsibility to act as advocates for health at all levels in society.

Community Action: Community action for health refers to collective efforts by communities which are directed towards increasing community control over the determinants of health, and thereby improving health. Community action is important when setting priorities for health, making decisions, planning strategies and implementing them to achieve better health. An empowered community is one in which individuals and organisations apply their skills and resources in collective efforts to address health priorities and meet their respective health needs. Through such participation, individuals and organisations within an empowered community provide social support for health, address conflicts within the community, and gain increased influence and control over the determinants of health in their community.

Determinants of Health: The range of personal, social, economic and environmental factors which determine the *health status* of individuals or populations. Factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments combine to create different living conditions which impact on health.

Health Promotion: Health promotion is the process of enabling people to increase control over, and to improve their health. It represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.

Public Health: The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society (adapted from the "Acheson Report", London, 1988). Public health is a social and political concept aimed at the improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention.

Risk and protective factors: Risk and protective factors refer to the factors that influence alcohol and other drug use. The presence of a risk factor may increase the likelihood that a person partakes in harmful alcohol or other drug use, where as the presence of protective factors can potentially help protect a person or group from developing a problem with alcohol and other drugs. Factors cannot be viewed on their own and factors tend to interact at the individual and group level. Risk factors include, but are not limited to:

- Early age factors such as inherited vulnerability (for males), maternal smoking and alcohol use, extreme social disadvantage, family breakdown and child abuse and neglect.
- School age factors such as early school failure, child conduct disorder, aggression and favourable parental attitudes to drug use.
- Adolescent factors such as low involvement in activities with adults, perceived and actual level of community drug use, availability of drugs, parent-adolescent conflict, parental alcohol and other drug problems, poor family management, school failure, deviant peer associations, delinquency and favourable attitudes towards drugs.

Protective factors can include:

- Individual factors such as the ability to regulate or deal with emotions, high self-efficacy and self-determination.
- Family factors including a close relationships to at least one care-giver, parenting quality and sibling attachment.
- Community factors such as access and engagement in schools, associations and sporting clubs and feeling a sense of connection to the community.

Social capital: Social capital refers to the strength and quality of relationships between community members. Communities with a high level of social capital are able to come together in difficult times to work together and address local issues. Communities with high social capital will have a high level of trust, cohesiveness, connection and tolerance.

Social marketing: Social marketing refers to the application of marketing concepts, tools and techniques to achieve socially desirable goals. Social marketing approaches seek to inform and persuade, and where deemed necessary, use legislation, policy, design and control strategies to achieve its goals. The end goal of a social marketing strategy is always to achieve a goal of "social importance". Positive outcomes have been achieved by using social marketing approaches in areas such as smoking and road safety.

Appendix A

Case studies of evidence-based AOD prevention activity

Alcohol Advertising Review Board

The Alcohol Advertising Review Board (AARB) reviews complaints from the Australian community about alcohol advertising. The AARB was developed by the McCusker Centre for Action on Alcohol and Youth, the Cancer Council WA and a wide range of other organisations in response to concerns about the current voluntary alcohol advertising regulation system. The Alcohol Advertising Review Board Code (Code) sets criteria for acceptable content and placement of alcohol advertising and applies to all forms of alcohol advertising in Australia. When a complaint is received, it is sent on to a Review Panel. The Review Panel applies the Code and determines whether the advertisement has breached any provision of the Code. If an advertisement is in breach of the Code the AARB notifies the advertiser and requests they modify or remove the advertisement. In the first three months of operation the AARB received 63 complaints from the Australian public.

This is an example of using education and persuasion strategies.

What can the local AOD prevention coalition do?

Local AOD prevention coalitions may wish to encourage local community members to keep an eye out for alcohol advertising they consider to be inappropriate and report it to the AARB.

Reducing alcohol availability in Fitzroy Crossing

Prior to 2007, Fitzroy Crossing had a significantly high level of alcohol related harm. In response to the issue, a small number of Fitzroy community members came together to lead a comprehensive program of advocacy. Community members lobbied local politicians and gained media coverage to raise awareness of the issue of alcohol related harm. The coming together of the community led to an inquiry into alcohol related harm in the area and in 2007 the sale of take-away alcohol beverages with an alcohol content of 2.7% or higher was banned in Fitzroy Crossing. An evaluation of the impacts of the ban demonstrated alcohol sales dropped 88% in the months following the ban. A significant drop (28%) in domestic violence and a decrease (48%) in emergency department cases was also seen. The evaluation also demonstrated alcohol related problems were not simply displaced to surrounding towns as there had been no significant increase seen in alcohol related incidents in nearby towns (Henderson-Yates et al. 2008).

