



Community Approaches

**EVIDENCE**

Community Approaches

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# Community Approaches

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# Community Approaches

## Introduction

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Considerable research has demonstrated that substance use during early adolescence can have long-term negative health consequences. As these behaviours cross levels and contexts, community approaches have been suggested as an important component in the prevention of youth health and behaviour problems. Community approaches comprise a range of interventions and activities including community involvement, community engagement and community mobilisation which are aimed at a range of individuals from different age groups and with different characteristics, thus applying a whole population approach.

Brazg et al (2011) maintained that the successful development and implementation of prevention curricula requires seeking strategies that combine the strengths of researchers and community members. Thus, community coalitions have been suggested as mechanisms to build capacity to mount effective prevention initiatives in communities. For example, Koleček et al (2009) conducted a qualitative study on community and primary health care involvement on alcohol and tobacco actions in seven European countries. They concluded that in order to manage tobacco- and alcohol-related problems, a comprehensive community-based approach, that also includes primary health care teams and policymakers is required. A benefit of community-based prevention campaigns which involve tailored multi-faceted campaigns involving collaboration from various agencies and organisations, is that they can target and give advice to people who do not actively contact health care but may have alcohol and drug issues.

However, community projects and coalitions face significant challenges in focusing efforts and resources towards those interventions which are likely to have optimum impact and lead to change. Thus, reorienting and enhancing the efforts of existing services is a crucial issue for communities with limited resources.

Asset based approaches advocate the concept of assets as the collective resources which individuals and communities have that both protect against negative health outcomes and promote positive well being. Such approaches value the skills and capabilities of a community, focus on identifying the protective factors that support health and wellbeing, and attempt to redress the balance between meeting needs and nurturing the strengths and resources of people and communities. However, such approaches are not a replacement for investing in service improvement, with it being suggested that the move to such approaches forming an integral part of mainstream service delivery will require a change in both individual and organisational attitudes, values and practice (Glasgow Centre for Population Health, 2011).





# Community Approaches

## Introduction (continued)

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Another crucial issue is ensuring that those interventions implemented are based on sound evidence, as many communities continue to use prevention strategies that have not been shown to be effective.

Gilligan et al (2011) emphasised the need for evidence based methodologically rigorous intervention research to guide alcohol harm reduction programmes at the population, system or community level.

They present suggestions (which were supported by a survey of researchers) of the most important factors in relation to producing high-quality intervention research. Routine collection of relevant data, publication of negative results and reconsideration of funding priorities were ranked highest in terms of their importance in increasing intervention research.

A further issue is ensuring that such interventions are effectively tailored to both the community setting and target group. Holleran Steiker (2008) highlighted the value of involving youth in the cultural adaptation of evidence-based drug prevention curricula and recommended that community settings adapt curricula to meet their youths' unique needs in order to be effective, particularly those communities with diverse cultures. She outlined that many drug prevention curricula often fail to be relevant and engaging to the youth who receive them, and so adaptation can be critical in situations where the culture of the audience is unique, ethnically, socially, organisationally, or economically.





# Community Approaches

## Communities That Care (CTC)

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Community-based partnership models or coalitions have been suggested as a promising method to reduce youth involvement in substance use as they can bring together diverse community stakeholders, coordinate prevention services across multiple organisations and target risk factors in multiple domains of children's lives.

Some of the barriers involved in such coalitions can include difficulty accessing scientific evidence regarding programme effectiveness, a shortage of resources, organisational barriers and lack of supportive staff or administrators (Saul et al., 2008). Other barriers more specific to educational establishments as a key stakeholder are the lack of an internal champion for prevention, failure to perceive the benefits of new programmes, focus on improving academic performance and already full schedules.

Hawkins et al (2008a) discussed how advances in prevention science over the last 25 years have resulted in evidence that health problems could be reduced through co-ordinated preventative efforts in the community setting.

- 1) Longitudinal studies of development have identified risk and protective factors that predict these problems (Hawkins et al. 1992), with prevention science postulating that negative health outcomes can be prevented by reducing or eliminating risk factors and enhancing protective factors in individuals and their environments during the course of development.
- 2) Preventative interventions designed to reduce risk factors and bolster protective factors have been tested in controlled studies and have been found to be effective in preventing substance misuse.





# Community Approaches

## **Special Interest Articles – Hawkins et al. (2002)**

Communities That Care (CTC -- Hawkins & Catalano, 2002; Hawkins et al, 2002) empowers community stakeholders to collaborate on the development and implementation of a science-based community prevention system aimed at reducing risk, enhancing protection, and reducing the prevalence of

adolescent health and behaviour problems. CTC is guided theoretically by the Social Development Model (SDM) (Catalano and Hawkins 1996) and provides structure, processes, and tools designed to enable coalitions to use prevention science as a basis for community prevention services.

