



Reducing Alcohol and Other Drug harm post COVID-19

**Alcohol and Drug Foundation
2021-22 Pre-Budget Submission**

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Executive summary

The COVID-19 pandemic has placed extraordinary pressure on Australian communities, deepening a crisis left after the summer bushfires in some parts of Australia. Mental health problems are on the rise with increased stress, anxiety, depression and loneliness. Presentations for intentional self-harm are more frequent and some Australians are drinking more alcohol and increasing drug use.

Prior to the pandemic, alcohol and drugs posed significant burden on our community contributing to over 6,000 deaths per yearⁱ. The costs of alcohol alone were around \$36 billion in 2010ⁱⁱ. Alcohol and other drugs impact not only on our health, criminal, social and justice systems but also burden individuals, families and local communities. Alcohol and other drugs remain of significant concern to Australians.

There are concerns that changes in AOD use during COVID-19 will persist longer term. Even as restrictions have lifted, some people who increased alcohol use during the lockdown are continuing to drink at the same levels, increasing the risk of greater harms. For example, alcohol related harms such as domestic violence and in-home assaults have increased during COVID-19 and the potential net increase in alcohol and drug use will have profound long term effects.

Increased risk factors for AOD use as a result of the pandemic, such as unemployment, financial insecurity, homelessness, mental health, stress and loss of community connection also present short and long term challenges.

Support is needed for those who have increased AOD use so to prevent entrenched long-term habits forming. Efforts are also needed to rebuild community connection by supporting key community institutions such as community sport.

This budget submission presents a range of responses to the changing use of alcohol and other drugs, as well as the heightened mental health challenges Australia faces post COVID-19. All are designed to prevent short and long term harm. Several are immediate responses such as seeking to change behaviour around alcohol. Other proposals take a longer-term view, given that recovery will require support for many communities to rebuild and reconnect.

Proposals are outlined below:

1. Good Sports for long term recovery

Community sport plays an important role in community wellbeing with participation in sport an important protective factor against AOD use. The Good Sports program has a strong track record in reducing AOD related harm, strengthening club viability and increasing participation in sporting clubs.

With around 10,000 Good Sports clubs, the Good Sports program impacts approximately 2.5 million Australians. On average the program grows by 450 clubs every year.

Funding provided by the Australian government will enable us to recruit an additional 450 clubs every year reaching nearly 12,000 clubs by 2023. This will enable the program to increase its impact across the country.

There has never been a more important time for Good Sports, given heightened AOD risk factors and the value the program provides for community sport to reconnect with their membership in a mental health context.

2. Tackling mental health through community sport (Mental Health)

The strong link between mental health and AOD use is well documented. COVID-19 has seen many Australians increase their use of alcohol, cannabis, benzodiazepines and meth/amphetamine. Mental health problems have significantly risen. Community sporting clubs are reporting significant concerns with the mental health of their membership and seeking access to information and training that will

strengthen their capacity to identify and respond to mental health issues. They are also seeking ways they can strengthen the club role in preventing mental health problems.

This initiative will respond to Club priorities post COVID-19 and provide additional mental health supports to Good Sports clubs. It will improve the confidence and capacity of club leaders to respond appropriately when mental health issues arise in their membership and ensure club leaders are trained in Mental Health First Aid.

3. Supporting youth in recovery post COVID-19 through community sport (Great Leaders)

The significant impact of COVID-19 on young people is well recognised, as they are particularly vulnerable to mental health problems and have been more affected by job losses than other age groups. The potential for increased AOD related harms in this group post COVID-19 is also significant. Community sport play a key role in protecting younger people from AOD related harms, but participation in community sport often starts to decline around 15 years of age. Young people aged from 15 to 25 within sporting clubs may also be at risk of developing risky drinking behaviours particularly when a culture of risky drinking behaviours is entrenched within communities and sporting clubs.

This initiative will train leaders in community sport to increase role modelling of positive behaviours that will reduce alcohol and drug use, promote positive mental health and retain young people in community sport.

4. Alcohol and drug behaviour change beyond the club setting

Whilst there is significant harm associated with alcohol in Australia, many people are unaware of this and often do not perceive alcohol to be a problem. Without this knowledge, they are less likely to take steps to address alcohol harm.

Good Sports Clubs have already started on the process of change by engaging in the program, recognising that they need to address alcohol within the club setting. The new digital model of delivery for Good Sports provides an opportunity to deepen this engagement with friends and families connected to Good Sports clubs so that more people understand alcohol-related harms, steps to reduce it and the important role of sport in building protective factors around AOD. As we enter a post-COVID-19 phase, families and friends can champion ways to re-connect in positive and supportive ways that don't focus on alcohol and related activities.

This initiative will use the Good Sports program as the foundation and will build targeted campaigns that engage, inform and educate communities by targeting families and friends to improve understanding of steps to reduce alcohol related harm and raise awareness about the positive role sport plays in building protective factors and minimising the harms of AOD.

5. National COVID-19 Alcohol Campaign

Many Australians increased their use of alcohol in response to the pandemic. As lockdowns are being lifted, there are short and long term risks of increased AOD related harm. Around half of those who increased alcohol consumption during lockdown are continuing to drink at the same level, and alcohol related presentations to emergency departments rose as restrictions lifted in many jurisdictions.

The ADF, with funding from the Australian Government, developed an early response to the changing behaviour of Australians in response to the pandemic. The COVID-19 Alcohol campaign, Little Habit, showed early success in engaging people who had increased alcohol use during lockdown, or who were drinking at risky levels, connecting them to support and information to change behaviours. The national campaign was supported by two micro-campaigns that promoted messaging directly targeted at groups who were demonstrating the most significant changes (parents and younger women).

