Resource guide for planning effective community drug prevention

State Government Victoria
Premier's Drug Prevention Council

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Professor John Toumbourou and the Public Health Branch, Department of Human Services, Victoria provided assistance in preparation of the document.

Research Note

This report describes findings of research that was conducted up to October 2007. The activities of the communities and local governments that are documented therefore represent the work that was being undertaken up until that time, and may have changed or been revised since the data was collected. This may particularly be the case for the case studies.

Contents

1 Introduction

Purpose of this guide

This guide provides information for planning and implementing coordinated community drug prevention activities. Its aim is to assist community drug prevention activities to be more effective by highlighting what strategies work and by building on existing health promotion frameworks.

The guide is intended to assist concerned residents, community-based agencies, local government and other community leaders to confidently plan community drug prevention strategies; to ask questions and to explore solutions, including:

- **assessing community characteristics relevant to drug related harm**
- **working in partnership to integrate drug prevention planning with other planning strategies**
- **choosing relevant strategies to address drug problems at a community-level**
- **evaluating drug prevention plans.**

How to use the guide

The guide assumes that readers are familiar with the principles of community development and action planning in general. Therefore it focuses on the specific tasks of effective planning in relation to reducing drug related harm within a local community (as defined by the community).

The reader using this guide might come from a number of settings: a health worker in a community agency; a local council community development officer; a school principal; a member of a local community. The issue that has prompted action might be emerging or entrenched over some time; it might be highly visible or 'hidden' in the community. Some tried and true strategies might already be in place or nothing might seem to work.

It is suggested that the reader browse through the guide to understand its entire contents, then use different elements of the guide depending on the stage of their planning process. For example, the reader might:

- start from the beginning and work through the guide step by step
- fill in any gaps in what has already been done or
- pick out specific tasks that will add to their planning processes.

The guide includes summaries of research findings relevant to community drug prevention and 'action tips' that provide practical examples of the implementation of community drug prevention planning processes.

2 Why get involved in community drug prevention?

Communities experience a range of impacts resulting from harmful drug use: crime and public violence; property damage and decreased workplace productivity, to name a few. In addition, the impact on individuals and families can be severe with major health risks, family violence, and domestic finances diverted from essentials like food and rent.

The flow-on effects can be as troubling with some residents anxious in their own homes; fearful of walking around their own neighbourhoods; and mistrustful and suspicious of other age groups or cultural groups.

Research tells us that stronger communities mean better health and wellbeing. Prevention strategies at the community level are a key ingredient to enabling change and increasing its sustainability. Therefore, reducing drug use and related harm can be significantly influenced by locally driven action, including regulation and enforcement, social marketing, service provision, advocacy and planning.

To take effective action, it is useful to understand the range of influences that impact on drug use behaviour. This includes the 'supply side' (the factors that result in drugs being readily available to consumers) and the 'demand side' (the factors that are more likely to draw people into patterns of drug use).

Figure 1 below provides a summary from Loxley et al (2004) of areas that can be tackled to reduce drug related harm, including those involving community systems.

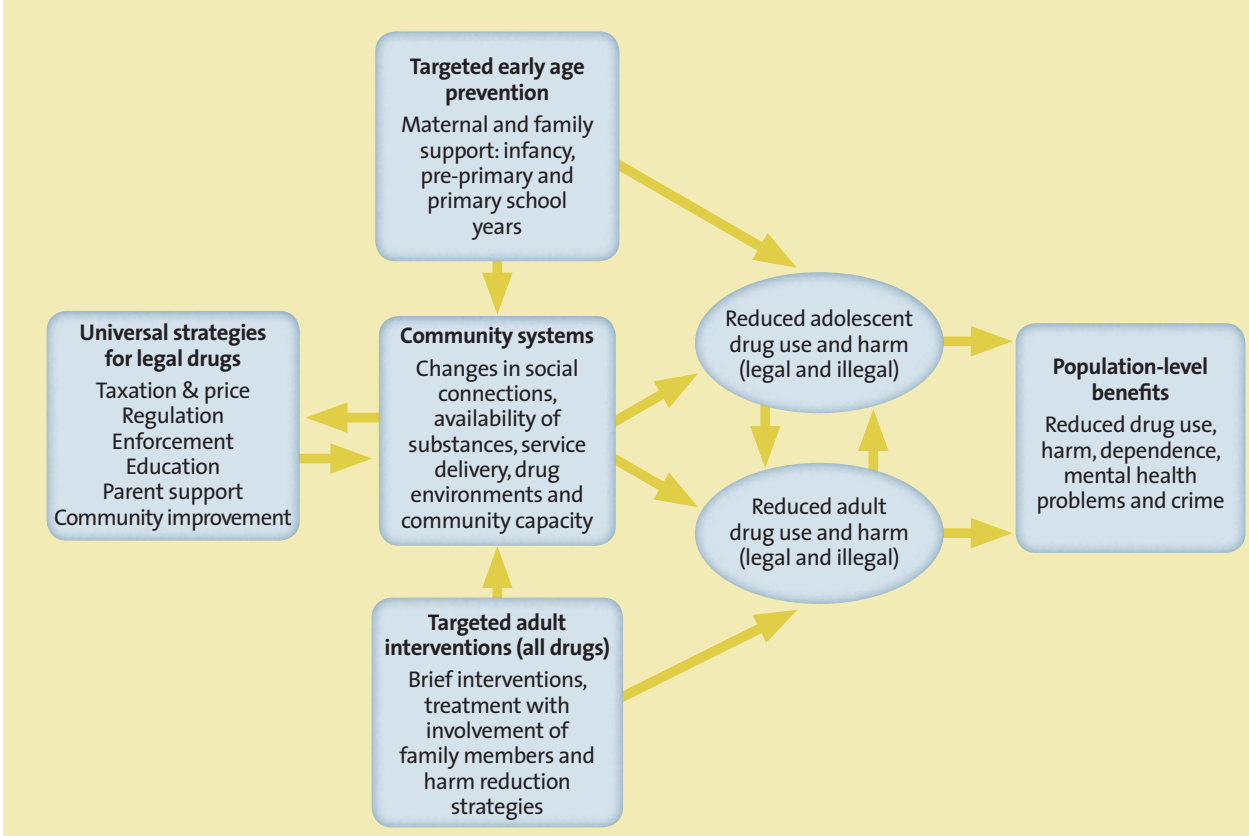


Figure 1 suggests that a carefully coordinated mix of strategies, rather than any single service or approach, has the greatest chance of leading to effective drug prevention.

