



Alcohol, Other Drugs and Young Adults Toolkit.

The following toolkit provides an overview of evidence-informed approaches to Alcohol, Other Drugs (AOD) and Young Adults, to help prevent and reduce AOD harms in your community.

1. Alcohol, Other Drugs and Young Adults overview – key points for LDATs

- When talking about Alcohol, Other Drugs and Young Adults, we are referring to realistic/applicable approaches to helping young people in higher education and the workforce to reduce AOD harm.
- The age at which young people transition from high school into university or the workforce is strongly correlated with the beginning of mental health and substance issues.¹
- It is important to ensure that the key institutions where these life transitions happen understand these risks, and are able to support young people who are facing them.¹
- This may include places like universities, TAFEs, colleges, workplaces, etc. LDATs can play a role in supporting both young people and these key institutions.¹

Table 1: Factors that protect against AOD and factors that increase risk of AOD²⁻⁶

Protective factors	Risk factors
<ul style="list-style-type: none">• Evidence-based drug education• Community building activities• Access to training and employment pathways• Sense of belonging and connectedness to community, school and family• Knowledge of harms/health beliefs that support healthy AOD use and access to appropriate AOD help and support• Participation in positive social activities, e.g. sport and leisure	<ul style="list-style-type: none">• Life transition (increasing independence)• Isolation• Family conflict• Lack of engagement in positive social activities• Mental health issues• Unemployment• Low attachment to school and community• Negative peer influence• Availability and accessibility of AOD• Favourable parental/carers attitudes towards AOD use

Read more about risk and protective factors here: <https://adf.org.au/reducing-risk/community-approaches/prevention-strategies/>



1.1 Drawing on existing programs

Although there are no formal programs to recommend for this toolkit, there are a number of interventions/activities LDATs can use to help influence young adults in higher education and the workplace. See Table 2 below.

Table 2: Evidence of activities for Alcohol, Other Drugs and Young Adults

Activity	Bringing it to life
Brief Tailored Interventions (BTIs)	<p>BTIs have been showing some promise in harm minimisation in higher education students. BTIs can vary from five minutes of brief advice to 15 minutes of brief counselling. The aim of BTIs is not to treat substance misuse, but to provide important information about risk and harm minimisation in an opportunistic, supportive and non-judgemental manner.⁷⁻⁹ BTIs are a low cost and effective way of distributing harm minimisation information and can be provided by primary care givers, counsellors, or peer-to-peer from information stalls, and campus health centres.^{7,9} BTIs are now also available as smartphone applications.</p> <p>For more information on BTIs, see: http://apps.who.int/iris/bitstream/handle/10665/44321/9789241599399_eng.pdf;jsessionid=2A46A3BA066CAA35F357423C6D90928C?sequence=1</p>
Technology-based Brief Tailored Interventions	<p>Technology-based brief interventions for problematic alcohol use have shown positive effects with younger adults. SMS-based activities have had some success in changing behaviours relating to health concerns such as weight loss, smoking cessation and management of diabetes.¹⁰⁻¹²</p> <p>The Mobile Intervention for Drinking in Young People (MIDY) is a pilot study currently being run by the Burnet Institute that targets drinking habits in university students. Smartphone technology is a creative and accessible platform for the spread of harm minimisation AOD information.¹³ For more information see here: https://www.burnet.edu.au/research/projects/midy-the-mobile-intervention-for-drinking-in-young-people-pilot/</p>
General workplace health promotion	<p>Workplace-based health promotion has been shown to have an impact on young people in and outside the workplace.¹⁴⁻¹⁶ All workplaces should have a health and wellbeing policy.¹⁷ See: Guidelines for workplace wellness programs: https://www.headsup.org.au/docs/default-source/default-document-library/guide_to_promoting_health_and_wellbeing_in_the_workplace.pdf?sfvrsn=2</p>
Peer education intervention	<p>Peer education interventions have been demonstrated to be a vital part of health promotion in university settings. Involving peers in the delivery of health promotion helps to ensure that information is delivered in an age-appropriate and friendly manner.^{17, 18} See: https://www.uwa.edu.au/students/Campus-life/Volunteering/Health-Promotions</p> <p>For more information on peer support see the ADF's Peer Support toolkit</p>

1.2 Guiding principles

When informing, educating, and working with young adults on alcohol and other drug-related issues, LDATs can:

- Emphasise the growing trend of more young people choosing not to drink, and that this is now normal and accepted among younger age groups.¹⁹⁻²¹ You might like to support this messaging by talking about how it can improve physical and mental health and allow young people to be more productive at work, study and sport. However, any activities to promote this messaging should be done without seeming to criticise young people who drink or suggesting that drinking is not acceptable.²²
- Promote protective behaviour strategies that can slow down rates of drinking and prevent riskier levels of intoxication. For example, avoiding pre-drinks, avoiding rounds or not participating in drinking games.^{23, 24}
- Recommend existing mindfulness programs to improve mental health and emotional self-regulation – which can reduce harmful substance use.²⁵ [Smiling Mind](#) or [headspace](#) might be able to assist with this.
- Consider promoting smartphone apps that provide health education and have evidence of effectiveness.¹¹ ‘Ray’s Night Out’ app is designed for the Australian culture and evaluation has found it to be an effective educational tool.¹² However, it’s likely that no single app will be applicable to the whole population. Effective apps will be tailored for specific populations, e.g. heavy drinkers, and won’t be suitable for other groups.
- LDATs could offer youth-focused activities (engaging specific groups) where there is some focus on AOD information, providing opportunities for social interaction with peers that doesn’t involve alcohol/drugs.²¹ The [Peer Support toolkit](#) might be able to assist with this.
- Work with young adults and consider the value and practicability of providing formal or informal mentors to support them to achieve goals which will advance their current and future health and wellbeing. This may include supporting the transitioning periods into tertiary education or employment pathways. See the [ADF’s Mentoring toolkit](#) for more information.
- Understand that several groups of young adults – international students, refugees and immigrants, those outside education, employment and training domains, and construction workers – need accurate information and education about substances in Australia and assistance in developing a health promoting response to the issue.^{22-24, 26} This might require your LDAT to engage with key communities and work with them to develop relevant and engaging activities tailored to their needs.
- Consider the role of trade unions and employer groups as potential allies in educating construction and other blue-collar workers about the risks involved in work-related alcohol and other drug use.^{15, 26}



1.3 Considerations for planning and delivery

Attention to **how** a program is delivered or implemented is just as important as **what** is delivered, when it comes to your project's outcomes.

Implementation considerations for planning and delivery

The 5Ws

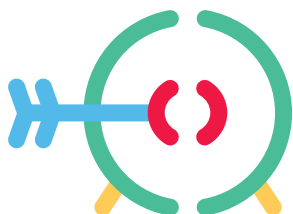
Being clear about what you want to do and the outcomes you want to achieve will support your LDAT to deliver AOD and younger adult activities within the community in a safe and effective way, as well as track success. Consider the 5Ws:

- **What** do you want to happen? (activity)
- **Who** will it happen with? (direct audience)
- **Why** will it happen (outcome – e.g. improving an identified gap for that audience)
- **When** will it occur? (time frame – e.g. over 6 months)
- **Where** will it occur? (location).

Measuring success

Once you know what outcomes you want to achieve you need to measure the success of your activities so that you know how effective they are. You can do this by evaluating your activities using process and impact measures.

- **Process measures:** these relate to how your activity is being delivered. In other words, they help you to monitor if the implementation of your activity went according to plan, e.g. did you reach the targeted number of attendees at your event? Did you run the targeted number of workshops that you originally planned?
- **Impact measures:** these relate to the short-term difference your activity has made on the community. Impact measures seek to increase protective factors, decrease risk factors, or change how people think about AOD harms, e.g. did people report having more knowledge of AOD harms after attending your event? Did people report feeling more connected to their community after participating in your workshop?



Targeted participants

Several groups of young adults could benefit from the work of LDATs.