This is an example of using control and persuasion strategies.

What can the local AOD prevention coalition do?

Professionals working in the area of AOD prevention can familiarise themselves with local statistics and information on AOD related harm in their area to determine whether action is required. If a problem is identified, the local Prevention Coalition can work with the Local Drug Action Group to develop a comprehensive advocacy plan which may involve raising awareness about alcohol related harm in the area and working with the media. It may also be useful for professionals and LDAG members to familiarise themselves with some of the myths and misconceptions about alcohol which they can use to inform discussions with the community and key stakeholders.

Professionals and LDAG members can contact the Department for Racing Gaming and Liquor or the Liquor Licensing team at DAO to find out how they can influence liquor licensing decisions in their area.

Increasing alcohol pricing in NT

As part of the Living with Alcohol (LWA) program in the Northern Territory, increases in the price of alcohol that were proportional to their alcohol content were implemented as a consequence of the LWA levy introduced in April 1992. This resulted in significant differences in price between low and normal strength alcohol products. Systematic literature reviews have repeatedly identified raising the price of alcohol as one of the most consistently effective policy interventions available to government. The LWA and cask wine levies were used for a variety of treatment, education and prevention activities which can be expected to have had a positive effect on community levels of alcohol-related harm over and above the impact of the increase they caused in the price of alcohol.

The evaluation of the LWA program showed that taxing wine according to alcohol content had positive results, with fewer deaths, road crashes and alcohol-related hospital admissions over the four year period (Chikritzhs, et al. 1999).

This is an example of using a control strategy.

What can the local AOD prevention coalition do?

Professionals working in the area of AOD prevention can familiarise themselves with local statistics and information on AOD related harm in their area to determine whether action is required. If a problem is identified, the local Prevention Coalition can work with the Local Drug Action Group to develop a comprehensive advocacy plan which may involve raising awareness about alcohol related harm in the area and working with the media. It may also be useful for professionals and LDAG members to familiarise themselves with some of the myths and misconceptions about alcohol which they can use to inform discussions with the community and key stakeholders.

Professionals and LDAG members can contact the Department for Racing Gaming and Liquor or the Liquor Licensing team at DAO to find out how they can influence liquor licensing decisions in their area.

Alcohol Management Planning

The WA town of Collie experiences a high level of alcohol related problems. In the past the community of Collie have been unaware of the direct link between harmful alcohol use and its negative impacts on the health and well-being of the community and therefore were reluctant to address the issue of harmful alcohol use. Through awareness raising strategies, key stakeholders within the community now understand the impact harmful alcohol use is having on their community's and are taking action.

In order to bring the community on board individual meetings and group forums were held with key stakeholders including Police, hospital staff, local government representatives, WA Country Health Service staff and community representatives. Meetings and forums were used to discuss the impact of alcohol on the community, to raise awareness of the high number of alcohol related hospitalisations in the area and to make alcohol related harm everyone's business. From the forums a strategic coordinating group, called an Alcohol Management Planning Group, was formed which takes the lead in developing and implementing strategies and actions to address alcohol related harm in Collie.

The Collie Community Christmas Campaign was the first step in assisting with raising awareness of alcohol issues within the community. The localised media campaign raised awareness of the impact of harmful alcohol use and resulting injury on the community using personalised radio messages which resonated with community members. The campaign also used the opportunity to link to state and national priorities though promoting the NHMRC Alcohol Guidelines and the *Alcohol Think Again* message.

It took approximately 1 year to get to the point of bringing key stakeholders on board, clarifying the key issues and coming up with appropriate solutions. The Group understand **to do things right takes time**. Significant and impressive progress is being made.

This is an example of using education and persuasion strategies.

What can the local AOD prevention coalition do?

This document provides information on how to assess community needs and readiness for change, bring together a group of key stakeholders and plan action such as that described above.

Reducing alcohol use amongst young people

In 2003, a collaborative approach on Rottnest Island was taken to add value to previous initiatives to reduce alcohol-related harm and damage during the school leavers' period on the island. Key groups such as the police, Rottnest Island Authority, Drug and Alcohol Office, Department of Health, School Drug Education Road Aware project and volunteer groups worked together to implement a range of strategies in an attempt to prevent problems associated with uncontrolled access to alcohol and excessive drinking.

Initiatives included restrictions on the amount of alcohol being taken onto the island, glass restrictions, alternative activities, a chill out area from which educational information was provided, later opening times of liquor outlets, a dedicated area of the island for school leavers, and enforcement.

