



Topic

What works in preventing harms from alcohol or drug use?

Background

Alcohol and drug use are important factors in determining a person's health. Drinking alcohol over recommended limits, (even when not 'alcoholic'), can increase the risk of disorders such as diabetes, cancer, depression and anxiety. Alcohol or drug misuse can be more common in those who have experience racism, poverty, childhood separation, major stress or trauma. Also, in some communities or families heavy drinking can become normalised. Where a family member has a major alcohol or drug problem, there can be long term effects on the children. When a pregnant woman drinks, fetal alcohol spectrum disorder (FASD) can cause lifelong behavioural and learning difficulties.

Many Aboriginal individuals and communities have shown strength and success in tackling substance misuse. Here we summarise available evidence on what works in prevention and treatment.

Preventing alcohol or drug problems

Helping young people to feel connected, valued and engaged can reduce their risk of developing alcohol or drug problems. This builds their ability to 'bounce back' when they run into hard times (their resilience). Connection to family, community, sport, music or culture can all be valuable. Early support for families at risk can also help to create a more positive environment for children.

Educating young people about the risks of alcohol or drugs needs to be done carefully. Facts alone may not be effective, and can sometimes just make young people curious. It can be useful to build young people's skills to stand apart if their friends are using substances. But education on alcohol or drugs should not be the only approach. It should be combined with building resilience, providing alternative opportunities, and limiting access to alcohol or 'sniffable' petrol or paint.

For whole communities, the strongest evidence for preventing alcohol misuse are approaches to reduce supply: for example, cutting back opening hours of pubs or clubs, having fewer pubs or clubs or increasing the price of alcohol. Some remote communities have successfully applied to have only mid strength beer available in their communities or to remove alcohol altogether. For drugs like opioid pain killers (for example Endone, morphine, Oxycontin) or sleeping tablets ('benzos') doctors, pharmacists and governments can play an important role in stopping misuse and illegal trade.

Providing treatment or help for alcohol or drug problems

If a person is addicted to alcohol or drugs (dependent), treatment can make a difference. Skilled counselling and support, and group approaches can be useful. Medical treatments significantly improve outcome, particularly for alcohol, opioid or benzodiazepine dependence. These include medicines for withdrawal management and for relapse prevention. Medicines to help a drinker stay dry include acamprosate, naltrexone or disulfiram. For opioids (e.g. heroin, and strong pain killers), treatment with a safer opioid (eg. Suboxone or methadone) is often the most effective treatment. For severe dependence (including severe 'ice' dependence) residential treatment can be helpful. Severe dependence on alcohol or a drug can behave like a chronic disease: but treatment helps extend the 'good patches' and reduce the number or length of 'bad patches'.

Further reading:

1. Lee KK, Jagtenberg M, Ellis CM, Conigrave KM. Pressing need for more evidence to guide efforts to address substance use among young Indigenous Australians. *Health Promotion Journal of Australia*. 2013;24(2):87-97.
2. Lee K, Freeburn B, Ella S, Miller W, Perry J, Conigrave K. *Handbook for Aboriginal alcohol and drug work*. Sydney, NSW: University of Sydney; 2012.
3. Haber P, Lintzeris N, Proude E, Lopatko O. *Quick reference guide to the treatment of alcohol problems: companion document to the guidelines for the treatment of alcohol problems*. Canberra: Prepared for the Australian Government Commonwealth Department of Health and Ageing, 2009.
4. Gray D, Saggars S, Sputore B, Bourbon D. What works? A review of evaluated alcohol misuse interventions among Aboriginal Australians. *Addiction*. 2000;95(1):11-22.