The ADF proposes a two year plan of activity that aims to extend the success of the initial national COVID-19 Alcohol Campaign and raise awareness of AOD harms and information and support that can help Australians make positive behaviour changes, The campaign will change knowledge, awareness and

behaviours associated with alcohol use to support more Australians to understand recommendations for low risk alcohol use, understand the early signs of problematic use and to support them to take steps to reduce alcohol use and reduce risks of associated harm.

6. Extending LDAT Planet Youth trial

The ADF's Local Drug Action Teams (LDATs) have been trialing an Australian version of Planet Youth, an internationally renowned AOD prevention program. An extension of the trial from two to five years will enable a stronger evidence-base and refinement of the program, a potential game-changer for AOD prevention in Australia.

7. Building an AOD prevention workforce

A highly skilled AOD prevention workforce will be fundamental to the success of efforts targeting the focus are on alcohol and drugs in the National Preventative Health Strategy. Efforts in Europe recognise the importance of a highly skilled and competent workforce in building protective factors against AOD harms, based on a European Prevention Curriculum. The ADF proposes a similar approach in Australia to strengthen the effectiveness of LDATs and Good Sports Clubs, as well as Local Government and community-based NGOs.

Summary of costs	2021/22	22/23	23/24	24/25	Total
Good Sports for long term recovery	\$5.76 M	\$5.19 M	\$5.36 M		\$16.31M
Tackling mental health through community sport	\$1.0 M	\$0.9 M	\$0.9 M		\$2.80M
Supporting youth in recovery post COVID-19 through community sport	\$0.58 M	\$0.72 M	\$0.53 M		\$1.83M
AOD behaviour change beyond the club setting	\$0.78 M	\$0.78 M	\$0.78 M	\$0.78 M	\$3.12M
National COVID-19 Alcohol Campaign	\$2.0 M	\$2.0 M			\$4 M
Extending LDAT Planet Youth trial	\$0.5 M	\$0.5 M	\$0.5 M		\$1.5
Building an AOD prevention workforce	\$1.0 M	\$1.0 M	\$1.0 M	\$1.0 M	\$4
Total	\$11.62 M	\$11.09 M	\$9.07M	\$1.78 M	\$33.56M

The Alcohol and Drug Foundation

Established 60 years ago, the Alcohol and Drug Foundation (ADF) is Australia's leading evidence-based, preventative health organisation in the alcohol and other drug (AOD) sector. Our community programs, policy work and information services are creating a healthier and more informed Australia. As an independent, evidenced-based organisation, the ADF is constantly searching domestically and internationally for programs that work.

The ADF is a trusted partner of the Australian Government in delivering preventative health programs in the AOD sphere, notably through Good Sports and Local Drug Action Teams, as well as evidence based AOD information. The case for investment in AOD preventative health is compelling: the longer use is delayed, the better the long-term outcomes in key socio-economic drivers such as mental health, education and employment. This then reduces pressure on AOD and mental health treatment sectors, hospitals, the social welfare budget and Australia's criminal justice system. Investment in preventative health should be viewed as a major nation building project with benefits across generations.

Alcohol and other drugs in Australia during COVID-19

Alcohol and other drugs

Alcohol related illness and injury is one of the greatest causes of harm in Australia and contributes to over 4000 deaths each yearⁱⁱⁱ. A quarter of Australians drink at levels that increase their risk of accident or injury and one in six drink at levels that increase their risk of health issues like cancer^{iv}. Alcohol accounts for 10-15% of all ED presentations and about 25% of the time of frontline police officers^v. Alcohol use accounts for around 4.5% of the burden of disease^{vi} and the cost of alcohol-related harm was estimated to be \$36 billion in 2010^{vii}. In December 2019, Health Minister Greg Hunt announced the government will commission a report to estimate the social costs of alcohol to Australian society, the first in 15 years.

Alcohol use has increased during the COVID-19 pandemic for many Australians, adding to an already significant problem. During the lockdowns, around 20% of Australian adults increased their alcohol consumption^{viii}. Many reported drinking on a daily basis (around 14% during COVID-19^{ix}, compared to 5.4% prior to COVID-19^x) and the increase in consumption was more commonly reported by Australians aged 18-35 compared to middle aged and older Australians^{xi}.

Patterns of use of illicit drugs are also changing as a result of the pandemic with an increase in the use of cannabis and benzodiazepines, and a decrease in MDMA and cocaine. More than half of those who use cannabis reported increased usage during restrictions, with 29% of people who used benzodiazepine increasing their use. About a quarter of people who used meth/amphetamine reported increased use during restrictions with 39% reporting their use of meth/amphetamine remained stable^{xii}.

Mental health and AOD

Commonly reported drivers of increased alcohol and drug use include stress and anxiety (38%) and boredom (38%)^{xiii}. Increasing mental illness during and after the pandemic will also drive increased substance use and vice versa. Alcohol impairs self-control and can contribute to someone entering a mental health crisis point. Evidence shows acute alcohol use increases the risk of attempted suicide^{xiv}. The risk of suicide is also elevated in dependent drinkers, and an increase in population-level alcohol use tends to be associated with an increase in suicide rates^{xv}.

Half of all individuals with a lifetime history of alcohol use disorders have at least one other mental health disorder^{xvi} while 32% of smokers have a mental health disorder^{xvii}. Health Minister Greg Hunt has noted a "very significant overlap between mental health and drug and alcohol abuse".

