# Alcohol action in rural communities

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## Summary

The Alcohol Action in Rural Communities (AARC) project partnered with ten experimental rural communities in New South Wales to devise, coordinate and implement a community action strategy to reduce alcohol harms. Community-action can be defined as an approach in which a range of intervention strategies are systematically coordinated and simultaneously implemented across a whole community. The community action approach adopted for the AARC project involved 13 interventions:

* General practice
* Pharmacy
* Aboriginal Community Controlled Health Organisation
* Emergency department screening and brief interventions
* Internet-based screening and brief interventions
* Improved general practitioner prescribing practices
* High school based sessions on alcohol-related harms
* Workplace policies and programs
* Targeting high-risk weekends
* Media advocacy
* Engagement of key stakeholders from communities in project design
* Feedback of data to key stakeholders
* Good sports program

As an initial step, AARC identified the extent to which alcohol harms differed between the ten experimental rural communities in which AARC was implemented and ten matched control communities in which AARC was not implemented. The effectiveness of the community action strategy in reducing alcohol-related harms was evaluated using a cluster randomised controlled trial. An economic evaluation of the community action strategy was also undertaken using a cost benefit analysis.

## Outcomes

The Benefit-Cost Analysis showed that for every $1 invested in AARC, between $1.37 and $1.75 was returned to the community.

The experimental communities saved $735,256 in reduced alcohol-related crime and traffic crash costs from a: 24% reduction in alcohol-related street offences; 6% reduction in assaults; 2% reduction in malicious damage incidents; and 1% reduction in traffic crashes (excluding fatalities which occurred too infrequently to be reliably estimated).

There was also an increase in hospitalisation costs in the experimental communities from more problem drinkers seeking, or being referred to, hospital treatment for an alcohol-related condition, costing an estimated $605,910. These additional costs were less than the savings made from the project in other health care related costs, yielding a net benefit.

## Recommendations

Exploratory analyses across the 20 communities involved in the AARC project showed significantly different patterns of risky drinking and different types of alcohol harms between the communities. This highlights the importance of tailoring interventions to the specific circumstances of individual communities.

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