

NSW Drugs and Community Action Strategy

EVALUATION REPORT ■ AUGUST 2004

Executive Summary

The Drugs and Community Action Strategy (DCAS) is an important program which emerged from the NSW Drug Summit. The Strategy aims to 'enhance the capacity of NSW communities and agencies to deal constructively with illicit drug issues, and to contribute to positive outcomes in relation to the causes, incidences and impacts of illicit drug use'.

The Premier's Department, Strategic Projects Division (SPD) is responsible for implementing the DCAS. The Strategy has a regional structure across the state and a small central office team.

The Strategy conducts activities at a state, regional and local level. Community Drug Action Teams (CDATs) are the primary vehicle for the Strategy at a local level.

The evaluation was undertaken by the Premier's Department throughout 2001-2003. The findings outlined in this report are current as at October 2003.

In summary the **major conclusions** from the evaluation research were:

- The Drugs and Community Action Strategy has been successful at a local level and responded to communities' call for help. It has added value in most of the communities in which it operates. CDATs have demonstrated a broad range of achievements. The evaluators recommend that further investment is required to strengthen the capacity of CDATs.
- The Strategy has also been successful at increasing co-ordination and collaboration to deal with drug issues at a local level.
- The regional co-ordination elements of the program have not been as effective. The evaluators recommend establishing new structures, strategies for increasing buy-in from agencies and more central leadership.
- The evaluators recommend continuing with the program's objectives: to strengthen the capacity of communities to deal with illicit drug issues and to produce better co-ordinated and collaborative action against drugs. However, they recommend that these be refined and they suggest a range of performance indicators to integrate into the future program design.

In June 2003, the Government agreed to a four year extension of the DCAS and its co-program, the Community Drug Information Strategy (CDIS).

The new program addresses a number of the evaluators' recommendations, and will emphasise building the capacity of CDATs, strengthening their regional presence, developing a major local government project and key communication resources.

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1. Introduction

This report outlines the main findings of a review of the Drugs and Community Action Strategy (DCAS) undertaken throughout 2001-2003 by the Premier's Department.

The aim was to examine whether the DCAS was operating efficiently and effectively and to recommend improvements.

The report is intended for Community Drug Action Teams (CDATS), Government and non-government agencies involved in the Drugs and Community Action Strategy and other interested organisations.

Section One of this report includes an overview of the DCAS, the Community Drug Information Strategy (CDIS) and outlines the background, structure and limitations of the evaluation.

Section Two summarises the key achievements of the DCAS and considers whether the Strategy adds value. How and to whom?

Section Three outlines the organisational and cultural factors which help make CDATs successful, as well as the factors which impede their progress.

Section Four outlines areas the evaluators singled out for improvement and suggests the way forward.

Section Five details the evaluation team's recommendations and the Government's responses.

The Drugs and Community Action Strategy – an overview

In July 1999 the Government launched the *NSW Drug Summit Government Plan of Action*¹ in response to the recommendations of the *NSW Drug Summit*.

At the Drug Summit, communities asked for:

- partnerships with governments to strengthen their communities
- a stronger focus on the needs of specific communities
- greater participation in the framing of Government policy and priority services
- improved co-ordination and integration of services in a whole-of Government approach
- assistance in coping with change and in helping those most at risk.

Their request formed the underlying principles of the DCAS. The Strategy aims to 'enhance the capacity of NSW communities and agencies to deal constructively with illicit drug issues, and to contribute to positive outcomes regarding the causes, incidences and impacts of illicit drug use'.

The Premier's Department, Strategic Projects Division (SPD) is the lead agency implementing the DCAS. At the time of the evaluation, the Strategy had a regional structure consisting of eight Project Managers across the state and a small central office team. The Strategy had a budget of \$6.4 million over four years (1999/2000-2002/2003).

¹ *NSW Drug Summit Government Plan of Action, Sydney, July 1999.*

Two key outcomes for the Strategy are:

- increasing the capacity of communities to deal with local drug issues; and
- facilitating better co-ordinated and collaborative action against drugs. The Strategy conducts activities at a state, regional and local level.

Objectives of the Drugs and Community Action Strategy

- Enhance stakeholder and community participation in developing and implementing strategies to deal with regional and local issues.
- Facilitate better coordinated and collaborative action by providing greater stakeholder and community awareness of the causes, incidence and impacts of illicit drugs, and of the Government's strategies to address these problems.
- Provide more customised responses by governments and others to meet the varying circumstances of different communities (geographic and cultural).
- Create more effective links with, and mobilisation of resources from, other funding programs and initiatives.
- Encourage better alignment of the priorities and efforts of government at local, regional, state and national levels.

The Strategy conducts activities at a state, regional and local level.

At a **State level**, DCAS aims to increase co-ordination and collaboration to deal with drug issues. Central office staff:

- co-ordinate state-wide projects e.g. administration of the DCAS Special Fund, *Drug Action Toolkit* and DCAS program evaluation
- support and advise the regionally based Project Managers
- develop policies for the program, and
- co-ordinate further functions at a state level e.g. participating in other Government drug projects.

At the **regional level** the DCAS Project Manager:

- co-ordinates and helps implement other Government Plan of Action initiatives in their region, e.g. Magistrates Early Referral into Treatment (MERIT)
- assists with co-ordination of/and between Government and non-government programs
- develops regional drug action plans, and
- facilitates the establishment and ongoing support of CDATs.

CDATs are the primary vehicle for the Strategy at a **local level** (see following).

Implementation

To begin the Strategy, Regional Project Managers undertook a Situation Analysis by building a drug-related profile of each region. Based on this information, Regional Drug Plans were to be prepared. Priority areas for CDAT locations were to be identified as well as already existing groups (eg crime prevention committees). Each Regional Plan was to include drug response strategies for CDATs, Government and non-government organisations. In many cases, often due to community interest and enthusiasm, CDATs were established before the Situational Analyses and Regional Drug Plans were finalised.

Each CDAT was to develop Local Drug Action Plans documenting their objectives and strategies, and identifying measures to achieve outcomes. The Regional Drug Plan was to form a framework for local planning by all CDATs.

CDATs were also encouraged to undergo an endorsement process requiring them to support the objectives of the Government *Plan of Action*. Endorsement entitles the CDAT to a range of benefits including access to small grants.

Implementation processes are examined in more detail later in this report.

What is a Community Drug Action Team?

Community Drug Action Teams are coalitions of volunteer community representatives and local agencies set up to look at the impact of drugs in their community. Each team operates according to the objectives of the Drugs and Community Action Strategy (outlined on page 6) and focuses on discouraging the misuse of drugs and alleviating their impact on the local community.

Each team works to reduce the local impact of drug problems by identifying gaps in services and working with organisations and other community groups on local projects. Common types of CDAT activities include:

- drug information and education e.g. community forums and information expos
- information gathering and research such as a flyer listing drug and alcohol services in the area
- safe environment and prevention activities like drug and alcohol free events for young people
- service/community partnerships e.g. a local retailers' voluntary code of conduct covering the sale of solvents to young people.

More examples of CDAT projects are included in *Appendix B*.

In Kyogle, the town was in shock after two young people were killed in an accident after a party. The CDAT held a forum on drug and alcohol use and helped the community direct their grief into worthwhile activities.

The Glebe Community Drug Action Team Action Plan had a strong focus on youth and a priority was the development of a resource card for young people in the Glebe area. The pocket-sized resource card has the phone numbers of emergency services young people might need as well as messages about dealing with the risks of using drugs. A young local artist produced the artwork and young people who attend Glebe Youth Service chose the name of the card: *Glebe Crew's Survival Card*.

In October 2003 there were 84 CDATs operating in New South Wales (see *Appendix C*).

CDATs are usually made up of community members, including parents and young people, representatives of youth and community organisations, local councils, chambers of commerce, Government agencies, in particular health, schools, police and community services and non-Government agencies (see *Figure 1.1*).

Work Community Role

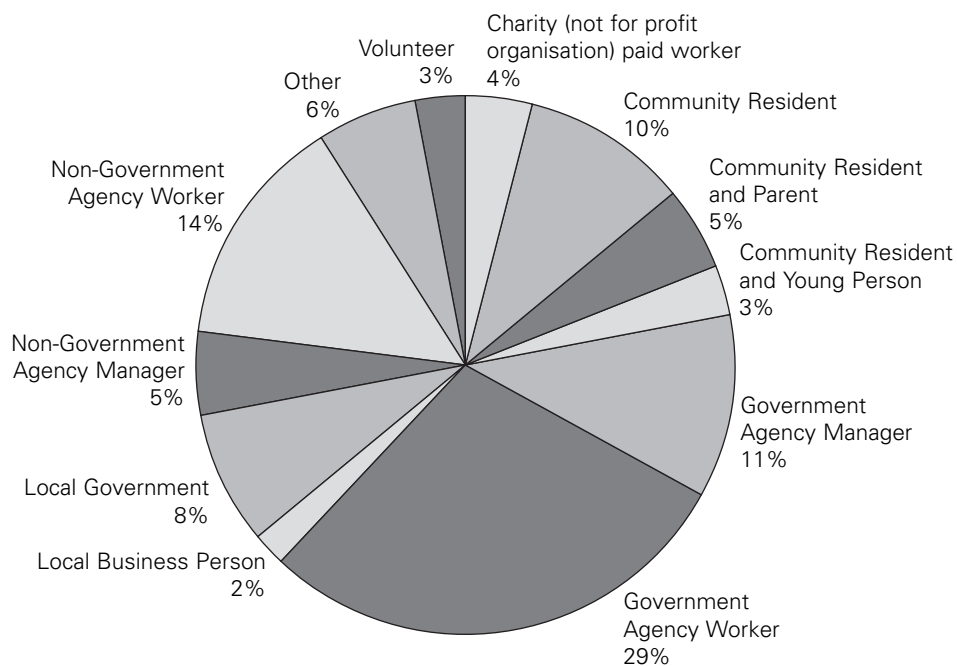


Figure 1.1 Profile of Community Drug Action Team membership. The figure above provides a profile of CDAT membership based on 318 survey responses from 34 CDATs across all NSW regions. This survey was conducted in March 2002.

