



Local Drug Action Teams.

A proven formula for place-based, community-led alcohol and other drug prevention.



Alcohol
and Drug
Foundation



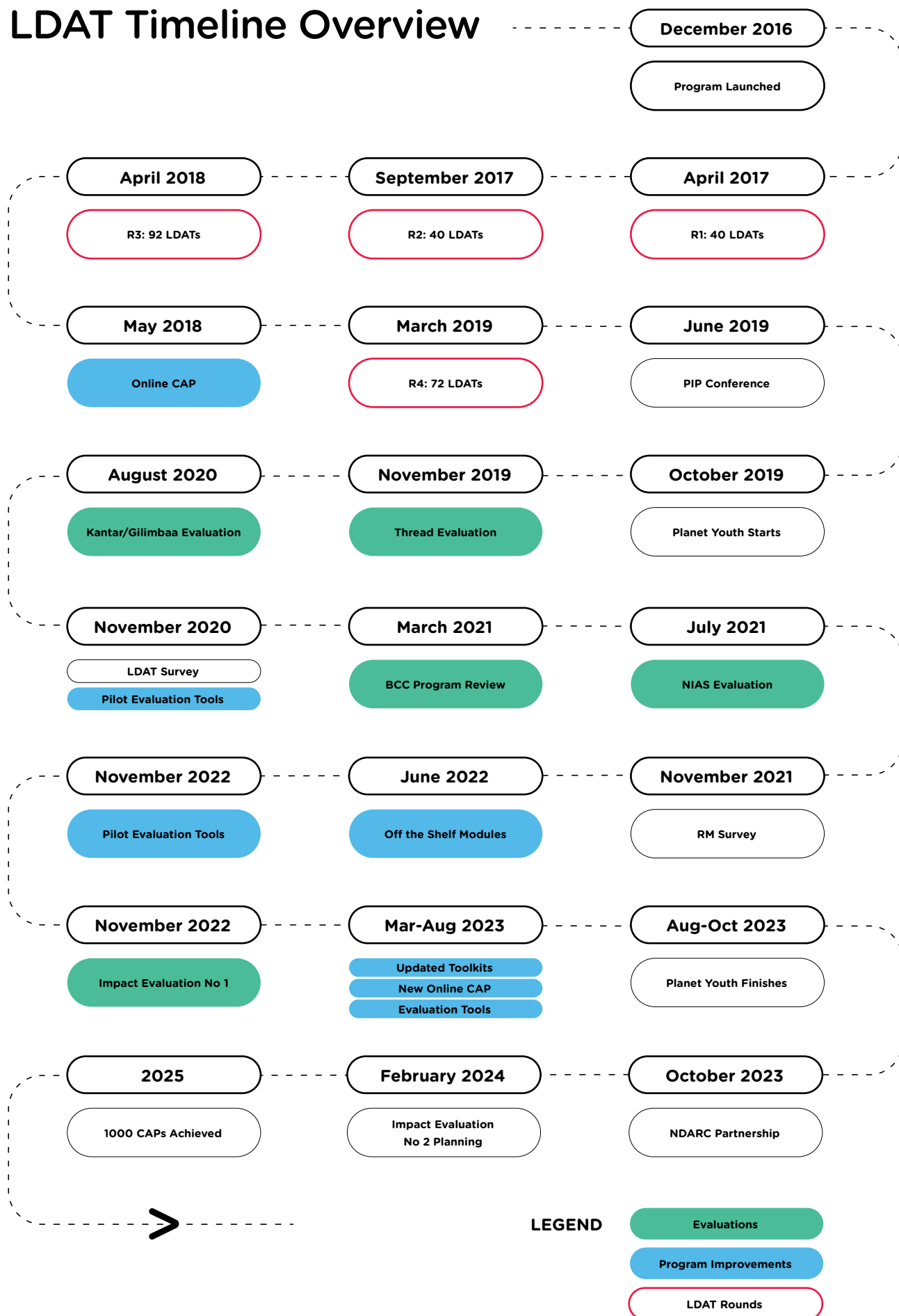
Australian Government

Local Drug Action Team Program

For over eight years, the Local Drug Action Team (LDAT) program has been harnessing the power of local communities to make a difference in their own backyards, tackling alcohol and other drug harms specific to their location and the people who call it home.