Recent research indicates that the community prevalence of depression and anxiety during the COVID-19 health restrictions increased significantly. There were significant increases in feelings of despair, fear,

anger, boredom, loneliness and stress between March and April 2020^{xviii}. Suicide prevention and crisis organisations reported higher demand^{xix}.

In Victoria, there was a 33% increase in young people presenting to ED for intentional self-harm in July/August compared to the same time in 2019, and a 10% increase in all people presenting to ED for intentional self-harm. Urgent and emergency mental health services had experienced a 19% increase in July/August compared to the same time in 2019 with a 29% increase in mental health support by telephone^{xx}.

Over a third of people who use drugs reported worse mental health during the pandemic and 37% had sought mental health treatment. Nearly 1 in 10 people who used drugs who had sought mental health treatment were unable to access it^{xxi}

The National Mental Health and Wellbeing Pandemic Response Plan, endorsed by National Cabinet in May 2020, noted “a significant risk for mental health and suicide posed by alcohol and other drug use. There are strong indications that the pandemic may result in increased substance use within the community”.

Domestic violence and violence in the home

While alcohol does not cause domestic violence, the evidence is clear that it is a risk factor for increased frequency and severity of family violence^{xxii xxiii} and alcohol-related domestic assaults account for up to 50% of all recorded domestic assaults in Australia^{xxiv}.

During the pandemic, almost half (47%) of family violence specialists reported an increase in their caseload with the majority being new clients. About half (51%) of them reported an increase in the involvement of alcohol in family violence situations since COVID-19^{xxv}. The national counselling service 1800 RESPECT reported an 11% increase in contacts in May 2020 compared to May 2019^{xxvi}. In Victoria, the frequency of ED presentations for assault in the home increased by 48% in May 2020 compared to May 2019^{xxvii}.

COVID-19 and Community Sport

COVID-19 caused significant disruption to community sporting clubs across Australia, disrupting their seasons, reducing revenues and resulting in a loss of members and volunteers. Many community sports clubs are in regional and remote Australia where communities were also drastically impacted by the bushfires.

Sporting clubs provide extraordinary value to the wider community. They provide healthy activities for club and community members to meet, exercise, and connect. Participation in supervised sporting activities is a key protective factor for young people for both mental health and AOD use, and key to preventing uptake among young people^{xxviii}. A sense of belonging and connectedness to community is a critical protective factor for reducing AOD harms and supporting communities recovering from the impacts of COVID-19.

Sport, physical activity and exercise can be used to support treatment for a range of mental or behavioural conditions. Depression is one common mental health concern that may affect persons at any age. There is a growing body of evidence that supports the use of physical activity, particularly sport participation because of the social interaction benefits, as part of a treatment strategy^{xxix}.

Surveys with community sporting clubs indicates that financial security and the mental health of their members after the pandemic are areas of significant concern. Additionally, clubs face significant challenges with re-engaging members, volunteers, sponsors and players^{xxx}. A survey by the Australian Sports Foundation found that one in four clubs faced solvency concerns, with 93% clubs reporting a decline in revenue and 43% of clubs seeing a decline in volunteering.

As clubs return to play post lockdown, significant restrictions are still in place, with some unable to travel beyond their regions to compete, and restrictions on social events. The ongoing and everchanging environment increases potential impacts on mental health and strengthens risk factors for AOD use.

Long term disruptions to community sport, through financial insecurity or loss of members, will have negative impacts on the local community's recovery post-COVID-19. Supporting the recovery of community sport, as a critical component of community and individual recovery post pandemic will be critical.

Early responses to COVID-19 and AOD related harm

The ADF observed immediate impacts on Good Sports Clubs, Local Drug Action Teams and on the Australian community. We quickly mobilised to understand and respond. This included:

- Leading the conversation around AOD harm prevention by highlighting risk and protective factors to reduce AOD related harms to individuals and communities with a series of online campaigns to highlight risks of increased alcohol use. Two targeted digital campaigns focused on raising the awareness of specific target audiences about the impact of their drinking during lockdown. The approach has been to help individuals reflect on their behaviour by aligning to personal values and beliefs.
- Driving awareness of the ADF and other credible sources of information and support across channels to prompt actions to reduce AOD harms and ensuring easier access to this information
- Surveying Good Sports clubs and LDATs to understand their immediate needs.
- Delivering social media upskilling session so clubs could better engage with members and players online.
- Transitioning to online and phone support and implementing a process for sharing stories and new ways of working so GS clubs and LDATs across our vast network could benefit. Key to these efforts were strategies for Clubs to connect with isolated members and volunteers.
- Webinars and online forums to respond to the needs of clubs and LDATs. This has included providing clubs with "Fundraising Smarts" Toolkits, links to national and state grants programs, sessions conducted by fundraising experts and social media tips.
- Developing a mass media campaign that was delivered across television, digital and social media and supported by a strong public relations effort. The Little Habit ad targeted those who were reporting greater increases in alcohol use during the pandemic (21-50 year olds) who may not have recognised their drinking had increased during isolation or been concerned about not being able to return to "normal" drinking post COVID- 19.

Longer term responses to COVID-19 and AOD related harm

The long term consequences of the pandemic are well recognised and likely to include increased harms from AOD and the potential for increased dependence and demands on treatment providers.

AOD risk factors have increased during the pandemic and have immediate and long-term implications. These include the economic impact, loss of employment, social isolation, poorer family relationships, homelessness, reduced community engagement and trauma, grief and loss. In many parts of Australia this has compounded the impact of the summer bushfires.