Community Drug Information Strategy

The Community Drug Information Strategy (CDIS) works with the Drugs and Community Action Strategy. Together they are known as the **Community Drug Strategies**.

The Community Drug Information Strategy:

- provides public education, including awareness raising of how to reduce drug-related problems and support community action (with an emphasis on CDATs); and
- helps co-ordinate the Government's communication activities regarding drugs.

Many aspects of the CDIS work support the DCAS including:

- Information resources for CDATs such as *Drug Action* (a newsletter) and the *Drugs and Community Action* website and information sheets.
- Posters and other promotional resources from Government campaigns for CDATs to use in local activities (e.g. the Community Drug Information Initiative, *Family Matters* booklet, *Drug Smart Z-card*).
- Skills development for CDATs e.g. CDIS organised workshops for state-wide Action Teams and community organisations alongside the publication *Working with the Media: a commonsense guide for communities taking action to address drug-related issues*.
- Ensuring CDATs are informed of key policy and program developments and are involved in important events e.g. CDATs are involved in National Drug Action Week.
- Linking CDATs with their local libraries is one of the strategies of the Drug Information at Your Local Library (Di@yll) Project.

Evaluation background

The Strategic Projects Division, Premier's Department was asked to evaluate the DCAS as one of the programs which emerged from the NSW Drug Summit.

The evaluation program was undertaken by the Premier's Department between January 2001 and October 2003. Early work was undertaken by the Review and Reform Division and then progressed by the Director General's Evaluation Unit.

An Evaluation Steering Committee, chaired by the Director General of the Premier's Department was established in December 2001. This consisted of senior representatives from Premier's Department, The Cabinet Office, NSW Health, the Department of Education and Training and the NSW Police Service.

Aim and scope of the evaluation

The aim was to examine whether the DCAS was operating efficiently and effectively and to recommend improvements.

The main focus was on the CDATs, examining how they were established, how they are supported by the Premier's Department, how they identify local community needs and priorities for dealing with illicit drug issues and how they identify and resource local solutions. The evaluators looked at the key factors which help to make CDATs successful, so better practice can be shared amongst all teams.

The evaluators also examined the administration of the DCAS by the Premier's Department and whether agencies at a state, regional and local level are responding to the Strategy in a collaborative and co-ordinated way.

The evaluation research included:

- an environmental scan and file review
- stakeholder surveys
- interviews with representatives from Government agencies involved with DCAS
- case studies of CDATs
- regional case studies
- interviews with project staff and discussions with the Chairpersons of CDATs.
- the development of 29 Critical Success Factors for CDATs based on these reviews.

This Report is based on the findings of the above research.

Limits of the evaluation

The key outcome of the DCAS is building the capacity of communities to deal with drug issues and reducing harm from misuse of drugs. The evaluators note that capacity building takes time and DCAS is a relatively young program. The work of a variety of other Government and non-government initiatives also impacts on the capacity of a community and so it was not always possible to determine which successes are directly attributable to DCAS.

2. The Achievements

This section summarises the key achievements of the Drugs and Community Action Strategy (DCAS), in particular the achievements of the Community Drug Action Teams (CDATs), as identified by the evaluation team.

Overall the evaluators found the DCAS has been successful at a local level and responded to communities' calls for help. It has added value in most of the communities in which it operates and increased co-ordination and collaboration to tackle drug problems at a local level.

Community Drug Action Teams, although relatively young, can claim a number of achievements. It is too early to say whether these will be sustainable, but they are significant enough to be recognised and indicate what the Drugs and Community Action Strategy can achieve.

The achievements described below are not attributable to every CDAT. Performance varies across the 84 CDATs. Many CDATs are relatively inactive. Some CDATs have collapsed, but mostly the evaluators found that they are energetic and devoted to making a difference in their communities. The achievements outlined in this section demonstrate their value adding potential.

The achievements have been categorised according to the objectives of the Strategy described on page 6. Each achievement is demonstrated by an example activity. A table of examples of CDAT achievements is also included in *Appendix B*.

The evaluators noted that a number of the achievements have been made possible by the facilitation of the Community Drug Information Strategy (CDIS) or their provision of supporting materials.

Objectives and achievements

Objective: enhance stakeholder and community participation in developing and implementing strategies to deal with regional and local issues.

■ Establishing eighty-four Community Drug Action Teams across NSW

In planning the DCAS, the Government expected to establish 20-30 CDATs across NSW. This was before any assessment of local needs had been done.

Over the period February 2000 to August 2003, the DCAS established 84 CDATs across NSW, engaging over 1200 people from government and non-government organisations and the broader community. The evaluators attributed this to the hard work of the DCAS Project Managers and the communities' overwhelming interest in participating. The DCAS model struck a chord with communities and showed they want to take greater responsibility for their drug issues.

As of October 2003 there were 84 CDATs operating in New South Wales (see *Appendix C*). 63 CDATs were endorsed.

■ Broadening the role of local government

Community Drug Action Teams have facilitated and encouraged local government becoming directly involved with local drug policy and community drug action. Local councils have cross-subsidised the work of the CDATs – they have provided meeting venues, managed funds, provided access to expertise, taken and distributed minutes and provided small grants. Since the start of DCAS, local councils have provided approximately \$80,000 to CDATs across 21 projects. The evaluators consider the changed role of local government as one of the most significant achievements of the CDATs.

■ Engaging new agencies and organisations

The evaluators found that in many communities, drug action was viewed as a safety, crime or health issue and, therefore, the domain of the police and the courts or NSW Health. CDATs have involved some Government and non-government agencies who were not previously engaged in community drug action, for example:

- The involvement of Probation and Parole and Juvenile Justice in some CDATs was critical in introducing the Magistrates' Early Referral into Treatment (MERIT) program and support for special rehabilitative and diversionary programs for young people.
- Non-government organisations, like Barnardos, are involved through their youth programs. They help identify new opportunities for partnerships and for sources of funding.
- Registered Clubs and Service Clubs have supported four projects worth \$7,000.
- Some CDATs involved the Commonwealth Department of Family and Community Services, and the Department of Health and Aged Care, and at least five CDATs gained funding from them totalling \$367,000. The Commonwealth is the second largest contributor after the Premier's Department to CDAT projects.

With these contributions CDATs have become far more effective.

■ Engaging new businesses

Some CDATs have local businesses and Chambers of Commerce either represented on their teams or involved in community projects.

The Yass and Hornsby CDATs include pharmacists and general practitioners among their members. The involvement of these medical services has encouraged CDATs to discuss some of the ethical issues associated with minimising harm, as well as some of the commercial concerns of effects on local businesses who provide services to marginalised and drug-affected customers.

In Coffs Harbour, two shopping centres entered into an agreement with the CDAT to run convenience advertising campaigns in their Centres. The CDAT is responsible for supplying the posters and the shopping centre for ensuring the posters are kept graffiti free and visible.

Private enterprise has also been a source of direct funding for 13 projects worth \$50,810.

Objectives: facilitate better co-ordinated and collaborative action by Government, non-government agencies and community groups regarding illicit drugs and encourage better alignment of the priorities and efforts of Government at local, regional, state and national levels.

■ **Improving relations at a local level**

By bringing agency representatives together, CDATs have helped improve relationships between the local police, community justice agencies, Area Health Services and schools. They have helped agency representatives to improve their knowledge of local communities through interaction with community representatives, to share local data and better understand the positions of other agencies. Most representatives the evaluators spoke to saw value in participating in the CDATs.

■ **Facilitating better service delivery**

Community Drug Action Teams have helped to improve drug services by increasing information flow, providing feedback and attracting funding for new services. They connect services and communities. As an example, the Mudgee Drug Action Team helped to establish a local Narcotics Anonymous Program and the Illawarra Aboriginal Task Force sponsored the Holistic Healing Service.

The Wyong, Lake Macquarie, Cessnock, Upper Hunter, Forster and Newcastle CDATs have facilitated and promoted new programs such as MERIT and Drug Information at Your Local Library (DI@YLL).

The evaluators found that the DCAS Project Managers spent half their time on local and regional co-ordination and helping other agencies implement new initiatives, such as MERIT and the Frontline Workers Alcohol and Other Drug Training Project, where those agencies did not have staff in the regions.

■ **Providing consistent messages from schools and the community**

Many CDATs include representatives from local schools or education districts and over 20 CDATs have Year 11 and 12 students as working members. The evaluation team found that in some communities where CDATs operate, young people are now receiving consistent messages about drugs from both the school and their community.

An example of this is the Forbes CDAT, where at the time of the evaluation, the Chair was the Principal of the local government high school and the deputy chair was the Principal of the local Catholic School. There were consistent messages from the schools and the CDAT.

A number of schools were also pleased with the high quality speakers CDATs could arrange to speak to young people and their parents. The Hastings CDAT, at Port Macquarie organised speakers from Family Drug Support and the National Drug and Alcohol Research Centre as part of their Visitors' Program. The CDAT's aim was to present, with the school, a unified message about drug issues, dispelling myths and demonstrating how young people can support their peers or families.

■ Improving understanding of needle disposal programs

Needle and syringe distribution programs were introduced to stem the spread of diseases through needle sharing, in particular HIV and Hepatitis C. In some communities CDATs have helped increase the public understanding of these programs. In Surry Hills, for example, there were complaints about discarded syringes in the streets. The Surry Hills CDAT distributed an information card explaining the purpose of the needle exchange program and who to contact to report discarded needles. The information card was letter box dropped to every local householder. The number of complaints to the local council dropped as a result.

Objectives: increase stakeholder and community awareness of the causes, incidence and impacts of illicit drugs, and of the Government's strategies to address these problems.

■ Bringing drug issues out into the open

Community Drug Action Teams have prompted more open discussion about drugs in some towns and suburbs – a vital first step to addressing drug problems. CDATs hold many events – from street sausage sizzles and community forums, to the production and distribution of referral cards and holding band competitions. These events bring communities together, often for the first time, to talk about drug issues.

For example, the young people on the Culcairn Holbrook Youth Council held a country cake stall to raise funds and promote awareness, while the Yass CDAT ran a main street sausage stall. The Casino CDAT set up a permanent drug information stand in all local pharmacies. In Lismore and Casino, CDATs ran drug expos in local Shopping Centres. The Pittwater, Albury, Glebe and Redfern CDATs distributed information at malls and railway stations.

