6 Limitations

This chapter discusses the limitations to NCPIC in terms of its appropriateness, efficiency and effectiveness.

6.1 Appropriateness

6.1.1 The need for a single focused cannabis centre

There were a range of views regarding the appropriateness of a single focused cannabis centre particularly amongst external stakeholders (as noted in Section Five NAC members generally felt this was a good approach). Some informants, in particular national peak drug bodies, health workforce representatives, drug and alcohol service providers and education representatives, felt there were limitations to a single focused centre for a range of reasons.

The most frequently mentioned reason was the occurrence of poly-drug taking behaviour amongst cannabis users.

> *Large proportions of cannabis users also use other drugs and may also exhibit co-morbid symptoms. Such restriction may inadvertently exclude consideration of valuable information on other drugs, poly drug use and co morbidity issues, therefore not dealing with the issues holistically or appropriately.*

> *Polydrug use is quite common, if someone contacts a service it is a good opportunity to ask what other drugs they are taking. If not, you are missing an audience. If they mention another drug do you have to give them another brochure or phone number?*

A few stakeholders observed that it is recognised good practice in the health field is to treat people in a holistic manner taking into account all their needs. It was suggested that:

> *Current thinking in health policy is that you treat the whole person in a more holistic manner. It is difficult to single out cannabis, most people are not just using cannabis*

Although not specifically asked, consultations with Helpline clients suggested that a number of them engaged in polydrug taking behaviour or exhibited co-morbidity symptoms (ie schizophrenia and psychosis). One client indicated they were in contact with a range of treatment providers including Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). Another client was trying to quit cigarettes at the same time as cannabis and was experiencing difficulties.

It should be noted that NCPIC have sought to respond to issues of polydrug taking behaviour and co-morbidity in some of their materials and activities. For example, NCPIC provides a factsheet on alcohol and cannabis and the materials developed by Orygen focus specifically on cannabis and mental health (including polydrug use and co-morbidity). The training delivered by NCPIC, particularly the youth training, also covers the issue of polydrug use. In addition, NCPIC is currently undertaking a project with an area health service on cannabis and tobacco, with a focus on Indigenous communities.

A smaller number of stakeholders indicated that a single substance approach reduces the flexibility to respond to emerging or new substance abuse issues on an as needs basis.

More broadly, a sole focus on cannabis was felt to potentially result in fragmented and siloed drug policy and practice. One stakeholder commented that they would not like to see the proliferation of the National Ecstasy Centre, the National Amphetamines Centre and so on. There was a general sense that a single focused approach is more applicable to some of NCPICs activities than others. A single substance approach was generally seen to be *more* appropriate in relation to research, workforce training and the development of materials and *less* appropriate for the treatment of cannabis users (due to polydrug issues).

It was suggested that one strategy for NCPIC to address these limitations could be coordinating with other organisations to establish effective referral pathways. *'On balance I think it is good to have a separate approach but it needs to be really well linked in to other services to deal with polydrug use'.*

6.1.2 The appropriateness of NCPIC activities for addressing the needs

In the consultants' view, it is difficult to establish a straightforward understanding of the link between the *needs* NCPIC is seeking to address (ie increase community awareness, increase the capacity of service providers, improve access to treatment and specifically engage young people) and the *activities* conducted by NCPIC. In other words, it is not clear for all activities currently undertaken how they will lead to demonstrated outcomes amongst the identified target groups.

It appears that some of the outputs delivered by NCPIC (see Section 5.1) are more closely aligned with achieving the required needs. These include: delivering training to workers, developing resources and the establishment of the website and Helpline. Other activities seem less closely linked, such as conducting clinical trials and publishing research.

The issue of appropriateness in relation to the main areas of NCPIC activity is discussed further below.

Resource development

As discussed in Chapter Five, the resources developed by NCPIC are generally thought to be an appropriate mechanism for raising community awareness and supporting service providers (in their knowledge and treatment of cannabis issues). Overall, the materials developed by NCPIC are thought to be high quality and based on accurate and current research.

However, specific issues were raised by those consulted concerning the appropriateness of the materials for: engaging with particular target groups and having an impact in relation to awareness raising and behaviour change.

The consultations indicate that, to date, NCPIC has not achieved high levels of community penetration (see section 6.3.1), limiting the extent to which some identified audiences are engaged in the materials and resources developed.

These issues are examined in more detail throughout this chapter.

Research activities

There appears to be some ambiguity concerning NCPIC's role in relation to research and clinical studies. Although the original terms of reference included providing evidence based interventions to service providers, which requires some research to be undertaken, research was not identified as an explicit aim of the Centre. NCPIC has, however, conducted a number of research and clinical trials. While DoHA's initial view at commencement was that the Centre's role does not include a strong research component, it has subsequently agreed to the research activities undertaken.

As outlined in Chapter Five, most NAC members and some external stakeholders view research as a useful activity to inform the clinical practices of service providers and improve referral pathways and access to treatment for cannabis users. This is particularly relevant due to the level of misinformation about cannabis and existing knowledge gaps. It was noted however, that the impact of NPICs research activities on improving clinical practices depends (in part) on the extent to which the workforce is aware of and engaged with the research findings. Stakeholders report that dissemination of research has occurred through The National Cannabis Conference and workforce training, but despite this, a common theme of the consultations was the need for NCPIC to further engage with the sector (see section 6.3.1 and 6.3.2). Similarly, it was felt that the impact of NCPIC's research activities on improving referral pathways and access to treatment could be enhanced by further sectoral engagement.

Informants consider certain types of research more appropriate for NCPIC to conduct (ie. research that informs treatments, responds to the research needs of the sector, and supports prevention approaches). However there was a perception by some of those consulted that NCPIC is fairly inward-

focused – focusing on research priorities identified by the Centre rather than collaborating with the sector and responding to their needs.

NCPIC report that they do not engage in basic research or clinical trials except where they are related to the evaluation of NCPIC services (ie the CIH and the web-based interventions). It does appear, however, that some of the research activities go beyond the scope of the evaluation of NCPIC services including the Barriers and Facilitators study, the Successful and Unsuccessful Quitters study and the Potency study. Furthermore, NCPIC has published work in a range of external sources including books, journals, reports, bulletins and magazines. A total of 38 publications were accepted in 2008 and 2009. An examination of the research topics for these publications indicates that not all directly relate to the other activities undertaken by NCPIC. In fact, a number of the publications appear not to be related specifically to cannabis (but rather to other drugs including alcohol, ecstasy and performance and image enhancing drugs).

NCPIC website

Overall, the website was felt to facilitate public access to cannabis information, support workforce sectors and generally provide an appropriate mechanism for communicating with young people. Some stakeholders indicated that the current design of the website was more appropriate for providing information and resources for the workforce and less appropriate for engaging with the general public.

