

PARTNERSHIPS TO REDUCE POPULATION LEVEL HARMS ARISING FROM ALCOHOL AND OTHER DRUG USE: A REVIEW OF MULTI-SETTING, COMMUNITY-BASED INTERVENTIONS

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Introduction and Aims: Alcohol and other drug use (AOD) has broad contextual, structural and interpersonal influences that may need to be addressed across multiple settings. This review examined the efficacy of multi-setting community-based interventions in reducing population-level harms arising from AOD use.

Method: A systematic review of CENTRAL, Embase, Medline, Medline in-Process, and PsycINFO was conducted from database inception to 16 July, 2016. Included studies implemented interventions in two or more community settings, and collected data on AOD use or harms (e.g. past month alcohol use, road traffic accidents, hospital admissions).

Results: 22 trials from 59 publications were included ($n = 247,360$ participants). The interventions lasted 30 months on average, and most targeted alcohol, with implementation occurring in schools, home, community organisations, law enforcement agencies, on and off-premise alcohol outlets, healthcare settings and sporting clubs. The 22 identified trials found limited impact on prevalence of AOD use. There was no impact on past month alcohol use (Relative Risk [RR]=0.95, 95% Confidence interval [CI]: 0.89-1.02), binge drinking (RR=0.97, 95%CI: 0.89-1.06) or 12-month marijuana use (RR=0.98, 95%CI: 0.86-1.11). There was some evidence to suggest that reductions in risky drinking may have occurred (RR=0.77, 95%CI: 0.60 to 1.00). There was some evidence of a reduction in AOD-related assault rates and arrests, and road traffic accidents.

Discussion and conclusions: Multi-setting, community-based interventions had little impact on AOD use, however some evidence for reduction in AOD-related harms was identified.

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