■ Improving awareness

Improving drug awareness and information dissemination is a priority for most CDATs, with hundreds of awareness-raising events to date. The evaluation team were told by local community participants that members of the public say they are more aware of drug-related services and how to access them. At the time of the evaluation this was not independently verified by surveying the community.

Many CDAT members interviewed reported that their understanding of local drug problems has improved, as has their understanding of good practice in policy regarding drug misuse.

The Randwick and Fairfield CDATs issued comprehensive services guides. The Hay CDAT mailed out drug and support service information to all parents, Albury CDAT distributed a pamphlet, Goulburn CDAT, a fridge magnet with phone numbers of key services and the Mudgee CDAT developed a resource kit.

Many CDATs have promoted the Di@yll (Drug Information at Your Local Library) project, which provides clearly identifiable drug information for the public and trains the library staff on how to handle drug-related inquiries.

■ Moving from 'shock horror' to well informed drug stories

Community Drug Action Teams have contributed to local country and suburban newspapers taking a more informed approach to drug stories, including good news stories about the successes of local services.

While recognising that over the last three to five years governments have developed more programs covering drug issues in the media, including the Commonwealth Government *Tough on Drugs* campaign and the NSW Government's Drug Summit *Plan of Action*, CDATs have made an important contribution to raising awareness of illicit drug issues in their communities.

Key changes have been noted in the *Mudgee Guardian*, *Penrith Press*, *Port Macquarie News* and Kings Cross' *The Paper*. *Penrith Press* won the Ted Noffs Award for responsible journalism.

Some CDATs met with local newspaper editors to encourage balanced reporting. A media sub-committee of the Port Macquarie CDAT meets quarterly with the editor of the *Port Macquarie News* to discuss past and future articles on drug issues.

■ Allowing a balance of differing views

In some areas CDATs have helped provide a balance in the community debate around drugs where there are polarised views. For example, Port Macquarie and Tamworth Councils held strong 'no tolerance' views but the local CDAT held community forums where harm reduction views could be heard.

■ Improving community awareness of DCAS

In the NSW Health Survey 2002 (HOIST)² the following question was included at the request of the evaluators: "Are you aware the Government has a community strategy called the 'Drugs and Community Action Strategy' to address drug misuse and drug-related problems?" Overall in 2002, 46.0% of NSW residents knew about the strategy. There was no significant difference between the proportion of males (44.0%) and females (48.0%) who reported awareness of the strategy.

Objective: create more effective links with, and mobilisation of resources from other funding programs and initiatives.

■ Mobilising almost \$1.4 million from other sources

Community Drug Action Teams, with the assistance of DCAS Project Managers have attracted an estimated \$1.4 million to fund drug projects in less than three years. This support includes donations, in-kind support and grants.

The Orange CDAT put together a successful funding submission, 'Youth for a Positive Future' and received \$26,700 funds from the Commonwealth Community Partnerships Initiative. The project was developed by local agencies – Health, Police, Education, Juvenile Justice as well as local non-government agencies. It provided a focal point for agencies to work together helping build the life skills of young people.

² Centre for Epidemiology and Research, NSW Department of Health.

■ Demonstrating effectiveness of seed money

Community Drug Action Teams have demonstrated the practical strength of how small amounts of seed money added to other resources can fund innovative projects which are locally initiated and delivered. Some CDATs which received grants have also attracted matched funds from other agencies. Over 180 projects had been funded by Premier's Department at the time of the evaluation.

The Yura Yulang CDAT supports a local Aboriginal Men's Group. The CDAT sponsored the Men's Group to run a camp for Aboriginal men to help explore issues such as substance misuse, and to help build the men's life skills. Although the Men's Group existed before the CDAT, the CDAT helped reignite interest in the group, provide resources and support for their activities and put them in touch with local services (such as police). The relationship is two way as the men's group is also pivotal in undertaking projects for the CDAT.

■ Managing resources efficiently

The total budget for DCAS was \$6.4 million over four years. This included the original Drug Summit allocation of \$4,840,000, subsequent enhancements of \$1,100,000, and a grant from NSW Health for the Frontline Workers Project \$500,000. The budget covered staff, grants, small projects and associated running costs.

The grant budget of \$1,040,000 allowed 84 CDATs to engage over 1200 influential and well-networked people in more than 180 drug action projects. The evaluators commended a very efficient use of funds.

Objective: Increasing the capacity of communities to deal with local drug issues.

This objective helps improve the community's capacity to deal with their local drug issues which is a key desired outcome for the DCAS. Some achievements follow which go to the heart of capacity building.

■ Creating positive community focus and emphasising prevention

"CDATs give the community a positive focus instead of sitting around worrying about drugs".
– Mudgee CDAT member.

The evaluation team heard similar statements from communities around NSW. CDATs have enabled many local communities to get involved and take sustained action on drug issues.

In Mudgee, there was no mechanism for promoting ongoing support to ex-drug users, so the Mudgee Drug Action Team helped set up Narcotics Anonymous.

In Brewarrina, there was a lot of talk and worry about drugs, particularly drug use by Aboriginal young people, but the community thought there was no action. The CDAT gave the community a clear direction, allowed it to problem solve, share information and air concerns. This became a springboard to move forward with projects. During *Drug Action Week 2003* the CDAT ran *Celebrating Brewarrina* week with family sports events and health checks in the park. According to the evaluators the fact that by March 2003, over 80 CDATs with approximately 1,200 members were formed, confirms that the DCAS and the concept of CDATs reflected a need in many communities to tackle drug problems on the local front.

■ **Creating a new forum for community views**

Community Drug Action Teams allow a continuum of views on illicit drugs to be heard, debated and discussed. Once common ground is reached, action can be taken. The Ballina CDAT, chaired by the former mayor, encouraged a debate on the merits of providing needle disposal bins in parks and public toilets. Initially there was local resistance. The Chamber of Commerce argued that clearly identifiable needle disposal bins would give tourists the impression that Ballina is a town of drug addicts and, therefore unattractive and unsafe. Case studies, supported by statistics in the debate helped persuade the Chamber to support a pilot of needle disposal bins.

■ **Giving marginalised communities a voice**

Community Drug Action Teams in indigenous communities and involving young people have given previously marginalised groups a voice and an opportunity to take action on drugs.

At Nowra, in the Illawarra, the indigenous community had poor health outcomes. Through the Illawarra Aboriginal Taskforce they lobbied successfully to get the funding for an Aboriginal Holistic Healing Service[†]. The Yura Yulang CDAT raised over \$30,000 in cash and in kind for its men's program.

The Tamworth CDAT has enabled young people to express their views in a town where there was a conservative attitude to the drugs issue. Recently the CDAT organised funding for a rap project where young people wrote and sang rap songs about preventing sexual violence, alcohol and drugs.

■ **Providing a safety valve for communities and families bereaved by drug deaths**

Community Drug Action Teams have given the friends or family of drug users a chance to work on prevention projects and in some circumstances helped whole communities grieve and de-brief from their trauma. CDATs have also attracted ex-drug users and helped them to inform others and improve access to treatment or services for people with drug problems.

In Mudgee, the fatal overdose of a prominent young woman motivated people in the Mudgee Drug Action Team to begin work on anti-drug campaigns. The Kyogle CDAT organised a community forum to develop constructive action after the alcohol-related deaths of three teenagers. The Forster CDAT established a partnership with the Family Drug Services and then co-located with them so parents of drug users had easy access to the CDAT.

[†] Recurrent funding from Office of Aboriginal and Torres Strait Islander Health \$275,000, Community Solutions \$180,000, Illawarra Area Health Service \$35,000.

■ Taking responsibility for dealing with drug issues

Some communities are starting to take more ownership of local drug problems. From the work of the Randwick CDAT came a parenting program. Parents in high risk families received training on illicit drug use. They became peer trainers to help their neighbourhood access drug and alcohol information and referral details.

The Airs Bradbury CDAT sponsored a homework assistance program for primary school children who have difficult home environments. These children attended regularly and were assisted to complete homework tasks and other activities.

Does this Strategy add value?

The evaluators found that the DCAS has added value in the majority of the 84 communities in which it operates, by involving over 1,200 people in 180 projects. CDATs have attracted nearly \$1.4 million in cash and in-kind support in a relatively short period. The evaluators showed increased awareness by CDAT members and the community of drug-related issues, and greater understanding of their complexity. The success of CDATs lies in three avenues: in their community involvement, in the way they encourage local collaboration between agencies and in their belief that 'doing something' about illicit drugs makes their communities safer and happier places.

3. Critical Success Factors

This section outlines the organisational and cultural factors which help make Community Drug Action Teams (CDATs) successful, as identified by the evaluation team. The evaluators have termed these 'Critical Success Factors'.

What makes an effective Community Drug Action Team?

One of the questions examined was "What makes an effective Community Drug Action Team?". The evaluators concluded that firstly, it survives and flourishes despite obstacles, and secondly, it delivers on the DCAS objectives.

How were the 'critical success factors' developed?

The evaluators observed factors which were present in successful CDATs and absent in less successful CDATs. The Chairs of CDATs were asked to identify their CDATs' strong points, and they were asked follow up questions. The Project Managers identified what made CDATs successful or why they survived. Their feedback helped the evaluators refine the factors further. The evaluators also reviewed research undertaken in the evaluation of the UK Drug Action Teams (DATs) and Drug Regional Groups (DRG)³.

The evaluators note that 'critical success factors' have a life-cycle. Some are very important in the start-up phase, some strengthen as the CDAT matures and others, like self-evaluation, increase in importance. The relative importance of a factor varies over time and according to the challenges faced and the presence and strength, or absence of, other critical success factors.

Not all critical success factors will apply to all CDATs in all circumstances. Each Team is unique and each operates in a different environment. The evaluators constructed this list of critical success factors as a 'checklist' against which CDATs can self analyse.

The evaluation team also noted that some obstacles, often pre-existing, were too difficult for a CDAT to overcome. Sometimes there are contributing factors which help explain slower progress. Therefore, some of the factors selected describe the pre-existing environment in which a CDAT operates and are inhibiting factors. For example, if a community is divided by bureaucratic turf wars, the obstacles may be too difficult for a community group to overcome.