> *NCPIC should improve the space, look, and feel for the public. Their tone is right for the sector but less so for the public, at the moment it requires quite a bit of navigation, looks like a uni research centre site.*

NCPIC data suggests that the website is accessed more frequently by those interested in workforce related information. Apart from the site main splash page, the most popular pages include:

- Workforce>Cannabis Info>Factsheets
- Helpline mini-site
- Workforce>Cannabis info.

In addition to providing cannabis related information for a range of audiences, the NCPIC website is intended to provide interventions and referral pathways for cannabis users. The NCPIC website contains a page with the contact details of and links to relevant treatment providers. It was noted, however, that the current design of the website does not allow for easy access to this page.

> *It is hard to find how to get help on the site you need to dig around to find it… or you need a counsellor to guide you onto the website.*

NCPIC website data indicates that the 'Treatment' page is not one of the most frequently accessed pages.

As well as improving links to treatment services, one stakeholder felt there was potential for the NCPIC website to '*act as a repository for all national cannabis work being done*'. It was mentioned that links to guidelines, information resources and factsheets developed by other organisations (ie Turning Point and the Australian Drug Foundation) could be incorporated into the NCPIC website. According to this stakeholder, the NCPIC website is:

> *Currently just a reflection of what the NCPIC team is doing, it isn't a reflection of everything that is going on in relation to cannabis in Australia.*

A number of external stakeholders, in particular peak bodies and service providers, raised concerns regarding the appropriateness of a website for engaging with particular target groups such as Indigenous, CALD and disadvantaged/harder end young people. Comments included:

> *Looks very professional, a lot of information on it but not targeted for these specific groups, doesn't seem designed for Indigenous, CALD or young people. Not young, funky as you would expect if young people being targeted. Similarly for Indigenous, you would expect more graphic.*

Website is not easy to navigate [for Indigenous people], lots of information but the information on Indigenous communities is quite academic – it speaks to researchers and academics, but doesn't talk to workers out there let alone Aboriginal community members[3].

The focus groups conducted with young people suggest that the young people's section of the website may be more appropriate for younger age groups (those in their teenage years rather than in their 20's). Those in their 20's commented they wouldn't consider it appropriate for them –*'it would be appealing if I was 14'*. It was also suggested that this section of the website seemed 'a bit girlie', and therefore might not be effective for attracting harder end, male users.

Issues relating to internet access amongst Indigenous communities and rural localities and literacy/language barriers (for Indigenous, CALD and disadvantaged young people) were also flagged in the consultations. Website data also shows that the website achieves very limited access outside of capital cities, with 5.7% of all visitors being located outside of capital cities.

Consultations with Helpline clients also indicate potential access issues for the NCPIC target group. Slightly over one third of all clients interviewed indicated they did not have easy access to the internet (eg they did not have a computer at home).

Cannabis Information and Helpline

Similar concerns were raised, by a few external stakeholders and one NAC member, regarding the appropriateness of a Helpline for targeting specific audiences. In particular, a Helpline was seen to be less appropriate for Indigenous persons and disadvantaged or regional communities where access to a telephone may be problematic. The Helpline data shows that the proportion of Indigenous callers is very low, at 2.6%.While this percentage is comparable to the proportion of Indigenous people relative to the population as a whole (2.3%), given the higher prevalence of cannabis use in Indigenous communities it may be expected that Indigenous people would be more strongly represented in treatment delivery.

One Indigenous representative commented:

Helplines probably don't hit the mark for Indigenous people… not too many have landlines, sometimes ringing off payphones, unlikely to rung up a Helpline for advice.

It was mentioned by a NAC member that the operating hours of the Helpline may restrict access, particularly in Western Australia where the Helpline closes at 8pm. A few clients interviewed reported that they experienced difficulties accessing the Helpline. These difficulties related to calling outside of operating hours or the Helpline staff being busy with other calls. One client stated:

Couldn't get through the first time, they were busy. I think it is a real issue that you can't speak with someone when you first call; I really needed to speak with someone. I needed immediate assistance. I was frantic. It was very disheartening when I couldn't get though.

There are some limitations to the type of treatment that can be provided by the Helpline (at least in its current format). The average length of call is approximately 15 minutes. A detailed breakdown of call lengths, from January 2010 – April 2010, is provided in the table 9 below.

Table 10 – CIH call lengths from January 2010 to April 2010

Call length (minutes)	Total	% (removing 0-5 minute calls)
0-5.00	267	
5.01 – 15.00	183	34.59%
15.01- 25.00	145	27.41%

[3] It should be noted that the Indigenous section of the website is designed for workers not community members. NCPIC is currently working to develop appropriate materials for Indigenous communities;

Call length (minutes)	Total	% (removing 0-5 minute calls)
25.01- 35.00	94	17.77%
35.01 – 45.00	62	11.72%
45.01 – 55.00	28	5.29%
55.01 +	17	3.21%

Although the calls range in length from less than 5 minutes to over an hour, the majority of calls (62%) have a duration of 25 minutes or less. As such the Helpline can only offer brief intervention and counselling. Some clients expressed a desire for a more in-depth, sustained treatment option.

> *It would be really good if I could get some follow-up. The initial contact was really good and it helped me but it is days later now and my son still needs help – the issue has not been resolved and I don't know what to do. I need continued support.*

A number of clients thought it would be beneficial if they could speak to the same counsellor each time they called.

> *I asked the woman at the Helpline if I could ring her back and she said I could call the Helpline but wouldn't be guaranteed to speak with her – she already knows the situation. I would have to explain it all over again, go back to square one. I have a connection with her – I might get someone else they might not be as good, they might have a different way of dealing with things.*

> *Would be good if I could speak with the same person all the time, then you don't have to keep explaining yourself over and over again. I am comfortable with her. It is like when you go to the hairdressers – I want the same person because I know they are good and they know what I want and I can trust them.*

NCPIC reported that it is aware that this is an aspect of the Helpline that could be improved in the future and are considering the possibility of offering a simple case management or call back approach for continued support.

There are limitations regarding the extent to which NCPIC can facilitate referrals. Some clients had successfully followed up on referrals provided by NCPIC and indicated this was a satisfactory process. Others experienced some difficulty.

> *They talked about the organisations I could contact over the phone but I don't what to do, I don't know which ones to get in contact with.*

> *Its hard as well because you have to fit into their schedule and go on waiting lists for like six weeks or whatever – it is kind of bullshit.*

From previous work conducted by Urbis relating to helplines in a variety of contexts it should also be observed that referral pathways by such services tend to work much more effectively where they are 'warm' (involving a three-way telephone referral involving the helpline staff member, the service being referred to and the client) rather than 'cold' (simply providing details to the client to follow up themselves). It should be noted that there are some barriers associated with offering warm referrals, for example, services need to be available to take the call. This can be problematic if those other services do not operate outside of standard business hours.