CTC provides a structure for engaging community stakeholders, a process for establishing a shared community vision, tools for assessing levels of risk and protection in communities, and processes for prioritising risk and protective factors and setting specific, measurable community goals. The community coalition is guided to create a strategic community prevention plan designed to address the community's profile of risk and protection with tested, effective programmes. Thus, communities select and implement different preventative programmes including school-based curricula, school-wide change interventions, after school tutoring and mentoring programmes, and home- and group-based parent training curricula to address their specific profiles of risk. These combined programmes address a greater number of risk and protective factors and reach more individuals with prevention services than any single programme would have. As a result communities are able to increase their likelihood of achieving community-wide reductions in problem behaviours. The effects of the CTC prevention system are not expected to differentially affect particular individuals or groups of individuals. CTC instructs the coalition to monitor programme implementation and to periodically re-evaluate community levels of risk and protection and outcomes, and to make adjustments in prevention programming if required.





## Community Approaches

### **Special Interest Articles - Hawkins et al. (2002)** (continued)

CTC is installed in communities through a series of six training events delivered over the course of 6 to 12 months by certified CTC trainers. (All CTC training materials are distributed by the Center for Substance Abuse Prevention of the federal Substance Abuse and Mental Health Services Administration and are

available on the internet at [www.pmrts.samhsa.gov/PrevResources/Default.aspx](http://www.pmrts.samhsa.gov/PrevResources/Default.aspx).

The implementation of the system is expected to produce changes in youths' exposure to the risk and protective factors targeted by the preventative interventions, and subsequently bring about changes in adolescent drug use and delinquent behaviours. CTC's theory of change hypothesises that it takes from 2 to 5 years to observe community-level effects on risk factors and 5 or more years to observe effects on substance use.





# Community Approaches

## Communities That Care (CTC) (continued)

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Hawkins et al (2008) described early findings from the first group-randomised trial of CTC involving a panel of 4,407 fifth-grade students who were surveyed annually to seventh grade. Results indicated that compared with control communities, mean levels of targeted risks for students in seventh grade were significantly lower in CTC communities, with significantly fewer students in CTC communities initiating delinquent behaviour between grades 5 and 7. However, no significant intervention effect on substance use initiation by spring of seventh grade was observed (which is in line with the hypothesis that changes in substance use would take 5 years or more). The early findings indicating hypothesised effects of CTC on targeted risk factors and initiation of delinquent behaviour were seen as promising.

Oesterle et al (2010) and Hawkins et al (2011) provide evidence of the impact of CTC. Oesterle et al found that, in CTC communities, both early initiators and those who had not yet tried alcohol and cigarettes at baseline reported lower prevalence of binge drinking in the past two weeks and alcohol and smokeless tobacco use in the past month when they were in eighth grade compared to early initiators and non-users at baseline in control communities. Further, the significant effect of CTC on the use of both substances did not differ by baseline levels of community-targeted risk.

Hawkins et al (2011) tested the long term impact of the CTC prevention system using a community randomised trial involving a panel of 4,407 fifth-grade students who were surveyed annually through to 10th grade. The research took place a year after completion of the trial. Results were positive and indicated that the CTC system can produce enduring reductions in community-wide levels of risk factors and problem behaviours among adolescents beyond the years of supported implementation. Mean levels of targeted risks increased less rapidly and the incidence of delinquent behaviour, alcohol use, and cigarette use were significantly lower in the trial communities as compared to the control communities.

It is also important to examine potential gender differences in programme effects because girls and boys have been shown to report different levels of risk and protection in their peer groups, families, and neighbourhoods, and risk and protective factors are differentially associated with problem behaviours by gender (Fagan et al 2007; Foley, 2008). Oesterle et al (2010) examined the CTC programme on the prevalence of substance use and the variety of delinquent behaviours for boys and girls and in risk-related subgroups defined by early substance use, early delinquency, and high levels of community-targeted risk at baseline. Results indicated that, for the most part, CTC reduced students' substance use and delinquency equally across genders and risk-related subgroups. However, the effect of CTC on reducing substance use in 8th grade was stronger for boys than girls.

It was explained that the somewhat greater effectiveness of CTC to reduce boys' substance use cannot be attributed to higher prevalence of drug use among boys compared to girls, as girls were equally, if not more likely, than boys to use alcohol, cigarettes, and marijuana in Grade 8. Thus, the authors suggested that it may be that boys are more likely to be positively affected by programmes that seek to reduce these risk factors.