³ Duke K and MacGregor S, *Tackling Drugs Locally: the Implementation of Drug Action Teams In England. Report to the Drugs Co-ordination Unit, UK Cabinet Office, 1997.*

Assessment against the critical success factors

■ A strong competent Chair

This was most frequently cited by CDAT members as the key factor in their success. It was also identified in the UK evaluation⁴. It was important to the CDAT that the Chair was from the 'community' rather than from a State government agency. It was critical that the Chair could manage a meeting to ensure it 'isn't a talkfest,' and could effectively deal with the media.

■ Highly motivated membership

The evaluators found that successful CDATs have participants with enthusiasm and commitment to their tasks. This commitment is often driven by personal experiences. Membership is also motivated by the Chair's encouragement and by the success of their projects.

■ Members' deep attachment to local community

Members of CDATs who demonstrate a 'deep attachment' have a desire to help their own community, strong community identification and pride in its achievements. They also have detailed local knowledge. Most CDAT members had these attributes, including state agency members.

■ Targeted membership

Targeted membership is where CDATs, led by the Chair, identify skill, influence or network gaps in their membership and approach likely candidates to join a CDAT. They make sure prospective members can handle debate and resolve conflict. Their approach is informal. This method maintains internal harmony whilst attracting and retaining active participants. It is the opposite of open membership. Targeted membership can however be misdirected and lead to lack of diversity. The Project Manager needs to assist Chairs to ensure that a wide range of skills and networks are represented, including expertise in media relations, project management, marketing, networking, financial management and an understanding of and commitment to young people.

■ Diverse membership profiles

Mixed membership works. The members need to be both representative of the local community and individually skilled. Gender needs to be balanced and, as relevant to the community, the team should include cultural and linguistic diversity. According to the evaluators, a successful formula is for membership to be drawn predominantly from the community sector, with representation from business and service clubs, balanced with a smaller core of state and local government expertise.

⁴ Duke K and MacGregor S, 1997.

■ Influential and well-networked community representatives

The evaluators concluded that community representatives who could influence powerful local people and know how to marshal resources and support one another, despite serving on other community organisations, are effective CDAT members.

■ Influential and well-networked Government representatives

Government representatives who know the key players in their own organisations and elsewhere in Government are important for a successful CDAT. They can marshal indirect support and access some financial resources. They are likely to be the Deputy or the Principal of the local high school, the Police Inspector, or the Drug and Alcohol Counsellor from NSW Health. This success factor is critical to delivering on Government objectives. The UK evaluation identified “representation not sufficiently senior as a factor seen to explain less progress being made.”⁵

Together, the above two success factors involve ‘having all the key players around the table’. Such participants offer commitment and have the delegated responsibility to make local decisions, and they can speak authoritatively on behalf of their organisations and deliver on partnerships.

■ Top-down State government agency buy-in

‘Buy-in’ means that Government agencies have a genuine interest in the work of the CDAT and see benefits for their agency’s participation. To be most effective the ‘buy-in’ needs to be at the local, regional and head office levels. The evaluators asked Government representatives of Health, Police and Education about buy-in, but the results were disappointing throughout the human services agencies.

■ Mutual trust and respect

The CDATs with high mutual trust and respect functioned well, without personal attacks and ‘put-downs’, they understood difference and acknowledged they could rely on one another to maintain confidentiality. The evaluators found that this factor, together with the next are those most frequently cited in the research literature as contributing to the success and sustainability of community coalitions.

■ Ability to maintain group harmony, reach consensus and resolve conflict

This success factor is self-descriptive. It was summed-up by one CDAT as “We have had our fights, it’s not plain sailing but we move on and get on with it”.

⁵ *Duke K and MacGregor S, 1997.*

■ Local Government buy-in

The evaluators found that the role of local government in supporting CDATs cannot be underestimated. They have the potential to cross-subsidise the local CDAT with skills, know-how, resources, contacts and the promotion of projects. The evaluators noted that Aboriginal CDATs were different. They worked closely with Health, including Aboriginal Health and other State government and Commonwealth agencies. According to the evaluators most Aboriginal CDATs did not see a role for local government in their work.

■ Clear statistical data on local social indicators

If CDATs are to tailor responses to local community needs, they must have reliable, objective information. In an evidence-based process, local data is critical to counter anecdote and local myths. Unfortunately, it is not usually available. The UK evaluation identified access to 'available local research' as one of the factors which explained their success. For example, Culcairn and Holbrook are separate local government areas (LGAs) and their Shire Councils were able to get clearer data. This data then informed their planning.

■ Structured community consultation

Structured consultation means using approaches such as community forums, focus groups and surveys to identify needs and priorities and to gain feedback on plans and past projects. It was identified by the *Drugs and Community Action Strategy Framework for Action*⁶ as the recommended approach for developing the CDATs' local plans, but it does not often occur. Many CDATs find it daunting, time consuming and unnecessary. Structured consultation encourages local, community ownership of the solutions to drug problems. The evaluators found that a number of CDATs neither consulted nor were representative of their community, the exception being the indigenous CDATs the evaluators interviewed, which consulted thoroughly with their communities and were representative both demographically and culturally.

■ Paid secretarial support

Minutes and accurate record keeping are critical public records of activity and accountability and necessary for effective evaluation. The evaluators concluded that CDATs with secretarial support (often supplied by other government agencies) were more effective than those using a volunteer who may have limited time and/or experience.

■ Minimal number of full CDAT meetings

Participating in CDATs requires sacrificing work and personal time. Most members of CDATs are also members of many other community groups. They want to minimise the number of their meetings and ensure they are focused and purposeful. For example, the Mudgee Drug Action Team favoured quarterly meetings combined with the use of sub-groups. The evaluators found that fewer meetings can increase attendance and maintain motivation.

⁶ NSW Premier's Department *Drugs and Community Action Strategy Framework for Action*, December 2000.

■ **Effective use of working groups or sub-committees**

The evaluators found that most CDAT business was project-based. One working group per project delivers targeted activity with participants chosen for their interest, skills and contacts. It also promotes the opportunity to co-opt other participants from the community. Most members interviewed found this approach satisfying, self-motivating and effective.

■ **Clear direction setting with achievable goals**

With limited time and resources available, CDATs need to set clear and achievable goals, ideally documented in their Drug Action Plan. When a CDAT had clear direction-setting, the members said: 'We know where we're going' and 'we work with bite-sized pieces'.

■ **Strong support of Project Manager**

The evaluators found that the support of the Project Manager helps maintain interest and increases the generation of fresh ideas. The Project Manager encourages participation, supports and encourages the Chair, links the CDAT to other CDATs and informs members on Government policy. All CDATs reaffirmed the key role of Project Managers. When they are absent through job turnover, or simply because they are too stretched, the performance of the CDAT suffers. Participants stressed, however, that "it's so important they didn't take over and control us. They are here to support."

■ **Dedicated resources**

While dedicated resources include the support of a Project Manager, the evaluators found financial support is critical to a CDAT's success or failure. Financial support came in the form of the DCAS Special Fund, Commonwealth grant programs, local club funds and community grants (refer to *Table 3.1 – Additional Funds Sourced by Jurisdiction*). It also includes 'in-kind' support. Without these resources, the evaluators concluded that CDATs would not have been able to develop a profile, bring in top-line speakers, pay for small projects, and start up innovative projects. Each initiative has increased the teams' community profile and credibility. Resources invested by the Premier's Department in developing team member's skills through regional conferences have also helped them achieve more.

■ Capacity for fundraising and attracting in-kind support

In addition to the small DCAS Special Fund grants provided by the Premier's Department, most CDATs attract funds and in-kind support, often from local government and business. Although CDATs have raised nearly \$1.4 million, the evaluators found that many struggled with fundraising and found it a daunting, time consuming process with little success. The evaluators concluded that CDATs need assistance and training to improve their fundraising skills.

SOURCE	No.	\$
State government agencies	28	\$609,456
Commonwealth	5	\$366,700
Clubs/Hotels/Casino Benefit Fund	6	\$189,980
Local Government (Councils)	21	\$81,835
Private Enterprise	13	\$50,810
Donations/Fundraising	6	\$34,600
Other	14	\$21,692
	93	\$1,355,073

Table 3.1 – Additional Funds Sourced by Jurisdiction (June 2000-June 2003).

■ A positive media profile

Drugs stories sell papers and attract TV viewers because they draw on community fears that drugs circulate in their community and their young people are at risk. CDATs counter these concerns by saying: "We are doing something about this threat." Their purpose is to move the focus from 'shock and horror' to 'here are the facts and this is what you can do.' A CDAT with a positive media profile diffuses local issues quickly and with credibility, and has the courage to speak plainly on difficult issues. The evaluators found that CDATs perform erratically on this issue. Some have a very high and strong profile; in others it is almost non-existent.

■ Credibility in the local community

Credibility is important in helping a CDAT deliver its message and gain co-operation and resources from the community. Credibility is earned in the community by a number of factors and a positive media profile certainly helps. However, even where CDATs have a low profile, delivering on promises, offering a helping hand, consulting and providing feedback are critical to winning credibility.

■ Business community support

Businesses lend their support when they see respected members of their own sector involved in decision making and recognise opportunities to be identified as good citizens for supporting particular issues. They will not support activities which are conflict-ridden, highly political or 'talk fests' that may lead to the flight of capital, customers or tourists. Their support enables CDATs to promote ideas among influential community members and access wide networks and potential sources of funds. Business community support has ensured success for programs involving the safe disposal of syringes and local dispensing of methadone, but has been difficult to achieve in the past.

■ Clear linkage of local and regional planning and action

The *Framework for Action* indicates that CDAT planning should be linked to the Regional Drug Plan which, in broad terms, sets out the DCAS plan at a regional level. Without this connection, CDATs may not address identified regional and local priorities and the co-ordination of regional and local action could be impeded. For effective linkage the Regional Drug Plan should identify the community needs and service gaps at both regional and local area levels and this should inform the local CDAT planning process, as well as government agency planning. The evaluators found little evidence that DCAS regional plans were being implemented.