As a result of this approach, which included placing controls on access to alcohol, there was a significant reduction in presentations to the Nursing Post. There were 39 presentations for alcohol-related injuries compared to 118 the previous year, and three glass-related injury presentations compared to 59 the previous year.

This is an example of using education, control and design strategies.

What can the local AOD prevention coalition do?

Local AOD prevention coalitions may choose to bring together key stakeholders to develop and implement a similar program to that described above in their local area during events such as leaver celebrations.

Building resilience in children and young people

Building resilience in children and families has been shown to influence future AOD use and potential harm. The Triple P Positive Parenting Program is the most common parenting program in Australia, and is derived from more than 15 years of research. There are five levels of the program provided to accommodate the differing severity in disrupted family functioning or child behaviour problems. At Level 1, universal media-based information campaigns are provided and at Level 5, individually tailored programs are provided to address more severe dysfunction. The program is well supported through training events and a wide range of professionally developed materials (Loxley et al., 2004).

Evaluation of the Triple P Program has shown that the parenting skills used in the program produce predictable decreases in child behaviour problems, which have been maintained over time. Several studies show that these improvements in child behaviour are paralleled by improvement in parental adjustment. The Triple P Program has also been shown to be effective with several different family types (Sanders et al. 2003).

This is an example of using education and persuasion strategies.

What can the local AOD prevention coalition do?

Local AOD prevention coalitions may wish to find out where in their community the Triple P program is available. If it is not available they may want to investigate the best way to ensure the program is available in their local area. If the program is available, they may choose to promote it through a range of communication channels and work with local health and social services to develop a referral pathway to the program for at risk families.

Responsible Service of Alcohol project

In 2006, the Injury Control Council of Western Australia (ICCWA) commissioned a research project to test liquor outlet staff's propensity to ask young-looking 18 year olds for identification to confirm legality of sale. The pseudo underage purchasers were selected by a panel including a police officer, ex-licensed venue bar manager and school nurse. The purchasers were selected because they looked younger than 18 years-of-age. The research found 77% of licensed premises sold liquor to the pseudo underage purchasers. ICCWA used the research to criticise packaged liquor retailers preparedness to sell alcohol to young people without requiring satisfactory identification.

This is an example of using an education and persuasion strategy.

What can the local AOD prevention coalition do?

If a local area has a problem with underage drinking, the Local AOD prevention coalitions may choose to contact the Injury Control Council for advice on whether the above initiative is appropriate to undertake in their local area and if so how they can undertake a similar project.

Proactive policing of licensed premises to prevent alcohol-related crime

In New South Wales, a project between police, health professionals and the hotel and registered club industry was conducted to reduce alcohol-related crime through a problem-oriented police surveillance and educational feedback strategy. Police collected information from offenders concerning their last place of alcohol consumption. An intervention group of 200 licensed premises was forwarded reports that described the number and types of

alcohol-related incidents in which offenders had their last drink on their premises. In addition, the responsible service practices of these premises were subject to a police audit.

At follow up, a significantly greater reduction in alcohol-related incidents was associated with alcohol consumption on the intervention group of premises (32%) compared to a control group of premises (14%) over the six-month time period.

The results demonstrate the potential for re-orienting police practices to reduce alcohol-related harm associated with licensed premises (Wiggers et al. 2004).

This is an example of using an education and persuasion strategy.

What can the local AOD prevention coalition do?

The Local AOD prevention coalition may choose to develop strong partnerships with local Police and together determine whether an initiative such as that described above may be beneficial to undertake in their local area.

School Drug Education and Road Aware (SDERA)

School based drug education programs should not be delivered in isolation but rather incorporate resiliency, assertion and anti-bullying subjects as part of a comprehensive school based skill development program. These programs are best delivered by teachers as opposed to outside organisations delivering content to students. In Western Australia, the School Drug Education and Road Aware (SDERA) program, based on evidence-based best practice, is delivered to a number of schools.

This is an example of using an education strategy.

What can the local AOD prevention coalition do?

Local AOD prevention coalitions are encouraged to find out who the local SDERA representative is in their area by contacting the Department of Education. The local AOD prevention coalition can then work with their SDERA representative and local schools to encourage the full implementation of the SDERA program in local schools if it is not already implemented.

