## Alcohol and Other Drug Lifecycle Planner.

Use this planner to guide the development of a Community Action Plan that addresses local alcohol and other drug (AOD) issues, by addressing risks and building protective factors using the range of evidence-based toolkits.

### Age Groups

<table>
<thead>
<tr>
<th>Age</th>
<th>0–5 years</th>
<th>6–11 years</th>
<th>12–17 years</th>
<th>18–30 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issues</strong></td>
<td>- AOD use in pregnancy*</td>
<td>- Approach of parents/carers to parenting*</td>
<td>- Approach of parents/carers to parenting*</td>
<td>- Risky drinking</td>
</tr>
<tr>
<td></td>
<td>- Approach of parents/carers to parenting*</td>
<td>- Early experimental use of AOD</td>
<td>- Risky drinking</td>
<td>- Drink driving</td>
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<td></td>
<td></td>
<td></td>
<td>- AOD use</td>
<td>- AOD use</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Steroid use</td>
<td>- Steroid use</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- AOD use in pregnancy</td>
</tr>
<tr>
<td><strong>Risk Factors</strong></td>
<td>- Family history of AOD use</td>
<td>- Family conflict</td>
<td>- Family conflict</td>
<td>- Lack of engagement</td>
</tr>
<tr>
<td></td>
<td>- Family conflict</td>
<td>- Child abuse and neglect</td>
<td></td>
<td>- Mental health issues</td>
</tr>
<tr>
<td></td>
<td>- Child abuse and neglect</td>
<td>- Social disadvantage</td>
<td></td>
<td>- Unemployment</td>
</tr>
<tr>
<td></td>
<td>- Social disadvantage</td>
<td>- Alcohol advertising</td>
<td></td>
<td>- Isolation</td>
</tr>
<tr>
<td></td>
<td>- Alcohol advertising</td>
<td>- AOD use in the home</td>
<td></td>
<td>- Family violence/relationships</td>
</tr>
<tr>
<td></td>
<td>- AOD use in the home</td>
<td>- Availability and accessibility of AOD in community</td>
<td></td>
<td>- Negative peer influence</td>
</tr>
<tr>
<td></td>
<td>- Availability and accessibility of AOD in community</td>
<td>- Childhood conduct disorders</td>
<td></td>
<td>- Availability and accessibility of AOD in community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Academic failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protective Factors</strong></td>
<td>- Higher parent skills, knowledge</td>
<td>- Evidence-based drug education</td>
<td>- Evidence-based drug education</td>
<td>- Community building activities including evidence-baseddrug education</td>
</tr>
<tr>
<td></td>
<td>and confidence including the knowledge of harms/health beliefs that</td>
<td>- Community building activities including evidence-based drug education</td>
<td>- Community building activities including evidence-based drug education</td>
<td>- Sense of belonging and engagement with community</td>
</tr>
<tr>
<td></td>
<td>support healthy AOD use (among parents/carers)</td>
<td>- Positive role models, including around AOD</td>
<td>- Positive role models, including around AOD</td>
<td>- Knowledge of harms/health beliefs that support healthy AOD use</td>
</tr>
<tr>
<td></td>
<td>- Child’s sense of family belonging or connectedness</td>
<td>- Sense of belonging/connectedness to community, school and family</td>
<td>- Sense of belonging/connectedness to community, school and family</td>
<td>- and the supports available in the AOD space</td>
</tr>
<tr>
<td></td>
<td>- Proactive family problem solving</td>
<td>- Knowledge of harms/health beliefs that support healthy AOD use (among</td>
<td>- Knowledge of harms/health beliefs that support healthy AOD use</td>
<td>- Participation in positive activities</td>
</tr>
<tr>
<td></td>
<td>- Caring relationships with at least one parent/carer</td>
<td>- Involvement in recreational activities</td>
<td>(among parents/carers)</td>
<td>with adult engagement</td>
</tr>
<tr>
<td></td>
<td>- Positive role models, including around AOD</td>
<td></td>
<td></td>
<td>- Involvement in recreational activities</td>
</tr>
<tr>
<td><strong>Influencers</strong></td>
<td>- Parents/Carers</td>
<td>- Health professionals</td>
<td>- Parents/Carers</td>
<td>- Parents/Carers</td>
</tr>
<tr>
<td></td>
<td>- Health professionals</td>
<td>- Teachers</td>
<td>- Teachers</td>
<td>- Teachers</td>
</tr>
<tr>
<td></td>
<td>- Early childhood educators</td>
<td>- Coaches</td>
<td>- Coaches</td>
<td>- Coaches</td>
</tr>
<tr>
<td></td>
<td>- Maternal and child health nurses</td>
<td></td>
<td>- Peers</td>
<td>- Peers</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Strong and Connected Communities Toolkit</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Community Participation in Liquor Licensing Toolkit</td>
<td></td>
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<td></td>
<td>Positive Parenting Toolkit</td>
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<tr>
<td></td>
<td>Alcohol and Pregnancy Toolkit</td>
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</tr>
</tbody>
</table>

