Approaches to prevention and early intervention

NSW uses a harm minimisation approach to drug use consistent with Australia's National Drug Strategy[1]. Harm minimisation describes a comprehensive response to drug use and explains how initiatives across Government and the community integrate to minimise total accumulated harm. Harm includes the health, social and economic impacts on individuals, families and communities.

The harm minimisation approach acknowledges that many factors will continue to drive demand for drugs, and emphasises a collaborative health, policing and social response.

Harm is minimised in three ways, by reducing demand, reducing supply, and reducing harms when use occurs.

Demand reduction aims to prevent uptake, delay onset, reduce consumption and treat dependence.

Demand, prevalence of use and volume of drugs consumed are directly related to harm. Demand is affected by peer behaviours, personal preferences, knowledge, information and price. Significant drivers of demand include socioeconomic disadvantage, unemployment, homelessness, trauma (including the experience of violence, abuse and neglect), and other social determinants related to the circumstances in which people are born, raised, work and live.

Demand reduction includes:

- Awareness and education, including school curriculum and programs
- Primary prevention and early intervention
- Treatment and support
- Diversion from criminal justice
- Price, promotion and labelling
- Ensuring people have somewhere to live, something meaningful to do, community and connection.

Supply reduction aims to regulate or disrupt supply and reduce availability.

The availability of drugs affects consumption. Supply reduction aims to restrict availability to prevent and reduce harms.

Access to all drugs are regulated in some way. The regulatory frameworks reflect the relative risks and harms of the substance. Some drugs are prohibited. Many pharmaceuticals require a prescription or have other conditions on sale. Alcohol is subject to licencing, age restrictions and other conditions.

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[1] Department of Health 2017, *National Drug Strategy 2017-2026*, Commonwealth of Australia, https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf.

Enforcement strategies ensure compliance with regulatory frameworks. Liquor licencing and pharmaceutical controls are enforced by compliance officers. The supply of prohibited drugs and plants are enforced by police, by dismantling or disrupting distribution networks and manufacturing facilities.

Supply reduction includes:

- Prohibition, regulation, restricting availability and licencing
- Policing, enforcement and intelligence
- Real time prescription monitoring for high-risk medicines (e.g., SafeScript NSW)

Harm reduction aims to reduce harmful impacts, improve safety and encourage less risky behaviours. Harm reduction seeks to reduce the potential harm of drug use when it occurs.

Harms are driven by factors that include dose, purity, route of administration, use behaviours (such as repeated or high frequency use, use of various substances together, use of test doses, and use while alone), and access to sterile equipment and emergency care. Harm reduction initiatives can reduce preventable risk factors, encourage safer behaviour and reduce health and social inequalities. Reducing harm to individuals, families and communities can result in significant health, social and economic benefits.

Harm reduction strategies also improve safety and stability while a person prepares for change, such as entering treatment, and provide opportunities for engagement.

Some harm reduction initiatives can be low cost, with a high return. For example, needle and syringe programs are estimated to return up to $5.50 in saved health, social and economic costs, for every dollar spent.[2]

Many harm reduction initiatives rely on multi-agency coordination, especially between health and police. For example, the Needle and Syringe Program, and the Medically Supervised Injecting Centre are managed by NSW Health, but implementation was only possible with support and coordination from NSW Police.

Harm reduction strategies include:

- Needle and syringe and blood borne virus prevention programs
- Opioid replacement treatment and other medicines
- Overdose prevention, widely available naloxone and the Medically Supervised Injecting Centre
- Surveillance, early warning and drug testing programs
- Roadside testing
- Guidance and regulations to promote safe communities, precincts and music festivals
- Reducing stigma

[2] Kwon JA, Anderson J, Kerr CC, Thein HH, Zhang L, Iversen J, Dore GJ, Kaldor JM, Law MG, Maher L, Wilson DP. Estimating the cost-effectiveness of needle-syringe programs in Australia. AIDS. 2012 Nov 13;26(17):2201-10. doi: 10.1097/QAD.0b013e3283578b5d.

Prevention

Prevention is a significant part of harm minimisation, with activities that sit under demand, supply, and harm reduction.

Drug harms prevention programs aim to avoid or delay uptake, reduce use and harms, and intervene early. Investment in drug prevention reduces health, community, financial and criminal costs, and improves equity. Prevention of drug harm occurs on a spectrum of use: before use starts, early in use, or after use has become harmful. The terms primary, secondary and tertiary prevention refer to this spectrum.

