

Everybody's Business

A Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use

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List of acronyms

AUD	Alconol and other drugs
AOD EAG	Alcohol and Drug Expert Advisory Group
ATDC	Alcohol Tobacco and other Drugs Council of Tasmania
ATOD	Alcohol tobacco and other drugs
CRG	Consumer Reference Group
cso	Community Sector Organisation
DEN	Drug Education Network
DHHS	Department of Health and Human Services
DoE	Department of Education
IAWGD	Inter-Agency Working Group on Drugs
LGAT	Local Government Association of Tasmania
LIN	Liquor Infringement Notices
MRC	Migrant Resource Centre
NHMRC	National Health and Medical Research Council
NHT	Neighbourhood Houses Tasmania
РСҮС	Police Citizens Youth Club
PHN	Primary Health Network
PPEI	Promotion Prevention and Early Intervention
RBT	Random Breath Testing
RPOS	Road and Public Order Services (Tasmania Police)
TAC	Tasmanian Aboriginal Centre
тссі	Tasmanian Chamber of Commerce and Industry
TUHSL	Tasmanian Users Health and Support League
ιίτας	University of Tasmania

YFCC Youth Family and Community Connections

Purpose

The purpose of this Implementation Plan is to set out the priority goals and activities which need to be undertaken to progress the vision and objectives of *Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use.*

This plan has been developed by the Alcohol Tobacco and other Drugs Council of Tasmania (ATDC) in consultation with the ATOD PPEI Implementation Advisory Group. Membership of the Advisory Group consisted of key representatives from stakeholder organisations and interested parties within the alcohol, tobacco and other drug sector.

This plan expands on the priorities identified in the Strategic Framework and highlights specific

goals and activities that will build on existing strengths and innovations in the ATOD sector.

Together, the Strategic Framework and this Implementation Plan provide a vision and focussed effort to ensure that Tasmania has a competent and sustainable ATOD sector workforce that is well positioned to deliver high quality promotion, prevention and early intervention services.

The strategic framework at a glance

Everybody's Business was developed by the Inter-Agency Working Group on Drugs (IAWGD) and is the Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in averting Alcohol, Tobacco and other Drugs Use.

Everybody's Business establishes a vision to guide the formulation of prevention and early intervention activities and actions in Tasmania, advocating strategies and approaches that cut across multiple sectors.

Everybody's Business advocates a holistic approach that deals with the determinants of health and wellbeing using multiple,

complementary evidence-based strategies to promote health and wellbeing at the community and individual level to build on existing strengths and assets and foster participative processes.

Everybody's Business embraces a developmental health approach which recognises that people's lives are a pathway of interconnected phases of growth and development and that there are

particular phases (such as early childhood and adolescence) where developmental factors lay the foundations of much of a person's social, emotional, health, education, and employment outcomes later in life.

An overview of the priorities for action

The Strategic Framework identifies five (5) priority areas for action.

PRIORITY AREA 1 (PA1) Nurturing the early years and strengthening families

Early childhood development is a key social determinant of health, and nurturing in the early years is crucial for social, emotional and cognitive development. The overlap between child abuse and neglect, drug and alcohol use, domestic violence and mental disorders are well recognised. Children from disadvantaged backgrounds and families with high levels of conflict, trauma and abuse may experience less than optimal development of their foundational pathways and skills. Interventions that can help children overcome learning difficulties, trauma or negative early life experiences are vital. The more complex the problems and issues that people have, the more likely they will need help and support from more than one service provider.

PRIORITY AREA 2 (PA2) Fostering resilient individuals

Resilient individuals are able to adapt to change and negative events more easily and are less likely to use ATODs in ways harmful to themselves and their community. Youth is a period characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults who are vulnerable to the influences of peer pressure and popular culture. Education systems and schools are vitally important stakeholders in prevention and early intervention initiatives. Activities promoting positive actions, such as encouraging positive self-help strategies and coping skills, and activities recognising the roles of parents and peers are important elements in prevention and early intervention. Parents also have a great deal of influence on adolescent behaviour and on the choices they make in life, including decisions about ATOD use.