### Toolkits

- **Education in Schools Toolkit**
- **Peer Support Toolkit**
- **Supporting Teenagers Toolkit**
- **Mentoring Toolkit**
- **Healthy Workplaces Toolkit**
- **AOD and Young Adults Toolkit**
- **Alcohol and Pregnancy Toolkit**

### Notes

- * This is referring to the behaviours and use of AOD by the parents of the baby/child
- ** Good Sports is a separate program to the LDAT program: goodsports.com.au
<table>
<thead>
<tr>
<th>Age</th>
<th>Issues</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
<th>Influencers</th>
</tr>
</thead>
</table>
| 30–50 years | • Risky drinking  
  • Drink driving  
  • AOD use  
  • AOD use in pregnancy | • Lack of engagement  
  • Mental health issues  
  • Unemployment  
  • Isolation (geographic and social)  
  • Family violence/relationships  
  • Availability and accessibility of AOD in community | • Sense of belonging and engagement with community  
  • Knowledge of harms/health beliefs that support healthy AOD use and the supports available in the AOD space  
  • Participation in positive social activities  
  • Involvement in programs that build/maintain purpose and direction  
  • Access to information on avoiding AOD in pregnancy | • Peers  
  • Employers  
  • GPs |
| 50–60 years | • Risky drinking  
  • Drink driving  
  • AOD use  
  • Pharmaceutical use | • Mental health  
  • Unemployment  
  • Isolation (geographic and social)  
  • Family violence/relationships  
  • Availability and accessibility of AOD in community  
  • Life transition (empty-nesting/retirement) | • Participation in volunteering programs to build belonging and purpose  
  • Participation in activities and new, positive relationships  
  • Involvement in recreational activities  
  • Knowledge of harms/health beliefs that support healthy AOD use via the provision of information on drinking guidelines and the effects on medication | • Peers  
  • GPs  
  • Family |
| 60–70 years | • Risky drinking  
  • Drink driving  
  • Pharmaceutical use  
  • Poly-drug use (pharmaceutical and alcohol) | • Isolation (geographic and social)  
  • Availability and accessibility of AOD in community  
  • Poor pain management  
  • Elder abuse  
  • Change to employment status  
  • Retirement | • Participation in volunteering programs to build belonging and purpose  
  • Participation in activities and new, positive relationships  
  • Involvement in recreational activities  
  • Knowledge of harms/health beliefs that support healthy AOD use via the provision of information on drinking guidelines and the effects on medication | • Peers  
  • GPs  
  • Carers |
| 70+ | • Risky drinking  
  • Pharmaceutical use  
  • Poly-drug use (pharmaceutical and alcohol) | • Isolation (geographic and social)  
  • Availability and accessibility of AOD in community  
  • Poor pain management  
  • Elder abuse  
  • Declining health  
  • Bereavement | • Participation in volunteering programs to build belonging and purpose  
  • Participation in activities and new, positive relationships  
  • Involvement in recreational activities  
  • Knowledge of harms/health beliefs that support healthy AOD use via the provision of information on drinking guidelines and the effects on medication | • Peers  
  • GPs  
  • Carers |

NOTE: References are available at community.adf.org.au
Local Drug Action Team Toolkits

- **Alcohol and Pregnancy**
  Unborn children are at high risk of alcohol related harm. Community based awareness and education activities are a key way of informing parents-to-be about these risks. This toolkit helps communities design awareness and education activities that highlight the risks associated with alcohol consumption in pregnancy. It gives communities the tools to ensure that information is written and delivered in an appropriate and accessible way.

- **Alcohol, Other Drugs and Older People**
  There are key transitional phases in people’s lives in which they are more vulnerable to the harms of AOD. The transition into older adulthood is one of these phases. Aging is associated with many changes including metabolic, physiological, health, social, financial stability and work status. Significant life changes such as retirement and the death of relatives or loved ones may also lead to an increase in social risk factors for AOD use. The availability of alcohol has been consistently demonstrated as a key driver of alcohol consumption. Under the Liquor Act 2010, all communities have the opportunity to participate in liquor licensing processes. Community cohesion, inclusivity and engagement is an essential protective factor against AOD related harm.

- **Alcohol, Other Drugs and Young Adults**
  There are key transitional phases in people’s lives in which they are more vulnerable to the harms of AOD. The transition from secondary school to higher education or the workplace is one of these times. Changes to levels of independence, social engagement and financial status are hallmarks of this transitional period. This is an exciting stage of life which can also increase stress and social isolation. Increased rates of mental health issues and substance use have been demonstrated in this age group during and following this transition period. The workplace and higher education institutions can play a key protective role against AOD related harms. This toolkit explains how community groups can work in collaboration with organisations and institutions and help to promote harm minimisation information to students and employees.