- **Tertiary students** feel pressured to drink due to generalised alcohol-related norms, the popularity of drinking games, intimidation and bullying by peers – although some students actively resist that pressure.^{25,27} LDATs could find tertiary colleges and universities suitable sites where you can reinforce norms that promote support for ‘social non-drinking’ and more considered ways of drinking.^{23,28}
- **Young people changing location**, whether for work, study, or a desire for independence, have an increased burden of stress which can contribute to higher use of substances. Young adults who move for the purpose of studying may be extra vulnerable as tertiary students consume substances at higher levels than their non-studying peers. This group may be most accessible in regional education institutions.²⁹
- **International students** face more pressures than their domestic peers given their transition from overseas, usually from a country with a different set of cultural norms and expectations. Evidence suggests they have a greater risk of substance problems but are less likely to seek help. There is a need to extend support for ‘social non-drinking’ and ‘protective behaviour strategies’ to overseas students and provide pathways for counselling in an accessible and culturally-sensitive manner.^{30,31}
- **Young adult immigrants and refugees** must navigate the process of adapting to a new country and culture that adds to existing layers of stress. Some evidence suggests young immigrants and refugees may turn to substances to cope with mental health concerns.^{32,33}
- **Young adult workers in the construction industry** are heavy users of alcohol and illicit drugs, compared to the national average, and not fully aware of the risks of being under the influence of drugs within work hours.²⁶ This may also apply to blue collar workers of other trades and occupations. Construction industry workplaces need tailored workplace policies and programs. In particular, prevention and intervention programs are required to increase awareness of drug-related risks to workplace safety and health among young workers.²⁶
- **Young adults who are not engaged in education or employment** are a high-risk group who may not be able make the necessary transitions toward adulthood without effective assistance. Substance use may be only one problem they face and this group is unlikely to take positive action unless they are supported. LDATs could help this group with preparations for getting a job, such as practising interview skills, preparing their resume, and with relevant study skills, etc.^{34,35}
- **Aboriginal and Torres Strait Islander youth** are subject to a range of inequities that may include intergenerational trauma, social exclusion, low involvement in formal education, and higher rates of out-of-home care and juvenile detention than their non-Indigenous peers.³⁶ Many Aboriginal and Torres Strait Islander young people who develop substance problems have experienced separation from family and loss of connections to culture and their identity. LDATs working in Indigenous communities should focus on interventions that are community-led and culturally safe. Evidence has also shown that interventions are more likely to be effective if they are delivered by Aboriginal and Torres Strait Islander community health services.^{36,37}

Working with community

When delivering activities, LDATs can work with a variety of partners both within workplaces and campuses, as well as external organisations and services in the broader community. Partners can support you by providing resources and venues for activities, hosting and promoting activities, and providing opportunities for volunteering and social engagement. Partners may include:

- workplace-based health promotion groups/associations
- student/employee representative councils/unions
- prominent mental health organisations (e.g. headspace, Beyond Blue)
- primary health services (e.g. general practitioners, pharmacists and dentists)
- community health centres and Neighbourhood Houses
- social services (e.g. welfare or housing services)
- libraries
- local social venues (e.g. music venues)
- psychological and mental wellbeing services (e.g. psychologists, psychiatrists, counsellors, etc.).

For further information see: <https://community.adf.org.au/run-activities/partnerships/>

Resources required

Below is an indication of the type of resources required to deliver Alcohol, Other Drugs and Younger Adults:

- basic administrative tools, such as stationery and office supplies
- venue/s for meetings
- catering for events and meetings
- knowledge and resources to deliver training of staff
- allocating time to liaise with community organisations (e.g. attend meetings, provide advice, etc.)
- insurance and liability coverage (where appropriate)
- additional activities (e.g. delivering an awareness campaign or running a networking event).

Your LDAT may choose to consider allocating some of your Community Action Plan grant money towards some of these resources (where money is required).



2. Delivering Alcohol, Other Drugs and Young Adults: key activities and measuring success

The below section outlines key activities associated with delivering and evaluating activities relating to AOD and young adults. You will need to deliver at least one of these activities and evaluate it using process and impact measures (see 1.3 Considerations for planning and delivery, above). This will allow you to determine whether or not your LDAT has achieved your intended outcomes. You can also tailor your approach by adding additional activities that suit your community's needs and evaluating them using additional process and impact measures.

Key activities for delivering and evaluating Alcohol, Other Drugs and Young Adults are:

- **Training or workshops**

An event that is held for the specific purpose of training community members in a new skill set, and/or delivering a structured presentation aimed at increasing knowledge about risk and/or protective factors associated with an AOD health issue.

- **Campaigns or awareness raising activities**

A coordinated series of targeted messages delivered across one or more platforms (e.g. social media, pamphlets, radio commercials, etc.) that is aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

- **Events or forums**

One or more planned occasions where community members and/or relevant stakeholders come together, either face-to-face or virtually, to share ideas, learn new information, and connect with one another over ideas or activities aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

Evaluation is a critical component of delivering your program and needs to be factored in at every stage of planning and delivery. You'll find more detailed information on effective evaluation measures in our essential guide for LDATs: [Evaluation Measures Guide](#). Your LDAT will also be guided to select appropriate process and impact measures when you're developing your Community Action Plan (CAP) online.