LDAT Timeline Overview



What is an LDAT?

A Local Drug Action Team (LDAT) is a group of local organisations, such as health services, councils, schools, youth groups and police, who design and deliver practical, evidence-informed alcohol and other drug (AOD) prevention initiatives that are purpose-built for their area.

LDATs do this by developing and implementing a Community Action Plan (CAP) specific to their needs, with clear objectives and meticulous evaluation criteria.

LDATs are supported by the Alcohol and Drug Foundation (ADF). The ADF approves and evaluates CAPs, oversees funding grants, and provides dedicated program staff to support LDATs to implement their plans, using a range of specially designed, evidence-informed prevention and evaluation tools.

See our Community Hub website for more information on LDAT tools and supports.



Foreword



Dr Erin Lalor AM - CEO
Alcohol and Drug Foundation

Over the past several years, I've had the privilege of seeing firsthand the positive and lasting impact Local Drug Action Teams are making in communities across Australia — a testament to what's possible when communities and their leaders are backed by strong national support and a shared commitment to preventing alcohol and other drug (AOD) harms.

From small rural towns to urban neighbourhoods, these local teams bring people together—parents, councils, young leaders, sports clubs, health workers—to take practical, locally tailored action to prevent AOD harm before it starts.

This report shines a light on those communities, and on our LDAT program: Australia's most established national, large-scale community-led AOD prevention program.

It is grounded in evidence and independently evaluated.

What makes the LDAT program powerful is its simplicity: it gives communities the tools, confidence and support to lead their own solutions.

In the numbers and the human stories, we can see that the outcomes stretch across Australia, reaching far beyond AOD—strengthening local connection, improving youth wellbeing, and fostering resilience.

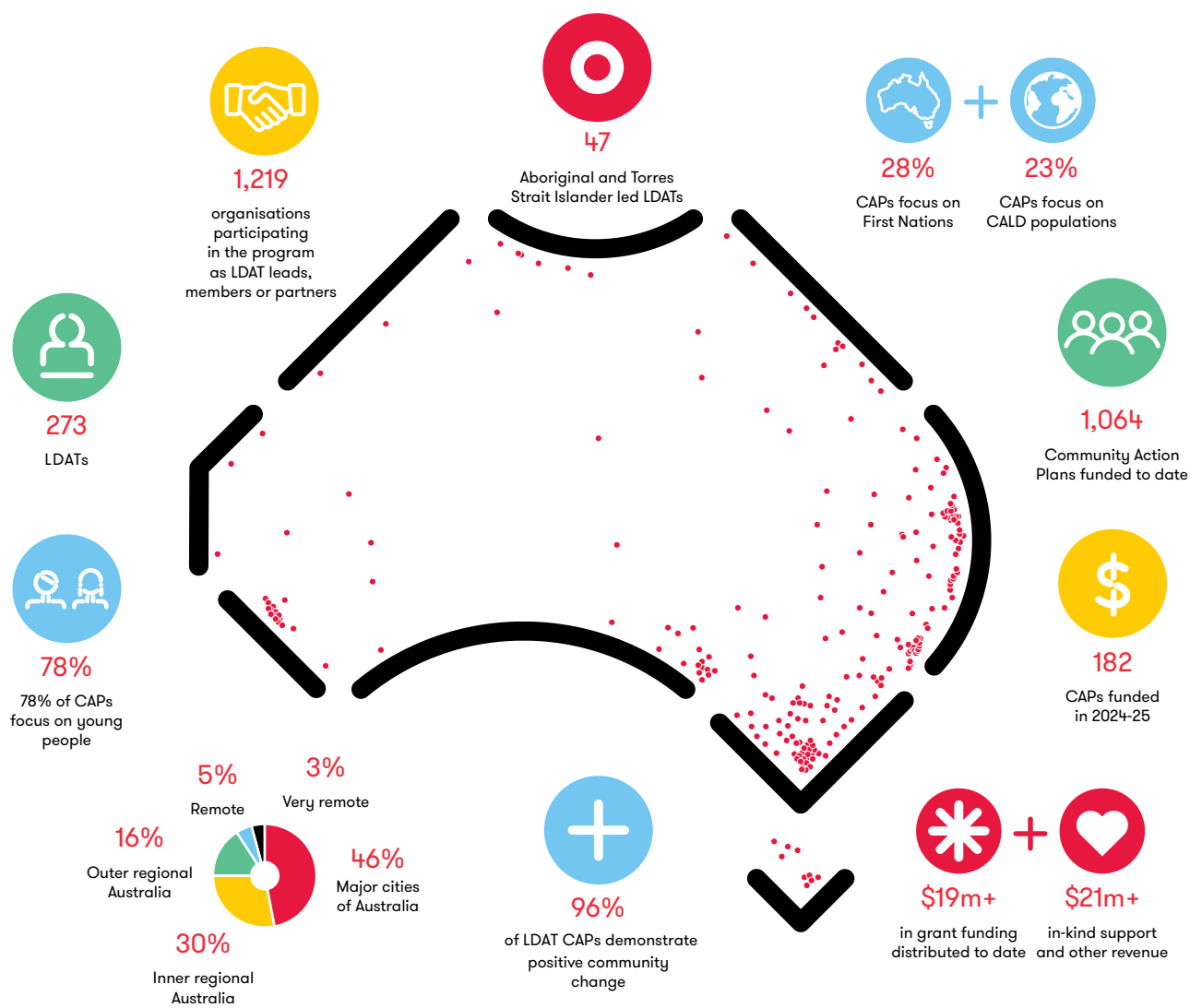
Australian communities are diverse and constantly evolving. We need to make sure every one of them feels heard, supported, and prevention-ready for the challenges ahead. The LDAT program delivers on that promise.