The range of possible strategies also suggests the importance of tailoring the mix to the specific and distinct needs of particular local communities.

3 A practical approach to community planning

Given the range of factors that influence the development of drug use behaviour and related harms, there are many that can be addressed at the community level.

The array of prevention strategies might seem complex and there might be many other agencies or groups working in the same or overlapping areas. However, a decision to get involved in community drug prevention brings with it the need to plan effectively and work with others.

Acting without an awareness of the likely result and how this might interact with what others are doing can potentially make matters worse.

3.1 Planning principles

Adopting some basic principles to planning can overcome some of the complexity and provide a useful starting point in communicating and working with other groups.

The following principles are adapted from Local government reducing harm from alcohol consumption (Dibley, 2007). These principles support an integrated planning approach that will assist stakeholders to work collaboratively to identify shared or overlapping goals and complementary action to achieve these goals.

Table 1 Principles of integrated planning for health

Principle	This means:
Identify areas for action using the four environments for health	Take into consideration the built, social, economic, and natural environments in identifying issues and determining appropriate strategies.
Ask questions using the best available information to understand the issues	Research available data and seek the advice of experts on local health outcomes, patterns of behaviour, service needs and opportunities. This is compared with relevant regional state and national trends.
Listen to the community	Encourage people to have a say and be heard regarding their concerns and their solutions. Actions are meaningful to the local community, attract local participation and are locally driven.
Reduce the risks of health and wellbeing inequality	Ensure that 'at risk' people in the community are specifically supported to avoid the risks and minimise the harm.
Choose action based on what is most likely to work	Evaluate what has been tried in the past and research what others have done so that action is based on evidence and more likely to provide achievable and measurable outcomes.
Work in partnership with communities, the private sector, the community sector and other tiers of governments	Actively engage partners across a broad range of sectors - remembering that using the four environments means many might not be traditional health partners. Partnership reduces duplication and maximises effort.
Build capacity across the community	Use information, skill development, support and advocacy to increase the capacity of individuals and community partners to contribute to solutions.

These principles refer to consideration of the built, social, economic and natural environments in identifying issues and determining appropriate action. The use of the four environments as an integrated planning approach is common to local government in Victoria and might be useful in community drug prevention planning as well. It is a feature of the Environments for Health framework, which was designed primarily to assist local councils in developing Municipal Public Health Plans, but has extended beyond this. This framework aims to ensure planning processes avoid duplication and provides a practical guide to scanning for issues, researching, identifying action and setting priorities.

For more information see *Environments for Health: Framework for Municipal Public Health* (Department of Human Services, 2001).

3.2 Planning approaches

There are many ways to approach planning and each might use slightly different methods and language. However, it is critical that those contributing to the planning process:

- **understand the issues (causes and effects) as fully as possible**
- **are clear about what they intend to be different as a result of their efforts – referred to as outcomes or results**
- **assess their options in terms of priorities and available resources**
- **commit to effective actions that will achieve a sustainable result**
- **check whether what they are doing is working.**

The example below is a planning method developed by the Department of Human Services specifically to support planning in health promotion.

Health promotion planning

The Victorian State Government integrated health promotion framework provides an overall template for health planning sequenced in the following way:

- **Vision setting.** Articulating directions for health promotion using processes that involve key stakeholders and encourage links to broader planning frameworks.
- **Priority setting and problem definition.** Establishing agreed goals and objectives on the basis of a range of information to ensure their coordination with existing policy and program directions. Through the community health planning process, priority issues, such as mental health or alcohol misuse, and population groups are identified for each of the catchment areas.
- **Solution generation.** Identifying the range of health promotion activities that will be implemented to achieve the agreed objectives. The selection of policies and programs is based on analysis of a range of information including research evidence and community data.
- **Capacity building: support and resources.** Securing the funds, materials and resources required to implement a strategy and building capacity in an organisation or community to implement and sustain the strategy.
- **Planning for evaluation and dissemination.** Planning and implementing activities to ensure evaluation, dissemination and sustainability throughout the program management cycle.

Department of Human Services (2003). (www.health.vic.gov.au/healthpromotion/downloads/ihp_invictoria_4.pdf)

Working at a community level might mean that many stakeholders might be used to different planning methods. This is not important as long as the planning mechanism used allows the key aspects above to be achieved and the resulting plan provides adequate guidance and direction for action.

This guide suggests the following steps to planning effective drug prevention strategies:

1. **Explore who else has an interest**
2. **Together, gather information about the local circumstances**
3. **Develop a shared understanding and vision**
4. **Identify what approaches work best**
5. **Agree what action to take**
6. **Check what has worked**

4 Planning effective drug prevention strategies

4.1 Who else has an interest?

A useful starting point for planning is to think about who else is likely to have an interest in the issue or issues that have emerged. There are many people and organisations in any community whose work or other roles mean that they might be interested in drug prevention. Examples include:

- **local councils**
- **non-government health and human service agencies**
- **police**
- **residents groups, including neighbourhood watch and progress associations**
- **traders and business associations**
- **community development and health promotion workers**
- **alcohol and drug workers**
- **youth workers**
- **primary health care practitioners**
- **general practitioners**
- **school health nurses**
- **Indigenous workers**
- **cultural and linguistic diversity workers.**

Many are already actively involved with the health and wellbeing of the community, which means they have many areas of interest that overlap with drug prevention.

Some of these might be in a position to take on a leadership, coordination, information gathering, resourcing or other role. This approach acknowledges the value of local knowledge and experience. It begins to engage local supporters in developing solutions and to rally support in the wider community.

A useful preliminary task, therefore, is to identify those with an interest, to clarify their interest and consider what they can offer. This process can also assist in establishing the availability of professionals and expertise that might be able to assist with technical tasks such as data analysis, grants writing or evaluation. Table 2 looks at some likely stakeholders and their interest. These could be modified and added to, based on local knowledge and circumstances.

ACTION TIP

The role of individuals in getting community prevention started

In most communities there are many different issues that compete for local attention. If you believe that issues associated with drug use are receiving insufficient attention you can play a useful role by simply meeting with different local agencies to persuade others to give these issues more attention.

Local prevention efforts are often initiated by individuals who act as local 'champions'. Individuals with appropriate leadership skills can also be effective in advocacy roles through activities such as addressing local government and Primary Care Partnership representatives and talking to the media to highlight the need for local action.