AOD behaviours that changed during the pandemic are also at risk of continuation as restrictions lift. In parts of Australia where restrictions are lifting, more than half of those who increased their alcohol use during lockdown are drinking at the same levels and more than half want to reduce their drinking^{xxxi}. This suggests that higher levels of use during the pandemic are not returning to pre-pandemic levels for some people, increasing the risks of dependence and ongoing problematic use.

As restrictions lift, returning to pre-pandemic use of alcohol and other drugs also carries risk of increased harms. As use of cocaine and MDMA has declined during COVID-19, experts have expressed concern of an increase in the frequency of overdoses with lower tolerance levels. Some jurisdictions have seen an increase in alcohol related harm as restrictions lift, thought to be attributable to reduced tolerance and increased use. In WA, Department of Health data showed there were 190 alcohol-related ED admissions between June 24 and July 14 this year, representing a 21 per cent increase in admissions compared with the same time last year^{xxxii}.

Responses to alcohol and drug related harm resulting from the COVID-19 pandemic therefore should take a short and a long term view. They need to include steps to help people who have changed the way they use alcohol and other drugs during the pandemic, to prevent long term harms such as overdose and dependence. The recovery of community sport is a key protective factor against AOD harms post pandemic.

Strategies to reduce short and long term harms from AOD post COVID-19

The ADF is well placed to help drive the Australian Government's COVID-19 recovery agenda:

- Ensuring Australians are supported to minimise the impacts of the pandemic on alcohol and drug related harm and mental illness
- Supporting the recovery of community sport, a critical component of community recover, post COVID-19.
- Supporting the Australian Government's National Preventive Health Strategy, due for release 2021.
- Supporting the Prime Minister's and Health Minister's strong focus on mental health and suicide prevention.
- Supporting implementation of the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan.
- Supporting the National Alcohol Strategy and the recently released NHMRC Alcohol Guidelines.
- Ensuring that regional and Indigenous Australia, disproportionately affected by the harms of alcohol and other drugs (AOD), receive access to information and preventative AOD programs.
- Facilitating access to early intervention and reducing demands on the treatment sector.

Good Sports for long term recovery post COVID-19

ADF engagement with community sport through Good Sports provides opportunity to support the rebuild of community sport post COVID-19 and use this influential community setting to address mental health and alcohol and other drug use, particularly among younger players.

The ADF proposes four solutions linked to the Good Sports program. These initiatives are outlined below.

Initiative 1: Growth of Good Sports

Why

Good Sports is proven to reduce risky drinking at participating clubs by 37% and reduce alcohol-related accidents among Good Sports club members and supporters by 42%. Between 2011-2012, Good Sports was estimated to have averted 1,300 alcohol-related falls, assaults and/or road accidents – saving approximately \$14 million a year^{xxxiii}.

Sporting clubs provide healthy activities for club and community members to meet, exercise, and connect which is a critical protective factor for reducing AOD harms and support for communities recovering from the impacts of Covid-19.

Good Sports makes community sporting clubs healthier, safer and more family friendly, increasing club engagement with the community. Good Sports clubs experience an increase in the number of non-players, junior teams, female participants and club members compared to non-Good Sports clubs^{xxxiv} reinforcing its importance in the recovery phase post COVID-19 and importance in rebuilding community sport.

Good Sports also makes financial sense, reducing the downstream financial burdens associated with alcohol harms in community: In 2011-12, KPMG Health Economics Group conducted an economic evaluation of the Good Sports program. This analysis showed a \$4.20 return on investment for every \$1.00 spent^{xxxv}.

More than 50% of clubs reported concerns around the impacts of COVID-19 and alcohol consumption amongst their sporting community as well as concerns with their financial future, and engagement of players, members and volunteers^{xxxvi}.

More than ever, Good Sports clubs recognise their role in helping their communities and members recover from recent events. A survey found 80 per cent of clubs believe Good Sports will be important or very important in helping their community recover post-COVID-19.

Funding additional growth of Good Sports will enable the program to continue to make its mark amongst sporting clubs and into Australian communities. Potentially every community club in Australia (of which it is estimated there are 70,000^{xxxvii}) stands to benefit from the Good Sports program.

What

While the Good Sports program is estimated to impact 2.5 million Australians, there is still the potential for Good Sports to have greater impact in communities. This proposal will enable the inclusion of an additional 1,350 clubs over a three-year period (450 clubs each year).

Australian Government investment has supported the ADF to develop the Good Sports digital model which extends the impact of the Good Sports program beyond alcohol and drugs to mental health and junior participation and enables the program to reach more clubs for lower investment.

The digital model supports clubs, with access to ADF staff and program resources, to progress through the program and implement activities designed to change behavior. It broadens the areas of focus for Clubs from alcohol and other drugs to include mental health and strengthens the club role in prevention of risky AOD use by junior players in the short and longer term.

The ADF will develop promotional material, deliver campaigns, continue to refine the program and provide extra support to clubs when needed. The ADF will ensure 80% of Good Sports clubs are active members, regularly engaging with the platform and achieving recognition and support along the way.

Deliverables

- Introduce an additional 450 clubs into the Good Sports program each year, taking the total number from 10,400 to 11,750 clubs by 2024.
- Ensure 80% of clubs are progressing through the program and achieving recognition/status/achievements across all program content (alcohol, illegal drugs, mental health, junior participation).
- Encourage behaviour change in up to 3 million Good Sports club members by 2024.
- Develop promotional material and campaigns to encourage non-Good Sports clubs to join the program and
- Support active participation by existing Clubs.
- Evaluate the program and its ability to meet program objectives.
- Maintain and develop a robust infrastructure to support a national scalable and efficient program.