Training

As previously discussed, the training delivered by NCPIC was seen to be an appropriate activity for increasing the capacity of the workforce and is highly regarded by stakeholders. Consultations indicated a desire by stakeholders for the training to be continued and expanded in the future. Sustained

investment in this activity area was felt to be required to produce meaningful outcomes in relation to demonstrated changes to clinical practices and competencies of the workforce.

A small number of external stakeholders felt there was potential for the NCPIC training to be further developed to address the specific needs of workers across different sector.

> *Our experience has been that the training was modelled on a one size fits all approach and the capacity to respond to jurisdictional differences and the needs of specific target groups, such as Indigenous people, has so far been limited.*
>
> *The training has been good for general health workers but we have heard reports that it is a bit too basic for clinicians.*

It was also felt that there was scope for the training activities to be expanded to target a broader section of the workforce engaged with cannabis users.

6.1.3 The balance of activities undertaken

Understanding the balance of activity and resources enables judgements to be made regarding NCPICs progress towards addressing the needs required and where the activities may have achieved the greatest impact. In the consultant's view, it is difficult to obtain a detailed understanding of where the balance of NCPIC activity lies, based on the information available. (The consultations suggest that this has also been the experience of DoHA.)

Some queries were raised by those consulted concerning the distribution of effort and the balance of activities undertaken, in relation to several areas of activity.

Firstly, some external stakeholders (particularly those not allied to research institutions) and a minority of NAC members queried whether research should be given as much emphasis as it currently is. One NAC member observed:

> *I would say there probably has been a pretty heavy emphasis on research – which is reflective of the fact that it's in NDARC and there are a lot of academics involved. Possibly too much emphasis on research, we can get so caught up in academic [research and] forget about practical implementation – there is the potential for this here for NCPIC.*

Secondly, a number of stakeholders and NAC members also suggested there was an overemphasis on clinical treatment approaches.

An analysis of the balance of staff FTE across the various NCPIC teams appears to provide some support for the view that there is an over-emphasis on research and clinical treatment approaches. This analysis indicates that the Clinical Services and Evaluation Team has by far the highest proportion of staff members and total FTE. The highest proportion of financial resources was dedicated to research and clinical resource development (consistent with the allocation of staff between NCPIC teams).This suggests that NCPIC has placed a comparatively greater emphasis on research and clinical treatment approaches compared to other activities – which does not appear to fit well with NCPIC's objectives as they are currently stated.

Secondly, some stakeholders felt that there is currently a greater emphasis on activities targeted at the workforce sector compared with those targeted at the general community. It was suggested that more could be done to raise awareness, promote access to information and provide services for the general public; '*They would be useful to support service providers but not the direct community'.*

Some informants also suggested that not enough emphasis is placed by NCPIC on prevention and early intervention. It was also suggested that future work could involve: community development approaches, strategies targeting the social determinants of cannabis use, health and wellbeing approaches, local community strategies (through the engagement of local councils, schools, police stations and sporting clubs), and family based initiatives.

It may also be useful for NCPIC to implement a reporting system in the future to easily track the relative balance of activity, which could be used to assist DoHA as the program funder.

6.1.4 The appropriateness of identified target audiences

While those consulted support the priority target groups currently being targeted by NCPIC, a number of gaps were identified. Those most commonly mentioned included:

- *Indigenous*. It was acknowledged that NCPIC has recently increased their focus on targeting Indigenous communities, particularly through the development of resources (see discussion in Section Five). It was acknowledged that working with Indigenous communities involves a gradual process and requires a collaborative and community building approach. It was felt by the majority of those consulted that Indigenous communities should remain a priority area and require continued and indeed increased investment. One NAC member suggested that this area had been given limited budget allocations compared with other activity areas. This was by far the most common priority target group identified in the consultations by both NAC members and external stakeholders.
- *Older users*. Older age groups were thought to be at greater risk of experiencing problems due to their long term use. The literature also indicates that older age groups are more likely to be regular users (see Section Three). The majority of clients interviewed who rang the Helpline to discuss their own cannabis use were aged in their 40's. NCPIC reports that its intervention development is aimed at this age group because they begin to experience the health related consequences of cannabis use and move towards treatment seeking at this age.
- *Parents*. Some informants suggested that parents and families should be engaged as part of prevention and early intervention approaches. Parents are currently a target of the CIH and the NCPIC website. There is also a *What's the Deal* booklet designed specifically for parents. NCPIC reports that it would like to work in the future on interventions with older cannabis users aimed at preventing their children from using.
- *Harder end users*. Some felt that the activities undertaken by NCPIC, to date were less effective for engaging the harder end users.
- *CALD/refugee/immigrant populations*. It was suggested that limited activity had been undertaken in relation to these groups and that the development of specifically tailored activities (that take into account language barriers) would be valuable. NCPIC notes that, according to the evidence base, CALD communities are generally low risk groups. It also commented that these groups will be considered in the future once higher risk groups are adequately addressed.
- *At risk young people*. It was felt that NCPIC needs to engage more effectively with young people experiencing mental health issues, juvenile justice populations, and young people not engaged in education and employment. NCPIC has begun to target activities at this group, for example, the work it is currently conducting with Youth Off the Streets.

6.2 Efficiency

6.2.1 Resources spread too thinly across too many activities

NCPIC has implemented an array of initiatives across a range of activity areas. Challenges relating to NCPIC's comprehensive brief were acknowledged by NAC members and some external stakeholders. Comments included:

> *It is a huge job to do resource development, training, treatment, and policy. They have been amazingly productive given the scope in which they have worked under.*
>
> *Pressure to be all things to all people.*
>
> *It is really hard for an organisation to provide information, treatment, clinical and research activities – it is a really big ask – my sense is that they haven't done all of this thoroughly – perhaps they are trying to do too much.*

Questions were raised about the *quantum* of NCPIC activity versus the *outcomes* achieved (or which can be demonstrated to have been achieved). It was felt that spreading the resources over too many output areas potentially diminishes the impact of activities and raises issues relating to 'bang for buck'. It was therefore suggested by a number of NAC members and external stakeholders that NCPIC should consider if all activities currently undertaken are necessary. In the future, NCPIC should focus on activities and target groups where the greatest impacts are likely to be yielded.

> *Probably need to identify which areas to invest in most. At this juncture it is worth stepping back and looking to what activities you get the most bang for buck.*

> *Possibly a more narrow range of activities but more targeted. Continue activities that are well received, cull activities with low uptake and identify areas needing more attention.*

If NCPIC were to adapt this approach moving into the future, it will be important to undertake a strategic planning process.