By being well informed and persisting with issues over time it is possible to increase interest amongst local workers and community members and to encourage initial actions such as holding a forum. There are courses and resources available through organisations such as Our Community (www.ourcommunity.com.au) that can help you develop skills in community leadership.

Table 2 Stakeholder interests

Stakeholder	Interest	Comment
Alcohol and drug workers	Interest is in the reduction of harm to individuals from drugs, including prevention and treatment	Practical familiarity with issues and service options Direct access to users
Other health agencies and practitioners	Community health centres, general practitioners and other primary health services are often involved in health planning activities	In some cases have staff trained in research and evaluation
Community development workers	Interest is liveable communities, social connection and capacity building	In Neighbourhood Renewal communities, committees assist the development of workable solutions and strategies
Primary Care Partnerships (PCPs)	PCPs aim to: ■ improve the experience and health and wellbeing outcomes of people using primary health care services ■ reduce the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by coordinating a service response to early signs of disease and people's need for support. Alcohol and other drug issues is a priority area.	Strategic awareness of local, state and national drug and related issues Experienced in service coordination and partnership development Capacity for facilitation and resource access
Local council	Local councils play an important planning function – in particular, municipal public health plans and drug and alcohol or community safety plans	Strategic awareness of local, state and national drug and related issues Experienced in service coordination and partnership development Generally employ people with expertise in areas relevant to health and social planning
Other agencies working with specific populations, such as young people Indigenous, CALD groups	Interest includes health and wellbeing of specific population	Practical familiarity with issues confronting population and with related programs
Police	Interest is law and order and safety of community	Police Community Consultative Committees aim to improve efforts to reduce crime and increase the community's quality of life, by enhancing the partnership between the police, the community and local safety committees
Residents and residents groups	Interest is on a liveable community, safety and amenity	Skills and assets might be diverse
Traders and business groups	Interest is on a viable community, safety and capacity to trade	Skills and assets might be diverse
Media	Interest is on newsworthy 'stories' - good or bad. Local media also has an interest in the community	Capacity to get messages across to wide audience

4.2 Working together

One successful approach to improve drug prevention encourages planning and implementing integrated evidence-based strategies through local community networks or partnerships (Arthur & Blitz, 2000).

The way organisations can work together in partnership falls broadly into four categories:

- **Networking** → exchanging information and establishing dialogue
- **Coordination** → planning and aligning activities
- **Cooperation** → sharing resources for program delivery
- **Collaboration** → providing mutual support to plan and deliver programs

For more information on partnership see the VicHealth Fact Sheet Partnership (www.vichealth.vic.gov.au) or *The Partnership Analysis Tool: for partners in health promotion* (VicHealth, 2003).

Once the extent and nature of stakeholder interest is clear, it is useful to formally engage with likely partners, for example, hold discussions, join with an existing drug prevention partnership or network, if possible, or establish one.

Community partnerships or networks can play an important role in building the capacity of local agencies and the wider community to engage in effective drug prevention. Community capacity has been defined as the characteristics and resources that combine to improve the ability of a community to recognise, evaluate and address key problems (Bush, Dower & Mutch, 2002). In this way, community partnerships or networks are more likely to achieve the change they strive for and more likely to be sustainable.

Greenberg et al (2005) developed the following recommendations for effective functioning of such groups:

1. The type of work that is put in to establishing a drug prevention network should be based on an assessment of the level of readiness within the community (Jumper, Thurman et al). For communities low in readiness the activities of those championing the network focus on the basic tasks of educating community members about community prevention, visiting potential members to obtain support, and trying to resolve conflicts that can undermine efforts to coordinate a local response. As community readiness increases the opportunity emerges for a more sophisticated level of local capacity building.

2. Community training can be an effective means of conveying prevention science concepts and this enhanced understanding within a network can improve the long-term functioning of the network. Exposing a critical mass of community members to effective training, including training new network members and offering update training, all appear to make important contributions to effective network functioning.

3. Networks tend to be more successful where they have access to good-quality technical assistance. Tasks such as assessment of risk and protective factors and linking assessment of risk to evidence-based program selection and implementation can be completed poorly without technical assistance and in this way compromise longer-term effectiveness.

4. Members' knowledge of prevention and the quality of implementation of a prevention strategy are each important factors that contribute to the longer-term continuation of a network.

5. Networks are more likely to be effective at reducing local problems where they sustain their activities across time, conduct competent community assessments, select evidence-based prevention services that are well-matched to the local risk profile, and implement strategies in a competent way.

Whatever the formal arrangements for the partnership or network, a subcommittee structure can help to create manageable areas of activity and promote accountability. For example, separate subcommittees for youth participation, community assessment, evaluation or fundraising provide focus and help to share the workload.

Holding regular information sessions can ensure your group and the broader community is well informed about prevention, while also demonstrating the group's value within the community.

The ***Integrated Health Promotion Framework*** also provides an overall guidance for building local partnerships and determining local priorities.
(www.health.vic.gov.au/healthpromotion/what_is/)

ACTION TIP

How to form a collaborative relationship with experts

An initial task of a partnership or network subcommittee can be to scope the availability of professionals and experts willing to assist with technical tasks.

People with technical know-how can often be busy, hence, selecting a student or other volunteer to work with experts can enable data collection activity to be carried out based on directions.

Linking with professionals in organisations with compatible aims can create efficiencies, for example, the goals of the community partnership or network might overlap with those of relevant planning authorities.

Supporters are more likely to maintain their involvement over time if they can see their contribution making a difference.

Where possible, try to acknowledge people's contribution in community training events and by taking time to celebrate significant milestones.

4.3. Gathering information

Gathering information is the process of locating, bringing together and analysing information about drug behaviour and influences in the local community, in order to make informed decisions about what should be done to prevent local problems.

Information is a powerful ingredient in planning. It helps develop a picture of what is actually going on, which is sometimes different to local perceptions. It is also useful in helping to 'tell the story' to gather support from the wider community or potential funding bodies.

The information that is used in this type of assessment is varied and includes existing population information, details of broader characteristics such as the local economic and industry profile, behavioural prevalence estimates, and data on factors influencing harm related to drug use.

A useful resource on gathering information is ***Getting to know your community - a guide to using local data*** (Department for Victorian Communities, 2005, available from **www.communitybuilding.vic.gov.au** follow the Tools and Resources link).