# Community Approaches

## Community Interventions

### **Special Interest Article - Sigfúsdóttir et al (2009)**

Sigfúsdóttir et al (2009) describe the Icelandic Adolescent Substance Use Prevention Model which is a theoretically grounded, evidence-based approach to community adolescent substance use prevention that involved the collaboration of policy makers, behavioural scientists, field-based practitioners and community residents. The intervention focused on reducing known risk factors for substance use, while strengthening a broad range of parental, school and community protective factors. During its development, there was an emphasis on involving all relevant stakeholders to build a network of support, monitoring and opportunities for positive youth development at the local community level.

Details of the key themes of the intervention are as follows:

- 1) Emphasis on the importance of the family in adolescent substance use prevention by supporting parents in preventing unattended parties in the local community, enforcing curfews, and connecting parents in a network of mutual support (i.e. with schools, sports-club officials, and youth workers). Each local school served the function of setting up the support network groups.
- 2) New activities were developed to engage parents, e.g. the parental prowl where parents in a local community walk around their neighbourhood together during Friday and Saturday evenings. This was said to have a range of benefits including strengthening parents' local ties, allowing for youth monitoring, improving neighbourhood social capital, and contributing positively to parental engagement with the local school and increasing the likelihood of parents attending school meetings.
- 3) Emphasis on the importance of building around the individual by improving his or her social circumstances in order to positively influence conduct.





# Community Approaches

## Community Interventions (continued)

### Special Interest Article - Sigfúsdóttir et al (2009)

4) On the individual level, the role of parental support, monitoring and time spent with parents, and participation in organised youth activities, such as sports or recreational and extracurricular programmes was emphasised. On the collective level, the importance of improving the local community by linking parents together through the school was emphasised.

- 5) Community visibility and fostering community buy-in. The researchers presented each year's survey results in local schools and community centres. The authors stressed that this helped to forge an alliance between the research team, local schools, parental groups, local authorities and recreational and extracurricular workers. Thus, the focus of the approach was on a consistent and comprehensive ongoing partnership.

Data from annual cross-sectional surveys was seen to demonstrate the impact of the intervention on substance use among 14- to 16-year-olds. That is, data from over 7,000 adolescents (>81% response rate) indicated reductions in those who reported being drunk during the last 30 days, smoked one cigarette or more per day and had tried cannabis from 1997 to 2007. This decline paralleled the broad-scale implementation of the prevention model during this 10-year period, suggesting that the programme may have been instrumental in effectively reducing substance use by reducing risk and increasing protective factors. The proportions of adolescents who reported spending time with their parents and that their parents knew with whom they were spending their time increased substantially. Other community protective factors also showed positive changes.





# Community Approaches

## Community Interventions (continued)

### Special Interest Article - Sigfúsdóttir et al (2009)

However, the authors emphasised caution when attributing the decline to the prevention model for a number of reasons:

- The observed reduction in substance use could be part of a secular trend similar to that in other countries.
- The observed decline may have been due, in part, to other ecological factors that were not measured such as changes in educational policies at the local level, changes in youth unemployment and changes in parental divorce rates.
- Data were not collected on dose effect.

Finally, the lessons learned and practical implications arising from the research were noted:

- Prevention interventions need to be multifaceted and involve the peer group, the school, the family and those who organise youth activities to reduce substance use; as relationships with peers and parents and participation in organised youth work are key to substance use prevention.
- Substance use prevention efforts need to be started early in order to delay first onset, ideally, at age of 12 or 13.
- Prevention approaches should be regarded as a long-term strategy.

Kristjansson et al (2010) discussed the long term outcomes (12 years after the intervention) of the intervention. The research involved a quasi-experimental, non-randomised control group design to compare outcomes in four communities (n=3,117) with a matched group of seven comparison communities (n=1,907). Results indicated that parental monitoring and adolescent participation in organised sports increased in communities that adopted the intervention programme compared to communities that did not, whereas unmonitored idle hours and attendance at unsupervised parties decreased. Over time, alcohol use and being intoxicated during the last 30 days decreased more in the intervention than control communities. This was taken as evidence that this type of community intervention may positively impact on adolescent substance use.





# Community Approaches

## Community Interventions (continued)

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Bagnardi et al (2011) evaluated an Italian community-based prevention programme on individual alcohol consumption. 'Alcohol, less is better' was a controlled intervention trial based on a community approach involving community leaders and statutory and voluntary organisations. Over a seven year period, activities aiming at informing and sensitising the community on the harmful effects of alcohol on social life and health were carried out in ten selected small communities. Individuals in the intervention (n = 3,382) and control communities (n = 2,644) were measured on changes in self-reported individual alcohol consumption. Findings indicated a significant reduction of self-reported alcohol consumption in the intervention but not control sample, with the reduction being significantly greater in males than in females.