> *In deciding what activities to do, they have to be clear what they are doing, why, what they are trying to achieve, and how will we know if it has achieved.*

6.2.2 The low call rates for the Helpline

It was noted that the Helpline has relatively low call rates, which are markedly less than the levels originally envisaged by Lifeline. As a comparison, the CIH receives an average of 176 calls per month while Directline (Victoria's 24 hour State based drug and alcohol helpline) receives an average of 4,500 calls per month. Even though the CIH only deals with cannabis issues as opposed to all substance abuse issues this example still does clearly indicate that the CIH is receiving a lower call rate than might potentially be possible. Caution should be exercised in comparing the two helplines, as it is known there are differences in operating hours (2pm-11pm for CIH versus 24 hours for Directline) and there may possibly be differences in staffing levels.

The CIH experienced fairly high cost per call compared to other helplines with a higher volume of calls. Call cost data for the CIH was provided for four quarters. The data reveals that the lowest call costs were experienced, at approximately $133 per call, in the fourth quarter of 08/09 when the advertising campaign took place. For the remaining three quarters, the call costs varied between approximately $250 and $350 per call. As a comparison, another helpline operated by Lifeline had costs varying between $147 and $175 per call for the same period. Once again, caution needs to be exercised when comparing this data as differences exist in operating hours and staffing levels between the CIH and this other helpline. The low call volume versus cost of the service (approximately $2 million over three financial years) was a concern for some NAC members.

The low call volume is partly due to lack of marketing of the Helpline rather than a lack of demand for the service. There is some support for this view in the Helpline data on call rates during the one period of media promotion which occurred in 2009 (over several months) compared to the period before and after. These data show that there was a very major increase in the number of calls to the Helpline during the period of promotion (call frequency was approximately five fold greater), and even though the number dropped off afterwards, the call rate was still at a markedly higher level than before the promotion period. It was therefore suggested that further investment in marketing the Helpline could markedly increase the call rates.

Consultations with a number of clients supported the need for increased advertising of the Helpline. Clients most commonly found out about the Helpline through media placements (stories of cannabis users in magazine and newspaper stories and television programs) and from the white/yellow pages. Less common ways included word of mouth, Google search and through contact with other organisations/service providers.

> *It should definitely be promoted more. I doubt people know that it exists. I think many more people would use it if they knew it existed. I have been looking for a service like that for over six months – and it was just a coincidence that I happened to come across it in the magazine.*

Suggested advertising strategies included mass media promotion (television and radio) and promotion at health related services including chemists, hospital and GPs.

However, one NAC member expressed concern in relation to the idea of investing in further advertising for the Helpline. To have a sustained impact, advertising would require continued media play and significant financial investment. It was questioned whether investing an even greater sum of money in the Helpline would produce real value for money.

There is also a possible issue of duplication of services, which may at least partly account for the low call rate (this is discussed further in section 6.4.2).

6.2.3 The NCPIC training model

The workforce training conducted by NCPIC has been very well received. However, some stakeholders noted that this involves a quite expensive model ie conducting large amounts of face-to-face training around Australia using a Sydney-based team.

Some stakeholders felt that there may be some more efficient and sustainable areas of activity which NCPIC could conduct in the future. Both of the areas identified are already being explored by NCPIC to some extent:

- *Training being conducted by the State-based specialist drug agencies which exist in each jurisdiction.* NCPIC is currently in the very early stages of implementing an option involving a Train The Trainer model for its training – ie. training up people who can then deliver the training themselves. This has some potential risks (ie. the need to ensure quality control in terms of the training delivered by trainers as far as possible). One option suggested in the consultations is for the training to be targeted at a very select number of specialist individuals/organisations with expertise in the drug and alcohol sector.
- *Providing input to specialist courses for workers in related fields.* For example, partner agency Orygen has been responsible for developing a training module on competency and comorbidity (cannabis and mental health) and lobbying for it to be included in the Certificate 4 course for drug and alcohol workers in Victoria.

6.2.4 Duplication of services

Issues were raised by a small number of NAC members and external stakeholders concerning the perceived duplication of a small number of NCPIC activities in relation to services offered by other organisations.

> *Should focus on value adding and things other organisations can't do.*
>
> *More creative activities rather than replicating already existing services.*

The Helpline was most commonly mentioned in relation to this issue by stakeholders and some NAC members. This may at least partly account for the low call rate. All States and Territories have their own State-funded drug and alcohol helplines which operate for 24 hours a day. According to some stakeholders, these helplines provide essentially the same kind of service as NCPIC, but relating to all substances rather than just cannabis; and these helplines deal with a fair number of calls relating to cannabis. Interviews with State based drug and alcohol helplines indicate that cannabis related calls generally constitute the third highest, following calls relating to alcohol and amphetamines. In addition, they operate for 24 hours (versus the NCPIC operating hours of 2-11pm EST Sunday to Friday). One drug and alcohol peak body also commented that it had been lobbying for one national number for all drug and alcohol helplines, and having a separate NCPIC number added yet another phone number to include to the 16 other numbers for the State-level lines (one for metropolitan areas and one for regional areas).

It was suggested that instead of providing its own helpline, NCPIC could partner or work collaboratively with the existing helplines. On the other hand, there are some advantages of a national helpline. A national number is easy to publicise and has benefits for people who move between different States

and Territories. It was also suggested that differences across States and Territories exist in relation to the level of helpline funding and the quality of the service delivered. As discussed in section 5.2.2 the specialist knowledge associated with a Helpline focused solely cannabis is valued by some clients.

The NCPIC training and the development of some materials were also mentioned as another possible area of duplication, albeit to a lesser extent compared to the Helpline.

> *When competing with funded services I don't think that is a good use of resources, would like to see the Centre developing resources that other organisations don't have the capacity to produce.*

As the national cannabis organisation, NCPIC was thought to be best placed to undertake activities that other organisations may not have the capacity to do. As previously discussed in section 5, a number of NCPIC activities are seen to do this. For example, the materials developed by NCPIC for the general community and to support the workforce (factsheets, *Fast Facts series* and the *What's the Deal* series, clinician resources and the MakingtheLink materials) are highly valued by stakeholders and are seen to address existing gaps. These materials are particularly important given the cannabis resource audit undertaken by ADCA which reports on the poor quality of cannabis related materials and the proliferation of misinformation. The training delivered by NCPIC was also viewed as an activity that addresses gaps and adds value.

6.3 Effectiveness

6.3.1 Maintain a high profile of the NCPIC amongst a range of sectors and target audiences

As discussed in Chapter Five, the stakeholder consultations indicate that awareness of NCPIC is highest amongst those working in the drug and alcohol sector. As one stakeholder put it '*Knowledge of NCPIC resources is believed to be lacking in other sectors that do not work directly with AOD populations'*. Although a number of representatives from education agencies, law enforcement agencies and general health peak bodies appear to know about NCPIC, it was felt (by both external stakeholders and NAC members) that workers on the ground (ie school teachers, police officers and GP's)

However, a number of NCPIC activities have been aimed at the community level and workers on the ground. NCPIC have distributed over 600,000 resources to different sectors (health, education, community, and criminal justice) and conducted the poster and film competitions involving schools, colleges, TAFEs and Universities. Nonetheless it should be noted, distribution *per say* of the resources does not necessarily demonstrate that the materials have actually had an *impact* at this level.