PRIORITY AREA 3 (PA3) Building an inclusive community

The risk and protective factors that influence ATOD use are prevalent at the individual, community and societal levels. Individuals, families and communities that experience multiple disadvantages often live in areas that lack transport networks, recreational facilities and healthy food options. These areas are often associated with high crime rates, low levels of disposable incomes and low levels of employment. As the interplay of social determinants is complex, no single predominant predictive factor for ATOD use can be isolated. However, the more protective factors and fewer risk factors there are, the likelihood of problems developing is reduced. It is therefore critical to build an inclusive community.

Socially inclusive communities and resilient individuals and families are less likely to engage in substance misuse. Resilient and inclusive communities are characterised by strong social networks and work together to support individuals who need assistance. These communities promote good decision making and safe/healthy lifestyles. Crucially, supportive and informed communities can prevent the uptake of problematic ATOD use, identify ATOD problems early and help individuals access and maintain treatment.

PRIORITY AREA 4 (PA4) Building an integrated service system

ATOD use is complex and impacts upon the work of all government, non-government and community services. It is not only ATOD related services that experience pressure and the burden – there is pressure on child protection, housing, mental health services, police, justice, prisons, hospitals, GPs, schools, and private businesses. The complexity of the determinants and factors that shape ATOD use presents a huge challenge for services right across all service systems.

The more complex the problems and issues that people have, the more likely they will need help and support from more than one service provider. Service integration is therefore integral to delivering effective services to deal with the multifaceted problems. It is essential to have an effective and integrated service system that recognises the nature of people's problems and provides tailored, flexible and holistic services with multiple entry points through which people can enter the service system. This requires governments, service providers and community groups to develop collaborative working arrangements and partnerships, and find different ways to manage resources.

Effective interagency collaboration and interagency leadership is critical to ensure that the ATOD PPEI is appropriate and complements the work of other existing strategies. Successful integration must also involve clear and consistent funding, information sharing and referral arrangements.

PRIORITY AREA 5 (PA5) Focussing on whole of population approaches

Population approaches are strategies by which systems seek to improve outcomes for a population as a whole. It involves an understanding of the problem and identifying the causes or factors that affect the broadest segment of that population. More universal interventions targeting the whole of population are generally more effective and less costly to implement than those measures targeting high risk groups and individuals. Taxation and pricing control is one of the most effective mechanisms for reducing the harm associated with alcohol and tobacco use especially amongst young people and those in lower socio-economic groups. Simplistically, as price goes up, demand falls. Regulating availability or supply reduction strategies need to be employed in conjunction with other strategies to ensure the level of demand does not increase as a result of the restrictions.

These five priority areas seek to establish a broad structure to enable agencies contemplating ATOD use prevention initiatives to be able to tap into activities outside the immediate ATOD sphere. The aim is for the range of goals and actions to complement each other and to enable a more collaborative, holistic and system-wide approach to dealing with the broader social determinants of a range of issues, whether that be ATOD use, health, crime, education or social exclusion. In the ATOD sphere there is growing recognition of the need for greater integration with reference to 'whole of government', 'partnership' and 'collaboration' principles and approaches.

Lead agency

The Drug Education Network (DEN) has been nominated as the lead agency to support the implementation of ATOD PPEI initiatives across government agencies and public, private and community sector providers. As lead agency, the DEN will:

- co-ordinate, monitor and report on the activities highlighted in the Implementation Plan,
- provide advice with regard to ATOD PPEI initiatives,
- develop and maintain a register of PPEI initiatives in Tasmania, and
- develop appropriate resources and deliver training and education about PPEI including the broader social determinants of health and ATOD use to Government agencies and non-government service providers.

The ATDC has been identified to lead some specific activities in the Plan that fall within the scope of work performed by that organisation.

Stakeholders

Throughout the Implementation Plan a number of stakeholders have been identified to carry out, or be involved in, specific activities listed. These stakeholders will work in collaboration with, and support the nominated lead agency (or agencies) to achieve the desired outcomes.

