

A good practice guide for ATOD Prevention Workers

Alcohol, Tobacco and Other Drugs

Prevention Statement

Introduction

Alcohol, tobacco and other drug use

Alcohol, tobacco, illicit substances (i.e. cannabis and methamphetamine) and prescribed pharmaceuticals (i.e. oxycodone and benzodiazepines) are all drugs that can be used and misused, and continue to cause significant harm to individuals, families and communities. The leading consequences of drinking too much, smoking and illicit drug use, include injury, chronic disease and premature death, as well as social and economic costs.

National and state policy

Strengthening prevention efforts is an important part of the National Drug Strategy, the Queensland Drug Strategy and the Queensland Strategy for Chronic Disease.

Harm minimisation is the foundation of efforts to prevent the uptake and reduce the harmful effects of drug use in Australia and Queensland. Harm minimisation is a principle which recognises the need to use a wide range of approaches in dealing with drug related harm, including supply reduction, demand reduction (including abstinence oriented interventions) and harm reduction strategies (*National Drug Strategy 2004–2009*).

Alcohol, Tobacco and Other Drugs (ATOD) Prevention Statement

The Queensland Health Alcohol, Tobacco and Other Drugs Prevention Statement is a guide to ATOD prevention and health promotion.

It aims to assist ATOD Prevention Workers (government and non-government) to focus their expertise and maximise the impact of their work by clearly identifying the scope and approach of ATOD prevention work in Queensland.

It provides an evidence-based 'menu of options' for ATOD Prevention Workers to apply in their local communities *according to need, opportunity and capacity*.

A definition of ATOD prevention

Alcohol, tobacco and other drugs prevention refers to measures that stop or delay the uptake of drug use and protect against progression to more frequent or regular use amongst at risk populations.

Types of ATOD prevention

- **Primary prevention** – targets the entire population and/or sub-populations and aims to prevent or delay the use of drugs (e.g. tobacco laws, drug and alcohol policies, partnerships to build community capacity, social marketing campaigns)
- **Secondary prevention** – targets groups and individuals at risk of using or currently using drugs, and aims to prevent use, problematic use and harm (e.g. responsible service of alcohol, Safer Venues, social marketing campaigns, Quitline, Alcohol and Drug Information Service)
- **Tertiary Prevention** – targets individuals and aims to prevent further harm from problematic drug use (i.e. drug and alcohol treatment services)

ATOD prevention work concentrates on the categories of primary prevention and secondary prevention. Primary prevention, however, has the broadest and greatest potential for sustainable positive impact because it focuses on entire populations and influences social change.

Theoretical foundations of ATOD prevention

Population Health – working with populations and groups

Population or public health is the prevention of illness and injury, and the protection and promotion of health and wellbeing through organised efforts and informed choices of society, organisations (public and private), communities and individuals.

A population health approach is characterised by:

- addressing the entire range of risk and protective factors that determine the health of the community, including environmental and socio-economic factors, community capacity, health behaviours and person-related factors
- actions targeting the entire population and/or sub-populations
- reducing health inequities

Population health uses a range of strategies to improve health outcomes at a population level, including:

- policy
- legislation and regulation
- social marketing
- environmental change
- organisational and community development
- partnerships

ATOD prevention uses a population health approach to maximise the amount of harm that may be prevented and to support far-reaching and sustainable structural and social change through a multi-strategy approach.

(Source: Queensland Health Population Health Plan 2007–2012)

Health promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs and to change or cope with the environment. Health, therefore, can be seen as a resource for everyday life, not simply the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.

Accordingly, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to general wellbeing. Health promotion strategies include: building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services.

The holistic health promotion approach is about more than just health behaviours and is a departure from a traditional 'health education' framework.

The principles and practices of health promotion offer fundamental strategies for the effective prevention of alcohol, tobacco and other drug related use and harm.

(Source: World Health Organisation, Ottawa Charter)

Social determinants of health

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. They include things such as education, housing, wealth/poverty, transport, race/ethnicity, safety and security, discrimination/equity, occupation, working conditions, social connectedness and social cohesion, clean drinking water, sanitation and environmental factors. These circumstances are in turn shaped by a wider set of forces including economics, social policies and politics. Throughout the world, people from socially disadvantaged groups are more likely to get sicker and die sooner than people in more privileged social and economic positions.