The LDAT program is a smart, proven investment in prevention and community capability.

“The program is spectacular! We strongly believe in it and can attest that through it we have been able to engage the community and increase engagement, sense of coherence, empowerment and wellbeing to community members. In some instances, likely changing the course of their lives.”¹

LDAT partner [2025]*

*Quotes included in this report are directly from LDATs based on their experience. The free-form quotes have been gathered anonymously as part of formal LDAT evaluations.



The LDAT story

A mature program with extensive reach

Since its launch over eight years ago as part of the National Ice Action Strategy (NIAS), the LDAT program has grown into a national network of 273 teams working in cities, regions, and remote communities.

An independent evaluation of the NIAS found that even in the first three years of program delivery, the LDAT program demonstrated good reach into regional and remote locations, successfully targeting specific geographical and population needs.²

Independently evaluated and delivering results

The LDAT program is now a well-established and proven place-based approach to community AOD prevention in Australia.

It has been formally evaluated five times, including assessment of how the program is meeting the needs of Aboriginal and Torres Strait Islander communities.

An established part of the prevention landscape

As well as tangible, localised results, LDATs are also part of Australia's national AOD strategies.

Funded by the Australian Government's Drug and Alcohol Program, the LDAT model improves health and social outcomes for individuals, families, and communities at risk of, or currently affected by, AOD use.

It delivers on core **National Drug Strategy priorities:**

- **Preventing uptake, delaying first use and reducing use⁴** – our community-led LDATs build skills, knowledge, and resilience. With many LDATs working specifically with young people, schools, families, and local groups are all supported to promote healthy choices, delay first use of AOD, and strengthen protective factors.
- **Supporting community engagement in identifying and responding to alcohol, tobacco and other drug issues⁴** – over the course of the program, over 1,000 Community Action Plans have been funded.

The LDAT program is also strongly aligned with the **National Mental Health and Suicide Prevention Plan**.⁵ Targeted AOD prevention is a critical part of responding to gender-based violence⁶, and LDATs' prevention programs support key **National Cabinet commitments** to improve mental health and reduce gender-based violence.