The consultations indicate that the key gaps in relation to awareness of NCPIC exist within the youth and Indigenous sectors. Although two of the partner agencies (Orygen and Ted Noffs Foundation) have a specific youth focus, a number of youth peaks were approached to participate in an interview for this evaluation of NCPIC, and four responded that they did not have enough awareness of or involvement with NCPIC to consider an interview feasible. Given that engaging with young people is a key aim of the Centre, further engagement with youth peaks could be beneficial. A key Indigenous organisation consulted with also indicated that they had '*never heard of NCPIC'*. Nonetheless, it should be noted that NCPIC have made attempts (both successful and unsuccessful) to engage with Indigenous organisations/stakeholders and have indicated they will continue to make attempts at further engagement with the Indigenous sector in the future.

Stakeholders who were aware of NCPIC's existence commonly reported that they lacked knowledge of the Centre's specific role, aims and activities.

> *Most people know of NCPIC but aren't aware of the work that is being done.*
>
> *Their name is known but in terms of what they do and their aims, it isn't clear.*

Some stakeholders expressed uncertainty and confusion about the intended role of NCPIC, the activities undertaken, and the services offered. For example, a number of external stakeholders

indicated they were unaware that NCPIC offered workforce training. For some informants, this confusion stemmed from the expectation that NCPIC have a strong research focus due to its relationship with NDARC. One stakeholder commented *'I didn't know they did training, I thought they mainly did research'*.

To an extent, this lack of detailed knowledge is to be expected given the limited timeframe within which NCPIC has been operating. NCPIC also provides a unique service delivery approach which is likely to contribute to some confusion amongst stakeholders.

It was suggested by some that to encourage stakeholder engagement with NCPIC, organisations need to be clear about what services/resources NCPIC has to offer.

> *I've seem the social marketing materials, I have the mouse mat, but it hasn't encouraged me to actually go to the website. ...What is on offer to service providers when they go to the website? People don't know what they can get.*
>
> (External stakeholder)

For those who could comment, the general consensus among stakeholders was that NCPIC's profile does not extend to the general community. Comments included:

> *Whether the average person in the street would know about NCPIC and services it provides is doubtful and for that reason ongoing, high profile promotion of the Centre would have to remain a priority.*
>
> *Don't see much advertising aimed at the general community – they are great resources they have but if people don't know about them...*
>
> *Some of the workers know about NCPIC but awareness doesn't extend to the community, they are not really on the ground doing promotion and service provision.*

A few stakeholders suggested that limitations relating to the profile of NCPIC could be explained, in part, by the fact that NCPIC is a relatively new organisation: "*In a sense they are only getting started*". Some stakeholders felt that NCPIC needed to undertake consistent advertising and promotion to achieve penetration within the general community.

It was suggested by a small number of stakeholders that NCPIC's social marketing activities could be more appropriately targeted. Some stakeholders felt there was too strong an emphasis on the production and distribution of posters, pens, fridge magnets and so on as a social marketing strategy over the use of other technologies and communication channels for connecting with the target audiences. It is acknowledged, however, that alternative social marketing approaches may have significant budget implications.

Further coordination with peak bodies and service providers was seen to be crucial for improving NCPIC's community reach. For example:

> *Given that they are doing work with Indigenous people they should have made a connection with us, we are the peak – not very effective in terms of getting the word out.*

A small number of stakeholders also felt that the name of the Centre has the potential to undermine social marketing efforts. According to one informant the *'Name – doesn't immediately stand out as relating to cannabis, there could a more effective name from a marketing point of view'*. It was suggested that the name does not adequate capture what the role or purpose of the Centre. This was compared with other organisations such as Canteen, Headspace and Beyond Blue. One stakeholder stated *'all those Australian Government acronyms become totally insider speak'* making it difficult to connect with identified target groups.

6.3.2 Build appropriate and effective networks and relationships with relevant sectors

The consultations with agencies (particularly peak agencies) strongly suggested that it would be beneficial for NCPIC to engage further with the related workforce sector (ie D&A,youth, Indigenous sectors). Although there appears to be awareness of NCPIC (especially in the D&A sector) and NCPIC is generally highly regarded by those who know of its existence, there was an overall sense that a more collaborative approach is needed.

NCPIC is generally perceived by agencies in the drug and alcohol sector as an NDARC activity – and not as an initiative committed to building partnerships and actively engaging with other relevant sectors. NCPIC is also viewed by some, but by no means all, stakeholders as fairly inward-focused. Other organisations who had worked more closely with NCPIC on specific projects were, not surprisingly, more likely to view the Centre as being more collaborative in nature.

Some organisations felt there is potential for NCPIC to collaborate much more on projects with other agencies in the drug and alcohol sector in the future. While various examples were cited by stakeholders where NCPIC has done this to date, there was a view by some that not nearly enough of this work has been done by the Centre.

> *I know they are involved in clinical research, but they have not approached [our organisation] to participate.*
>
> *Given their role, you might expect them to bump up against us, but haven't had any contact at all.*
>
> *Could liaise with other organisations to do things on their behalf. Cannabis clinics in NSW – opportunity for them to do the treatment options which would free up NCPIC to do other things.*

Some also felt that increased engagement with the sector could provide opportunities for NCPIC to further meet needs and respond to gaps identified by the sector, and avoid duplication of effort, by drawing on a broader pool of views, expertise and resources.

Further engagement with the sector may potentially provide opportunities for improved referral processes between the NCPIC Helpline and other community organisations/service providers. One of the organisations consulted with, which provides cannabis treatment, indicated that referral processes could be improved.

> *The main area for improvement is referrals from NCPIC. We have a ready client group at NCPIC but we don't seem to be getting any referrals from them. I don't know why this is – I don't know where the referrals are going but they are not coming to us.*

Given the relatively small number of organisations and individuals in Australia specialising in cannabis, some also felt that NCPIC could possibly take a key role in leading a more coordinated national approach to cannabis in Australia.

> *There isn't many people doing stuff on cannabis, should have been an opportunity to bring that all together but that hasn't been the approach that has been taken…missed opportunity to have a nationally coordinated approach to cannabis.*

6.3.3 Provide the Australian community with high quality, evidence based information

Overall, the materials developed by NCPIC are regarded by the great majority of stakeholders consulted as high quality. In relation to the social marketing materials, one external stakeholder suggested that information shouldn't be provided to the community for the sole purpose of increasing awareness but with the intended purpose of achieving reduced use and harms. For this to be achieved, it may be beneficial for the social marketing materials to be underpinned by behaviour change

frameworks. As one external stakeholder noted '*Information does not necessarily translate into behaviour change*'.