■ Effective self-evaluation

It is important for each CDAT to monitor their performance in meeting planned objectives, particularly focusing on the impact of projects/work against measurable performance indicators/targets. Through monitoring the effectiveness of past strategies, the CDAT can make informed decisions about its future strategies. The UK evaluation identified a "lack of tradition of critical evaluation of what one is doing" as a factor which impeded progress. Project Managers informed the evaluators that self-evaluation is a problem with most CDATs because of lack of time, resources and the skills base of members.

■ Adherence to a planning template

The evaluators stated that, whilst imposing a formal planning template, as described in the *Framework for Action*, on a team of volunteers may be seen as inappropriate and onerous, it is important that CDATs consider all the elements in that template.

The template ensures CDATs ask the key basic planning questions. It helps them clarify their direction and reminds them to link it to the DCAS objectives. It prompts CDATs to consider their resource needs and to think about planned outputs and outcomes.

■ **Co-operative relationships among state and local government agencies**

In circumstances where co-operative collaborative relationships exist among Government agencies and there are no turf wars, a major obstacle to CDATs' effectiveness is removed. According to the evaluators, this factor, linked with the next one, is a necessary precursor to success.

■ **Absence of a conflictual political environment**

The evaluators found that if the community is already divided, it can make the CDAT unsustainable, unless strong leadership can help transmute the conflict into action. For example, the evaluators heard accounts of fierce political debates that can limit the work of a team and led to one CDAT's demise.

■ **Leverage of the Premier's Department**

Community Drug Action Team participants universally endorsed the leverage which Premier's Department gave them. They stressed that Premier's Department was an honest broker with no history in the local bureaucratic disputes, working with them was perceived as prestigious in the local community. It also gave local departments authority to attend meetings and devote resources to projects, and its sponsorship gave them 'clout' in their endeavours.

Factors which limited the progress of Community Drug Action Teams

The evaluators found that the following factors were obstacles to progress for some CDATs.

■ Change of Project Managers

The evaluators found that it was disruptive for CDATs to have a change of Project Manager. At the time of the evaluation a number of regions had had two or more Project Managers.

■ A too wide geographic spread

The geographic spread of CDATs varies. Some are bordered by one suburb, such as the Glebe CDAT, some cover a district or a shire, such as Ballina or Mudgee while others cover sections of NSW such as Western NSW. The boundaries of the CDATs do not always match the geographic boundaries of Government departments and these differences make comparison between CDATs difficult. The evaluators believe that wide geographic spread and irregular boundaries may contribute to less progress being made.

■ Attracting and retaining Government representatives

Most CDAT members, both Government and community members are highly motivated, committed and display a deep attachment to their community.

CDATs worked best when participants include key decision makers. For example it is preferable that the Principal or Deputy Principal attends a CDAT rather than a teacher, and an Inspector of Police rather than a Police Constable. With the steadily increasing number of CDATs over the last two years this is becoming impractical and is possibly impeding participation.

While government agency members saw value in participating in the work of the CDATs, some expressed concerns regarding their time commitments and workload. For instance, some agencies, particularly those in metropolitan locations, have to send the same staff members to a number of CDATs. Therefore, they prioritise their agency's attendance at CDAT meetings to those most important to them. This can result in patchy agency representation.

One of the key challenges for the leaders of the CDATs has been motivating and encouraging attendance by the Government members, rather than the community members who often participate enthusiastically.

4. Areas for improvement

The evaluators found that the Strategy has been successful at a local level and has helped communities to deal with illicit drugs issues. It has added value in most of these communities. However, one of the challenges of public administration is to encourage other agencies to buy into an initiative or a program led by another agency, in another portfolio. This has been particularly tough when they see the program as peripheral to their core business.

This is one of the major challenges for the Drugs and Community Action Strategy in meeting its key aim: to encourage consistent priorities and efforts of Government in responding to drug issues through improved co-ordination and collaboration. In addressing the second desired outcome of the Strategy: increasing co-ordinated and collaborative effort to deal with drug issues, the evaluators found that DCAS is more effective locally than at a regional or state level.

The evaluators identified key areas for improvement, as summarised below.

Strategy direction – objectives need refining

The evaluators recommend retaining the objectives of the program: to strengthen the capacity of communities to deal with illicit drug issues and to produce better co-ordinated and collaborative action against drugs. However, they recommend that these are refined and suggest a range of performance indicators to integrate into the future program design. These performance indicators are currently being reviewed by the Premier's Department and will be used in the development of a new evaluation framework (refer to *Recommendation 5* on page 33).

In suggesting these performance indicators, the evaluators acknowledge that measuring a program's ability to increase a community's capacity is a relatively new process, and it is difficult to develop comprehensive indicators. For this reason, the evaluators have kept the performance indicator suggestions simple. For example:

Sample only

Strengthening community capacity to deal with illicit drug issues, some example indicators:

- The percentage of CDATs who feel well supported by the Community Drug Strategy (CDS), in terms of information and data needs.
- The number of local residents who know where to go for help on drug issues.
- The estimated value of in-kind support attracted by CDATs.

The CDAT endorsement process requires them to support the objectives of the Government's *Plan of Action* and the objectives of the Strategy. Of the 84 CDATs, 21 were still not endorsed, even though many of these have received funding for specific projects. The evaluators were advised by the Project Managers that some CDATs had simply neglected the endorsement process. Ten CDATs fundamentally opposed the endorsement process, not wanting to compromise their autonomy by signing an agreement with Government.

The evaluators believe unendorsed CDATs pose a potential risk to the Government, DCAS and other CDATs as they operate under the DCAS umbrella, receiving its funding without committing to principles underlying the Strategy.

Community Drug Action Teams have not been prioritised by community need

The evaluators found that the establishment of CDATs was based on a combination of factors and community need was only one of these factors. As a result, limited Project Manager's time was allocated to assisting a range of CDATs, only some of which represented high need communities. Drugs and Community Action Strategy grant monies were split equally between the regions. The evaluators found no evidence of a prioritisation of grant money based on the relative needs of communities represented by CDATs seeking funds.

Towards the end of the third year of the Strategy, groups interested in starting new CDATs were put on hold pending the extension of the Strategy post 1 July 2003. Some of these groups were drawn from higher priority areas compared with existing CDAT locations.

The evaluators concluded that as a result of implementation policy, DCAS resources have not been strategically prioritised according to community need.

Increase the capacity and skills of Community Drug Action Teams

Community Drug Action Teams have demonstrated a broad range of achievements. Whilst most CDATs are making an important contribution towards helping their communities deal with drug issues, the evaluators estimated that 20% of CDATs were struggling. Many of these are inactive, embroiled in internal conflict, or have lost direction. Some CDATs have collapsed. The evaluators found that even the better performing CDATs needed increased support to continue to improve.

The evaluators recommend a greater investment is required to strengthen and develop the capacity of CDATs in the following areas:

- CDATs need more guidance in all areas of operation, ranging from project management, planning, conflict resolution and team building to fundraising, consultation and self-evaluation.
- CDATs need to engage with a broader cross section of their community. Many CDATs implement community projects based on what they think is a good idea. They believed their team already represented the diversity of the community with its existing networks, while other teams did not have the skills or time for such consultation. Some CDATs which had conducted the community consultation had stopped offering direct community feedback.

More emphasis on structured community consultation is needed to identify community problems and to provide feedback on proposed CDAT Local Plans.

- The CDATs need more assistance from DCAS to adopt a more evidence-based approach to project selection if they are going to implement more effective solutions to local problems.
- The results of community consultation should be collated and analysed by DCAS at both a regional and central level, to inform important stakeholder agencies and organisations and be incorporated into future DCAS regional planning.
- Some CDATs have been very successful in attracting grants or in-kind support from service clubs, local government, businesses and NGOs, whilst other CDATs have had no success. Several CDATs find fundraising difficult, frustrating, time consuming and often unsuccessful. Project Managers told the evaluators that CDATs lack skills in this area. It is unrealistic to expect volunteers to have the time and expertise to chase dollars without guidance and support. The evaluators recommended that CDATs receive more training and guidance to build fundraising expertise.

The evaluators also found DCAS needs to develop clearer policy outlining the Project Manager's role in supporting CDATs.

Lack of 'buy-in' from agencies at a regional level

The evaluators found that although the Strategy has successfully increased co-ordination and collaboration in addressing drug issues at a local level, the regional co-ordination elements of the program are held back due to regional agencies not buying into it.

The evaluators found that although the Community Drug Strategies team had actively encouraged buy-in from lower to middle levels of the bureaucracy, there was little evidence of success.

A whole-of-government approach at state, regional and local levels requires buy-in from the senior administrators of every partner or stakeholder agency to function successfully.

The evaluators noted that agencies will buy into a project when senior, not junior officials turn up to meetings, when the agency has included the DCAS in its planning, when its agency performance is tracked and when it has appropriately resourced the Strategy on the ground.

At the local level, agency staff told the evaluators they saw value in participation in the CDATs even if there was little support from their seniors. Many said they participated because they lived in the community and so had a vested interest in the success of their local CDAT. Many said they would continue to participate regardless of their employment. Underlining the commitment of front line agency staff, these observations demonstrate that CDATs have created a vision for agencies at a local level. Unfortunately, the evaluators found that this vision is greatly reduced as one moves further up the agency hierarchy.

The evaluators recommend initiating new structures and strategies for increasing buy-in from agencies, encouraging greater central leadership and the need for the Premier's Department to sell the benefits of DCAS to agencies so they have clear agreements and understanding about their involvement.

Regional Co-ordination Management Groups unable to focus on drug issues due to other priorities

At a *regional* level, there is no single lead agency co-ordinating Drug Summit initiatives. The Cabinet Office, which has overall responsibility for organising the Drug Summit's implementation, is not a line agency, therefore, does not have co-ordinating staff in the regions. The Regional Co-ordination Management Groups (RCMGs), operating under the Regional Co-ordination Program were identified in the *Framework for Action* as an important regional organising and linking mechanism for DCAS. Unfortunately the evaluators found that, due to other regional demands, the RCMG has been unable to fulfil this role.

The evaluators found that the RCMGs, which meet between two to four times a year and involve up to 40 agency representatives, have full agendas and the management of drug issues is a low priority. Recent agendas have been dominated by such issues as the drought, water management, large public works projects and projects to boost the viability of local economies.