Kääriäinen et al (2008) examined the impact of a community action campaign in Finland (Booze Week), including the effect of the Alcohol Use Disorders Identification Test (AUDIT questionnaire). The purpose of the campaign was to promote cultural change in relation to alcohol consumption and to increase open discussion on alcohol. Various activities were undertaken including lectures on alcohol, liver tests, information stands, an alcohol course aimed at the general public, and thematic alcohol evenings in the youth club. In addition, a visually attractive AUDIT pamphlet (specially designed for the campaign) was posted to 90,000 households. The pamphlet also included a chart to help readers calculate the number of drinks usually consumed per week, and information on services. In order to evaluate the campaign, 500 randomly selected inhabitants took part in a telephone interview. Results indicated that more than three quarters of those who reported drinking alcohol had noticed the campaign and valued its purpose. The AUDIT pamphlet was also well received with almost half of those who had noticed the pamphlet calculating their own scores and a similar proportion discussing alcohol intake with others. The authors concluded that as part of a community campaign, the AUDIT questionnaire may be effective in reaching those individuals who are drinking heavily, and could act as an initial motivation to seek help.

Parkin and Coomber (2011) conducted qualitative research in England with 51 injecting drug users concerning drug-related litter in community settings (associated with illicit drug use) and of the modes of intervention. The results indicated that street-based, drug-related intervention within public settings needs to be culturally, environmentally, spatially and geographically relevant to the intended target population in order to have any meaningful benefit (e.g. reduced opportunities for needlestick injury in community settings), impact (e.g. improved community safety) and related outcome (e.g. service uptake by injecting drug users).





# Community Approaches

## Community Interventions (continued)

### **Special Interest Article - Paschall et al (2009)**

Paschall et al (2009) reported on two U.S studies that used state wide school-based youth surveys to evaluate local community initiatives to reduce alcohol and other substance misuse. State wide youth survey data provide health researchers with the opportunity to evaluate local policies and programmes aimed at reducing adolescent substance misuse and related risk behaviours.

The “New Directions” evaluation was conducted to assess the effects of a community-based intervention in 23 communities to reduce youth substance use. New Directions focused on community coalitions rather than individual programmes, with its emphasis being on the use of research-based prevention programmes and strategies, and the high level of training, technical assistance, and financial support provided to the coalitions. The intervention involved a range of programmes including school-based prevention curricula, student assistance programmes, mentoring, substance-free alternative activities, and family outreach programmes. Coalition activities also included public awareness campaigns and other environmental strategies, and they served to enhance collaboration and networking among community organisations. Outcome data were obtained from the Youth Risk Behaviour Survey, which is administered to students in grades 8 through 12 every other year in almost all school districts in the state. Based on a quasi-experimental design, results indicated significant declines in cigarette and marijuana use in intervention districts relative to comparison districts during the study period, and led to legislative action to continue funding the initiative.

The “Reducing Youth Access to Alcohol” study is being conducted in 36 communities with a randomised controlled design to evaluate various combined environmental strategies to reduce underage drinking which include the following.

A reward and reminder programme (similar to test purchasing) where individuals aged 18 to 20 attempt to purchase beer. Staff who sell them alcohol are given reminder of the law; those who decline their purchase attempts are given an envelope containing a gift certificate worth \$5 to \$10 and a note of thanks for obeying the law. Store managers are also notified about the outcomes of purchase attempts.





# Community Approaches

## Community Interventions (continued)

### **Special Interest Article - Paschall et al (2009)**

A shoulder tap programme implemented by local law enforcement. Underage adolescents invite adults outside retail outlets to buy alcohol for them, in return for a financial incentive or an offer to share with them some of the alcohol purchased. Adults who agree to make a purchase are issued a warning. Those who do not make a purchase are given a congratulatory letter similar to that in the reward and reminder intervention. Repeat offenders are cited.

Party patrols where law enforcement officers conduct weekend patrols of areas known to be regular drinking locations and by increase the law enforcement's responsiveness to reports by community members regarding teenage drinking parties.

Strategic media advocacy is being used to publicise all aspects of the project and increase public support for the interventions. Specifically, local media are being used to disseminate information about the scope of underage drinking and the local interventions. Media events, often in conjunction with meetings of community leaders, are also being used to publicise the results from the reward and reminder programme, the compliance checks, purchase surveys, and shoulder taps.