Monitoring and evaluation

Ongoing monitoring and evaluation is critical as it supports the continuous improvement of implementation activities and allows the measurement of effectiveness and efficiency of particular activities. Evaluation is most efficient when built into the planning process from the beginning.

Evaluation will:

- track the PPEI activities and projects undertaken in the ATOD sphere,
- capture and disseminate successes,
- assess where adjustment to strategies is needed to better meet the goals and objectives of the priority areas, and
- identify and respond to new issues or opportunities as they arise.

Reporting

The IAWGD will be responsible for the overall implementation of *Everybody's Business* and the reporting of progress to Government through the Minister for Health.

The DEN as lead agency will provide advice to the IAWGD regarding the implementation of *Everybody's Business* and on how to progress its aims. At the end of each financial year, the DEN will prepare a report to the Department of Health and Human Services on the progress of implementation and the extent of its work to increase focus on PPEI initiatives across Government and non-government agencies.

The Department of Health and Human Services will brief the IAWGD before September of each year on the progress of implementation and uptake of a PPEI approach in Tasmania.

The IAWGD will seek to undertake a formal evaluation of the effectiveness and usefulness of *Everybody's Business* within five years of its release.



Working together for success

Implementing the Everybody's Business framework requires a long-term outlook and whole of sector perspective. It requires a shared commitment from all stakeholders across government, nongovernment and community sector organisations to collaborate in the sharing of information and resources.

Advocacy and lobbying

Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 1.1 For the ATOD sector to play a promi	nent and active role in public deba	te on alcohol, toba	acco and other drug issues					
1.1.1 Convene public forums and events (eg research symposiums, training and information sessions)	Lead Agency: ATDC Stakeholders: DHHS, DEN, TUHSL, UTAS, ATOD CSOs, Rural Health Tasmania	Ongoing	Number of events held: • by region • by target audience • per annum					•
1.1.2 Formulate and issue position statements	Lead Agency: ATDC Stakeholders: TUHSL, ATOD CSOs, Rural Health Tasmania	Ongoing	Number of statements issued: • by topic • per annum					•
1.1.3 Collaborate with institutions (eg UTAS) to promote and stimulate public awareness and debate	Lead Agencies: ATDC, UTAS	Ongoing	Number of sessions held: • by topic • per annum					•
Goal: 1.2 To reduce the stigma and discrimina	ation associated with ATOD use							
1.2.1 Maintain a position statement about stigma and discrimination	Lead Agency: ATDC Stakeholders: TUHSL, CRG	By June 2016	Position statement maintained			•		•
1.2.2 Support existing campaigns (eg Support Don't Punish), as well as explore and develop new campaigns that address stigma and discrimination regarding ATOD use	Lead Agency: DEN Stakeholders: ATDC, TUHSL, CRG, PHN	Ongoing	Number of campaigns supported: • by topic • per annum			•		•
Goal: 1.3 To challenge Tasmania's drinking ar	nd drug taking culture							
1.3.1 Develop public education messages about ATOD use and associated risks/harms (such as the dissemination of the NHMRC guidelines for low risk drinking)	Lead Agency: DEN Stakeholders: DHHS, ATOD CSOs, TUHSL, Rural Health Tasmania	Ongoing	Number of public education messages delivered: • by type • by target audience • per annum					•
1.3.2 Highlight positive role models in the local community	Lead Agency: DEN Stakeholders: ATOD CSOs, TUHSL, CRG, wider local community organisations	Ongoing	Number of role models identified and stories promoted: • via <i>Everybody's Business</i> website • via other media channels • per annum			•		•

Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 1.4 To ensure the responsible sale and s	upply of alcohol and tobacco							
 1.4.1 Advocate for relevant legislative amendments around sale and supply of alcohol and tobacco. For example: restrictions on promotions in licenced premises that encourage rapid and/or excessive consumption of alcohol reviewing the legal drinking age reviewing the legal blood alcohol level for driving to 0.00 advocating for the reduction of liquor licences issued and restrict those issued for sporting and family events 	Lead Agency: ATDC via IAWGD	Ongoing (and in specific response to legislative review)	Number of submissions and/or briefings to the IAWGD: • by topic • per annum					•
1.4.2 Support, inform and contribute to relevant legislation, regulatory frameworks and compliance regimes	Lead Agency: ATDC via IAWGD	Ongoing (and in specific response to legislative review)	Number of submissions and/or briefings to the IAWGD: • by topic • per annum					•
 1.4.3 Maintain a strong focus on frontline policing, including: a high visibility approach in and around licenced venues targeting of underage alcohol-related issues broader community activity, such as random and targeted breath alcohol testing 	Lead Agency: Tasmania Police Road and Public Order Services (RPOS)	Ongoing	Number of: • Liquor Infringement Notices (LINs) issued • secondary supply infringements/ charges RBT statistics					•
Goal: 1.5 To support the creation and mainter	nance of Drug User Organisations v	vithin Tasmania						
1.5.1 Advocate for sustainable funding for consumer driven, peer-based drug user organisations	Lead Agency: ATDC Stakeholders: TUHSL, CRG	Annually	Funding requested for drug user organisations in ATDC budget priority statement			•		

PA1 PRIORITY AREA 1:Nurturing the early years and strengthening families PA2 PRIORITY AREA 2: Fostering resilient individuals PA3 PRIORITY AREA 3: Building an inclusive community PA4 PRIORITY AREA 4: Building an integrated service system PA5 PRIORITY AREA 5: Focussing on whole of population approaches

Partnerships and collaboration

Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 2.1 To improve strategic linkages with	nin the ATOD sector with external ager	ncies						
2.1.1 Encourage and support awareness of ATOD service providers and programs	Lead Agencies: ATDC, DEN Stakeholders: Interagency Collaborative Working Group, AOD EAG, Tasmanian Peaks Network	Ongoing (Interagency Collaborative Working Group to commence June 2015)	Number of: • information sessions facilitated • bus tours run • Interagency Collaborative Working Group Meetings held Register of ATOD PPEI activities completed				•	
Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 2.2 To build collaborative working rel	ationships within the community whi	ch address ATOD u	ise					
 2.2.1 Develop new, and enhance existing, partnership programs and resources: which promote strong messages around responsible ATOD use and harm reduction aimed at early interventions and building resilience 	Lead Agency: DEN Stakeholders: DHHS, Interagency Collaborative Working Group, ATOD CSOs, Rural Heath Tasmania, Mental Health Services, LGAT, Sporting Clubs and Associations	Ongoing (Interagency Collaborative Working Group to commence June 2015)	Number of partnership programs and resources in existence: • by type • by region Number of new programs and resources developed: • by type • by region	•	•	•	•	
2.2.2 Strengthen ATOD capacity within child and maternal health and family centres	Lead Agency: DEN Stakeholders: DHHS, Early Years Providers, Child and Family Centres	Ongoing	Number of ATOD training/promotion sessions provided: • by type • by region • per annum	•	•	•		

2.2.3 Develop connections with Neighbourhood Houses to strengthen worker capacity regarding ATOD issues	Lead Agencies: ATDC, NHT	By June 2016 and ongoing thereafter	Number of : • Neighbourhood Houses visited • resources disseminated to Neighbourhood Houses	• •	
2.2.4 Support and encourage ATOD organisations to maximise consumer engagement in service planning and delivery	Lead Agency: ATDC Stakeholders: DHHS, TUHSL, CRG, ATOD CSOs	Ongoing	Number of: • training/ information sessions provided • consumer engagement strategies developed • consumer representatives maintained by ATOD sector organisations	•	