“We did an evaluation last year with players and clubs and partners and received really good feedback showing changes and attitudes around the way clubs viewed alcohol and mental health.”⁷

LDAT partner,
Independent Evaluation (2020)



96%

of LDAT CAPs demonstrated a positive change in their community as a result of their activities, including **delivering campaigns, awareness raising activities, events, training and workshops**.^{3*}



96%

of LDAT CAPs ‘achieved’ or ‘exceeded’ their anticipated level of community improvement in terms of shifting: **Attitudes, Help Seeking, Knowledge, Confidence and Sense of Connection.**^{3*}

Driving efficiency and productivity by working upstream

Together, LDATs operate as a networked prevention program designed to reduce harm, improve wellbeing, and deliver strong returns on investment.

Every \$1 spent on AOD prevention can return up to \$5.40 in long-term savings through reduced healthcare, crime, and social costs.⁸

In Australia, LDATs build resilience, promote equity, and ease pressure on crisis services, and have been reported to drive down youth crime.

“We had a huge drop in crime (amongst) youth in this area. There were less kids on curfew and reporting; less kids doing community work and breaking into houses.”⁷

LDAT partner,
Independent Evaluation (2020)

What happens without community-led prevention?

In Australia, sustained prevention efforts are beginning to drive down general drinking patterns – without community-led prevention efforts this tenuous turnaround will be stifled.

AOD use continues to contribute to the burden of disease in Australia.

Alcohol alone is responsible for 4.1% of the total burden of disease and injury (the sixth biggest contributor to the burden of disease), with a third of all Australians reporting drinking at risky levels.

And nearly one fifth of Australians report recent illicit drug use.⁹

The LDAT program regularly reviews and refines its approach, support mechanisms and evidence-based tools and resources.



“Through the extensive resources on the (ADF website) we were able to tailor a program to the kids we felt needed the program.”⁷

LDAT partner, Independent Evaluation (2020)

*Percentage of LDAT CAPs included in ongoing Impact Evaluation (n=113) started in 2021.

LDATs work . . .

LDATs work because they're made-to-order by communities:

Great prevention starts with local leadership and tailored planning.

Tailored approaches work because local people understand their own communities best.

First Nations communities know what culturally safe support looks like. CALD groups navigate language and social barriers every day. And gender diverse people know how to create safe, welcoming spaces for each other. LDATs help communities build on these strengths to prevent AOD harms.

Other groups benefiting from tailored LDAT approaches include teens, younger adults, pregnant people, disconnected men, and over-50s.

“We have good engagement, with young people talking among their peers and wanting to be involved. Young people are now coming to us.”⁷

LDAT partner,
Independent Evaluation (2019)

LDATs work because they drive new partnerships and coalitions:

LDATs help coordinate efforts across sectors. They build connections that wouldn't otherwise exist.

Independent evaluations, including from the NIAS, show LDATs and ADF staff are highly effective at fostering these partnerships.

Each LDAT involves an average of 10 member and partner organisations.

“The LDAT program has been highly effective at supporting LDATs to build strong relationships with a range of organisations. LDATs report increases in knowledge, confidence and skill to identify partners and members.”¹⁰

Independent Evaluation (2022)

“Without our initial connection through the LDAT, we would not have been approached by the police for the high at-risk education program.”⁷

LDAT partner,
Independent Evaluation (2020)

LDATs work because what they do is evidence-based: the ADF's Evidence and Innovation team translates global best practice into toolkits used by every LDAT.

These evidence-based tools support effective, locally tailored action across Australia. LDATs are also helping build knowledge about what works best in Australian communities.



84%

LDATs reporting increase in knowledge of planning evidence-based approaches.^{10*}

*Results from 2021 LDAT Survey, n= 76.

LDATs work because they attract additional investment: Community-based AOD prevention is highly cost-effective.

Since launch, over \$19 million in LDAT grants has been matched and multiplied by in-kind and other contributions.

LDAT partnerships and their ADF connection boost credibility and open doors to further support.

LDATs work because they are supported by expert guidance:

Each LDAT is paired with an ADF relationship manager who offers tailored guidance throughout the program. Relationship managers help with everything from planning to LDAT membership, partnerships and evaluation.

“Our relationship manager and the support offered has been crucial to the success of our programs. Having that expert to call and bounce ideas off, ask for guidance and learn from, helps us to continue to maximise the benefits from our CAPs.”¹⁰

LDAT partner,
Independent Evaluation (2022)

Using evidence to upskill communities in tackling new problems

When the LDAT program was established in 2016-17, vaping was not on the radar.