Many Project Managers confirmed that the work of the CDATs was not a priority for the Regional Co-ordination Management Groups, although this was not the case for *all* RCMGs. Some RCMGs provided feedback and in some cases DCAS Project Managers worked with sub-groups of the RCMGs such as the Human Services subgroup.

No clear link between regional drug plans and Community Drug Action Team action plans

The Regional Co-ordination Management Groups were required to endorse the Regional Drug Plans. However, the evaluators found that they did not always show interest in the regional plan after that. The *Framework for Action* envisaged the RCMG would have some responsibility for monitoring the Regional Drug Plans, but the evaluators found little evidence of RCMGs monitoring performance.

Growing Project Managers' role

The Project Managers' regional co-ordination role has expanded from that originally envisaged in the Government *Plan of Action*. The evaluators found that DCAS Project Managers spent approximately 50 per cent of their time on regional co-ordination activities including issues management, networking, liaising, promoting new government initiatives, resolving conflict and negotiating between stakeholders, problem solving, advising and working on committees.

The DCAS Project Managers are also called upon to sort out issues between agencies or to 'kick start' new initiatives. Two examples follow:

- *Magistrates Early Referral into Treatment (MERIT)*: Project Managers in every region have played a leading role in organising the roll out of MERIT. This involved convening meetings of agencies, developing plans for MERIT implementation, developing communication plans in liaison with local CDATs and agencies and eventual hand over to a lead agency. A number of Project Managers continue to chair the advisory group or retain membership.
- *Frontline Workers Alcohol and Other Drug (AOD) Training Project*: Five regions are running this project: it involves a regionally specific response to the training needs of frontline workers.

The evaluators were surprised at the proportion of time spent by Project Managers on regional co-ordination. They found that there are a number of reasons for this:

- The regional co-ordinators of the Regional Co-ordination Program did not always have the capacity to take on drug-related projects.
- Central agencies when implementing community initiatives do not have the necessary regional staff, so DCAS Project Managers have had to help implement their core programs e.g. MERIT.
- As outlined above, the formal mechanisms for co-ordinating Drug Summit initiatives at a regional level are not always effective.

The way forward

In June 2003, the Government agreed to a four year extension of the Drugs and Community Action Strategy (2003-2007) and its co-program, the Community Drug Information Strategy.

The transition to its second phase is an opportunity for DCAS to build on its successes and strengthen the program. In response to the evaluation recommendations the new program involves a stronger focus on capacity building of CDATs, a stronger regional presence, implementation of the Local Government Drug Information project and the development of information resources and training to support local action.

The evaluators made a number of specific recommendations. The following section includes the recommendations and the Government's response.

5. Recommendations and Government response

In summary the Government's response includes an outline of proposed actions to:

- refine the objectives of the Strategy direction and update plans
- improve data collection and performance monitoring
- increase the capacity and skills of CDATs
- increase buy-in from state agencies by developing clearer policies about involvement in the Strategy, and
- improve existing regional infrastructures under the Strategy.

Strategy direction: refining objectives and updating plans

Recommendation	Government Response
<p>1. Continue with the existing outcomes of the Strategy: to strengthen the capacity of communities to deal with illicit drug issues and produce better co-ordinated and collaborative action against drugs.</p>	<p>The Drugs and Community Action Strategy (DCAS) will reaffirm its existing outcomes, with added reference to alcohol.</p>
<p>2. Simplify and prioritise the DCAS objectives.</p> <p>3. Rewrite the <i>Drugs and Community Action Strategy Framework for Action</i> in plain English so it articulates a clear sense of direction, revised objectives and outcomes for the Strategy.</p> <p>4. Clarify the role and purpose of CDATs.</p> <p>5. CDS to review performance indicators.</p>	<p>The Community Drug Strategies (CDS) will review its Strategic Framework for 2003-05. The review will include:</p> <ul style="list-style-type: none"> • a revision and simplification of the DCAS objectives; • development of a plain English Strategic Plan; • an outline of the role and purpose of CDATs; and • development of a <i>Performance Framework</i> with performance indicators at the state, regional and local levels. <p>Discussions will be held with government and community stakeholders about future governance models for CDATs.</p>
<p>6. CDS should prioritise financial and human resources so that communities with evident drug problems receive greater attention and support and have CDATs located in them.</p>	<p>CDS will review the CDATs to:</p> <ul style="list-style-type: none"> • identify communities where illicit drugs are a substantial problem and review the location of existing CDATs; • find out whether drug issues are being dealt with through community action in identified high need communities; and • determine whether new CDATs are using the appropriate model for their communities • decide on levels of support to provide to CDATs.

7. Revise all out-of-date situational analyses, Regional Drug Plans and Local Plans and improve their quality and consistency by following the planning protocols in the <i>Framework for Action</i> .	Information and data in the regional and local plans will be updated as appropriate. The revised Regional Drug Plans will become regional operational plans rather than broader drug plans. Local drug action plans will link more closely to Regional Drug Plans.
8. Ensure all CDATs are committed to DCAS objectives through undergoing the endorsement process.	All CDATs have been encouraged to undertake endorsement. Non-endorsed CDATs will no longer be eligible for DCAS Special Funds.
9. Change the name of the Drug and Community Action Strategy Unit to a simple, memorable name.	To be reviewed in conjunction the Government's response to the NSW Summit on Alcohol Abuse.
10. Expand central office DCAS staffing for two years to recruit staff to monitor its performance, increase the outside resources attracted to the Strategy, build a reward program and build capacity in CDAT through training.	Under consideration.

Improve data collection and performance monitoring

Recommendation	Government Response
11. Establish a more rigorous evaluation framework.	A new evaluation framework will be developed for 2003-05. It will include revised performance indicators at the state, regional and local levels.
12. The Community Drug Strategies (CDS) should develop centralised data and analysis systems to ensure Regional Drug Plans have up-to-date, accurate data, particularly from other State government agencies.	CDS will develop a list of relevant data sources in consultation with Government agencies, the Australian Bureau of Statistics (ABS) and the Bureau of Crime Statistics and Research (BOCSAR).
13. Improve access to data held in other agencies to spread knowledge of illicit drug impacts.	Formal agreements with agencies about investment in and returns from the Strategy will be negotiated between the Premier's Department and the major agencies.

Increase the capacity and skills of Community Drug Action Teams

Recommendation	Government Response
14. Invest in training CDAT members to increase their skills in community consultation, project management and evaluation.	Capacity and skill building activities for CDATs are a priority for CDS over 2003-05, including: <ul style="list-style-type: none"> • A specific CDAT Capacity Building Project that focuses on skills development and training; • Regional CDAT Planning and Training Events; and • production of the <i>Drug Action Toolkit</i>.
15. Produce good practice guides for CDATs to encourage an evidence-based approach to selecting projects and to help with evaluation.	The CDS will produce the <i>Drug Action Toolkit</i> to help CDATs to work with their communities. It will include advice on: community consultation, project management, and evaluation. Case studies and examples of good practice will be included. The toolkit will complement CDAT training activities outlined in <i>Recommendation 14</i> .
16. Assist CDATs to resolve possible tensions between team members from government agencies and community members.	Strategies for overcoming tensions to be discussed further with partner agencies. Training to assist team dynamics e.g. leadership skills, will be included as part of the CDAT Capacity Building Project.
17. Distribute summaries of the results of consultations to major stakeholders and incorporate them in the Local and Regional Plans. 18. Open CDATs' Local Plans to community feedback.	Community consultation skills will feature strongly in the Capacity Building Project and the <i>Drug Action Toolkit</i> . CDATs Local Drug Action Plans will be included on the new DCAS website (<i>Recommendations 19 and 20</i>).
19. Identify community strengths and weaknesses as part of structured community consultation, and build strategies for success around them.	An Asset Based Community Development (ABCD) approach will be incorporated into the new CDS Strategic Framework. This approach looks at what works in a community and includes community strengths in planning future projects. The Capacity Building Project and regional training will include specific ABCD training.
20. The drug action module on the <i>communitybuilders</i> website should be redesigned allowing CDATs to provide their own material and updates directly.	The DCAS website will be redesigned and include pages for individual CDATs to provide their own material including their Local Drug Action Plan.

<p>21. Clear policy outlining the Senior Project Manager's role, relationship with the Chair and the amount of support they should give CDATs should be developed.</p>	<p>The Project Director will continue to provide guidance to Project Managers on this issue. The new Project Officer positions will provide substantial CDAT support. The CDAT review process will help identify appropriate levels of support to CDATs.</p>
<p>22. The membership mix of CDATs should reflect the cultural and linguistic diversity of their communities.</p>	<p>Strategies for involving culturally and linguistically diverse communities and other population groups, such as young people, in CDATs will be explored through Regional CDAT Planning and Training Events and the Capacity Building project. The Community Drug Strategies will promote CDATs with organisations such as the Community Relations Commission and other multicultural/ethnic groups.</p>
<p>23. Establish more indigenous CDATs.</p>	<p>Establishment of new CDATs will be considered as part of the CDAT review process. Indigenous CDATs will be established only in areas where the community supports the establishment of a CDAT.</p>
<p>24. CDAT membership needs to maintain strong community involvement.</p>	<p>CDAT membership will be considered as part of the CDAT review process. Skills and strategies for involving communities will be explored through Regional Planning and Training events and other capacity building opportunities for CDATs.</p>
<p>25. CDAT Chairs should receive regular updates on developments in drug action and Government policy.</p>	<p>CDAT Chairs are given regular updates via e-mails, briefings at team meetings, the <i>Drug Action</i> newsletter, and they are encouraged to check the Government's <i>DrugInfo</i> website. This work is an ongoing priority.</p>
<p>26. The Special Minister of State should write to Chairs thanking them for their hard work, congratulating them on their achievements, acknowledging the difficulties some communities face and encouraging all CDATs to seek endorsement.</p>	<p>The Special Minister of State will write to all CDAT Chairs in the context of the release of this report.</p>
<p>27. CDATs should be encouraged to mobilise resources from other sources to support CDAT projects.</p>	<p>The CDS will develop a sponsorship strategy in 2004/05. More strategic activities to secure funds will be explored. Training sessions for CDATs on submission writing will be explored.</p>
<p>28. Expand the Premier's Awards system to acknowledge the voluntary work of CDAT members on outstanding local projects.</p>	<p>The CDS will investigate opportunities with the Premier's Awards and other appropriate awards schemes.</p>