Information and resources

Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 3.1 To develop a repository of evidence-	pased resources about PPEI							
3.1.1 Develop and launch an <i>Everybody's Business</i> website and highlight 'champions' in the community	Lead Agency: DEN	June 2016	Everybody's Business website developed and launched				•	
 3.1.2 Develop mechanisms that will support the work of the Strategic Framework: an ATOD PPEI website a register of ATOD PPEI activities across Tasmania linkages to contemporary evidence-based PPEI resources 	Lead Agency: DEN Stakeholders: ATDC, ATOD CSOs, TUHSL	June 2016	 ATOD PPEI website developed Register of ATOD PPEI activities developed Number of: resources provided resources accessed 				•	
 3.1.3 Review and disseminate brief intervention tools and programs: that the ATOD sector can embrace as part of everyday business specific to young people aimed at building resilience and raising awareness of drug harms 	Lead Agency: DEN Stakeholders: DHHS, DoE, ADS, ATOD CSOs, UTAS	June 2016 and reviewed/updated annually thereafter	 Review of: ATOD sector brief intervention model brief intervention model for young people Number of programs developed aimed at: building resilience raising awareness of drug harms 		•	•	•	

Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 3.2 To adopt a range of evidence-based	school drug education							
3.2.1 Develop and provide best-practice ATOD teaching resources for prevention and education	Lead Agencies: DEN, DHHS, DoE	June 2015 and reviewed/updated annually thereafter	Number of teaching resources developed and circulated: • by topic • per annum		•			
3.2.2 Provide resources within the Principles of Drug Education which facilitate student engagement, building resilience and referral to appropriate support services for young people, their families and communities around ATOD use	Lead Agencies: DEN, DHHS, DoE Stakeholders: TUHSL, ATOD CSOs that facilitate information sessions (eg Red Cross, YFCC, Anglicare, Salvation Army, Cornerstone, Rural Health Tasmania)	June 2015 and reviewed/updated annually thereafter	Number of resources provided: • by topic • per annum	•	•			
3.2.3 Facilitate joint projects between schools and the community to enhance ATOD knowledge	Lead Agencies: DEN, DHHS, DOE Stakeholders: ATOD CSOs that facilitate information sessions (eg Red Cross, YFCC, Anglicare, Salvation Army, Cornerstone, Rural Health Tasmania)	Ongoing	Number of projects facilitated: • by topic • per annum	•	•	•		

Workforce capacity building

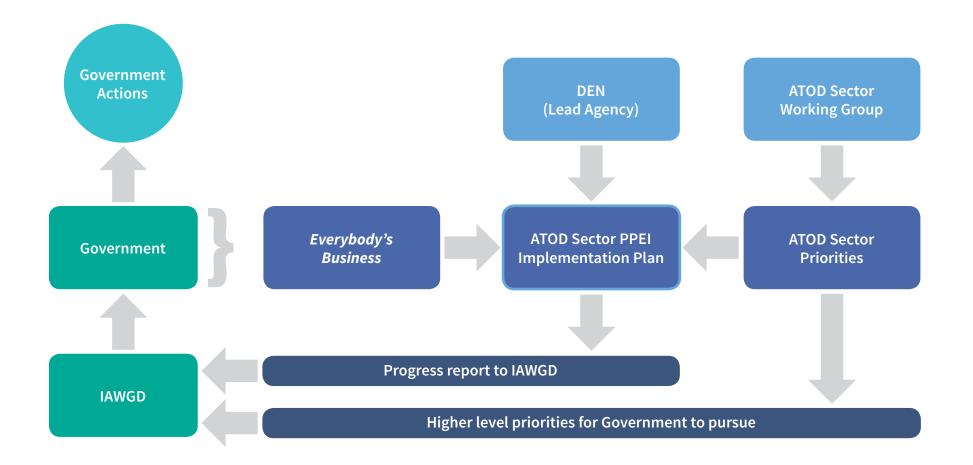
Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 4.1 To build the knowledge and capacity	of the ATOD sector workforce in A	PPEI principles a	nd strategies					
4.1.1 Provide training and information sharing within the ATOD sector through events (eg research symposiums, workplace exchange programs)	Lead Agencies: ATDC, DEN Stakeholders: DHHS, UTAS, ATOD CSOs, Rural Health Tasmania	Ongoing	Number of events conducted: • by topic • by region • per annum				•	
4.1.2 Provide consultancy and training in PPEI to the ATOD sector regarding the incorporation of PPEI programs into current work	Lead Agency: DEN Stakeholders: TCCI, Worksafe Tasmania, Rural Health Tasmania	Ongoing	Number of events conducted: • by topic • by region • per annum					
4.1.3 Advocate for specific funding for PPEI Community Educators within the ATOD sector	Lead Agency: ATDC Stakeholders: DHHS, ATOD CSOs, Rural Health Tasmania	Annually	PPEI funding requested for ATOD sector in ATDC budget priority statement				•	
Goal: 4.2 To build the knowledge and capacity	/ of the non-ATOD sector workford	e in PPEI princip	les and strategies					
4.2.1 Provide training and workforce education specifically promoting PPEI principles and develop PPEI resources to distribute	Lead Agencies: DEN Stakeholders: ATDC, DHHS, TCCI, Worksafe Tasmania, Rural Health Tasmania	Ongoing	Number of training sessions conducted/resources distributed on PPEI: • by target audience • per annum				•	