Initiatives aimed at influencing the behaviour of individuals have been used in numerous policy areas including that of public health and drug policy. Behavioural change theories can be defined as attempts to explain the reasons behind alterations in individuals' behavioural patterns.[4] How people behave is determined by a wide range of factors relating to the individual, inter-personal and broader societal levels. Achieving behaviour change in relation to substance use can be challenging.

In order to achieve changes relating to cannabis use, social marketing attempts may benefit from a grounding in research and knowledge relating to what specific approaches or behaviour change theories are most appropriate to apply to cannabis.

Another stakeholder agreed that providing information does not necessarily reduce the demand for cannabis. It was suggested that to be effective a range of issues need to be addressed including: social determinants of use, skills and capacity to change, promoting reasons for cessation and where assistance can be accessed.

> *Targeted information, not general information, rather than just saying stop, you need to be clear why they should stop, for example smoking it causes these long term harms… telling people not to use something isn't much use, you need to tell them why, the audience is more sophisticated.*

Findings from the focus groups with young people support this view. Young people, from both age categories, indicated that the types of information and messages they were most interested in were those concerning the harms of cannabis use - in particular, the mental health, physical fitness, legal and social implications. Information on the harms of cannabis use are covered extensively in the resources developed by NCPIC.

6.3.4 Establish national reach for the centre

As outlined in Chapter Five, some of NCPIC's output areas have achieved a relatively even spread across Australian States and Territories. The challenges associated with providing a national service were acknowledged by those consulted. One difficulty, for example, relates to differing laws and legal consequences relating to cannabis across jurisdictions.

A small number of informants reported the perception that NCPIC has achieved greater reach in some States rather than others.

> *I think the NCPIC would be known in the ACT and NSW but not sure about the other States.*
>
> *Seen as east State focused, known as NSW centric, but hard to cover the whole country.*

Although NCPIC has undertaken activity across all jurisdictions, providing services to regional and rural locations seems to have been not as even. As previously noted, the website has achieved minimal reach in regional locations. There was also a perception that the training has been stronger in urban localities.

> *With training tried to get out in metro, regional and remote areas – been much more difficult to get into remote areas.*

Nonetheless, it should be noted that over one third (37%) of workforce training workshops have been delivered in regional and rural areas.

[4] L. Rabinovich et al, *How the Department of Health Influences healthy living*, Prepared for the UK National Audit Office, 2009

6.3.5 Provide targeted information and support for those at risk

Overall the materials and resources developed by NCPIC are considered to be high quality. Nonetheless, a number of informants felt – or at least suspected – that these materials and resources are less likely to engage or be suitable for specific target populations of interest, such as:

- young people, particularly those who are cannabis users and are more 'at risk' (eg with multiple and complex needs)
- Indigenous people
- people from CALD backgrounds (particularly those with limited English)

These population groups are generally harder to reach and some stakeholders felt that effectively targeting these groups requires the development of specifically tailored materials.

Suggestions for making materials more appropriate include: a stronger visual/graphic component (illustrations, comics, cartoons), a less 'government feel', simpler content, language which the target group connects with (including specific wording the target group relates to, language appropriate for low literacy groups and other languages for CALD communities).

This is supported by the quality assessment which confirms that some of the materials may not be entirely suited to particular community groups such as young people and Indigenous people. On the one hand, overall the information in the materials (such as the factsheets, *Fast Facts* booklets and Indigenous factsheets) is presented in a clear, consistent and easy to understand format. The materials make use of straightforward and descriptive headings, subheadings and dot points.

On the other hand, some of the materials are rather long and very wordy. The language used can sometimes be a bit complex and technical. This would possibly undermine engagement with the resources by lower literacy or at risk groups. It is acknowledged that the Indigenous specific factsheets contain much less writing and simpler language. The 'take home message' in bold writing at the bottom of the page also provides a good, one sentence summary of the key themes. While the Indigenous specific factsheets and the *Fast Facts* booklets make use of colours, overall the materials may benefit from more graphics and illustrations to help attract and engage community members.

Stakeholders noted that there can be significant challenges and resources involved in developing tailored materials for these groups. For example, in relation to materials for Indigenous people, considerable regional differences exist – effective and culturally relevant messages and approaches may vary between localities. For materials to be applicable across a wide range of contexts, extensive consultation is required. Materials developed for Indigenous people in one part of Australia may not be suitable for Indigenous people in another part of the country – which raises some challenges in developing materials for use nationally.

The '*Cannabis: it's not our culture'* model developed by NCPIC seeks to address this challenge and be non-prescriptive in its approach. The initiative involves consultations with Indigenous stakeholders and artists in seven different communities and developing the artworks themselves. This approach provided an opportunity for active involvement by local Indigenous communities, community buy in and ownership, flexibility and variations across different contexts.

Further consultations with and involvement of the target group would strengthen the effectiveness and appropriateness of materials developed. It is recognised by informants that developing specifically tailored materials can be resource intensive and is influenced by the availability of funding.

NCPIC have recently undertaken efforts to produce targeted materials (see Section 5 for further details).

6.3.6 Effectively engage with cannabis users

A number of challenges were raised throughout the consultation process in relation to NCPIC's engagement with cannabis users.

A small number of informants felt that strategies for reaching cannabis users who are not engaged with treatment services would also be beneficial.

> *Staff working with young people advise that few of the clients have heard of NCPIC unless having had previous contact with an AOD service recently that has provided them with NCPIC information.*

> *A constant challenge in the drug field is... the vast majority who use cannabis don't come near treatment services, ... it is a particular challenge, this has and must remain a focus of the work.*

It was suggested that linking with other government agencies, such as those related to housing and community services, and Centrelink, could be one way of accessing potential clients.

One issue raised by a number of external stakeholders (in particular peak bodies and organisations representing cannabis users) and one NAC member was the need for more harm minimisation messages in resources aimed at the general community and cannabis users. This was an issue not specifically asked about in the fieldwork consultations but independently raised by informants. Harm minimisation messages were seen to be beneficial for treating users who may be unlikely to quit immediately. Quitting may involve a gradual process for some users. Older or harder end users may also be reluctant to stop altogether. A harm minimisation approach was regarded as useful for mitigating some of the detrimental effects for such users.

> *Developing resource materials for those users who continue their use and experience mental health symptoms as well as for older users who have chosen to use as a lifestyle choice would be useful.*

Although not specifically asked, young people aged in their 20's who participated in a focus group likewise expressed a strong desire for harm minimisation messages. In particular, messages relating to; how to reduce use (without stopping altogether) and how to reduce the harms of use were seen to be beneficial. It was suggested that this may involve information on alternatives to tobacco for mixing, safest ways of consuming (bong, joint, and cookies), and strategies for minimising bad reactions when using other substances concurrently.