3. Delivering Alcohol, Other Drugs and Young Adults: key steps

The key steps involved in delivering Alcohol, Other Drugs and Young Adults is provided below as a useful starting point for developing your Community Action Plan activity. Note: these steps are an indicative guide only and it's important to tailor your approach to your local community.

Step 1: Engaging your community

- identify relevant community organisations who have access to young adults in your community
- establish key contacts/gatekeepers within those organisations to champion the issue
- provide your community organisations with evidence-based information on AOD and young people
- establish 'what's in it' for the community organisation
- address any sensitivities or misinformation around AOD that exists within the organisation.

Research has demonstrated that activities that successfully engage young adults are:

- proactive, respectful, trustworthy and appropriate
- highly confidential
- conducted in safe spaces and provide practical support
- flexible and use multiple types of approaches.³⁸

For further information see: <https://community.adf.org.au/get-started/community-consultation/>

Step 2: Providing evidence on alcohol and other drug-related harms for young adults

LDATs can provide young people in the community with quality information and resources on alcohol and other drugs. This might include information around drug effects, harm minimisation and how to access help/support. You can distribute this kind of information to young adults and community partners in a number of ways:

- at workplace or institution events (e.g. O-Week, organisation/workplace events)
- orientation sessions (e.g. new employees, newly enrolled students, etc.)
- via local media (e.g. on-campus media, internal communication)
- through new or existing partnerships and networks (e.g. inclusion in partner newsletters and social media channels).

LDATs may like to use the following resources to help inform your content:

Topic Area	Resource
Drugs and their effects	<ul style="list-style-type: none">• Drug Facts - Alcohol and Drug Foundation (adf.org.au)• Trade Facts: A site for tradies about drugs and their effects
Workplace	<ul style="list-style-type: none">• AOD in the workplace fact sheet Community Hub (adf.org.au)• Worklife (flinders.edu.au)
Safer partying and harm reduction tips for young people	<ul style="list-style-type: none">• Tips for drinking less during the silly season - Alcohol and Drug Foundation (adf.org.au)• Staying safe on Schoolies - Alcohol and Drug Foundation (adf.org.au)• Drugs and partying – know more, be safer - Alcohol and Drug Foundation (adf.org.au)• Harm reduction strategies -. Alcohol and Drug Foundation (adf.org.au)
Treatment and support	<ul style="list-style-type: none">• Treatment and support for young people - Alcohol and Drug Foundation (adf.org.au)• Understanding young people's alcohol and drug use - Alcohol and Drug Foundation (adf.org.au)
Resources/services for Aboriginal and Torres Strait Islander People	<ul style="list-style-type: none">• Strong Spirit Strong Mind• Alcohol & Drugs Info - for Aboriginal & Torres Strait Islanders headspace• Homepage - NACCHO
Resources/services for multicultural communities	<ul style="list-style-type: none">• Insight - Resources - Helping Asylum Seeker and Refugee Background People with Problematic Alcohol and Other Drug Use - QNADA (2015)• Help Refugees and People Seeking Asylum in our Australian Communities (asrc.org.au)
International students	<ul style="list-style-type: none">• State and Territory Government resources to support international students - Department of Education, Australian Government

Step 3: Increasing community participation and social connection

Examples of actions that could increase community participation and social connection include:

- holding activities for young adults that provide opportunities to meet and connect with peers
- assisting new students and employees to make them feel part of their new community or workplace
- setting up information stalls at work or university events to inform people of health issues and how they can take action to reduce risks to their health
- providing upskilling opportunities for young adults
- using local/university media, social media and technology to promote healthy activities and services
- promoting local counselling services on university campuses and in workplaces
- promoting external telephone helplines such as state alcohol and drug information services (ADIS) or mental health helplines. See here: [More resources and support services - Alcohol and Drug Foundation \(adf.org.au\)](https://www.adf.org.au)

Step 4: Promoting collaboration between community organisations

LDATs have a key role in facilitating productive partnerships between employees/students and workplaces/institutions. Collaboration between your target populations may focus on:

- delivering workplace/institution-wide awareness raising initiatives and education programs
- building supportive and inclusive health and wellbeing programs/services to reduce stigma and increase health-seeking behaviour (facilitating safe and supportive health and wellbeing services is a key goal in making people feel comfortable and confident enough to seek treatment and support)
- helping to create a culture where the age-specific harm associated with alcohol and other drug consumption is recognised
- creating strong community referral networks (this might include working with health care service providers to facilitate referral pathways for people experiencing mental health issues, and those who need more specific alcohol and other drug-related support).

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