Alcohol, tobacco and other drug use is but one of a number of social and health problems that share common determinants and these problems tend to cluster in vulnerable individuals and population groups.

ATOD prevention work recognises the importance of the social determinants of health and contributes as much as possible to address these inequalities, particularly through population health based strategies and partnerships at national, state and local levels.

(Source: World Health Organisation)

Risk and protective factors

The concept that there are certain personal, social and environmental factors that have the potential to increase risk, or offer protection, against uptake of smoking and problematic drug and alcohol use and drug related harm is useful in helping to identify and target strategies and populations for prevention.

Risk and protective factors originate within a variety of environments such as the family and education systems and are influenced by community and cultural factors.

The presence of any given factor or factors does not mean that use or problematic levels of drug or alcohol use will occur. It means that it is potentially more likely, particularly if not balanced by the presence of a number of protective factors. It is the whole picture and interaction of factors for an individual or group, not just the presence of one or any number of factors.

Risk factors that may increase the likelihood of problematic alcohol and drug use

Early age

Early age risk factors identified that increase the likelihood that children develop behavioural and adjustment problems and could become involved in harmful drug use include:

- inherited vulnerability (males)
- maternal smoking and alcohol use
- extreme social disadvantage
- family breakdown
- child abuse and neglect

School age

- early school failure
- childhood conduct disorder
- aggression
- favourable parental attitudes to drug use

Adolescence

- low involvement in activities with adults
- perceived and actual level of community drug use
- availability of drugs
- parent-adolescent conflict
- parental alcohol and drug problems
- poor family management
- school failure
- deviant peer associations
- delinquency
- favourable attitudes to drugs

Protective factors that may decrease the likelihood of problematic alcohol and drug use

Early age

- being born outside Australia
- having an easy temperament
- social and emotional competence
- shy and cautious temperament

Adolescence

- family attachment
- parental harmony
- religious involvement

(Source: The prevention of substance use, risk and harm in Australia, monograph)

For tobacco use, factors that can increase the likelihood of starting to smoke include:

- family environment such as smoking behaviour of parents and siblings, socio-economic disadvantage
- smoking behaviours of peers, and peer attitudes and norms
- positive intentions towards, attitudes and beliefs about smoking
- educational environment including low achievement, lack of school connectedness
- use of other drugs and alcohol
- accessibility to and availability of tobacco products
- affordability of tobacco products
- tobacco advertising and promotion targeted at young people
- positive portrayals of smoking in the popular media
- tobacco products created to appeal to young people

(Source: Tobacco in Australia: Facts and Issues tobaccoaustralia.org.au)

ATOD prevention prioritises strategies to reduce risk factors and enhance and support protective factors, particularly for children and young people. Prevention strategies for alcohol and tobacco (legal drugs) need to be whole of population and relevant to young people. Prevention strategies for illicit drugs should be targeted at high risk groups of young people.

(Source: The prevention of substance use, risk and harm in Australia, monograph)

Key populations and settings for ATOD prevention

Given the social determinants of health, health inequalities and risk and protective factors, the following population groups are priorities for ATOD prevention:

- young people (16–29 years)*
- Aboriginal and Torres Strait Islander people
- women (especially with regard to motherhood, pregnancy and pre-pregnancy)
- socially and economically disadvantaged groups

ATOD prevention also targets particular settings where there are opportunities to influence the behaviour of groups of people, including:

- workplaces and organisations
- venues (i.e. liquor licensed premises)
- social, cultural or sporting groups
- communities (i.e. specific communities, community groups, events)
- educational settings (i.e. secondary school, universities, TAFE colleges)

** Young people aged 16–29 years are a prevention priority because of the significant harms that can impact this group. In addition, the ATOD prevention workforce is small and we need to prioritise where we can make a difference. The leading sector and workforce for children under the age of 16 years is Child Health. Working closely with this system and workforce, and the broader youth sector as possible, is our best opportunity to affect change. ATOD prevention strategies that target adults, groups and communities also work to indirectly affect and support children under 16 years.*

Key strategies for ATOD prevention

There are a number of ways to identify and classify the work of ATOD prevention.

