

# PREVENTION



DEN File #13

DEN. Improving the health and wellbeing of Tasmanians.

## “Prevention is better than cure”

a well known saying that is often thrown around - but does it get the true attention it deserves?

Most health care focuses on treating illness. Prevention, on the other hand, focuses on health and wellbeing. This information sheet is about prevention of Alcohol & Other Drug (AOD) use and harm.

**Prevention is about focusing on a health issue that is able to be changed through some kind of action.**

### Why prevention is important?

Preventing AOD use and misuse is important for many reasons. If we prevent people from misusing AOD, they are more likely to live longer and healthier lives. But it's more than that – putting greater effort into prevention will have far reaching benefits across all levels of society.

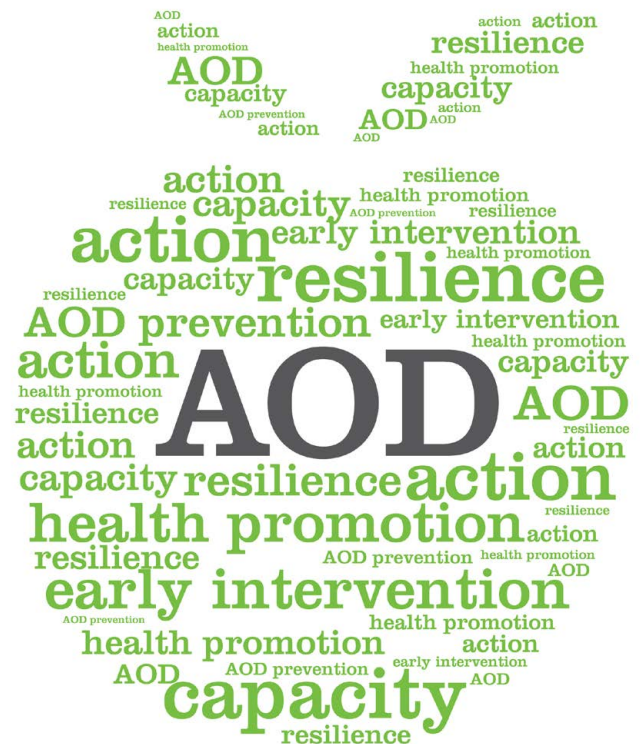
Preventing AOD misuse will contribute to better education and employment outcomes, it will enable families, relationships and communities to flourish, it will benefit society financially, and will have significant benefits for our health, housing and justice systems.

People have the right to be as healthy as possible, and a prevention approach is a great place to start.

**A drug** is any substance that, when absorbed into the body, alters normal body function (physical, mental or emotional). There is no single, precise definition, as there are different meanings in drug control law, government regulations, medicine, and everyday use.

**Everyone has a role to play in the prevention of AOD misuse and harm.**

Prevention can be woven into all aspects of our lives, including where and how we live, learn, work and play.



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## What does prevention look like?

**Preventive actions** may include projects or programs, information and education, media campaigns, research, particular ways of working (e.g. community development), as well as policies and legislation.

**Some examples of Tasmanian preventive actions include:**

- healthy eating and physical activity programs to help prevent obesity and diabetes
- anti-discrimination legislation to promote equality and prevent stigma-related mental health problems
- community gardens and men's sheds to prevent social isolation.

## AOD Prevention – What can we do?

AOD prevention is not only for governments, health professionals or researchers to address. Many people and organisations can positively influence AOD prevention - local councils, police, community groups, business associations, youth workers, general practitioners, schools - to name a few. Many factors influencing health lie outside of the health system so in planning preventive actions, it is important to involve a wide-range of stakeholders.

## AOD prevention

When it comes to AOD, prevention is about taking actions to stop or delay the uptake of drug use, and protect against progression to harmful use. Like other prevention programs, AOD prevention involves a range of different approaches. Two terms commonly used in AOD prevention are:

- **Early intervention** – provides specialist intervention early in the experimental phase of AOD use to prevent it from progressing; and
- **Harm minimisation** – which aims to reduce harmful effects to self and others.

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

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## Primary, secondary and tertiary prevention

When thinking about AOD, prevention is important at every stage of AOD use, but...