Cost: \$16.31M over three years

Initiative 2: Tackling mental health through community sport

Why

The strong link between mental health and AOD use is well documented. COVID-19 has seen many Australians increase their use of alcohol, cannabis, benzodiazepines and meth/amphetamine. Mental health problems have significantly risen. Community sporting clubs are reporting significant concerns with the mental health of their membership and seeking access to information and training that will strengthen their capacity to identify and respond to mental health issues. They are also seeking ways they can strengthen the club role in preventing mental health problems.

Leaders in Good Sports clubs recognise that they provide a critical service to their membership and local community, and recognise the Good Sports program as an ideal channel by which to achieve these aims.

What

The Good Sports digital model incorporates activities that will strengthen club capacity to raise awareness of ways to identify mental health problems amongst their membership, support members and link people to appropriate support services. The ADF has been testing an approach to enhance Club capacity to identify and respond to member mental health problems in Tasmania since 2018. This approach aims to increase mental health literacy in clubs, as well as build club infrastructure to encourage early intervention and mental health supports. Participating Clubs displayed high levels of engagement in mental health activities with over 700 activities implemented across 350 clubs in the pilot period. Workshops provided as part of Club activities, were found to improve attendees' knowledge of mental health stigma (93%), the role clubs can help support positive mental health (92%), and confidence to support someone to improve their mental health (89%)^{xxxvi}.

This proposal seeks to respond to Club priorities post COVID-19 and provide additional Mental Health supports to Good Sports clubs beyond the current program resources. This includes:

1. Improving the confidence and ability of leaders within sporting clubs to respond appropriately when mental health issues arise by further developing and providing access to ADF's online resources (mental health, alcohol management and illegal drugs) and delivering additional tools to promote mental health supports.
2. Supporting Club leaders to complete Mental Health First Aid training which is associated with improved knowledge of mental illnesses and their treatments, knowledge of appropriate first aid strategies, and confidence in providing first aid to individuals with mental illness. Some studies have also shown improved mental health in those who attend the training, decreases in stigmatising attitudes and increases in the amount and type of support provided to others^{xxxviii}.

Deliverables

- Strengthen Club Leadership capacity to recognise early signs of mental health problems and/or alcohol problems and support people to get early help through workshops and webinars.
- Develop and provide access to Good Sports Mental Health, Alcohol Management and Illegal Drugs online modules aimed at general club membership.
- Support club leaders from 2,000 Good Sports clubs to access fully funded Mental Health First Aid courses.
- Evaluate the initiative and make recommendations for future developments.

Cost: \$2.8M over 3 years (includes \$1.5M in grants for Mental Health First Aid)

Initiative 3: Supporting youth in recovery post COVID-19 through community sport - “Good Sports Great Leaders’ initiative”

Why

The significant impact of COVID-19 on young people has been recognised by many, as they are particularly vulnerable to mental health problems and have been disproportionately affected by unemployment. The potential for increased AOD related harms in this group post COVID-19 is significant.

Community sport plays a key role in protecting younger people from AOD related harms, but participation in community sport often begins to decline around 15 years of age. Young people aged from 15 to 25 within sporting clubs may also be at risk of developing risky drinking behaviours, particularly when a culture of risky drinking behaviours is entrenched within communities and sporting clubs. Programs that support positive role modelling among young people are important strategies in retaining their engagement in community sport and in reducing AOD use. These include mentoring programs and programs developing peer leadership^{xxxix}.

The most successful mentoring programs have many characteristics that can be applied to the community sporting model, making this an ideal setting for the development of mentors who can role model less risky use of alcohol and drugs to younger players. These characteristics include strong family acceptance, the creation of community partnerships and consistent participation.^{xi}

The Good Sports program provides an ideal opportunity to strengthen the ability of positive role models to engage with at-risk youth to continue their engagement in community sport and reduce the risk of AOD related harm, particularly in a post COVID-19 environment. Good Sports can develop club leaders so they act as positive role models and recognise and support at risk young people, while encouraging other club members to do the same.

What

This initiative trains Good Sports members in leadership skills and positive role modeling behaviours that will reduce alcohol and drug use, promote mental health and retain young people in community sport.

The ADF will develop a process for recruitment and selection of program participants (Great Leaders) and materials to train, develop and support them in their work. This includes AOD online modules Alcohol Management, Illegal Drugs and Mental Health, as well as training in role modelling positive behaviours and sport retention strategies to encourage younger club members to keep participating in sport. Great Leaders will also increase the frequency of their engagements with young club members.

The Great Leaders initiative will be trialed and evaluated over two years commencing July 2021.

Deliverables

- Develop the Good Sports, Great Leaders program including content on alcohol and illicit drugs, and role modelling positive behaviours, as well as strategies to retain young people in community sport.
- Develop and deliver training for club leaders in 500 Good Sports clubs.
- Develop an evaluation plan designed to increase knowledge of effective AOD mentoring skills and positive behaviours; retention of young people; and reduced AOD use among young people.
- Develop promotional content to encourage recruitment of Great Leaders amongst the Good Sports network.
- Evaluate the Great Leaders trial over a two year period including the measurement of increased knowledge and confidence of Great Leaders.