4.3.1 What sources of information are available?

Sources of data for informing the process of setting priorities include:

- **specific alcohol and drug service use data**
- **information from ongoing demographic, health surveillance and service data collections (available from sources such as Primary Care Partnership community health plans, municipal public health plans, national health priority areas, Victorian burden of disease study, ABS population statistics)**
- **behaviour and social research on the determinants of health**
- **community consultation processes**
- **previous local needs assessments**
- **information collected in regional health promotion plans, municipal health promotion plans and Division of General Practice plans**
- **state and national priority areas.**

Many of the stakeholders identified above will be able to assist with information gathering, for example:

- **Local councils collate information for a range of related planning purposes.**
- **Regional State Government health staff have information available through initiatives such as Primary Care Partnerships and community health plans.**
- **Local pharmacists often have information relevant to local trends in prescription drug use and methadone service use.**
- **State Government information is available at the local area level from sources such as the Victorian Burden of Disease Study and ABS Population Statistics.**
- **Universities employ a number of people who are skilled in areas relevant to research and evaluation. By contacting relevant departments it is generally possible to locate relevant staff who might know professionals working in your community.**

The resource section of this document lists resources that you can access to identify information about drug behaviour in your community and organisations that are addressing these issues.

4.3.2 What does the community think?

The process of establishing priorities should be informed by both an understanding of the major factors influencing the local incidence of drug use and harms, and also by recognition of the importance of local community values.

Drug issues tend to be very emotive and people sometimes have strong opinions. It has generally not been found useful to use a public meeting to start the process of drug prevention planning (World Health Organisation, 2002).

As an advocate for drug prevention, it can be useful to get to know the community by talking to people one-on-one or getting the perspective of a range of organisations, many of which will be part of the partnership or network.

Once sufficient information on local patterns of drug use has been gathered, it can be useful to hold a scoping meeting to gauge the community's views and to invite questions and provide information about drug prevention activities. Whatever the timing, the time will arrive when engaging the community in meetings might be the best way forward.

Inviting one of the organisations identified among the stakeholders to auspice a scoping meeting can provide access to facilities and to experience and resources for advertising a meeting. The audience for an initial scoping meeting might include staff from local services and interested community members. To establish initial interest it might be helpful to prepare a report on the local situation to present to the meeting. A local report might include the information that has been gathered and summarise the opinions of local organisations and community members.

Depending on local priorities it can be challenging in some communities to get people to attend a meeting focusing on a topic such as community drug prevention. To attract interest, consider strategies such as inviting an interesting public speaker or timing your meeting to coincide with the release of a new report.

Engaging the community in this way is about assessing community needs, identifying skills and opportunities within the community, and 'imagining' or 'discovering' the community's preferred future. Questions for a scoping meeting to consider community drug prevention might include:

- **What is the community that we represent?**
- **What are the patterns of drug use that cause problems in this community?**
- **What evidence do we have that these are causing problems?**
- **What are the key issues for this community around drugs?**
- **What evidence do we have that these are the issues?**
- **What would prevent drug problems in our community?**
- **What existing organisations and networks are addressing these issues?**
- **What has worked or not worked locally in the past and why?**
- **What would our community look like if we succeed?**
- **What opportunities do we have to make a difference?**
- **What should we do to develop our approach to community drug prevention?**

ACTION TIP

Developing a vision

An initial focus for a scoping meeting will be agreeing on a common vision and objectives that will shape a work agenda.

In some communities there will be a degree of consensus as to the way forward; in others there might be differences of opinion. In these cases, it is essential to acknowledge and understand these different perspectives.

4.4 Determining what approaches work best

Before decisions are made about what action to take, it is useful to examine what might have worked in the past and/or elsewhere. Community drug prevention can be effective where it is well designed using strategies that reduce either drug use behaviour; the underlying influences that lead to this behaviour; or factors that result in drug-related harm (Greenberg et al, 2005 in Stockwell et al, 2005).

The systems model of prevention in Table 3 illustrates the range of political and economic mechanisms operating at national, state and community levels that can impact on drug use behaviour and related harms.

Table 3 National, state and community level mechanisms

Setting	Supply control	Demand reduction/ social improvement	Reduction of harm
National and state objectives	Coordinated policies and strategies for supply control Integrated operation of border control, drug control (policies, laws and regulation), taxes and excise, social marketing and media controls.	Effective and coordinated policies and strategies for reduction of demand and social improvement Integrated expenditure on health, mental health, welfare, education and prevention	Effective and coordinated policies and strategies to reduce harm, including police training (drink-drive programs), treatment programs (methadone), courts (diversion), and in prisons
Local community objectives	Effectively planned and locally coordinated supply reduction programs	Well-planned and coordinated strategy for investment in social improvement and prevention Reduction of local risk factors, enhancement of protective factors	Effective and coordinated local strategy for reducing drug-related harms
Local community activities	Licensing and enforcement, policing, distribution (alcohol, tobacco, other drugs)	Targeted early childhood programs Parent education Schools drug education and organisation Social opportunities and employment	Driver breath testing by police Alcohol server training Keg registration Needle exchange programs
Objectives for families and adults	The availability and price of drugs reflects evidence for their harms	Enhanced social connection Patterns of drug use within public health guidelines	Reduction in risky drug use and harm
Objectives for children and young people	Drugs are unfashionable and difficult to access	Healthy social development	Less drug use, delayed age of first drug use, less frequent and more moderate drug use

Source: Adapted from Loxley et al, 2004.

One way of selecting prevention and health promotion strategies is to consider:

- **how common the drug problems are that are being targeted**
- **who is affected**
- **their level of risk and**
- **if the problem is amenable to change.**

Figure 2 below presents a client-centred model of drug prevention, harm minimisation and treatment, developed by the Department of Human Services in Victoria.

The model describes the range of health promotion strategies based on risk factors and healthy behaviours across life stages. It indicates how different types of drug use behaviour might require different prevention strategies. It distinguishes between 'universal' or 'whole population' strategies and 'targeted' or 'individual' strategies.

Universal strategies are designed to reduce common risk or harm through application to the whole of the population. Strategies include, for example, health and lifestyle education and information provision.

In some communities prevention efforts will aim to address common patterns of drug use, such as the involvement of young people in binge drinking. In such circumstances, it is more feasible to use strategies focusing on the whole population, rather than attempt to address these common behaviours using intensive strategies focused on individuals.

Targeted strategies are delivered to sub-populations or individuals identified as a result of their high level of risk for drug-related harm. Strategies include, for example, screening for risk factors, individual risk assessment and case management.

In communities where prevention efforts focus on less common problems, such as reducing illicit drug use in pregnant women or multiple drug use amongst early high school students, the strategies selected might have a greater focus on targeting selected individuals who exhibit these high-risk behaviours.