**Primary prevention has the broadest and greatest potential for long-term change.**

**Primary prevention** is about keeping people well, preventing them from experimenting with drugs and protecting them from developing an AOD-related problem or behaviour.

**Secondary prevention** is relevant for population groups that may be at risk of experimenting with drugs and those who are at high risk of becoming regular users. The aim with secondary prevention is to prevent or minimise harm and to support people so they don't become regular users or dependent on drugs.

**Tertiary prevention** is necessary for people who are dependent or recovering from use and involves AOD treatment. The aim of tertiary prevention is to minimise harm and for those who are recovering, to prevent relapse.

## AOD Prevention – Taking Action

Below are some ideas to get you thinking about actions that can contribute to the prevention of AOD harm:

### Action ideas for individuals

- Visit everybody's.business - a portal of AOD resources and support services
- Family relationships are important. They are building blocks for all other relationships.
- Be a positive role model for children and develop supportive, mentoring relationships with young people

### Action ideas for communities

- Identify community strengths and how these can be built on
- Work together and use existing community resources to mobilise community-driven responses to AOD problems e.g. schools, the knowledge and skills of older people, Learning & Information Network Centres (LINCS), Local Drug Action Teams (LDATS) and Neighbourhood community houses
- Share stories of community action on the everybody's.business Community Champions page
- Encourage local businesses to be part of programs that aim to re-engage unemployed people back into the workforce and promote job seeker support services
- Speak up about AOD-related issues (write letters to politicians, become part of lobby groups or write to the media) e.g. advocate to reduce the number of licensed venues and bottle shops

### Action ideas for schools

- Promote protective factors e.g. feeling connected to and enjoying school, having quality peer and adult relationships, and having an optimistic view of the future
- Take a whole-school-approach to AOD prevention
- Involve parents and the community in AOD prevention
- Build critical thinking skills in the classroom

**AOD education in schools alone cannot outweigh the impact of cultural norms, sophisticated marketing of AOD, and the powerful role modelling by parents, siblings and other adults. However, schools can significantly influence attitude and behaviour change around AOD.**

### Action ideas for workplaces

- Implement health promoting strategies in the workplace such as lunchtime exercise or meditation classes
- Organise AOD-free social events for staff
- Implement a health-focussed workplace culture that does not use alcohol as a reward
- Address workplace bullying and discriminatory behaviour that may be a risk factor for drug misuse

### Action ideas for service providers

- Make AOD prevention a priority action area in your service
- Implement AOD brief intervention within assessment and service delivery. Access everybody's.business for best practice information on brief intervention approaches
- Strengthen working relationships across the health and social services' sectors to improve access for all clients
- Maintain and continue to support smoke-free policies for outdoor areas and provide AOD prevention information in public areas

### Action ideas for policy & decision makers and governments

- Develop and implement legislation that eliminates the use of tobacco products by children and young people, the sale and supply of tobacco to children and young people, and the promotion of tobacco products
- Support and fund comprehensive and sustained AOD prevention efforts
- Ban the promotion and advertising of all drugs – including alcohol - at sporting and arts events
- As individual politicians, act as positive role models in the community

## Having a purpose in life, having positive relationships, living in a supportive community and maintaining sound mental health do much to lessen the risk of AOD problems.

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### Protective and Risk Factors

Prevention involves identifying the protective and risk factors that contribute to ill health.

No single factor determines whether a person will become addicted to AOD. In general, the more risk factors a person has, the greater the chance that using AOD will lead to misuse and addiction.