Cost: \$1.8M over 3 years

Initiative 4: AOD Behaviour Change beyond the Club Setting

Why

While there is significant harm associated with alcohol in Australia, many people are unaware of this and often do not perceive alcohol to be a problem. Without this knowledge, they are less likely to take steps to address alcohol harm. Many Australians do not understand the concept of standard drinks or recommended levels for low risk alcohol use^{xi} and often do not perceive their alcohol use to be problematic. For example, 70% of leaders in non-Good Sports Clubs don't recognise that alcohol may present a problem at their club^{xii}. Without this knowledge, many are not ready to take steps to change patterns of drinking and reduce alcohol related harm.

Good Sports Clubs have already started on the process of change by engaging in the program, recognising they need to address alcohol within the club setting. The new digital model of delivery for Good Sports provides an opportunity to extend this engagement to friends and families of Good Sports clubs so more people understand alcohol-related harms, steps to reduce it and the important role of sport in building protective factors around AOD. As we enter a post- COVID-19 phase, families and friends can champion ways to re-connect in positive and supportive ways that do not focus on alcohol.

Social marketing is proven to promote behaviours to accept, abandon, modify or reject. The most effective social marketing initiatives are sustainable, taking a long-term view based on a thorough understanding of behaviour change methodologies. The ADF proposes to use a social marketing approach to build awareness of risky drinking and alcohol-related harms so that members of sporting communities can champion positive behaviours in sporting environments, alongside club representatives, that lead to improved physical and mental wellbeing.

What

This initiative will use the Good Sports program as the foundation to build targeted campaigns that engage, inform and educate communities by targeting families and friends to improve understanding of steps to reduce alcohol related harm and raise awareness about the positive role sport plays in building protective factors and minimising the harms of AOD. Taking a social marketing approach, we will focus on the following:

- Extending our reach from Good Sports Clubs and their members to their friends and families in Good Sports club communities
- Raising awareness of the problem – educate about risky drinking and low risk drinking (as outlined in the 2020 NHMRC Guidelines) and the problematic relationship between sport and alcohol consumption
- Provide solutions – build understanding of the role of community members in building protective factors in sport and motivate friends and families to take positive actions as sporting clubs look for ways to re-connect with members

We will do this by using alcohol-related research and data gathered over the 20 year history of the Good Sports program, including through the COVID-19 pandemic, to co-design the approach with Good Sports clubs community members. Importantly, we will focus on Good Sports clubs in areas of greatest need, including regional and lower socio-economic communities.

Deliverables

- Two social marketing campaigns per year targeting Good Sports club communities (families and friends)
- Increase awareness of the relationship between sport and behaviours around alcohol by members of the community, club volunteers and committee (baseline data to be captured as

- Increase awareness and understanding of recommended levels for low risk use of alcohol, standard drinks and steps to reduce alcohol use
- Impact and effectiveness measures. These will include:
 - Reach and frequency – social marketing activity exposure amongst target audience (Good Sports club communities in selected locations) via social media, digital advertising and stories in the media
 - Readiness to change – awareness of key messages, increase in the number of Good Sports clubs that identify alcohol as an issue at their club (research to establish baseline and target)
 - Engagement - number of Good Sports clubs (community members or club representatives) that attend webinars, complete enquiries (online form, email, phone), downloads of tools and support kits
 - Other social marketing measures – unprompted and prompted recall, message takeout and media recall will provide measures of the reach and penetration of the activities

Cost: \$3.12M over four years

Initiative 5: National COVID-19 Alcohol Campaign

Helping Australians move from negative behaviours to healthier lives

Throughout the COVID-19 pandemic the ADF has undertaken marketing and communications activities focused on minimising the harms from AOD use, particularly alcohol. The ADF mobilised quickly and determined that it would:

- Lead the conversation around AOD harm prevention, with an emphasis on alcohol;
- Drive awareness of ADF and other credible sources of information and support across channels to prompt actions to reduce AOD harms as this period likely represents a time of greater risk of harmful substance use;
- Develop activities that resonate with the changing thoughts, feelings and actions of Australians as the pandemic evolved;
- Support all Australians looking for credible information and resources at a time of uncertainty, confusion and isolation.

Marketing and Communications Response

The 2020 release of the NHMRC alcohol guidelines represents a key juncture in the government's preventive health agenda. The challenges of 2020 have heightened risk factors for alcohol and other drug related harm at a time the government is preparing to release the National Preventive Health Strategy, the National Injury Prevention Strategy and invest substantially in mental health; the latter strongly associated with alcohol harms. The new NHMRC guidelines are the first in over a decade, reflective of significantly evolved evidence linking alcohol with multiple chronic diseases. In 2020, the ADF has led the national conversation on alcohol during Covid-19 through two digital campaigns and one mass media campaign. As an established evidence-based organisation experienced in public awareness campaigns, the ADF showed it is well placed to evaluate data and deliver campaigns that work.

You Haven't Been Drinking Alone, May-June 2020 was developed in response to changes in consumer behaviour in relation to alcohol that occurred during the COVID-19 lockdown. Winning Gold in two categories at the Golden Target Awards for Best Health Campaign and for Best Thought Leadership Campaign, the five-week campaign was targeted at Australian parents of primary school aged children who may have been drinking more in front of their children during this period. An ad featuring "Zoom

kids” mimicking their parents achieved 1.15 million video views, resulting in over 19,000 visits to the website landing page. The average time that users spent on the campaign landing page was five minutes and six seconds (over double the amount of time users spend on other pages of the ADF website). Though behaviour change is unable to be measured within such a short campaign timeframe, in this instance, the intent to change behaviour was captured. This was measured on social media and media platforms through anecdotal comments and statements. Taking these comments into account in these instances, the intent to change behaviour can be successfully noted. Utilising YouTube as a platform for advertising was a new tactic for the ADF and the campaign increased the ADF’s YouTube channel subscribers to 1,130, up from 399, representing an 280% increase in overall subscribers.