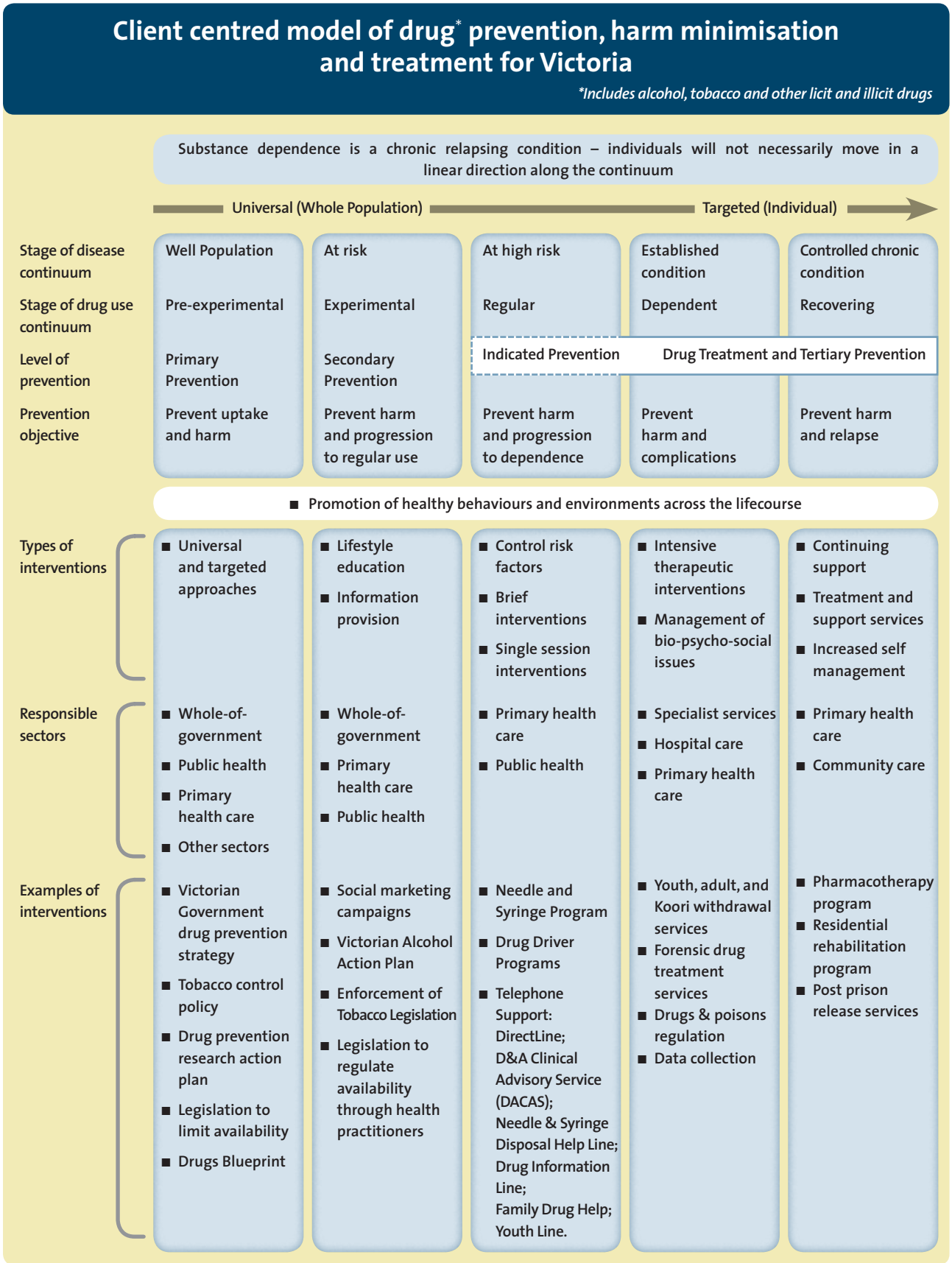
Screening might be used in hospitals, other health services or courts to identify families or individuals in need of specialised assistance.

A mixture of targeted and universal strategies might apply to more common patterns of use such as harmful alcohol use and illicit drug use that also result in a wide range of individual impacts.

Social marketing and health information strategies might be delivered to small or large populations.

Of course, it is worth remembering that prevention strategies are unlikely to remove the need for treatment services altogether and these remain an important harm reduction safety net.

Figure 2 Client-centred model of drug prevention, harm minimisation and treatment



Prevention of substance use, risk and harm in Australia: A review of the evidence (Loxley et al, 2004) provides a valuable resource in examining numerous types of strategies for their effectiveness. It provides direction for integrating a range of prevention strategies at the community level. Of course, some strategies have not been sufficiently tested to rule them in or out. However, the evidence shows that integrated and collaborative responses that span regulation, enforcement, social marketing, service provision and advocacy, are generally more effective in achieving sustainable change than isolated and one-off activities.

Table 4 provides examples of effective community prevention strategies.

Table 4: Effective community drug prevention strategies.

Strategy	Definition	Evidence for effectiveness
Improving environments for healthy child and adolescent development	Using knowledge of child and adolescent development to reduce community influences (e.g. poor family and school environments) that can subsequently lead to alcohol and drug related harm	*** There is high quality evidence for population impacts from large community randomised and quasi-experimental trials in the USA and from Australian demonstration trials.
Modifying community alcohol and drug market behaviour	Using regulation, policing and enforcement strategies to discourage harmful practices related to the sale, distribution and consumption of alcohol and drugs	*** There is evidence for programs that combine elements such as strengthening local laws, police detection and enforcement of laws and regulations.
Reducing the contribution of disadvantage	Targeting services and prevention strategies within disadvantaged populations and communities	* These approaches are being trialled successfully and show some effect in enhancing child outcomes

** Evidence for implementation, *** Evidence for effectiveness.*

4.5 Prevention focused on developmental pathways (environments for healthy child and adolescent development)

There is increasing evidence that it is possible to prevent frequent or heavy adolescent alcohol and drug use through interventions that aim to improve the social development environments for children and young people. In general, prevention strategies appear more successful where they are maintained over a number of years (through childhood and into adolescence and adulthood) and incorporate multiple strategies that occur in different settings (for example, family, school, community and peer groups). Strategies can target different stages in the developmental pathways that lead to harmful drug use behaviour:

- **At an early age, targets might include preventing foetal exposure to maternal tobacco use and alcohol misuse.**
- **In infancy and childhood, prevention targets might focus on increasing healthy development by encouraging good nutrition, nurture, stimulation, ensuring safety and preventing exposure to environmental tobacco smoke and problems associated with parental alcohol and drug abuse.**
- **For children approaching school age, prevention targets might shift to include a healthy preparation for school, successful adjustment to school life, preventing access to alcohol, competencies for resilience, and healthy social attachments.**

- **In high school and into adolescence, prevention targets might aim to delay the initiation of alcohol use and encourage less frequent and less harmful patterns of use.**
- **For adult drug users, prevention targets might focus on moving drug use toward less risky behaviours.**

Although most people agree with the principle of early investment to prevent later problems, there are a number of important barriers that must be overcome in order to establish an effective prevention framework. It is sometimes said that the long-term focus of prevention does not fit the short-term requirement for political priorities.

