

Community action not enough to reduce problem drinking and related harms

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Implementation of community-based interventions alone is unlikely to be effective for reducing most alcohol-related harms and risky alcohol consumption, according to a study by Australian researchers published in this week's *PLOS Medicine*. Anthony Shakeshaft and colleagues from the National Drug and Alcohol Research Centre at UNSW (University of New South Wales), report that alcohol-related crime, road-traffic crashes, and hospital inpatient admissions did not differ between communities that did and did not implement community-based interventions.

The researchers reached these conclusions by conducting a five year cluster randomized controlled trial (RCT) involving 20 communities in New South Wales. They quantified the effectiveness of 13 community-based interventions using routinely collected data on alcohol-related harms, and a survey of drinking habits and experiences of alcohol-related harm. Interventions included school and work-based education and training, media messaging on harms, screening and brief advice in general practice, pharmacies and hospital emergency departments, and targeting high risk individuals and high risk times.

After implementation of the interventions, the rates of alcohol-related crime, road-traffic crashes, hospital admissions, risky [alcohol consumption](#), and problem drinking were not statistically significantly different between the 10 communities that implemented the interventions and the 10 control communities, although there may have been limited power to detect a difference and uptake for some of the

interventions was not consistent across all communities. The researchers did observe that following the interventions, individuals in the intervention communities reported statistically significantly lower average weekly consumption of alcohol than those in the control [communities](#) (20% lower, equivalent to 1.9 fewer standard drinks per week per respondent) and alcohol-related verbal abuse. However, these findings must be interpreted cautiously because they are based on low survey response rates.

The authors say: "This RCT provides little evidence that community action significantly reduces risky alcohol consumption and alcohol-related harms, other than potential reductions in self-reported average weekly consumption and experience of alcohol-related verbal abuse."

More information: Shakeshaft A, Doran C, Petrie D, Breen C, Havard A, et al. (2014) The Effectiveness of Community Action in Reducing Risky Alcohol Consumption and Harm: A Cluster Randomised Controlled Trial. *PLoS Med* 11(3): e1001617. [DOI: 10.1371/journal.pmed.1001617](#)

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