Celebrate You, July 2020 was targeted at millennial women (25-35 years old), prompting them to recognise the benefits of reducing COVID-drinking as many parts of Australia began to emerge from pandemic-induced restrictions. The campaign encouraged young female Australians to rethink their drinking and tap into personal beliefs and values as a vehicle to prompt contemplation and stimulate behaviour change. Promotional activities gained a combined potential reach of over 6.78M achieving over 4.7M impressions as part of the digital marketing strategy. Multiple successful media pitches to selected/targeted online women’s lifestyle, parenting and health/wellbeing media outlets gained a potential reach of 4,852,389. This combined exposure resulted in 5,000 visits to the campaign landing page and 182 downloads of shareable campaign assets in the short campaign time period.

Break the Habit, August-October 2020 was mass media campaign aimed at 21-50 year olds living in major cities and suburbs across Australia. The behaviour change campaign was designed to shift the attitudes and understanding of risky drinking thereby seeing a reduction of alcohol consumption among the target audience. An extensive evaluation conducted by an independent third-party reported the following:

- Overall, 43% of Australians recognised the campaign when prompted. Those that drank more during lockdown were more likely to recognise the campaign (up to 52% recall) and were more likely to agree that the campaign contained relevant and new information.
- The campaign was most recalled on free-to-air TV (61%)
- The campaign was highly rated for: being believable (80%) and communicating about alcohol in an appropriate way (76%).

Significantly, the campaign saw a shift in attitudes and behaviour:

- Overall, 52% of those that saw the campaign took action. Most commonly:
 - Thinking about reducing alcohol consumption (18%);
 - Thinking about alcohol consumption in general (17); and/or
 - Cutting down on alcohol consumption (16%).
- Those that recognised the campaign were more likely to consider seeking support for a range of issues including alcohol consumption as well as health and wellbeing issues (total 38% vs. 25%).

Proposal

As lockdowns are being lifted, there are short and long term risks of increased AOD related harm. Around half of those who increased alcohol consumption during lockdown continue to drink at the same level. In jurisdictions where restrictions are lifting, alcohol related presentations to emergency departments are rising.

The impact of ADF activities throughout COVID-19, such as those of the Little Habit campaign, is strongly encouraging. Research over the past nine months shows that the COVID-19 environment is always changing. Close monitoring of AOD use as Australia emerges from COVID-19 will be important.

Using findings from polls, the ADF aims to address the long term impacts of the COVID-19 pandemic by delivering targeted approaches that raise awareness of alcohol related harms while showing empathy and understanding.

The ADF proposes a two year plan of activity that aims to raise awareness of AOD harms, information and support that can help Australians make positive behaviour changes, extending the success of the initial National COVID-19 Alcohol Campaign. The ADF aims to do this by delivering targeted and integrated public facing campaigns to key audience segments.

- Two national campaigns per year (Little Habit x two creative executions are ready for deployment)
- Three micro campaigns per year which will target particular audiences through rapid response digital and PR activity based on emerging data and trends
- Reach and impact buying strategy through television, out of home and digital (static and video) advertising which will raise awareness and build campaign momentum
- Message boosting via social media and public relations by providing shareable and useful information that will encourage conversations
- Engagement opportunities via Drinks Calculator, further information and pathways to support services
- Campaign measurement and evaluation reports

Messaging that will address the potential of increased harms as a result of changed increased illicit drug use will also be considered.

Outcomes

- Campaign reach and frequency– effective coverage across all states and territories and on digital and offline channels to ensure campaign visibility
- Increase in information seeking by target audience to ADF website with interactions on key pages (Know the Signs/ Assess your Risk/ How to Change/ Pathways to Support.
- Increase in % of people within the target audience who were exposed to the campaign and reflected on their drinking behaviours, felt concerned about their level of drinking and contemplated reducing their drinking.
- Behaviours and behaviour change – decrease in reported alcohol consumption by target audience. Change in alcohol consumption will form an outcome measure to be tracked over time as campaigns roll out and compared between those who have and have not been exposed to the campaigns.
- Campaign impact and effectiveness measures – unprompted and prompted recall, message takeout, media recall and liking digital posts will provide measures of the reach and penetration of the campaigns.

Cost: \$4M over for two years

Initiative 6: Extending LDAT Planet Youth trial

Community led initiatives to prevent and delay use of alcohol and other drugs are associated with better long-term health, social and economic outcomes. To reduce the rates of substance use among children and adolescents in communities across Australia, the Alcohol and Drug Foundation (ADF) has been successful in implementing the preliminary stages of a 2-year pilot of the Icelandic Model of Substance Use Prevention among Youth - “Planet Youth” in three sites in New South Wales and two sites in South Australia. This has been delivered through Local Drug Action Teams, using existing resources.

While there are differences between Iceland and Australia many risk and protective factors for alcohol and other drug use is the same. As well as substantial reductions in alcohol and other drug use, Iceland

has seen reduced rates of bullying and youth crime, and increased investment in preventative health. Further, due to the model's unique focus of building protective factors within communities, the ADF is very well positioned to leverage its existing community programs, and partnerships to create enduring effective responses to alcohol and other drug use across many Australian communities.