A major challenge facing the successful dissemination of evidence-based programs is that they are often too poorly resourced to be implemented successfully in settings such as schools and communities. To overcome these difficulties, prevention programs need to be accompanied with adequate resources for training and technical support.

There are a variety of prevention strategies available for implementation at a community level. Appendix A Table 1 organises strategies according to the age period and setting they target and provides definitions. Appendix A Table 2 provides a summary relevant to the effectiveness of prevention strategies.

CASE STUDY

Mornington Peninsula Shire- Communities That Care

The Mornington Peninsula Shire Communities That Care coalition was formed in 2000 in response to community concern about the high proportion of young people engaged in harmful alcohol and drug use. This is a community organisation that professionals, community members and representatives from six local area groups formed from the geographically diverse neighbourhoods within this large municipality. The organisation has completed numerous training programs to ensure developmental prevention is well understood and that local neighbourhood activities are well planned.

Vision

'To build safer neighbourhoods where children, young people and their families are valued, respected and encouraged to achieve their potential'

Strategies

- establish working partnerships between the community, agencies, and organisations to promote healthy social and personal development and reduce risk factors related to problem behaviours such as drug abuse, school failure, school age pregnancy, violence, and crime
- use information and data collected from the local area to help identify locally based solutions to address the health & wellbeing needs of young people. Information comes from the adolescent health and well-being survey, demographic and community focus groups
- reduce risk factors and increase protective factors present in a young person's life to reduce the likelihood of young people engaging in health compromising behaviours
- resource communities to develop Local Action Plans which support and strengthen families, promote school commitment and success, encourage responsible sexual behaviour and achieve a safer and more cohesive community

Reduction in the initiation of substance use

A survey of over 2,000 students reported in 2008 demonstrated many of the targets in the prevention plans were on-track to succeed and there was evidence of population reductions in youth reports of alcohol and drug use and precocious sexual activity.

Source: http://www.mornpen.vic.gov.au/Page/Page.asp?Page_Id=145.

4.6 Modifying community alcohol and drug markets

There is good evidence to show that it is possible to reduce alcohol and drug-related harm through well-coordinated programs that address the development and enforcement of regulations, laws and policies. Interventions of this type are typically guided by the public health model and address social marketing, policy changes, industry practices, and regulation and policing. A community coalition is generally formed and trained to make decisions, develop plans and coordinate implementation.

- **Targets include reduction of driving while under the influence of alcohol or drugs to reduce vehicle accidents, implementation and enforcement of legislation to reduce harmful practices.**
- **In many programs coalitions include partnerships with university teams or other areas of expertise**
- **Efforts are typically made to mobilise the community by gaining media coverage of alcohol related trauma.**
- **Training may be provided in effective strategies such as alcohol and drug driver detection, alcohol server practices.**
- **Local councils and other organisations may be encouraged to introduce and enforce bylaws and conditions on use of leased premises aimed at restricting alcohol availability and use.**
- **Alcohol vendors may be monitored to identify those selling to minors or intoxicated patrons. Feedback and fines can be used to reduce these practices.**

4.7 What action will we take?

Putting a community drug prevention plan into action first means writing it down. The plan does not need to be a large, elaborate or complex document but, as the saying goes: 'if it isn't written down, it's not a plan – it's just a wish'! In planning, there are a number of common failings, including:

- **plans just remain wishes – not tested with others or with clear objectives**
- **plans miss early stages – rushing in to the 'fun' bits can overlook foundation work**
- **tasks are not allocated – no-one is assigned the tasks to action the plan.**

ACTION TIP

Planning for success

It is useful to develop a range of activity objectives, with some that hold the potential for short-term 'quick wins' and some that might require a longer time frame.

Being spread over too many agendas and failing to use evidence-based programs in preference to popular programs that have little impact can lead to disappointing results.

This has been demonstrated in community drug prevention in the United States (Hallfors, Cho, Livert & Kadushin, 2002). In these cases community members generally had little training or expertise with which to implement evidence-based strategies.

Writing goals and strategies in a clear and structured way helps to avoid these pitfalls. It means the plan will help to set and manage the direction for the partnership or network and enable this direction to be effectively communicated and embraced by others.

The **SMART** technique is a good way to do this. SMART goals, strategies and outcomes have the following characteristics.

S – specific: each goal needs to be specific, so that you can work out whether it has been achieved.

M – measurable: state a measure within the goal so you can tell when the goal is reached.

A – attainable: make sure that the goal is attainable, and that it can be done on time and within available resources – funds and people.

R – relevant: make sure that the goal is relevant to the overall aims of the society.

T – time-framed: set the goal into a time frame, and identify points where you can check progress along the way.

CASE STUDY

The Dandenong Drug Action Committee- Addressing Volatile Substance Use

The Dandenong Drug Action Committee (DDAC) was established in 1999 in response to community concern about the harm of drug use in Dandenong.

DDAC is a community group – independent of local, state or federal governments. Membership of the committee includes representatives from treatment and support agencies, local business and residents, schools, Victoria Police and the City of Greater Dandenong.

The committee meets once a month to come up with ways to reduce the impact of drugs in the area. In addition, they host community forums three times a year to provide current, expert information about specific drug-related issues in the area. The topics for the forums are based on current local concerns identified by the committee.

Vision Statement

'To reduce the impact of drug use on the Dandenong community.'

Mission statement

'To establish effective partnerships that are action oriented and outcome driven between government, local police, local government, local agencies, community organisations and the community which allows for the effective delivery of improved community safety, intervention, education and treatment programs.'

DDAC has chosen to focus on the area of information, awareness and community education with 'achievable actions' as a major goal. Consequently, two projects were undertaken in 2006:

Drug & Alcohol Services Information Card

A pocket-sized information card has been re-developed that contains the contact details for drug and alcohol services available to the City of Greater Dandenong community.