Communication and marketing

Activities	Lead and/or Stakeholders	Timeframe	Performance Indicators	PA1	PA2	PA3	PA4	PA5
Goal: 5.1 To maximise the use of technology a	nd social media for the exchange o	of information, onlin	e resources and promotion of the F	PEI m	essage	е		
5.1.1 Maintain and promote the <i>Everybody</i> 's <i>Business</i> website	Lead Agency: DEN	Ongoing	Google analytics (monthly reports) Website content audit (every two months)				•	•
5.1.2 Develop mechanisms for the ATOD sector to obtain and share PPEI information and resources	Lead Agency: DEN Stakeholders: Interagency Collaborative Working Group	June 2016	Number of: • topics added • resources accessed				•	•
5.1.3 Promote ATOD sector organisations' individual newsletters, publications, and social media (eg Facebook, Twitter)	Lead Agency: ATDC Stakeholders: ATOD CSOs	Ongoing	Number of: • subscribers to newsletters • ATOD organisations with a social media presence				•	•
Goal: 5.2 To promote recreational, educationa	al and cultural activities to target a	udiences						
5.2.1 Use age and culturally appropriate methods and channels to deliver responsible ATOD use messages.	Lead Agency: DEN Stakeholders: TAC, MRC, ATOD CSOs	Ongoing	Number of messages delivered: • by topic • by target audience • by method		٠			
Goal: 5.3 To promote positive role models thro	ough community groups and in co	mmunity settings						
5.3.1 Highlight champions in the community through the <i>Everybody's Business</i> website and other media channels.	Lead Agency: DEN Stakeholders: ATOD CSOs, TUHSL, PCYC, Local Council Youth Workers, Youth Arc, Sporting teams and clubs, Community groups	Updated monthly	Number of role models/champions identified and their stories promoted: • through <i>Everybody's Business</i> website • other media channels		٠	•		

PA1 PRIORITY AREA 1:Nurturing the early years and strengthening families PA2 PRIORITY AREA 2: Fostering resilient individuals PA3 PRIORITY AREA 3: Building an inclusive community PA4 PRIORITY AREA 4: Building an integrated service system PA5 PRIORITY AREA 5: Focussing on whole of population approaches

ATOD PPEI implementation framework



Contributors

The following organisations have contributed to the development of, and support, this ATOD PPEI Implementation Plan:

Alcohol Tobacco and other Drugs Council of Tasmania

Anglicare Tasmania

Cancer Council Tasmania

City Mission

Cornerstone Youth Services

Department of Education

Department of Health and Human Services – Alcohol and Drug Services

Department of Health and Human Services – Mental Health and Alcohol and Drug Directorate

Drug Education Network

Glenorchy Youth Task Force

Mental Health Carers Tasmania

Pathways Tasmania

Red Cross Tasmania

Rural Health Tasmania

Salvation Army Tasman

Fasmania Medicare Local

Tasmanian Aboriginal Centre

Tasmanian Users Health and Support League

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Youth Family and Community Connections