The Oregon Healthy Teens Survey has been administered in a large number of Oregon school districts annually since 2000 and is being used to assess intervention effects on alcohol availability, underage drinking and alcohol-related problems.

These studies illustrate how established state wide youth surveys offer important advantages for evaluating local substance misuse prevention policies and interventions.





# Community Approaches

## Adapting Interventions

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Holleran Steiker (2010) adapted the Keepin' It REAL intervention with high risk young people in community settings. She perceived the need to adapt interventions appropriate for young people who had already initiated substance use, given the higher rates of substance use among alternative school students. Preliminary results suggested that the adaptation processes engaged young people who were often opposed to prevention programmes and messages about alcohol and drug use, and that by engaging older adolescents (who often have already used or even abused drugs) as experts, the curricula can be adapted effectively. Results indicated that young people receiving any version of the curriculum reported less beer, wine, and spirit use over time, with the adapted versions yielding greater reductions in wine and spirit use than the original version.

It was thus recommended that where possible, key stakeholders should be involved in the process of choosing the prevention intervention that is likely to be best suited, and also a structure should be created that allows for young people and staff to input on the intervention's adaptation process. She emphasised that although the core of the curriculum needs to be preserved, the scenarios, language, music, culture, and videos in the project can be recreated to enhance the curriculum and make the programme resonate with those who will receive it.

A further message to arise from the research was the importance of avoiding presenting the "Just say no" message, rather than considering harm reduction approaches.

## Photovoice

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Photovoice is a community-based participatory action research methodology. Part of the reasoning behind this methodology is being able to engage young people effectively in substance misuse prevention. Brazg et al (2011) discussed "Our Community in Focus": a project that used the photovoice methodology to engage high school young people in a community-based assessment of adolescent substance use and misuse. Through the photovoice method, young people were able to reflect their community's strengths and concerns with regards to adolescent substance misuse, as they took photographs to answer the question "What contributes to adolescents' decisions to use or not to use alcohol and other drugs?" Both young people and the community were highly receptive to the project and the methodology, with photographs taken by photovoice participants presenting a compelling argument for action regarding tackling alcohol and other drug use in their community.

### Implications for Practice

#### Need for multifaceted approach

As in relation to the other core elements, the evidence points to the need for multifaceted approaches involving a range of stakeholders following a community partnership model of forming a community coalition. However, in order for this to be effective, the coalition requires both training and support.





# Community Approaches

## Implications for Practice

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### **Need for multifaceted approach**

As in relation to the other core elements, the evidence points to the need for multifaceted approaches involving a range of stakeholders following a community partnership model of forming a community coalition. However, in order for this to be effective, the coalition requires both training and support.

### **Ensuring support and contribution from all relevant stakeholders**

The effectiveness of a community intervention is dependent on the engagement of a range of relevant stakeholders and groups, including e.g. schools, parents, statutory sector, voluntary organisations, local community groups, private business and elected members etc. In a related vein, to foster community 'buy in', it is recommended that stakeholders are involved at all stages from development or adaptation of the intervention, to reporting on outcomes and being included in dissemination of findings.

### **Need for evidence based practice**

Particularly in the current financial climate where resources are limited, it is vital that communities implement interventions that are evidence based and have been shown to be effective. Central and local planning groups should strive to advocate local ownership of identifying and then progressing solutions to alcohol and drug issues and use asset based approaches which actively support the development of community based assets.

### **Ensure intervention is appropriate for the target group and community setting**

In order to meet the needs of the community, it is necessary to ensure that the intervention is tailored both to the target group and the community. This can be achieved by establishing the profile of risk within the community before undertaking an intervention; essentially by undertaking some preparation work before beginning the intervention. It should be noted that by doing this you may find that there is not perhaps the need to create a new intervention based on this preparation stage, but instead to adapt an existing intervention.

### **Focus on increasing protective and reducing risk factors within the community**

Many of the effective community interventions are based on the premise above, that in order to lead to associated reductions in substance use or delaying the onset of substance use, we need to focus on increasing protective and reducing risk factors within the community.







# Community Approaches

## Implications for Practice (continued)

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### **Considering community interventions as long term strategies**

It has to be recognised when considering community interventions, and also when deciding on how to monitor and evaluate such interventions, that these are long term approaches and that benefits will not be achieved immediately.

### **Using local surveys to demonstrate outcomes**

Some research has pointed to the use of local, annual surveys to monitor trends and attribute differences in alcohol and drug use to community interventions (while also highlighting the limitations of this approach).

## Links to other core elements

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Resilience and Protective Factors

Environmental Factors

Brief Interventions

Education

Parenting Programmes