Reducing the Harms Associated with Volatile Substance use

Although Greater Dandenong does not have a significant inhalant use problem, the DDAC acknowledges that harms arising from the use of solvents impact our community to varying degrees. The committee has developed a short-term plan to address the information needs of local traders who may be selling volatile substances and the local community who may not know what to do if they see someone using or affected by inhalant use.

Source: City of Greater Dandenong website; www.greaterdandenong.com/DrugAction Follow link to Drug Actions Committee which also includes Springvale and Noble Park/Keysborough Committees.

5 How will we know what we do is working?

Drug prevention programs and strategies often require significant resources and effort to develop and implement. Often too, the strategies will have a broad array of results. If all goes to plan the strategies will prove positive - but how can we be sure? Evaluation enables us to be confident that we have invested our resources wisely for the intended target group and have not produced unintended consequences for others.

Evaluation might also be conducted for pragmatic reasons, such as demonstrating accountability to key partners and funding bodies or making a case for future funding. Whatever the catalyst, evaluation provides an opportunity to learn what has worked and why, to learn what has not worked and why not and, most importantly, to apply this learning to improve our strategies and better target our efforts.

There are three broad types of evaluation: process, impact and outcome.

- **Process evaluation assesses elements of program development and delivery. The quality, appropriateness and reach of the strategies used to implement the program are of key interest in this type of evaluation.**
- **Impact evaluation measures immediate program effects and assesses the degree to which program objectives are met.**
- **Outcome evaluation measures the longer-term effects of programs and assesses the degree to which the original intent or program goal has been achieved. It is concerned with the actual changes that have occurred for individuals and communities and often considers outcomes such as mortality, morbidity, disability, quality of life and equity.**

The following table describes the kind of general questions each evaluation type poses.

Type	Questions
Process	■ Are all projects and activities developed and implemented? ■ Are all materials and components of the program of good quality? ■ Are key partners involved in the program able to fulfil the program goals and objectives? ■ Is the program reaching the target or interest groups? ■ Are all parts of the program reaching all parts of these groups? ■ Are participants satisfied with the program?
Impact	■ Has knowledge increased concerning healthy lifestyles? ■ Have attitudes, motivation, confidence, behavioural intentions and personal skills improved? ■ Are communities active participants in the program? ■ Is public opinion supportive of the direction of the strategies? ■ Are supportive public policies and organisational practices in place? ■ Are adequate resources allocated? ■ Are strategies integrated with other relevant activity?
Outcome	■ Has the strategy achieved its program goal? ■ Have changes in behaviour been sustained over time? ■ Have environmental conditions improved? ■ Have there been improvements in health status?

It is important to use each type of evaluation to inform the various development phases of the program. At times, an evaluation might be of a single type; in other instances it might include aspects of all three.

Whatever the type of evaluation, the process can follow key simple steps as outlined in the figure opposite.

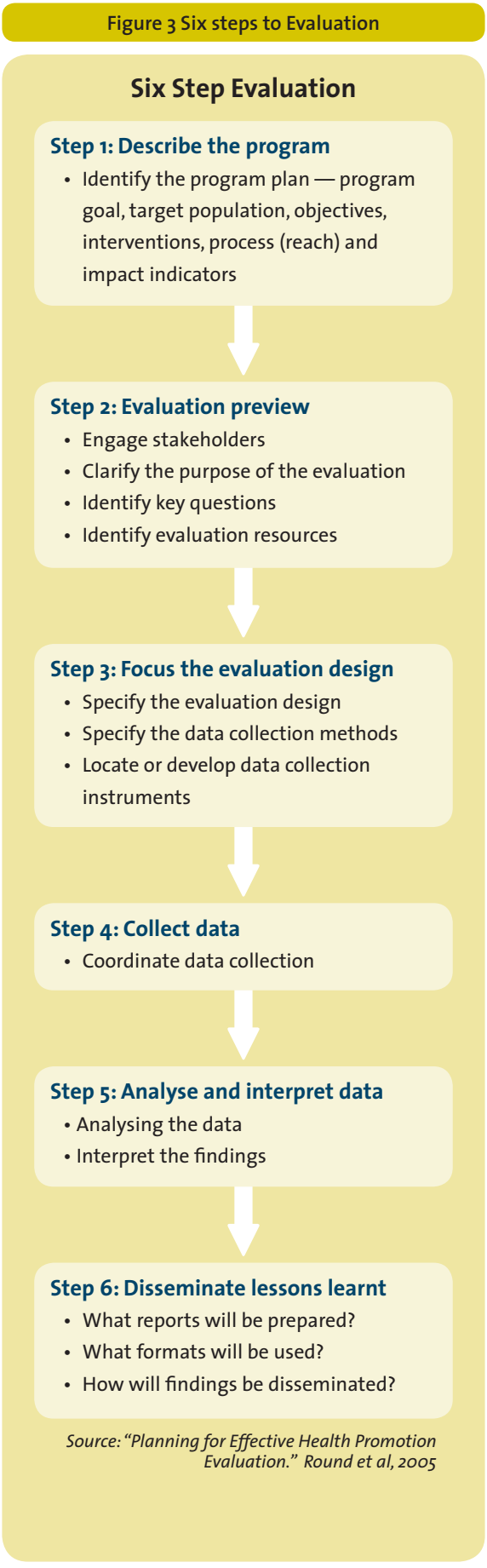
Outcome evaluation is generally the most challenging - in part, because many factors might be acting on the target group other than the specific program strategies. Some useful data sources that monitor the level of drug use and alcohol consumption and related harms include:

- ***National Drug Strategy Household Survey***
- ***The Victorian population health survey***
- ***The Victorian drug statistics handbook: Patterns of drug use and related harm in Victoria***
- ***Victoria drug trends: Illicit drug reporting system***
- ***Victoria drug trends: Ecstasy and related drug reporting system***
- ***Victorian secondary school students' use of licit and illicit substances***

Community groups might also use community surveys to measure changes in awareness of drug and alcohol issues, perceptions of safety and so on.

The Department of Human Services has evaluation resources suitable to programs and drug prevention strategies available from: http://www.health.vic.gov.au/healthpromotion/hp_practice/eval_dissem.htm#measuring

Figure 3 Six steps to Evaluation



Source: "Planning for Effective Health Promotion Evaluation." Round et al, 2005

Establishing measures at the start can assist in the evaluation task. Table 5 provides examples of measures that might provide an indication of whether strategies are succeeding.

