

The effectiveness and costs of community-based interventions for reducing alcohol harms: an examination of Australia's Alcohol Action in Rural Communities (AARC) RCT in the international context.

Community action as a strategy to reduce alcohol harms is not new. It was most influential during the prohibition era that became most well recognised in, although not exclusive to, the US in the first half of the 20th century. After falling out of favour for 40-50 years, a number of community-based intervention trials re-emerged in the 1980s and 1990s, but with a much more sophisticated understanding of the role of community-action. The zenith of this new approach was arguably the conceptualisation of communities as systems, with its key implication that reducing alcohol-related harms would require engaging with the system-level factors that promote risky drinking and harms, rather than more simply focusing on individuals who are at-risk of alcohol dependence and harms. The major problem for community-based interventions as a systems change strategy has been evaluating them with sufficient methodological rigour to allow unequivocal conclusions about their effectiveness and, subsequently, their economic benefits. The most recent iteration of this approach is Australia's Alcohol Action in Rural Communities (AARC) project, which is the largest cluster RCT ever undertaken internationally to quantify the cost-benefit of a whole-of-community intervention in reducing community-wide rates of risky alcohol consumption and alcohol-related harms (published in *PLoS Medicine*, Shakeshaft *et al.*, 2014). This presentation will review the results of the AARC trial and briefly contextualise the results in terms of the similar community-based trials that have been conducted internationally. The implications for the value of community-based interventions, relative to other types of interventions such as government legislation in relation to alcohol price, availability and advertising, will be examined. It may be, for example, that regulatory controls properly set the general alcohol framework at a jurisdictional level, while community-action approaches allow targeting of specific problem drinking patterns and harms within defined populations.

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