Approach to the use of harm minimisation messages

There appears to be some tension and confusion between NCPIC and DoHA in relation to the use of harm minimisation in materials aimed at the general community, including cannabis users. (DoHA has approved the use of these messages for materials aimed at workers working with cannabis users.)

On the one hand, DoHA's view is that harm minimisation messages can be used as long as they are prefaced first with clear messages that cannabis use is bad. This approach appears to be underpinned by awareness of the political sensitivity of the illicit substance use issue, as well as concern that DoHA – as the Australian Government department responsible for health - not be seen to be promoting or condoning cannabis use.

On the other hand, a number of NCPIC staff (and some NAC members) feel that this does not work as an effective approach with community members, especially cannabis users. The view is that users will not respond to messages where they are first told that they are behaving badly and should stop. It is therefore felt that the Centre's inability to effectively use harm minimisation messages has significantly undermined its capacity to directly engage with the community, and particularly with cannabis users. It is argued that users are more likely to feel comfortable with and respond – at least in the initial stages - to messages which are couched in harm minimisation terminology. According to NCPIC, a strict preventative or prohibition approach to messages in the materials may discourage users from engaging with the materials, and with any stakeholders who promote them.

The consultations with key informants and young people undertaken for this evaluation lends some support to the efficacy of a clear harm minimisation approach. The NCS is also underpinned by this approach.

It should also be noted that in other substance abuse areas DoHA has endorsed the use of clear harm minimisation messages with drug users – for example in relation the injecting drug use. It is acknowledged that the situation in relation to cannabis use is more complex, since with injecting drug use there are clear public health harms (relating to physical health) to justify this, such as the spread of serious infectious diseases. The situation is less clear-cut in relation to cannabis, since there are less obvious physical effects and some of the major impacts relate to mental rather than physical health.

Further discussion between DoHA and NCPIC on this issue would be beneficial in clarifying – and if necessary modifying – the approach to this issue in the future. This would help ensure that there is clear approach for identifying the priority audiences and approaches for targeting them.

6.3.7 Specifically engage young people to increase their knowledge and understanding about cannabis, the law and the effects of the drug

Young people who participated in the focus groups made a number of positive comments in relation to NCPIC materials.

As a general comment, the NCPIC documents were viewed by a number of focus group participants as a credible and reliable source of information. One participant commented:

> *An official document telling you what to do, it is good reassurance.*

The *Fast Facts* booklet was felt to be simple, brief and easy to understand. It was seen to provide relevant and basic information which is appropriate for a young audience. The use of colours was also mentioned positively. Comments from participants included:

> *I like the colours – green is a good colour to use.*
>
> *Appeals to young people, nothing in there you can't understand.*
>
> *Basic information not going into details on all the tiny little things. Just the basics which is good.*

The 'Cannabis Affects Friendship' poster from the school competition was felt to convey a message that resonates well with a young audience. One focus group participant commented:

> *I really liked the first one. The friendship message appeals to young people. Makes you think about how cannabis affects things in your life.*

The concept of a postcard as a social marketing tool was thought to be effective, since it can be kept and looked at in your own time. As one participant stated:

> *I really like the idea of a postcard. It is something you can put in your pocket and take it home. You don't have to remember a phone number or website.*

The graphics of the 'young people's' postcards were thought to be appealing (even if it wasn't entirely clear what the postcard was about).

> *Graphics are attractive, appealing – you would pick it up but wouldn't get what it is about, not about cannabis.*

A number of positive comments were made by focus group participants regarding the NCPIC website. It was suggested that the internet was a good device for engaging with young people. The graphics were thought to be appealing, the site easy to navigate and the question and answer format to be a good approach.

> *Site is easy to navigate. I like how you don't have to go to a new webpage to get the answers to the questions on the side - that is good.*

Like the website because it is bright. I like the graphics, the collage.

It is interactive, easy to navigate.

The question and answer is good, all on the one page, easy to find the information you are looking for.

Despite this positive feedback, focus groups with young people raised a number of issues around the development of materials.

As a general point, materials which are perceived to have a government tone/feel by young people may discourage them from engaging. The focus group discussions revealed that although government resources are seen to have benefits in relation to the provision of reliable and credible information, government resources relating to drug use have the potential to be perceived by young people to be biased, preachy, exaggerated and unrealistic.

The focus group with cannabis users in their 20's suggests that some of the NCPIC materials may be inadvertently sending the wrong message to some users. The Dope and Driving mouse mat and poster were received positively by the young people in the group, with a number of them agreeing that the poster could be used as resource to celebrate cannabis use. One participant indicated that they would simply cut the text from the bottom and top of the poster and hang the picture of the cannabis leaf on their wall.

Young people in the focus group suggested that the bumper sticker was not clearly sending an anti-cannabis message. They reported that they wouldn't use the bumper sticker as '*that is just asking for trouble, signalling to the police that you are a drug user*'.

It should be noted that focus testing was undertaken by NCPIC to inform the development of the Dope and Driving materials. A short list of tag lines and images were chosen and focus tested with outside agencies, young people and on the street to determine whether the messages being conveyed were appropriate. From these consultations, the materials were seen to strike an appropriate balance with the target group.

The AvantCard postcard was also thought by some participants in the focus groups with young people aged 14-18 years old and those aged in their 20's to send a message which encouraged cannabis use. A number of participants thought that the statistics relating to the use of cannabis by young people made cannabis use seem prevalent and therefore acceptable – '*it is encouraging, safety in numbers kind of thing*'.

Some of the real life stories on the young people's section of the website had a similar effect.

My friends and I smoked, giggled, ate and then went to sleep – is that suppose to discourage me? That just sounds like fun.

Some of the materials aimed at raising awareness of NCPIC amongst young people were seen by focus group participants to be ineffective from a social marketing perspective. Young people thought that it was not immediately apparent that the AvantCard and the 'real stories' postcards were materials related to cannabis.

Not clear it is supposed to be advertising NCPIC, can't get the message straight away and know what it means. (AvantCard)

Why are there fish and butterflies on them? What are these supposed to be about? Have nothing to do with wee. (Real Stories)

I would have no idea – I would think they were for a fishing magazine or a sports magazine or something. (Real Stories)

Too complex for stoners, that's for sure. What is it? It is just confusing. (AvantCard)

From a social marketing perspective, young people (particularly those aged in their 20's) indicated that the logo and the name of the Centre were barriers to engagement. It was felt that it is not clear what the

acronym NCPIC stands for and that it does not allude to what the role of the Centre is. The name was thought to be too long and easy to forget. It was also felt that the word 'prevention' in the title would discourage cannabis users from engaging with the Centre. Suggested alternatives included: Cannabis Centre, Cannabis Management and Cannabis Information. NCPIC staff also reported that they perceive the inclusion of the word 'prevention' in the title to be a specific challenge and has acted as a barrier in relation to community engagement.