Table 5 Behaviour targets for preventing harmful drug use

Behavioural targets
Alcohol
Reducing alcohol-related deaths
Reducing alcohol-related hospital admissions
Reducing risky patterns of use
Encouraging high school students who use alcohol to do so on a less than weekly basis
Reducing the number who initiate alcohol use prior to age 18
Preventing infant exposure to alcohol in breast milk
Preventing foetal exposure to maternal alcohol use
Cannabis
Reducing the number of young people who use cannabis daily
Preventing cannabis use prior to age 15
Preventing any use of cannabis
Other illicit drugs
Reducing incidents of high risk illicit drug use
Preventing any illicit drug use
Tobacco
Encourage tobacco users to quit
Reducing use by high school students
Preventing young people purchasing tobacco
Reducing the number of children exposed to environmental tobacco smoke
Preventing foetal exposure to maternal tobacco use

ACTION TIP

Building in evaluation

- Budget for evaluation from the outset. 10% of the total program budget is a useful guide.
- Use or adapt existing evaluation tools to assist in planning and carrying out the evaluation.
- Consider working collaboratively with applied research programs.
- If engaging an independent evaluator, use the 'six steps' to develop an evaluation brief.
- Share the news! Others are always keen to know what works and what doesn't.

6 Conclusion

There is no one solution for all communities and each will need to find what is needed and what will work locally. ***Prevention of substance use, risk and harm in Australia: A review of the evidence*** (Loxley et al, 2004) provides a valuable resource in examining numerous types of strategies for their effectiveness. The tables at Appendix A also provide a valuable summary of strategies, definitions and effectiveness.

Whether communities choose to advocate for change, deliver information and services themselves, or support others to do so, it is critical to understand the issues and what strategies are most likely to achieve results.

Planning and implementing a response in partnership with others will mean that available resources are used most efficiently and that results are more likely to be 'owned' by the community and last into the future.

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Appendices

Appendix A, Table 1:
Definition of prevention strategies (extended from Toumbourou et al, 2000)

Prevention strategies *(Settings)*	Definitions
Family setting – Family services	
Preventing and delaying pregnancy in young and vulnerable mothers	The use of a broad range of programs designed to prevent pregnancy amongst teenagers and vulnerable mothers. Strategies include delaying the initiation of sexual activity, encouraging the use of contraception, reducing risky sexual behaviour and providing access to pregnancy termination.
Family home visiting	A professional such as a nurse developing a relationship with a vulnerable family over a period of time in the context of offering support, information and advice on pregnancy, infant health, maternal health and advocacy for service access.
Parent education	One or more parents (or carers) receiving information and/or engaging in a course of instruction aimed at encouraging healthy child development.
Family intervention	One or more parents (or carers), children and other family members receiving information, engaging in a course of instruction and/or obtaining therapeutic assistance together aimed at encouraging healthy family development.
School setting – School services	
School preparation programs	Programs aimed at better preparing children for the transition to school.
School organisation and behaviour management	Includes interventions to maximise learning opportunities, encourage positive interpersonal relationships at school, and policies and procedures to ensure effective discipline.
School drug education (curricula)	Delivery of a structured social health education curriculum within the school usually by classroom teachers, but in some cases by visiting outside professionals.

Prevention strategies *(Settings)*	Definitions
Peer settings – Typically coordinated by schools, non-government organisations or local government	
Peer intervention and peer education	Youth peers of common identity provide support or deliver a health message.
Youth sport and recreation programs	Provision or use of recreational opportunities outside the school setting to promote the positive development of children and young people.
Mentorship	Strategies to develop pro-social relationships between youth and positively functioning adults within the community.
Community setting – Locally, regionally or state coordinated programs	
Community-based drug education	Adolescent drug education curricula or information delivered in a community setting other than in schools.
Preventative case management	Coordinated delivery of more intensive services tailored to meet a range of developmental needs. Generally targeted to children and adolescents with multiple risk factors.
Community mobilisation	Campaigns to initiate or strengthen an explicit strategy of coordinated community action aiming to advance community conditions for healthy development in children and young people.
Health service reorientation	Includes reorientation of existing health services to enhance service access for vulnerable families and to modify factors that can otherwise disrupt healthy development.
Employment and training	Includes provision of pre-employment assistance, employment experience, training or intervention in a post-school training setting, with the aim of ensuring developmental outcomes.
Law, regulation, policing and enforcement	Modification to and enforcement of legislation or regulations, policing strategies and procedures for dealing with offenders aimed at reducing access to prohibited drugs and preventing initiation or escalation of harmful drug use.
Social marketing	Use of the mass media to promote a health message.
Drug treatment	A range of interventions to assist active drug users to address health and social problems and reduce patterns of use toward safer levels and methods. Important to address drug problems in families to prevent inter-generational problems.
Harm minimisation	A broad range of environmental, community and behavioural strategies that aim to reduce the likelihood that drug use behaviour will result in harmful outcomes.

Appendix A Table 2:

Effectiveness ratings for a range of prevention strategies

Developmental period	Intervention strategies/settings	Strength of evidence	Comments
Prior to birth	Preventing and delaying pregnancy in young and vulnerable mothers, health service reorientation	⚑	Few studies have examined drug use impacts
	Family home visiting	● ●	Small samples effects for selected population groups only
Infancy and early childhood (0–4)	Parent education, school preparation programs	● ●	Generally small studies with short-term follow-up. Some notable long-term findings for school preparation.
Primary school age (5 to 10)	Family intervention, parent education	● ●	Some strong designs. Mostly small studies. Some adolescent outcomes.
	Early school drug education	●	Need process studies. Social influences appear critical.
	School organisation and behaviour management	● ●	Some strong designs. Adolescent follow-ups are being reported.
Adolescence (11–24)	School organisation and behaviour management, peer intervention and peer education, youth sport and recreation programs, mentorship	⚑	Some interventions such as peer education have the potential for negative outcomes.
	Parent education, family intervention, social marketing, preventative case management	●	Family interventions appear useful as selective interventions.
	High school drug education, law, regulation and policing, community mobilisation	● ●	Drug education has been less clearly effective in preventing alcohol use.
Adulthood	Harm minimisation, law, regulation and policing, treatment	● ● ●	

TABLE SYMBOLS:

⚑ Warrants further research; ● Evidence for implementation;

● ● Evidence for outcome efficacy; ● ● ● Evidence for effective dissemination.

State Government Victoria
Department of Human Services