Life Area	Examples of Protective Factors	Examples of Risk Factors
<b>Individual &amp; Family</b>	<ul style="list-style-type: none"> <li>• Parental/Carer attachment</li> <li>• A sense of self-esteem, belonging and connection</li> <li>• Being educated, having a job, access to appropriate housing and transport, and adequate income</li> <li>• Achievement is valued</li> </ul>	<ul style="list-style-type: none"> <li>• Family experiences e.g. parental attitudes towards &amp; use of AOD, family violence &amp; breakdown, personal trauma</li> <li>• Social exclusion &amp; socio-economic disadvantage</li> <li>• Impulsiveness &amp; sensation seeking (risk taking)</li> <li>• Poorly developed emotional intelligence (i.e. ability to deal with emotions)</li> </ul>
<b>Peer</b>	<ul style="list-style-type: none"> <li>• One or more close friends</li> <li>• Being part of cultural and religious groups that discourage AOD use</li> <li>• Exposure to positive role models</li> <li>• Friends who do not use AOD and who do not support the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Association with peers who use alcohol or other drugs or who engage in risk taking behaviours</li> <li>• Misperceptions about AOD attitudes and behaviours</li> <li>• Social isolation</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>• Engagement in school</li> <li>• Involvement in outside school activities</li> <li>• Involvement in resilience-building and critical thinking skill development</li> <li>• Whole-of-school and community messages/actions on AOD misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Disinterest and disengagement in school</li> <li>• No sense of 'place' within the community</li> <li>• Exposure to family or peers with negative attitudes about completing schooling</li> <li>• Disconnect between school and community on AOD prevention</li> </ul>
<b>Workplace</b>	<ul style="list-style-type: none"> <li>• Engagement in the workforce</li> <li>• Involvement in outside work activities</li> <li>• Workplace messages, policies and actions on AOD use</li> <li>• Inclusiveness &amp; being a valued member of a team</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• No sense of belonging in the community</li> <li>• Bullying in the workplace</li> <li>• Exposure to family or peers with negative attitudes about engagement in the workforce</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Strong social bonds and community connectedness</li> <li>• Community culture around AOD use</li> <li>• Community ownership and involvement in local problem solving</li> <li>• Engagement of health and social services with community</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol and other drugs are easily accessible</li> <li>• Social norms, advertising and media (including social media) promoting AOD use</li> <li>• Laws, norms and attitudes favour AOD use</li> <li>• Community trauma or disaster</li> </ul>

### Health Promotion

Equally important in understanding prevention is the concept of health promotion, which aims to enable people to increase control over and improve their health. Prevention is part of a health promotion approach.

Life inevitably presents unexpected and difficult times. That's why health promotion focuses on building capacity and resilience as a way to maintain and improve health.

**Resilience** is the strength that helps us recover from stressful events or transitions in our lives, and helps us move forward during difficult times.

**Capacity building** taps into existing abilities and strengths of individuals, communities or organisations to increase involvement, decision-making and ownership of issues. The more resilient we are and the more capacity we have, the more our health is likely to be protected and health problems prevented, even during difficult times.

Health promotion takes consideration of the wider social and environmental causes of health, known as the **social determinants of health**.