Young people felt that some of the resources contained too much text and they would like more diagrams, pictures, cartoon and illustrations. Some young people (particularly those in their 20's) criticised some of the language used – the expression 'What's the Deal?' was thought to be mimicking youth speak, and the term 'dope' in the 'Don't Dope and Drive Poster' was seen to be a term used by older people (such as parents and teachers). Having said this, as previously stated the 'don't dope and drive' tagline was focus tested at the development stage with young people and outside agencies and was thought to be the most appropriate term by the target group. NCPIC reports that it has not received any such feedback on these materials in the past.

Participants in the focus groups suggested that a number of methods for disseminating resources to young people including: handing them out in the street, through schools, mass media, facebook, youtube, billboards, at sporting events and music festivals. Urbis does not necessarily endorse these dissemination methods, and acknowledges that considerable ethical and other issues need to be taken into account in relation to implementing these options. However, there may be potential for NCPIC to further consider alternative strategies for promoting their resources amongst young people in the future. Extensive consultations with young people and organisations who work with young people may be beneficial for informing decisions relating to this.

6.3.8 Contribute to the goals of the National Cannabis Strategy and the National Drug Strategy

Although NCPIC activities are generally thought to be well aligned with the goals of the NCS and NDS, there appears to be some clear limitations on the extent to which to it can be determined whether these Strategies have been *achieved in practice*. For example, in relation to the activities focused on preventing use (eg. national poster competition and short film competition) and preventing problems (eg. cannabis and driving campaigns, National Indigenous Music Competition), it is unknown whether in practice these activities have had the desired preventative effects. There is no evidence available to indicate this one way or the other. On the other hand, it could be regarded as too early to expect NCPIC to have had a demonstrated impact on these higher level outcomes.

The NCS identifies four 'target groups', each with an appropriate type of response:

- general population – educate broadly
- those 'at risk', likely to use – prevent any use
- users – prevent problems
- problem users – address problems.

It would appear that NCPIC's activities have been primarily targeted at the two first target groups rather than the 'harder end' of users and problem users, including amongst young people. This would appear to be a limitation of the work of NCPIC. The development of interventions and the workforce training are aimed at addressing the needs of these groups, however, there are currently limited activities aimed at directly engaging with users/problem users. The main ways in which users and problem cannabis users are targeted is through the CIH. Whilst the CIH does deal with cannabis users, there is potential for its reach amongst this group to be improved as currently the Helpline is most commonly accessed by females in their late 30's. Callers are most commonly married and employed, and calls are most often made for counselling regarding family and relationship problems.

6.4 Chapter Summary

A single focus centre

Many stakeholders felt there were limitations to a single focused cannabis centre. It most commonly felt that the occurrence of polydrug taking behaviour amongst cannabis users restricts the ability to treat clients in a holistic manner. There was a sense that a single focused approach is appropriate for research, training and the development of materials but less appropriate for treatment of cannabis users. Coordinating with other organisations to establish referral pathways could assist with addressing these limitations.

Appropriateness

It is difficult to establish a clearly demonstrated link between the needs NCPIC is seeking to address and the activities conducted. Some of the outputs delivered are more closely aligned with achieving the needs (training, development of researches, website and helpline) than others (conducting clinical trials and publishing research).

Issues were raised concerning the appropriateness of NCPIC materials for engaging with particular target groups and achieving an impact on awareness or behaviour.

It is difficult to get a concrete understanding of where the balance of activity lies although it appears that an overemphasis has been placed on research and clinical activities. It was also felt that not enough emphasis has been placed on; raising awareness and providing services for the general community, treatment approaches other than conical interventions, and prevention activities.

Efficiency

Questions were raised about the quantum of NCPIC activity versus the outcomes achieved. NCPICs resources are possibly spread too thinly over too many output areas. Efforts should be focused on activities and target groups with the greatest need and where the greatest impacts are likely to be yielded.

Some of NCPICs activities were found to have issues around cost efficiency. The Helpline receives a low call volume relative to the cost of the service while the current training model may not be sustainable in the long term.

Activities

There appears to be ambiguity concerning the role of NCPIC in relation to research and clinical studies. Research activities that inform interventions and support the work of service providers were seen to be valuable activities. Further awareness of NCPIC by service providers may assist with ensuring that the research activities undertaken by NCPIC are effectively used to support their practices. There is a current perception that NCPIC focuses on research priorities indentified by the Centre rather than collaborating with the sector and responding to their needs.

There is a desire among stakeholders for the training to be expanded in the future in order to achieve tangible changes to clinical practices and workforce competencies.

NCPICs activities and materials (website, Helpline, and print materials) appear to be less effective for engaging with some certain audiences including; ATSI, CALD, harder end users, at risk groups, and those living in rural localities.

The focus groups with young people suggest that NCPIC's materials aimed at this target group may not be effectively conveying the intended messages ie they were not seen to be portraying negative attitudes or discouraging cannabis use. Although this highlights an important issue, this insight should be interpreted in the context of the small number of focus groups conducted for in this evaluation. While no definitive conclusions can be drawn on this issue, this may be something that requires further consideration in the future.

Social marketing efforts aimed at the young people have potentially been undermined by factors including confusing nature of the Centre's name, logo and materials developed.

The need for harm minimisation strategies was raised by both external stakeholders and participants in the focus groups. Harm minimisation messages can mitigate some of the detrimental effects of use for those who may be unlikely to quit.

Awareness and profile

Although there was awareness of NCPICs existence amongst peaks and other organisations (especially in the D&A field), there was generally a lack of knowledge regarding NCPICs specific role, aims and activities.

Awareness of NCPIC was found to be more limited outside of peak bodies and drug and alcohol service providers. Particular gaps appear to exist in relation to the youth and Indigenous sectors.

There was a perception amongst key informants from relevant workforce sectors that the general community would not have a high level of awareness of NCPIC, limiting the extent to which the target groups are engaged in the materials and resources provided. Key informants felt that a low profile in the community could partly be explained by the fact that NCPIC is a relatively new organisation. It was also acknowledged that achieving penetration within the general community requires a considerable investment in social marketing activities.

Engagement

A number of gaps were identified in relation to target audiences including; older users, parents, ATSI populations, harder end users, CALD/immigrant populations and at risk young people.

The need to engage with cannabis users who are not currently in contact with treatment services was also raised. Linking with agencies (Housing, Centrelink and DoCs) could assist with facilitating this.

It was strongly suggested that NCPIC should engage further with related sectors. Further engagement could: improve referral pathways for clients, respond to needs of the sector, avoid duplications of effort, increase NCPIC's community penetration and access to identified target groups, strengthen the appropriateness of NCPIC's activities, and contribute towards a nationally coordinated approach to cannabis.