As vaping increased among youth, in 2022-23¹¹ ADF worked with LDATs to upskill them on the facts, providing adaptable information that they could tailor and use in their programs.

The ‘Let’s clear the air on vaping’ social media campaign was born; evidence-based mini bulletins were published; an extensive evidence review was conducted which fed into webinar training sessions and a vaping-specific toolkit, empowering LDATs to build vaping into their Community Action Plans (CAPs).

Now, 273 Local Drug Action Teams in all corners of the country have up-to-date, evidence-based resources and funding to tackle vaping in their communities.

Northern Mallee LDAT, VIC



Around Australia - the work of LDATs



Case Study: Wiluna LDAT, WA

From evidence to impact in a small remote community

Wiluna is a rural town in central WA, with a large population of First Nations people. There are AOD issues in the small community, with many young people disengaged from school and high unemployment – both risk factors for AOD harms.

The Wiluna LDAT started in 2021 and is now running its fourth Community Action Plan (CAP) – the Wiluna Youth Program.

Like all LDATs, Wiluna is community-led because that's what works to reduce alcohol and other drug-related harms in our communities.¹²

Using the purpose-built LDAT prevention planning tools and evidence, Wiluna LDAT is working with its at-risk community to strengthen the proven protective factors of AOD education, fostering cultural connection and strengthening a sense of belonging.¹³

Coalitions, or community partnerships, are an essential part of good prevention work.¹⁴ Wiluna's evidence-based approach includes working in partnership with health services, the police and other community groups.

Last year, Wiluna's series of twelve educational sessions included a presentation from hospital staff on the effects of cannabis on the brain and coping skills for stress. The AOD sessions were supplemented with targeted activities to involve and engage young locals, including a games night where young people had the chance to connect with police, pottery, cooking, yoga, sports, and movies – boosting connection and belonging.

Through Wiluna's use of LDAT implementation and evaluation tools, they have been able to form a clear picture of the change the program has made for the 60 young people aged 4 to 18 attending Wiluna's events.

Many young people initially believed that AOD was not a big deal and 'everyone does it'. After the program, 90% reported a change in attitude away from the idea of using AOD as a coping mechanism, in favour of healthier alternatives. And 85% had increased their knowledge of healthier coping strategies, as well as the risks and impacts of AOD use.

Importantly, following the LDAT's interventions, some of the early teens who hadn't been to school in two years have re-engaged in school.

Independent evaluation shows that LDATs value and benefit from guidance and support from ADF program staff⁷ – and it's no different in Wiluna, who reported that they felt highly supported.

Case Study: Surry Hills LDAT, NSW

A hub growing protective factors in the inner city

In 2022, the Surry Hills LDAT established weekly drop-in sessions at the Community Café Hub at the Northcott Social Housing Precinct. It brought together social housing tenants in an informal, safe and welcoming setting, building on protective factors by creating positive social experiences in an AOD-free environment. Their third CAP, delivered in 2023 and 2024, followed on from the success of this previous activity.

The hub is open to all adult social housing residents, with middle-aged men as the main target group. This is important as we know that men, especially men aged in their 40s, are more likely to drink at risky levels.¹⁵

Staffed with trained volunteers who engage with the participants, the hub has activities like board games, healthy food and take-home frozen meals, a pool table, access to computers and other activities to enhance participants' engagement with each other. Outdoor recreational activities run when the weather permits.

The local health district mobile health and AOD clinic is also available weekly to support volunteers and participants. It provides services such as hepatitis, HIV and COVID testing, vaccinations and screening.

The hub also connects participants with local organisations and services to encourage help-seeking. As well as the mobile clinic, there are now 12 services onsite on a monthly timetable rotation. This includes AOD services, caseworkers and other health services.

The LDAT aimed to reach 20 social housing residents – but over 133 were engaged across 44 weekly sessions. These numbers continue to grow over time, and the LDAT has seen participants build strong community connections and foster a sense of belonging. An important factor in the success of this CAP is that the co-ordinator was a social housing resident, as were half the volunteers. This 'by us and for us' approach created a safe and authentic neighbourly environment.