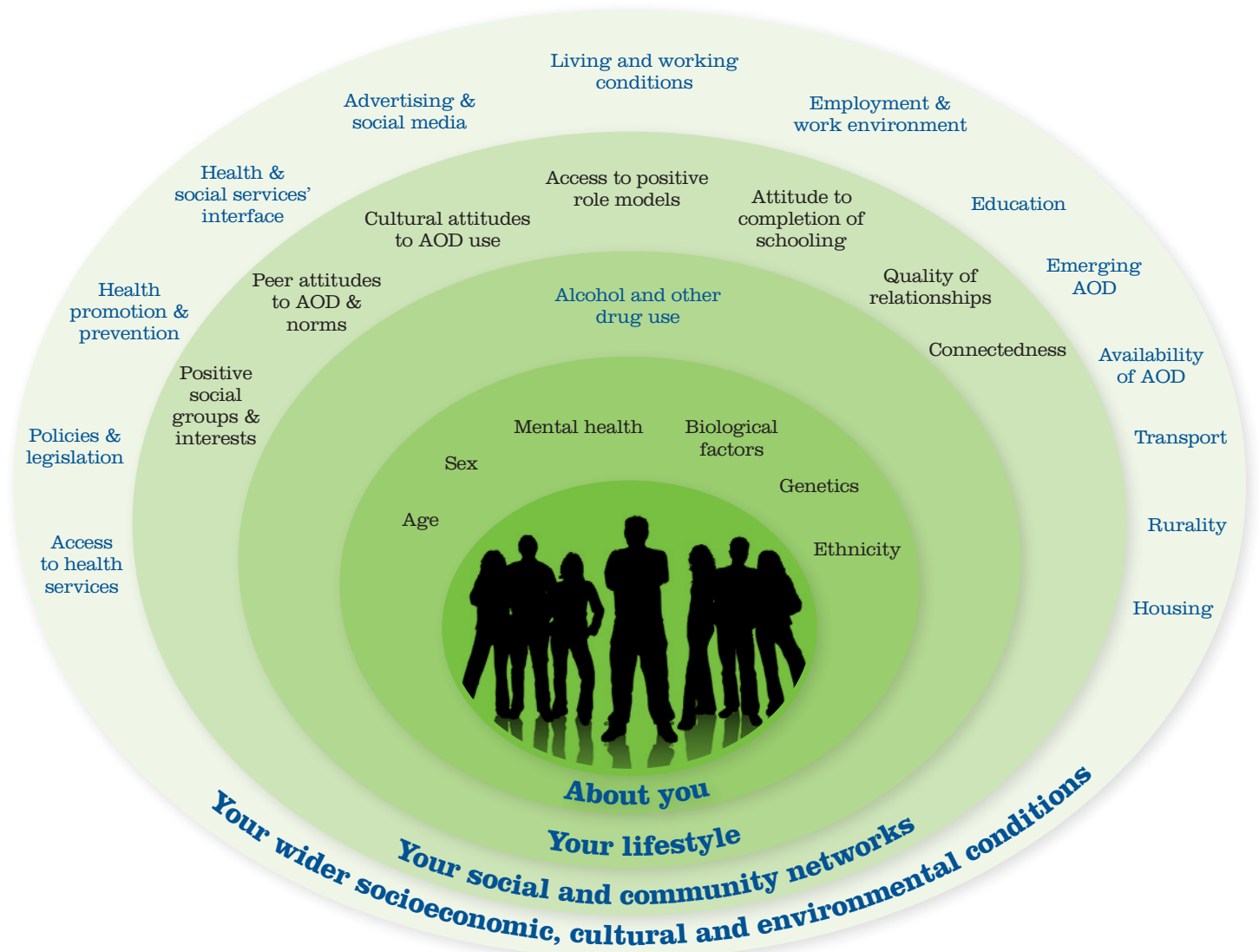
This diagram illustrates the social determinants of health that can impact on and influence underlying causes of AOD 'miss-use'.

There is a **social gradient** in health – the lower a person's social position, the worse his or her health. This leads to health inequity. **Health inequities** are preventable and unfair differences in health experienced by certain groups, e.g. people in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.

Focusing only on the most disadvantaged will not reduce health inequities sufficiently. AOD prevention must focus on reducing the gradient in health by taking actions that are **universal** (i.e. aimed at everyone) but with extra effort put into supporting those who more vulnerable. This is known as **proportionate universalism**.

*We will not succeed in addressing AOD misuse and harm if the social factors that encourage drug use are left unchanged. Trying to shift the responsibility on to the user is clearly an inadequate response. This blames the victim rather than complexities of the social circumstances that generate AOD use.*

*WHO, Social Determinants of Health – The Solid Facts, p 25*



## Effective prevention programs are:

- comprehensive, long-term and involve a range of strategies
- designed to enhance protective factors and reduce risk factors
- designed to intervene as early as pre-conception
- aimed at the whole population
- aimed at key transition points, such as the transition to high school
- most effective when they employ interactive techniques, such as peer discussion groups and parent role-play
- informed by theory and evidence
- involve partnerships and community
- socially and culturally relevant
- appropriately evaluated

## Useful resources:

Use an online search tool to locate the following resources:

- **everybodys.business** – links people with drug & alcohol help & resources
- **Search for Ottawa Charter for Health Promotion (WHO)**
- **Promoting Resilience and Wellbeing (Response Ability)**
- **Capacity Building for Health Promotion (Vic Health):**
- **Social Determinants of Health – The Solid Facts (WHO)**
- **Social Determinants of Health Key Concepts (WHO)**
- **Proportionate Universality (Human Early Learning Partnership)**
- **Promoting Resilience and Wellbeing (Response Ability)**
- **Capacity Building for Health Promotion (Vic Health)**

References available on request

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