Increase buy-in from state agencies

Recommendation	Government Response
<p>29. Government agencies should include the work of CDATs in their work plans.</p> <p>30. Government agencies should be consistently represented on the CDATs, and the local representative should inform their senior officers of their CDAT's progress and challenges. Police and support agencies should publish their attendance policy on their intranets.</p> <p>31. Leadership is needed by public administrators to promote the Strategy within Government, for example, leading public administrators should visit CDATs and have direct contact with them.</p>	<p>The Director General Premier's Department will write to the Director Generals of relevant Government agencies seeking commitment to DCAS and CDATs.</p> <p>The Community Drug Strategies will meet with stakeholder agencies to develop policies about involvement in and support for CDATs and to explore common interests/priorities between this program and their core business.</p> <p>Agreement with agencies will be developed to include agency contributions to CDAT work such as providing relevant data and representation and participation in CDATs.</p>
<p>32. Establish a State Management Group to lead the Anti-Drug Strategy with CEO attendance twice annually.</p>	<p>This recommendation is not supported. The CDS will continue to use current Government co-ordination mechanisms such as the Senior Officer Co-ordinating Committee on Drugs (SOCC) and the Human Service Chief Executive Officer's group.</p>
<p>33. Develop a sales strategy to promote the benefits of DCAS and CDATs to stakeholder agencies to encourage their agency's buy-in.</p>	<p>A sales and promotion strategy will be developed as part of a Communications Strategy for CDS.</p>

Improve existing regional infrastructures under the Strategy

Recommendation	Government Response
<p>34. Establish a revised model of regional co-ordination, which recognises the workload of RCMGs, and establishes Regional Drug Teams to take ownership of Regional Drug Plans.</p>	<p>No new regional co-ordination structure will be established. The existing mechanisms will be improved by looking at appropriate regional committees. For example, the role of regional Human Services subgroups of RCMGs could be expanded. Strategies to increase buy-in from government agencies (as outlined above) will help improve regional co-ordination.</p>
<p>35. Integrate the work done by representatives of State Government agencies on the CDATs with the operational aims of their organisations.</p> <p>36. Maintain effectiveness in local CDAT planning with other local planning processes including, for example, Community Solutions and Families First.</p>	<p>The Government supports alignment of CDAT plans with other relevant plans. This is happening at a local level. The issue of aligning DCAS Regional Drug Plans with other whole-of-government programs will be raised with RCMGs.</p>

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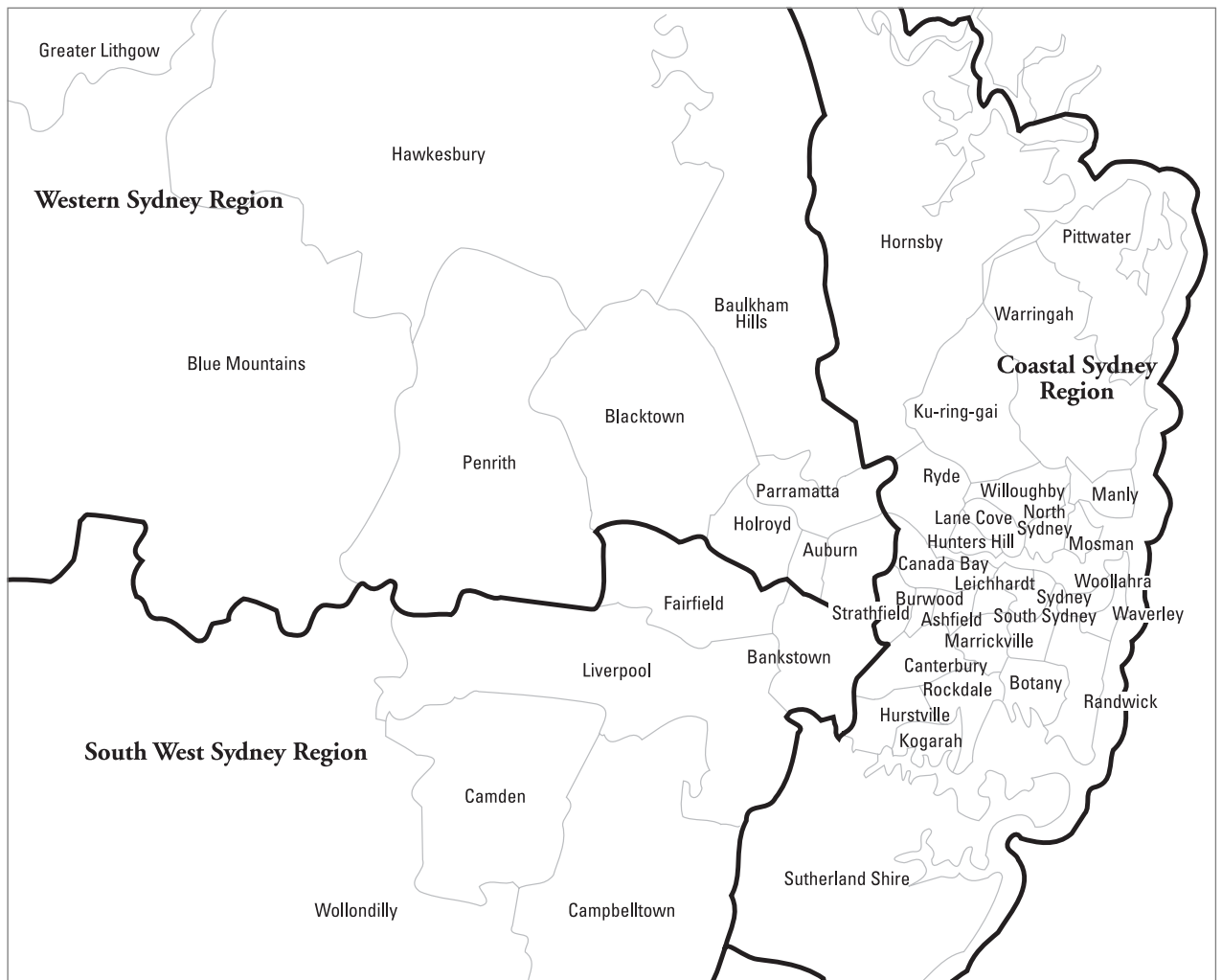
Appendices

Appendix A Drugs and Community Action Strategy Regions



* Map not to scale. Local Government Area boundaries current as at January 2001.

Drugs and Community Action Strategy Metropolitan Regions



* Map not to scale. Local Government Area boundaries current as at January 2001.

Appendix B

Examples of Community Drug Action Team achievements

Area of achievement	Success Stories
Broadened role of local government.	<p>The Ballina local government substantially supported the work of the CDAT. Prompted by the Drug Summit, the Ballina Shire Council encouraged the CDAT's development, and became directly involved in local drug policy and community drug action.</p> <p>Similarly, local councils were involved in the Mudgee, Shoalhaven, Wollongong, Shell Harbour and Yass CDATs. The Albury, Hay and Leeton CDATs were chaired by Council representatives and operated under the auspices of the local government. In Cessnock and Maitland, Community Drug Action Teams were established as a direct recommendation of the Crime Prevention Plans of the two local councils, resulting in extending their role within the community.</p>
Engaged new agencies and organisations.	<p>The Department of Housing was a critical advisor to the Killarney Vale, Bateau Bay, Springfield, La Perouse, Randwick, Raymond Terrace and Muswellbrook CDATs.</p>
Engaged some new businesses.	<p>In 2001/02 Video Ezy entered an agreement with CDS to supply the <i>DrugSmart</i> Z-card at their local outlets. The cards included video vouchers. A number of CDATs negotiated with Video Ezy outlets to continue the distribution and honour the vouchers beyond the expiry date.</p> <p>At Coffs Harbour two shopping centres entered agreements with the CDAT to run convenience advertising campaigns in their Centres. The CDAT were responsible for supplying the posters and the shopping centre for ensuring the posters were kept graffiti free and visible.</p>
Safety valve for community and families bereaved by drug deaths.	<p>The Armidale CDAT in partnership with Armidale BIG hART organised the <i>Opening Doors</i> tour, a drug and alcohol free concert headed up by Archie Roach and Ruby Hunter. Workshops were run alongside the concert focusing on family violence and drug and alcohol misuse. Around 2,000 people attended the concert.</p> <p>The Forster CDAT established a partnership with the Family Drug Services and then co-located with them so parents of drug users had easy access to the CDAT.</p> <p>In Kyogle, the town was in shock after two young men were killed in an accident after a party. The CDAT held a forum on drug and alcohol use and helped the community direct their grief into worthwhile activities.</p> <p>The Narrabri, Tamworth, Glen Innes and Wagga CDATs organised Family Drug Support <i>Stepping Stones</i> training in their local areas. Many other CDATs included the training as a strategy in their local Drug Action Plan. The course helps families cope with having a drug user in the family.</p>

<p>Positive community focus and emphasis on prevention.</p>	<p>In Mudgee, there was no ongoing support to former drug users, so the Mudgee Drug Action Team helped set up Narcotics Anonymous.</p> <p>From the work of the Randwick CDAT came a Parenting Program for parents in high risk families. They became peer trainers to help their neighbourhood access drug and alcohol information and referral details.</p> <p>In Brewarrina, the CDAT gave the community a clear direction, allowed them to problem solve, share information and concerns. It became a springboard to move forward. During Drug Action Week the CDAT ran <i>Celebrating Brewarrina</i> week with family sports events, circus skills training and health checks in the park.</p>
<p>Facilitating better service delivery.</p>	<p>Albury CDAT held a <i>Cross Border</i> forum on drug issues with services from the Wodonga area in Victoria. Approximately 250 people attended. A separate session was held for services at which 95 people attended. A number of projects suggested were included in the Albury CDAT drug action plan.</p> <p>Liverpool CDAT sponsored a forum to raise awareness about mental illness and drug use. Workshops were conducted, issues identified and practical solutions put forward to improve the treatment of people with a dual disorder.</p> <p>Kings Cross CDAT placed a strong emphasis on agencies working together. Agencies formed a written agreement for information sharing and for working together.</p>
<p>Increased collaboration of State government agencies at local level.</p>	<p>Forster/Taree CDAT ran a <i>Spiked Drinks</i> campaign in the local area, after the police approached the CDAT about problems in the local area.</p> <p>The Orange CDAT's Youth for a <i>Positive Future</i> project received \$26,700 in funding from the Commonwealth Community Partnerships Initiative. The project was developed by Health, Police, Education, Juvenile Justice as well as local non-government agencies. It enabled these agencies to work together to help build the life skills of young people.</p>
<p>A new forum for community views.</p>	<p>The Nimbin CDAT provided a neutral ground where the community could raise concerns about the risks of drug taking as well as debate the pro-legalising shared by others. Despite the disparity in opinions, the CDAT organised a number of projects with all members' support, including a community BBQ to reclaim an alley where drug dealing occurs.</p> <p>Tamworth CDAT allowed young people to express their views in a town where there was a conservative attitude to the drugs issue. Recently the CDAT organised funding for a rap project where young people wrote and sang rap songs about preventing sexual violence, alcohol and drugs.</p>