ATOD Prevention Workers implement prevention strategies based on need, opportunity and capacity at the local level. Depending on the strategies, ATOD Prevention Workers may lead programs or initiatives, be active partners with others or promote existing programs, services or information.

Strategies are also implemented at a state and national level however, these are not discussed specifically in the following section. Information about these will be provided by ATOD Prevention Coordinators.

A multi-strategy approach is almost always required as population needs are usually complex and not easily, or effectively, addressed by one strategy alone.

The following ATOD prevention strategies are provided as a 'menu of options' based on a population health and health promotion approach, and considering the social determinants of health and risk and protective factors for drug use.

Key strategies for ATOD prevention in Queensland include:

- Strengthening community action through partnerships and capacity building
- Supporting statewide social marketing
- Promoting healthy policy and legislation
- Developing personal skills (of the population/community)
- Creating supportive physical and social environments
- Raising awareness
- Advocating for alcohol, tobacco and other drug prevention

The following is a selection of current ATOD prevention programs, initiatives and activities that serve as examples of how these strategies are implemented.

Strategy:**Strengthening community action through partnerships and capacity building**

Example	Description
Liquor Industry Action Groups (LIAG's) / Alcohol Partnerships / Liquor Accords	<p>Consider opportunities to establish or participate in LIAG's.</p> <p>A LIAG is a group coordinated by a range of community stakeholders (including ATOD Prevention Workers) involving liquor industry representatives, local businesses, local government authorities, community organisations, health and police agencies. These groups involve a 'voluntary' agreement between stakeholders that sets out harm minimisation practices and a code of conduct with the aim of improving community safety and amenity without the need for mandatory legislation and enforcement. This is achieved through delivery of community-based initiatives to reduce alcohol harm, primarily in the late-night drinking environment.</p>
Tobacco Action Group (TAG)	<p>Consider opportunities to establish or participate in TAG's.</p> <p>A TAG is group of key stakeholders in the community to work to implement evidence-based strategies for the prevention of uptake and cessation of smoking. Group activities can include promotion of Quit and smoke-free messages, improvement of access to cessation support, protection from passive smoking, creation of voluntary smoke-free environments and development of targeted strategies for high risk populations including Aboriginal and Torres Strait Islander people.</p>
Small grants and other resources	<p>Provide small grants and other resources to help local partnerships or organisations to implement ATOD prevention activities.</p>
Building partnerships for shared health outcomes	<p>Identify key stakeholders, existing and relevant groups in your local community. Explore shared needs, opportunities and exchange knowledge and information. Develop joint strategies and work together to achieve outcomes for key populations and groups.</p> <p>This could include the mental health and child health workforce, as well as other relevant sectors, agencies and professionals in the local area.</p>
Which Way Our Way (WWOW)	<p>Plan, implement and evaluate WOWW initiatives in your local area.</p> <p>The North Queensland 'Which Way Our Way Campaign' aims to contribute to reducing alcohol-related harms through the delivery of an overarching culturally appropriate communication strategy that promotes 'strong community' messages to Indigenous Queenslanders who reside in North Queensland. Campaign messages are delivered through mass media and community channels and integrated with a community capacity building strategy involving local alcohol demand reduction initiatives.</p>

Strategy:

Supporting statewide social marketing*

Example	Description
Local promotion of messages, resources and support services	<p>During statewide social marketing campaign periods, plan and implement strategies to promote campaign key messages (i.e. Quit campaign – health consequences of smoking), resources (i.e. quit smoking brochures and websites) and support services (i.e. call the Quitline 13 QUIT 13 7848).</p> <p>Consider tailoring messages for local communities e.g. Aboriginal and Torres Strait Islander people, community groups, men’s and women’s groups.</p>
Local area campaign extensions	<p>Develop, plan, implement and evaluate projects or programs that target the same populations and use the same messages and materials as statewide campaigns, but adapt or extend them to meet the needs and opportunities in your local area.</p> <p>For example: ATOD Prevention workers in south-east Queensland undertook a pilot project to assess the effectiveness of using a settings approach to promote quit-smoking messages to young women aged 18 to 24 years who smoke across three districts. ‘Feeling Good’ kits were distributed to young women via a range of businesses and organisations including retail stores, hairdressers, chemists, childcare centres, gyms and community centres. The project used statewide campaign materials and was evaluated.</p>
Cross promotion with partners and other programs	<p>Consider existing partnerships and programs in your local area (i.e. Goodsports, Event Support Program, Liquor Industry Action Groups, women’s and men’s groups) and promote campaign messages, resources and support services through these partnerships.</p>

* Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence voluntary behaviour of target audiences in order to improve their personal welfare and that of their society (Kotler and Zaltman, 1971).