And the impact showed in the evaluation - 95% of participants reported an increase in positive social and community connections. After attending, 79% felt more equipped to seek help and 72% reported an increased knowledge of where to find support locally for AOD and health issues.

Participants reported the hub has been a place to connect and they look forward to it each week.

"The cafe and team have literally saved my life by being a place where I can come and feel better about life," said one attendee, a woman experiencing homelessness.

The project also involved recruiting and training six volunteers in AOD and mental health First Aid. This training increased the volunteer knowledge of harms, protective factors and local support services, in turn increasing their confidence to have conversations with attendees.





Meander Valley LDAT, TAS

Meander Valley LDAT's first CAP, guided by the Community Engagement and Mobilisation LDAT Toolkit, aimed to gain insights, perspectives and ideas from young locals about issues affecting them in the rural region.

The LDAT organised a range of activities to increase engagement in the consultation and survey, including a photobooth at the Meander Valley Talent Show, Drum Collective sessions, Dungeons and Dragons sessions and a youth forum and games night.

Through these events, they consulted with 111 young people, mostly in the 15 to 19 age group.

The main issues identified were drug and vape use, behavioural issues, lack of activities, lack of mental health services, and poor access to public transport. This consultation informed the design of the current CAP in delivery – a dedicated youth space for the young people of Meander Valley.

Mackay LDAT, QLD

This project assisted rural and isolated Year 5 and 6 school students transitioning into high school in far-north Queensland.

Students from seven local schools in the Mackay district engaged in a series of workshops and social activities, working to increase protective factors such as self-esteem, resilience and belonging, while encouraging help seeking. As a result, 95% reported experiencing positive social connections and increased levels of self-confidence.

Parents and teachers attended workshops to help them support students, where 100% reported an increased understanding of the importance of positive role models and social connections through early teen transitions. The LDAT also partnered with local Aboriginal and Torres Strait Islander organisations, and the activity design was guided by the Alcohol and Other Drugs Education in Schools LDAT Toolkit.

Real8 Program LDAT, NSW

The Real8 Program LDAT, led by Street Industries, has been an LDAT since 2019. For this CAP, the LDAT delivered 32 Friday Night Football sessions for at-risk young people, including AOD info workshops. It reached 303 young people, more than the target of 240, across Canterbury Bankstown, Liverpool and Georges River Local Government Areas. Because communities need adaptable, evidence-informed AOD tools and support from trusted experts,¹⁶ the project design was guided

by the Creating Social Connection, Belonging and Purpose LDAT Toolkit.

Evaluation shows that 92% of 12 to 17-year-old participants know more about the harms associated with AOD use, 96% feel more equipped to get support and 97% feel more connected to their community and peers. The evidence tells us that participation in positive social activities, and sense of belonging in the community, are strong protective factors for this age group.¹⁷

CRCS Community Youth Engagement LDAT, ACT

The fourth CAP for this LDAT addresses risky AOD use and road safety – including driving a car or motorbike, riding a bike or as a passenger or pedestrian. The Capital Region Community Services (CRCS) Road Safe Program includes learner driving courses and an AOD and road safety workshop. There were 128 young attendees across eight courses at Belconnen Youth Centre and Woden Youth Centre.

We know that engaging young people in AOD education can help shape their attitudes and behaviours towards substance use, now and into the future, and empower them to make safer and healthier choices.¹⁸ In evaluation, 90% of participants demonstrated increased knowledge of road safety issues associated with AOD harms and where to access support. And, 90% felt confident to make safer choices and support friends' choices when it comes to driving or being a passenger after using AOD.

Afri-Connect LDAT, VIC

Afri-Connect's fifth CAP was a series of ten workshops for African Australian young people aged 18-30, in the Dandenong area of Melbourne. The workshops ran over eight months and reached 87 locals. Groups looked at AOD use within the community, its effect on physical and mental health, lived experience and support services.

They also built knowledge and leadership skills among peer leaders – and now these participants will lead a taskforce in the upcoming, sixth CAP.

After the workshops, 94% of young people reported they know more about the harms and impact of AOD, 87% felt equipped to seek help and 80% felt more connected to their community.

