

The Alcohol Action in Rural Communities (AARC) Project

November 2012



Overview

- The Alcohol Action in Rural Communities Project (AARC) was set up to test if locally tailored, evidence-based measures would reduce risky alcohol consumption and related harm in ten rural New South Wales (NSW) communities.
- The Foundation for Alcohol Research and Education (FARE) invested \$2.4 million in the largest and most thorough randomised controlled trial (RCT) of community action ever undertaken to reduce risky alcohol consumption and alcohol-related harm.
- Thirteen community-action strategies were implemented systematically over five years in ten communities. Strategies included provision of town-specific data on risky alcohol consumption and harm, interactive information sessions about alcohol in high schools, and implementing brief interventions in a range of settings. The combined effect of these strategies was assessed against ten control communities.
- AARC found that community action works. Compared to the control communities, the active communities experienced a 20 per cent reduction in average alcohol consumption; 42 per cent reduction in residents' experience of alcohol fuelled verbal abuse; 33 per cent reduction in alcohol-related street offences; and 30 per cent reduction in the number of residents who reported drinking at levels that placed them at high-risk of alcohol-related violence, accidents and injuries.
- AARC showed for the first time that the benefits of implementing community action outweigh the associated costs of such action. For every \$1.00 invested in AARC, between \$1.75 and \$1.37 of benefits were returned to the community.

Introduction

AARC examined the effectiveness of community action in reducing risky alcohol consumption and alcohol-related harms. The community action approach involved 13 individual interventions implemented systematically over five years in ten regional communities in NSW. The impact of AARC was evaluated by comparing its impact in these ten active, or experimental, communities to ten inactive, or control, communities, using a randomised controlled trial.

FARE provided \$2.4 million in funding for the project, which was undertaken by the Universities of New South Wales and Newcastle and the National Drug and Alcohol Research Centre in partnership with local communities, local governments, and government agencies.

Community action approaches

Community action approaches involve members of the local community working together to address an issue of shared concern, in this case to reduce alcohol-related harms.

Thirteen individual interventions were implemented systematically over five years in the ten active communities. Eight of these interventions comprised 'harm reduction' strategies that aimed to reduce the adverse health, social and economic consequences of excessive alcohol use.

Examples of these included:

- screening and brief intervention – whether by GPs, health services, pharmacies or hospital emergency departments;
- workplace alcohol policies and training; and
- implementing the Good Sports program and police identifying and targeting high risk weekends.

Four were 'demand reduction' strategies which aim to prevent the uptake and/or delay the onset of alcohol use, reduce the misuse of alcohol and support people to recover from dependence.

These included: high school-based interactive sessions, the provision of town-specific alcohol-related harm data, media advocacy and feedback to GPs on their prescribing of anti-alcohol medications.



AARC aims

AARC had four aims:

1. to identify the extent to which alcohol-related harms differ between otherwise similar communities.
2. to estimate the effectiveness of a community-action approach in reducing alcohol-related harm using a cluster randomised controlled design, as the most stringent evaluation design.
3. to conduct a cost-benefit analysis as the most comprehensive economic evaluation.
4. to contribute to the current research effort in the alcohol field and help build capacity for future community-based alcohol intervention research in Australia.

Methodology

AARC used a prospective RCT, with whole communities as the unit of randomisation and analyses. This RCT tested the effectiveness of community-action against a control, or no intervention, condition. An RCT is widely accepted as the most scientifically rigorous method of evaluating the effect of a defined intervention while controlling for a range of other influential variables. The project involved 20 rural NSW towns. Ten of these towns were experimental communities and included Corowa, Forbes, Grafton, Griffith, Gunnedah, Inverell, Kempsey, Leeton, Parkes and Tumut. The other ten were control communities and included Ballina, Broken Hill, Byron Bay, Casino, Cootamundra, Cowra, Deniliquin, Lithgow, Moree and Wauchope.

The towns were sorted into matched pairs; with one community in each pair randomly allocated to the 'experimental' condition, and the other to the 'control' condition.

Results

The community action approach worked. Compared to the control communities, the experimental communities saw a 20 per cent reduction in average alcohol consumption, a 42 per cent reduction in residents' experience of alcohol fuelled verbal abuse, a 33 per cent reduction in alcohol-related street offences and a 30 per cent reduction in the number of residents who reported drinking at levels that placed them at high-risk of alcohol-related violence, accidents and injuries. And there was a positive cost-benefit: for every \$1 spent on community action the value of the returns was conservatively estimated at between \$1.75 and \$1.37.

Implications

AARC established principles to engage local communities. The study found that different communities need different types of solutions. Communities each face different challenges in terms of problem drinking and rates of alcohol-fuelled crime, traffic crashes and hospitalisations. This means that while AARC developed and trialled a suite of interventions, not all interventions are required or effective in every community.

AARC also emphasised the value of working with community members when adapting and implementing interventions and strategies to address alcohol-related harm, to ensure they are effective and appropriate and likely to be sustained. To complement this, it showed the need for integrated partnerships between the community (e.g. local government, health providers and local police), Government Agencies (such as Roads and Maritime Services, NSW Health and the Office of the Liquor and Gaming Authority) and researchers to ensure that the more effective interventions are being trialled, evaluated, implemented and amended where necessary.

AARC demonstrates that community action approaches are effective and that its economic benefits outweigh its costs. Community action should become a key element in addressing alcohol-related harms and complements government interventions such as reforms to alcohol taxation, promotion and the regulation of alcohol's availability.

AARC: The numbers

- Ten communities, 13 interventions, five years
- 20 per cent reduction in average alcohol consumption
- 42 per cent reduction in residents' experience of alcohol fuelled verbal abuse
- 33 per cent reduction in alcohol-related street offences
- 30 per cent reduction in the number of residents who reported drinking at levels that placed them at high-risk of alcohol-related violence, accidents and injuries
- For every \$1 invested in community action the return was between \$1.75 and \$1.37



Foundation for Alcohol
Research & Education



About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and
- engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has invested more than \$115 million, helped 800 organisations and funded over 1,500 projects addressing the harms caused by alcohol misuse.

FARE is guided by the World Health Organisation's *Global Strategy to Reduce the Harmful Use of Alcohol* for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

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