Primary prevention attempts to prevent or delay uptake before use starts. It includes education, health promotion and regulation. It also includes initiatives beyond typical health activities, such as market levers and targeting underlying social determinants by addressing risk and protective factors. The goal is to improve overall wellbeing, build resilience, and create supportive environments for healthy behaviours.

Secondary prevention aims to prevent or interrupt harmful patterns early in use. This includes health promotion programs, routine screening and brief intervention by health professionals, and other support services. Early intervention can prevent, reduce or delay harms.

Tertiary prevention focuses on reducing impact after harmful use is established. Tertiary prevention includes treatment and harm reduction to support the person, their family, and the community.

Targeting drivers of harmful drug use

Harmful use of drugs is generally the result of individual, environmental and social risk factors. Successful prevention programs target the drivers or precursors to use, including social and environmental determinants, commercial determinants, and individual risk and protective factors.

Social and environmental determinants of health describe the circumstances in which people are born, raised, work and live. Risk factors include socioeconomic disadvantage, unemployment, lack of adequate housing, remoteness, climate, limited education, and trauma. In particular, experiences of violence, abuse and neglect (including child abuse and neglect, domestic and family violence and sexual assault) have significant correlation with alcohol and drug use in later life. Addressing these determinants, including equitable access to high quality education and healthcare, economic stability, safe neighbourhoods, and social connections are powerful factors in reducing harms from drug use.

Commercial determinants of health refer to activities by commercial actors that affect health. This includes the price, promotion and availability of products. These can be addressed through regulation, market levers, industry partnership and promoting good corporate citizenship.

Modifiable risk and protective factors either increase or decrease the likelihood of a person consuming alcohol or using drugs. Research identifies common risk and protective factors for drug use:[3]

[3] United Nations Office on Drugs and Crime. Socioeconomic characteristics and drug use disorders. World Drug Report 2020. Vienna: United Nations; 2020

Level	Protective factors	Risk factors
Society	Restrictions on price and supply	Cheap and available supply Commercial determinants Racism Lack of access to quality education
Community	Positive school environment Sense of belonging and attachment to community Opportunities for recreation and structured activities	Poor school attachment Community use and norms
Interpersonal	Positive family attachment Effective parenting Healthy relationships	Peer use and norms Poor family functioning Parental use and supply
Individual	Optimism Health knowledge Emotional regulation Good health and wellbeing	Trauma and stress Genetic disposition Limited coping skills Mental ill health

Effective prevention

Prevention requires an understanding of each population group's unique needs and behaviours. One-off interventions are less likely to be effective or make a lasting impact. Diverse sustained approaches are more effective, targeting different settings and levels of society.

Characteristics of effective programs are:

- **Holistic and multifaceted** – initiatives address the underlying drivers of harmful use and combine approaches across the population with local and targeted initiatives
- **Government coordination and collaboration** – prevention requires collaboration across a range of government and agencies
- **Across the life-course** - effective prevention should occur throughout all life stages, with a focus on adolescence and early adulthood
- **Evidence-informed** - approaches should draw on the evidence of what is known to work
- **Innovation, evaluation and monitoring** – initiatives are properly evaluated to better understand what programs and program elements are effective
- **Community partnership, collaboration and co-design** – initiatives are designed with target populations to make sure they are relevant, suitable, culturally appropriate and acceptable
- **Human rights and equity** – the basic human rights and dignity of each person is recognised and respected
- **Non-stigmatising and non-discriminatory** – all initiatives must be based on evidence and avoid using stigmatising language, imagery and behaviours.

Evidence for primary prevention and early intervention initiatives

A review of evidence on primary prevention and early intervention initiatives, conducted by the National Drug and Alcohol Research Centre, identified programs from 'reasonable' to 'ineffective' in terms of addressing protective and risk factors.

Evidence	Drug (excluding alcohol and tobacco) interventions
Reasonable	• Parenting and family-based initiatives: Perinatal (pregnancy until 2) and for children and young people (ages 7-17). • Media campaigns. • Screening and brief intervention and referral into treatment. • Community outreach and client advocacy • Technology-based interventions.
Limited	• Community sports club initiatives. • Parenting and family-based initiatives for early years (ages 2-6). • Random roadside drug testing. • Workplace prevention strategies. • Government restrictions on advertising and promotion.
Ineffective or potentially harmful	• Media campaigns that employ anti-drug scare tactics, stigmatising imagery, or unbalanced consequences.