Growing Strongbala Way with the Banatjarl Strongbala Wimun Grup LDAT, NT

The Wimun Grup collaborated with the newly-formed Mangguy Mans Grup to lead the Reconnecting the Songlines CAP across the Beswick, Barunga, Katherine and Daly River communities. The LDAT delivered seven community consultation and planning meetings. Of the 47 community members who attended, 80% felt they developed a network of peer support and cultural connection across the region. Because it's a community-led initiative, organised and developed by Aboriginal people for Aboriginal people, the majority felt safe to discuss the impacts of AOD in their communities and strategies to prevent harm.

Six cultural camps across 2024 reached 270 people. They included a five-day ancestral songline walk on the Jatbula trail at Nimtiluk with Elders and youth, and a corroboree at Barunga Festival to showcase the Reconnecting of the Songlines dances and ceremonies. In evaluation, 100% of participants reported that they feel supported by their peers and Elders and have a strengthened connection to culture. They also felt more empowered to be their own health and wellbeing advocates and ask for support.



Meeting the challenges ahead

AOD challenges in our communities continue to evolve

Building healthy environments is one of the key ways Australian communities look to protect themselves against the drivers of AOD harms like the unpredictability of the illicit drug market, increased availability of alcohol, emerging AOD trends, rising mental health pressures, as well as broader social and economic shifts.

At the same time, the harms associated with alcohol and other drug use remain constant.

Our regions continue to struggle with the impact of alcohol harms. While in major cities, more people are reporting recent use of illicit drugs – a concerning upwards trend when we consider the increasing diversity, potency and unpredictability of the drugs entering communities today.

Alcohol use in 2022-23

- 39.1% outer regional areas
- 40% remote/very remote
- 30.7% Australia reporting risky consumption

Illicit drug use in major cities

- 16.7% 2019
- 18.4% 2022-2023⁹

Knowledge about AOD differs across and within communities, meaning that AOD prevention needs a highly localised approach.¹⁹

But what binds communities is their strong support for government investment in prevention.

Data shows that communities want to learn more about AOD to equip them for today's challenges and those ahead.

Preferred distribution of investment in responding to illicit drug use:

- 36.5% education
- 32.0% treatment
- 31.5% law enforcement²⁰

LDATs – the key to community readiness for future AOD challenges

Independently evaluated and aligned with national strategies, continued investment in the Local Drug Action Team program means backing a mature, effective, grassroots AOD prevention model.

And it means making sure Australian communities, including tomorrow's adults, are ready for future AOD challenges.

“We’re fostering that future generations workforce; you know which is great for us. It’s planted that seed, and the seed will grow into a huge, massive tree... stronger than steel... and stand for hundreds of years.”⁷

LDAT partner, Independent Evaluation (2022)

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Port Adelaide LDAT, SA

The Port Adelaide LDAT has worked over several years to prevent illicit drug and methamphetamine harms by fostering connection among First Nations communities, led by the Australian Red Cross Society. Last year, 110 locals attended eight community-led sessions and events on AOD use, family disconnection, parenting, relationships and trauma – almost doubling their target of 60 attendees.

A core strength of the program is its longevity and continual growth – creating opportunities for Elders to share learnings and guide younger ones through difficult times.

“It is so important to have these events to celebrate our families and communities. Usually, the only time we come together is for sadness at funerals. This reminds everyone and especially our kids we can be proud and laugh and celebrate who we are too,” said one participant.

Evaluation shows that 88% of participants who attended a community celebration said it contributed to their feelings of connection to community and culture, a strong protective factor against AOD harm.

Narrabri LDAT, NSW

In its fourth CAP, the Narrabri LDAT delivered a parenting program informed by ADF staff and the Supporting Teenagers LDAT Toolkit, and in partnership with accredited training providers. Three parenting forums reached 72 parents and community members, well over the target of 45. In the evaluation, 94% reported an increase in their knowledge of parenting practices, social outcomes and protective factors.

The 22 facilitated workshops and support groups were attended by 34 parents and carers. 100% of participants reported an increase in their confidence to have meaningful conversations with teenagers about AOD and intended to use the skills they’ve learned through attending the support groups and facilitated workshops.

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