<p>Move from shock horror to well informed drug stories.</p>	<p>A number of CDATs wrote well informed articles for suburban newspapers. Key changes were noted in the <i>Mudgee Guardian</i>, <i>Penrith Press</i>, <i>Port Macquarie News</i> and Kings Cross' <i>The Paper</i>. Penrith Press won the Ted Noffs Award for responsible journalism.</p> <p>A media sub-committee of the Port Macquarie CDAT met quarterly with the editor of the <i>Port Macquarie News</i> to discuss past and future articles on drug issues.</p>
<p>Community awareness increased, and therefore capacity.</p>	<p>Penrith, Blacktown, Tamworth, Moree, Glebe and Ballina, were involved in the development of 'referral cards'. These cards give the names and contact details of local drug, rehabilitation services and emergency numbers for people who overdose. These cards were widely distributed in their communities.</p> <p>All CDATs received media training. CDATs have become involved in the <i>DI@YLL</i> program and all Central Coast and Hunter CDATs received training on Action Research and Assets Based Community Development.</p> <p>Hay CDAT mailed out key information to all parents, Albury distributed a pamphlet, Goulburn, a fridge magnet with phone numbers of key services and Mudgee, a full resource kit.</p> <p>The young people on the Culcairn Holbrook youth council used a country cake stall to raise funds and to promote awareness. Casino set up a permanent stand in all local pharmacies. In Lismore and Casino, they ran drug expos in local Shopping Centres. While Pittwater, Albury, Glebe and Redfern CDATs held information stalls at malls and railway stations.</p>
<p>Demonstrated effectiveness of seed money.</p>	<p>Yura Yulang CDAT supported a local Aboriginal Men's Group. The CDAT sponsored the Men's Group to hold a camp for Aboriginal men to explore such issues as substance misuse and to help build their life skills. Although the Men's Group existed before the CDAT, the CDAT helped reignite interest in the group, provided resources and support for their activities and put local services (such as police) in touch with the group. The relationship was two way as the men's group was also pivotal in undertaking projects for the CDAT.</p>
<p>Consistent messages between the schools and the community.</p>	<p>As part of their <i>Visitor's Program</i>, the Hastings CDAT sponsored Tony Trimmingham from Family Drug Support and Paul Dillon from the National Drug and Alcohol Research Centre to speak at local schools and then at a community forum which included many parents of school-age children.</p> <p>Over 50 CDATs supported the messages of Dillon and Trimmingham by distributing the <i>Drug Smart Z-card</i> (a wallet sized card which detailed the myths and the reality of drugs, with contact details of helplines and State services for emergencies).</p>

Appendix C

Community Drug Action Teams

As at October 2003 there were 84 CDATs operating in New South Wales.

Central Coast/Hunter

- Central Coast Aboriginal CDAT
- Killarney Vale/Bateau Bay/Tumbi Umbi
- Peninsula
- North Wyong
- Forster/Tuncurry
- Cessnock
- Newcastle
- Merriwa
- Muswellbrook
- Singleton Shire Council Community Safety Committee
- Upper Hunter Regional CDAT
- Lake Macquarie
- Raymond Terrace
- Hunter/Central Coast Regional

Illawarra/South East

- Wollongong
- Shellharbour
- Shoalhaven
- Aboriginal AOD Taskforce – Illawarra and Shoalhaven
- Goulburn
- Young
- Yass
- Aboriginal Drug and Alcohol Action Committee (formerly Aboriginal Substance Abuse Action Team) – Eurobodalla Shire
- Bega Valley
- Illawarra/South Eastern Regional CDAT

Western Sydney

- Auburn
- Parramatta
- Blacktown
- Blue Mountains

South West Sydney

- Fairfield
- Canterbury
- Bankstown
- Liverpool
- Airds/Bradbury
- Wollondilly Crime Prevention and Safety Committee
- Yura Yulang (formerly called Tharawall)
- Camden Drug & Alcohol Reference Group

Coastal Sydney

- Kings Cross
- Redfern/Waterloo
- Sutherland
- Glebe
- Randwick – focus on La Perouse, Matraville and Maroubra
- Surry Hills
- Pittwater
- Hornsby
- Ryde

Riverina/Murray

- Corowa
- Albury
- Wagga Wagga
- Cumeragunja
- Hay
- Culcairn/Holbrook Youth Action Team
- Narrandera
- Leeton

North Coast

- Lismore
- Kyogle
- Ballina
- Nimbin
- Hastings (Port Macquarie)
- Casino
- Coffs Harbour
- Taree
- Clarence Valley (Grafton)
- Kempsey

Western NSW

- Orange
- Mudgee
- Lithgow
- Far West
- Bathurst
- Coonabarabran
- Dubbo
- Cobar
- Bourke
- Brewarrina
- Walgett
- Forbes
- Coonamble

New England/ North West NSW

- Armidale
- Glen Innes
- Inverell
- Tamworth
- Narrabri
- Moree
- Kamillaroi Regional Aboriginal CDAT
- Tenterfield

Appendix D

Examples of Project Manager Regional Co-ordination Roles (at June 2003)

Involvement in other human service/regional initiatives so that agencies are responding to drugs in a co-ordinated way

Central Coast/Hunter

The Project Manager was involved in the *Jigsaw Project* which was a meeting of all human service agencies implementing regional initiatives led by Central agencies or Commonwealth Departments. The aim was for program to use a similar approach when dealing with issues such as jobs, families and education, which span all of the programs whether they have a drug, crime, violence or other focus. The *Jigsaw Project* came about as a result of the Project Manager's input into the development of the Central Coast/Hunter Youth Strategy.

Coastal Sydney

The Project Manager was involved in the *Intoxicated Persons Protocol Steering Group* for the Northern Metropolitan Region. The Project Manager played a lead role in the Senior Officers Group meeting on La Perouse issues. This involved management of a whole-of-government response to crisis issues in the area.

North Coast

The *Integrated Care Trial for Drug Dependent Women and Children (WRAP)* is a Health funded project. The Project Manager was on the steering committee. She contributed information from CDATs and Regional Plans. She updated CDATs on the project.

New England/North West

The Project Manager was involved with a region-wide Sexual Assault Project with the *Violence Against Women Strategy* and other government and non-government agencies to make sure drug issues were included.

Illawarra/South East

The Project Manager attended a regular *Human Services Area Managers* meeting. The group aimed to problem solve around major human service whole-of-government initiatives, combine efforts, and reduce duplication where the same causal factors were being looked at. This group linked with the Human Services sub-group of the Regional Co-ordination Management Group. It was attended by Program Managers as opposed to CEOs or senior managers.

Other examples for all regions

- *Crime Prevention*. A number of CDATs were also crime prevention groups, or had links to crime prevention groups so as not to duplicate effort.
- *Drug Treatment Services Plans*. All Project Managers contributed to the development of Area Health Service Drug Treatment Services Plans. In many instances they ensured that CDATs were included in the Plan and that issues identified in the Situation Analysis were dealt with.
- *Police Accountability Community Teams (PACT)*. Project Managers participated in the new PACT teams to ensure drug issues in the area were communicated to the Area Commander.

Involvement in Regional Projects that support CDATs

Central Coast/Hunter

- *Regional CDAT*. A Regional CDAT to support and manage Hunter and Central Coast CDATs was established. A Regional plan was in development. Over time the Project Manager also organised region-wide skill building activities such as training in asset-based community development and action research.

Riverina/Murray

- *Youth Commitment Project*. The Drugs and Community Action Strategy secured funding from the Regional Services Delivery Program for Youth Commitment program in the region. The Project Manager based the submission on the regional situation analysis, noting that key issues regarding youth unemployment in the area contributed to drug and alcohol problems. The project runs independent of DCAS.

New England/North West

- *Aboriginal Regional CDAT*. An Aboriginal regional CDAT 'Kamillaroi' was established in early 2002 as a consultative group for the region and other CDATs.
- *Region-wide Community Forums*. Region-wide speaking circuit tours were arranged by the Project Manager. Paul Dillon from NDARC spoke to communities in Tamworth, Armidale, Glen Innes, Tenterfield and Inverell. The Project Manager indicated that this had been an outstanding success. Local councils and other stakeholders who were sceptical about the program had been engaged. More informed dialogue was occurring in these communities around drugs.

Illawarra/South East NSW

- *Aboriginal Holistic Healing Centre*. The Project Manager assisted the Aboriginal Alcohol and Other Drug Taskforce to secure funding for and establish a Holistic Healing Service in the region. The Project Manager's Situation Analysis and Regional Drug Plan helped to inform the plan to develop the centre. She helped to bring the Commonwealth and the Taskforce together to negotiate ownership issues and move ahead with a plan for the service.

Western NSW

- *Wellington Diversion Project – 'Wellington Options'*. This project arose after the mayor made representations to the Government to establish a diversion project appropriate for the Aboriginal communities in the district. The DCAS Project Manager led agencies throughout the planning and implementation phase. As a result a new service has been in operation since 2002. The service costs approximately \$900,000 over three years and is predominantly funded via diversion money provided by the Commonwealth. The Attorney General's Department now manage the project.