- **Community Participation in Liquor Licensing**
  The availability of alcohol refers to the density of bottle shops and drinking venues and trading hours in a certain area. The availability of alcohol has been consistently demonstrated as a key driver of alcohol consumption within communities, with higher availability associated with higher levels of consumption. Under the Liquor Act 2010, all communities have the opportunity to participate in liquor licensing processes. Community action can have a significant influence on the conditions of liquor licences granted. This toolkit supports and guides local communities on how to respond to potentially harmful liquor licensing applications and ensure that community voices are heard.

- **Education in Schools**
  School plays a formative role in people’s lives. Outside their role in formal education, schools play a crucial role in building and fostering the development of important life skills. These developmental years are critical to establish behaviours that protect against future AOD harm. Tailoring AOD education in schools to suit these developmental years is essential to supporting healthy outcomes. This toolkit aims to guide and support communities in the implementation of effective, engaging and evidence informed AOD education in schools.

- **Healthy Workplaces**
  Workplaces are an important setting for reducing alcohol and drug related harms; approximately two thirds of working-age Australians are in paid work, many spending up to a third of every day at work. The workplace is ideally situated to change attitudes and behaviour regarding alcohol and other drug use, considering the large population of working Australians and the length of time that people spend at work.

- **Mentoring**
  Positive relationships are a key protective factor against AOD harms. Mentoring programs have been demonstrated to be especially effective in supporting young people at high risk of involvement in illicit drug use. Mentoring is a key way of facilitating meaningful and positive relationships between adults and young people. Where the mentor is appropriately trained, these relationships provide the opportunity for informed and appropriate guidance around AOD issues. This toolkit supports communities in planning and implementing mentoring activities that help to directly address AOD issues and strengthen broader social, cultural and emotional factors that can influence and impact AOD use.

- **Peer Support**
  Peer support programs create a safe space where young people’s skills can be recognised and utilised. Peer support relationships, whether they are between individuals or groups, allow young people to work together to engage in problem solving, role modelling, and positive influencing. This toolkit aims to help communities plan and establish peer support programs to deliver effective messaging, to positively influence young people’s knowledge, values, attitudes and behaviours, and to prevent AOD related harm.

- **Pharmaceutical Drugs in Your Community**
  Pharmaceutical misuse is common in Australia. However, knowledge about this issue is low. The provision of clear, evidence-based and appropriate education and information around the harms associated with pharmaceutical misuse is important for community members and service providers (such as GPs and carers) within the community. This toolkit aims to guide communities in the creation and dissemination of clear, evidence-based and appropriate information to educate and inform community members, key community organisations and service providers about the harms of pharmaceutical misuse.

- **Positive Parenting**
  A person’s life success, health and emotional wellbeing have their roots in early childhood. We know that if the early years are properly supported we can expect to see children thrive throughout their schooling and into their adult lives. By strengthening parents’ skills, capacity and confidence in parenting, we can help to improve child outcomes and help protect against future AOD harms. This toolkit aims to support communities to implement evidence-based positive parenting programs and provide guidance to understanding parenting as a protective factor.

- **Strong and Connected Communities**
  Community cohesion, inclusivity and engagement is an essential protective factor for AOD use. Communities can facilitate community engagement and cohesion by making already established organisations, such as sporting clubs and arts collectives, more accessible to community members. Events and activities which celebrate diversity and inclusivity can also be beneficial in promoting a sense of connectedness and social cohesion in a community. This toolkit aims to provide communities with evidence-based information and resources to plan and implement activities that create strong, supportive, inclusive and resilient community environments.

- **Supporting Teenagers**
  Adolescence is an influential time. Positive role modelling and messaging are essential to prevent AOD harm. Parents and coaches play a key role during this developmental stage. Therefore, it is essential that they understand the impact of positive role modelling on teenagers, have the skills to be a positive role model and have the knowledge and tools to discuss AOD issues in a confident and informed way with teenagers. This toolkit provides communities with evidence-based tools and activities to inform parents and other adults about how to engage with teenagers to prevent AOD harms.
Putting it all together: Creating your Community Action Plan.

Refer to our Local Drug Action Team Practical Guide, this Alcohol and Other Drug Lifecycle Planner, the relevant toolkit and our Community Action Plan template when developing your Community Action Plan.

1. Refer to the LDAT Practical Guide
2. Use the Alcohol and Other Drug Lifecycle Planner
3. Select the LDAT Toolkit
4. Develop your Community Action Plan

Contact us at the Alcohol and Drug Foundation for support at any stage of your CAP development.