Population-specific considerations

Students and schools are an important group and setting. Alcohol is the primary concern at school age, with most students not at risk of other drug use except for cannabis. Early initiation of drug use can lead to immediate and long-term health risks, damage to the developing brain, and dependence.

Schools can also affect modifiable risk and protective factors such as belonging, school climate, peer attitudes, and family and community norms.

Aboriginal and Torres Strait Islander peoples experience higher prevalence of harms from drug use compared to other Australians. This is due to the ongoing impact of colonisation, racism and dispossession of land and culture.

For initiatives to be effective, they must be culturally appropriate, co-designed with local communities, and led by Aboriginal organisations. Successful approaches include strengths-based methods, culturally adapted resources, multi-faceted interventions, youth programs integrating education and cultural knowledge, peer support groups, and sustained rather than one-off efforts.

LGBTIQ+ populations experience higher rates of substance use, largely due to stigma, discrimination, social and cultural factors, and stressors related to coming out.

Effective interventions for LGBTIQ+ people should be culturally competent, inclusive, and affirming, involving harm reduction, mental health support, and community-based approaches. LGBTIQ+ organisations play a crucial role in prevention and harm reduction, but significant research gaps remain, due to limited visibility in data sets, especially for sexual minority women and trans and gender diverse populations.

People from culturally and linguistically diverse (CALD) backgrounds are less likely to access AOD services despite having similar treatment needs. Barriers include communication difficulties, discrimination, and low cultural sensitivity in services. CALD groups are diverse, with varying drug use patterns, risks, and needs. Refugees face added risks due to trauma and resettlement challenges.

Effective engagement requires culturally relevant resources, interpreter services, trauma-informed care, and partnerships with communities. Involving bilingual facilitators, families, and addressing social determinants can enhance outcomes.

Snapshot of primary prevention initiatives

The NSW Community Drug Action Teams (CDATs) Program

A CDAT is a group of volunteers, including community members as well as workers from government and non-government agencies who come together to deliver local prevention activities. The CDAT program is delivered by a consortium of agencies led by Odyssey House NSW. There are currently 58 active CDATs across NSW.

Aboriginal Youth Prevention Programs

Four Aboriginal Community Controlled Health Organisations (ACCHOs) across the state are developing, delivering and evaluating local community prevention programs for young people.

Life Education NSW Program (LENSW)

The Program aims to build knowledge and change acceptability of drug use through school program modules, policies and curriculum. The interactive modules align with the NSW Personal Development and Health and Physical Education curriculum. Face-to-face and online sessions provide children (5 – 12 years) with strategies and techniques to develop positive communication, problem solving and decision-making skills. The Program also provides support to build parents' capacity to encourage positive development of children, social competence training and drug education for the community.

Principles for drug education in schools

NSW Health is working with the NSW Department of Education on an update of the 2004 Principles for drug education in schools. The National Principles provide a foundation for classroom-based drug education that is evidence-based, aligns with international best practice, and consistent with whole-of-government priorities to enhance prevention and uphold principles of harm minimisation.

Preventure

Preventure is an evidence-based prevention program that uses brief, personality-focused workshops to delay substance use and promote mental health among secondary school students. The program aims to equip young people with self-efficacy and cognitive behavioural skills to help them cope with the numerous developmental challenges that adolescents face, such as academic stress, peer pressure, and identity development.

NSW Health is funding an adaptation of the program for rural and regional youth.

NSW AOD Primary Prevention and Early Intervention Framework

The National Drug and Alcohol Research Centre has been funded to develop the NSW AOD Primary Prevention and Early Intervention Framework. This Framework is intended to guide primary prevention and early intervention priorities, decisions and funding for government and for any other organisation, agency or group investing in primary prevention and early intervention.

Information and Support

Libraries: a network of 363 libraries and 25 mobile libraries across NSW who conduct community events and develop, promote and disseminate evidence-based drug information and specialist resources to educate the community, including priority populations.

Your room: a community focussed website which is the central source of evidence-based drug information, resources, interactive tools and referral information for NSW. The site aims to increase knowledge and understanding of drugs and to promote help-seeking. The website averages 7,500

visitors a week.

Alcohol and Other Drug Information Service: a free and confidential counselling helpline for NSW residents with concerns around drug use, available 24 hours a day, 7 days a week, Web Chat is also available Monday to Friday. ADIS is staffed by professional counsellors who provide education, information, counselling, support, and referrals to other appropriate services in NSW.