Strategy:

Promoting healthy policy and legislation

Example	Description
Queensland Health Smoking Management Policy	<p>Become familiar with the policy and implementation guide (on QHEPS or request a copy from ATOD Prevention Unit) and promote the three components (1. staff quit smoking program, 2. support for inpatients, 3. smoke-free Queensland Health facilities) within your area.</p> <p>Use this policy as a framework to encourage other agencies and organisations to adopt similar smoke-free policies.</p>
Tobacco legislation	<p>Become familiar with Queensland’s tobacco laws (at www.health.qld.gov.au/tobaccolaws) and develop an understanding of the intent of smoke-free laws (i.e. reducing exposure to passive smoking, changing social culture, encouraging smokers to quit and stay quit). Promote the laws and advocate for smoke-free environments in your local community and through partnerships.</p> <p>For more information and support contact the Senior ATOD Prevention Advisor katrin_hausdorf@health.qld.gov.au</p>
Workplace policy	<p>Identify workplaces and organisations that could adopt alcohol, tobacco and illicit drug policies and assist in their development and implementation.</p> <p>Useful guides and reference material:</p> <ul style="list-style-type: none"> ‘Smokefree Policy Guide for Workplaces’ and ‘Smokefree Policy Guide for Sports Organisations’ are available at www.health.qld.gov.au/atods or by calling 13 13 04.
Local partnerships	<p>Identify key groups or committees, including those involving local councils and justice groups, and advocate for alcohol, tobacco and illicit drug policies to be considered for local communities and help to build local knowledge around alcohol, tobacco and other drug issues.</p>

Strategy:**Developing personal skills (of the population)**

Example	Description
<p>Promotion of programs and services</p>	<p>Raise awareness and encourage access by key population groups to programs and services that support people to develop personal skills to make healthy behaviour change, including:</p> <ul style="list-style-type: none"> ■ Quitline 13 QUIT (13 7848) is a telephone service dedicated to helping people quit smoking. Service operates 24 hours a day and trained advisors are available for brief intervention from 7am to 10pm. Information and resources also available. ■ Alcohol and Drug Information Service (1800 177 833) is a 24 hour counselling and information service for people who need help with a drug and/or alcohol problem, their friends and family. ■ SmokeCheck is a brief intervention training program for health professionals to support their Aboriginal and Torres Strait Islander clients to quit smoking (contact pele_bennet@health.qld.gov.au). ■ Parenting Programs including Triple P www.health.qld.gov.au/cchs/parenting_programs.asp ■ Quit smoking...for life! QH Staff Quit Smoking Program (for more information qhps.health.qld.gov.au/qhsmp/) ■ Cannabis Information and Helpline (1800 30 40 50) is managed by the National Cannabis Prevention and Information and Centre and offers help for individuals and a range of prevention resources.
<p>Facilitation of personal skill development programs</p>	<p>Raise awareness, encourage access and where appropriate co-ordinate programs that support people to develop personal skills to make healthy behaviour change, including:</p> <ul style="list-style-type: none"> ■ Black on Track, a healing and preparation for work program for Indigenous men (www.blackontrack.com.au)

Strategy:

Creating supportive physical and social environments

Example	Description
Safer Venues	Consider opportunities to implement the Safer Venues program. Safer Venues aims to reduce the negative outcomes associated with excessive alcohol consumption and improve community safety by working proactively with the liquor industry to improve safety in and around licensed venues. The Safer Venues program was successfully piloted in Toowoomba in 2003. Feedback suggested that the project had a positive impact on street related crime and violence in and around licensed venues in Toowoomba City. The program is now implemented in many Queensland communities.
Local community events and initiatives	Link in with existing or planned community events to create and support smoking, alcohol and drug-free environments. Examples: 'Dive-in' movie nights at local council pool and other family-friendly and supervised events. 'Family Place' no grog signage on residential fences to reinforce alcohol-free environments.
Good Sports	Promote and consider partnership opportunities with the Good Sports program. Developed by the Australian Drug Foundation, the program was first implemented in Queensland in 2006. Good Sports works with community-based sports clubs to promote the responsible alcohol management practices to prevent and reduce alcohol problems, create safer and healthier clubs, and increase the viability of local sports clubs. The program strategies include educating volunteers about their legal and social responsibilities when serving and supplying alcohol.
Liquor Industry Action Groups (LIAG's)	<i>See also page 8.</i> Strengthening community action through partnerships and capacity building – LIAGs work across a range of strategies to increase community action and create supportive environments, as well as other benefits.
Health Promoting Schools and the 'Cigarette Smoking is Poison' School resource	<p>Work with School Based Youth Health Nurses and school leaders within a health promoting schools framework to encourage policies and practices that support ATOD prevention.</p> <p>A health promoting schools approach provides an organisational management framework for schools in which they can coordinate health promotion and prevention activity. A health promoting school is one that works in a way that demonstrates a whole school commitment to improving and protecting the health and wellbeing of the school community.</p> <p>The 'Cigarette Smoking is Poison' School resource provides school communities with a range of strategies that can be used to address the issue of tobacco smoking, using a health promoting schools approach. To obtain a manual contact ATODB.</p> <p>The Commonwealth Government has also produced a number of evidence based resources for use in schools. For more information refer www.dest.gov.au/sectors/school_education_policy_initiatives_reviews/key_issues/drug_education</p>

Strategy:

Raising awareness

Example	Description
Event Support Program (ESP)	<p>Promote access to grants under the Event Support Program.</p> <p>The program aims to raise awareness and understanding of tobacco smoking issues for Indigenous Queenslanders, and promote a positive attitude towards a smoke-free lifestyle. ESP helps community groups to stage sporting and cultural events through the provision of small grants and resources that promote culturally effective anti-smoking messages – “Smoking: It can cost us the game” and “Tobacco: It could cost us our culture”.</p> <p>For more information contact the Senior Program Officer, Indigenous Smoking niamh_scully@health.qld.gov.au</p>
Events and Days	<p>Develop and implement strategies to promote key alcohol, tobacco and other drugs messages at national, state and local days and events, especially in partnership with key stakeholders and non-government agencies.</p> <p>For example, World No Tobacco Day on 31 May each year, Youth Free Tobacco Day 27 March each year, Drug Action Week, Naidoc Week, Countdown to Christmas and others.</p>

Strategy:

Advocating for alcohol, tobacco and other drugs prevention

Example	Description
Committees and working groups	Identify groups within your organisation, partners and stakeholders and community where you have the opportunity to join and influence policies, plans, programs, activities with regard to alcohol, tobacco and other drugs (i.e. community safety, council planning).
Involvement in planning	Where is planning for healthy environments or communities taking place in your area? Identify opportunities to be involved and to positively influence the consideration of alcohol, tobacco and other drugs prevention.
Talk about it	Inform peers, including clinicians of the importance of ATOD prevention. Don't forget to tell your line manager and colleagues about your successes.
Share evaluation findings	The best advocacy for ATOD prevention is showing how it works. Evaluate initiatives and share the findings and lessons.

Key references

National Drug Strategy

www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/framework-lp

Population Health Plan

www.health.qld.gov.au/ph/documents/pdu/phplan.pdf

Prevention Monograph

[www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm/\\$FILE/mono_prevention.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-document-mono_prevention-cnt.htm/$FILE/mono_prevention.pdf)

Queensland Drug Strategy

www.health.qld.gov.au/atod/documents/31976.pdf

Queensland Health Alcohol, Tobacco and Other Drugs website

www.health.qld.gov.au/atods

Queensland Strategy for Chronic Disease

www.health.qld.gov.au/publications/corporate/chronstrat2005/default.asp

World Health Organisation (Ottawa Charter)

www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf (to document)

www.who.int/en/ (home page)

December 2009



Queensland
Government