Local Drug Action Groups

Local Drug Action Groups Inc. consists of over 600 volunteers, a board of management of 8 volunteer members and office staff of four. Community members who have an interest in preventing and reducing AOD related harm in their community meet in 49 active LDAG branches across WA. LDAG branches can apply for funding to implement locally driven projects which increase social capital in the community and contribute to the prevention and reduction of AOD related harm. For example, the Beverley LDAG organised a health promotion conference for Year 7 students from across the Wheatbelt region, held in York, with music acts, inspirational speakers and activities which aimed to educate young people regarding alcohol and other drug related harms. They also coordinate a 'youth shed' in Beverley. South Perth LDAG gets together once a year specifically for the Sky Show event on the foreshore to provide shade and water to people attending the sky show event. Bunbury Nyoongar LDAG arrange events and activities specifically designed to meet the needs of local Indigenous families. These events have included AOD-free father and son events including camps in the bush, gym outings, health and well-being classes and family fun days. The aim of LDAG branches is to promote community action and bring the community together to address AOD use from a grass roots level using simple but effective health education and health promotion resources and strategies.

What can the local AOD prevention coalition do?

Local AOD prevention coalitions can find out if they have a LDAG branch in their community and if not, can promote the need for one amongst community members. The staff at LDAG Inc are happy to be involved in this. It must be remembered, however, that LDAGs must be formed by community members and be driven by community members, not professional organisations and groups from within the AOD field. Local AOD prevention coalitions may work with LDAG branches to support the development of a comprehensive advocacy program which may include working with the media and writing letters to increase awareness of AOD related harm in the community.

Reducing alcohol availability

In 2009, a liquor store licence in the Goldfields applied to re-locate a Liquor Store to a new location. The proposed new location would increase the licensed area by 769% compared to the existing store, which would significantly increase the availability of alcohol in the community. The applicant also stated that the liquor would be "aggressively price competitive".

Local community groups had concerns that the availability of easy and cheap take away liquor at the new location would most likely lead to increased alcohol related problems and associated issues for the community. In particular, there were several at-risk groups in the community which already experienced a level of alcohol-related harm. For example, the following were located within close proximity to the proposed premises: a halfway house which provides residential facilities and support to people with alcohol related problems; housing accommodation and residential areas for at-risk Aboriginal people; and in indoor sports venue catering for youths.

Several objections to the liquor licence application were lodged by community organisations and residents. The Director of Liquor Licensing acknowledged that the evidence presented demonstrated that the community already suffered from substantial alcohol-related harm, and that the grant of the application would potentially add to that harm. The Director refused the application, on the grounds that the grant of the application would not be in the public interest.

This is an example of using a control strategy to effect change.

What can the local AOD prevention coalition do?

Professionals working in the area of AOD prevention can familiarise themselves with local statistics and information on AOD related harm in their area to determine whether action is required. If a problem is identified, the local Prevention Coalition can work with the Local Drug Action Group to develop a comprehensive advocacy plan which may involve raising awareness about alcohol related harm in the area and working with the media. It may also be useful for professionals and LDAG members to familiarise themselves with some of the myths and misconceptions about alcohol which they can use to inform discussions with the community and key stakeholders.

Professionals and LDAG members can contact the Department for Racing Gaming and Liquor or the Liquor Licensing team at DAO to find out how they can influence liquor licensing decisions in their area.

Illicit Drug Prevention Program – Drug Aware

The *Drug Aware* program aims to prevent or delay the onset of illicit drug use, increase 14 to 24-year-olds' awareness of the harms associated with illicit drug use and increase communication between parents and young people about the harms associated with illicit drug use.

Key messages and initiatives associated with the *Drug Aware* brand are implemented throughout the year. In 2012, a range of stakeholders worked together to implement a number of *Drug Aware* initiatives at the Telstra Drug Aware Pro 2012. It is estimated that 21, 000 people attended the event over a number of days.

As one of the key sponsors (naming rights sponsor), the group of stakeholders representing *Drug Aware* at the event were able to have an influence around other sponsors e.g. unhealthy sponsors such as alcohol sponsors. Reduced alcohol advertising was also negotiated. Key messages associated with *Drug Aware* were promoted at the event and through engaging with young people in schools prior to the event, e.g. surfers ("role models") participating in the event promoted *Drug Aware* messages when visiting schools. At the same time as the Telstra Drug Aware Pro 2012, key messages associated with *Drug Aware* were also promoted via online and offline promotions, campaigns, social networking sites and PA announcements at the main event. Leveraging on the event and ultimately the *Drug Aware* message, educational campaigns were also run concurrently (e.g. the Drug Aware amphetamines campaign and Night Venues and Event campaign).

This is an example of using a range of education strategies.

What can the local AOD prevention coalition do?

Local AOD prevention coalitions can identify events and opportunities in their local area to promote the Drug Aware brand and key messages associated with Drug Aware. It is advisable to contact the Drug Aware team at DAO for support and advice on what can be done in local areas to promote the program.

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Notes