Proposal

The ADF is proposing an extension of the pilot, a cost-effective way to further insights into the potential of this world-renowned program for Australian communities. The optimal commitment period to pilot Planet Youth is five years to enable the assessment of impact of model implementation on substance use trends.

Outcomes

- Improved insights into Covid-related substance use trends among Australian youth
- A stronger evidence base on AOD risk and protective factors
- Greater participation in Planet Youth by parents, schools, local government and other community stakeholders
- Adoption of the Planet Youth Model in other states

Cost: \$1.5 million over three years

Initiative 7: Building an AOD prevention workforce

A growing focus on prevention of alcohol and drugs through growth of the Local Drug Action Team and Good Sports programs highlights the opportunity to strengthen prevention efforts and capacity of the Australian workforce to amplify our impact and ensure the most effective and efficient delivery of AOD prevention programs. As the LDAT Program has evolved, and through regular evaluation, a need to build expertise within communities has been identified. This includes building capacity for prevention in the untapped resource provided by those who influence young people – teachers, youth workers, coaches, etc.

A highly skilled AOD prevention workforce will be critical to the success of the National Preventative Health Strategy, due for release 2021. The Strategy's Consultation document identifies *Reducing alcohol and other drug-related harm* as one of six focus areas which should be targeted with accelerated action. "It was highlighted during consultations that building the capacity and capability of the workforce, both current and emerging, will be integral to achieving success. Meanwhile, work will begin shortly on the next National Alcohol and other Drug Workforce Development Strategy, a sub-set of the National Drug Strategy.

There should be no "set and forget" for the AOD prevention workforce. As the nature and understanding of AOD challenges constantly evolves, so too must the capacity of the AOD prevention workforce to respond. Accelerated training needs to be developed so the AOD prevention workforce can learn "on the job".

International experience provides examples of robust training programs that ensure AOD prevention efforts are effective and do not increase AOD related harm. The EU drugs agency (EMCDDA) developed a training program and handbook for AOD prevention specialists that provides a template suitable for adaptation and delivery in the Australian context. The aim of this work was to advance the professionalism of the drug prevention workforce in Europe and to implement a standardised prevention training curriculum in Europe that improves the effectiveness of prevention.

Importantly, while the handbook is based on international standards it has been tailored to European AOD circumstances. It covers topics such as (e.g. aetiology, epidemiology, monitoring and evaluation) as well as prevention in diverse settings (e.g. family, school, workplace, community, media and the

broader environment]. As part of this, the EMCDDA has developed an EUPC “European Master Trainer” course which enables successful participants “to cascade evidence-based prevention knowledge through courses in their own country and language”.

Proposal

The extent of the ADF’s reach, through its 10,000 Good Sports Clubs and 238 LDATs, as well as its community partnerships across all states and territories in Australia, offers a unique opportunity to build standardised expertise and capacity building in AOD prevention across Australia. The EUPC handbook is a basis for the ADF to develop an Australian version initially aimed at strengthening the effectiveness of Good Sports and LDATs and then made available elsewhere. An ADF *Master Prevention Trainers Course* would be a best practice guide for the ADF and its community partners in building sustainable and effective prevention projects.

The primary target audiences would include AOD and mental health prevention practitioners. The program would also be modified to increase knowledge and understanding and strengthen skills in AOD prevention amongst key secondary target audiences including teachers, youth workers and preventative health influencers in local government and community coalitions. This “Train the Trainer” approach would cascade through communities, creating a web of expertise and knowledge transfer amongst prevention professionals. A by-product would be greater confidence to invest in AOD prevention, including by local government.

The program would be delivered through trained master trainers (as per the European model) but also via online modules. Accreditation via various agencies would also be explored to increase uptake. The Course would be developed in consultation with the Department of Health, domestic and international AOD prevention experts and community partners such as Local Government. The Course would train practitioners in the following modules:

- Evidence-based programs
- Engaging community stakeholders
- Using AOD data to identify risk and protective factors
- Monitoring and evaluating data to refine projects
- Awareness of co-morbidities such as mental illness
- Working with culturally and linguistically diverse communities and young people,
- Developing communication plans
- Reducing stigma and discrimination.

The ADF’s digital expertise would be harnessed to ensure the course is delivered efficiently and inclusively across Australia. The first two years of the program would develop and roll out the training program with consideration and modification for delivery in Aboriginal and Torres Strait islander communities undertaken in the third and fourth years.

Stages of Development

2021-22	<ul style="list-style-type: none">• Development of online Master Trainers Course; and training of Master Trainers ADF staff from across Australia• Development of online modules for secondary audiences
2022-25	<ul style="list-style-type: none">• Delivery of training into communities with uptake by at least 50% of LDAT leaders and 500 Good Sports Club leaders.• Evaluation of training• Course promoted to wider community
2023-24	<ul style="list-style-type: none">• Continued delivery of training to build capacity of AOD prevention workforce• Consultation on feasibility of Indigenous Master Trainers Course
2024-25	<ul style="list-style-type: none">• Continued delivery of training to build capacity of AOD prevention workforce• Pilot of Indigenous Master Trainers Course

Outcomes

- Stronger AOD prevention workforce knowledge, capability and skills
- Greater effectiveness of the ADF's programs and stronger protective factors
- Increased knowledge and understanding of AOD prevention and its benefits among local government and preventative health practitioners, resulting in increased focus and investment in these communities in AOD preventative health
- Increased retention of ADF staff

Cost: \$4 million over four years.

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