

## 7 Staffing and governance issues

This section discusses key staffing and governance issues relating to NCPIC. The first part of the section discusses the need for further strategic planning – a core theme which is tied to many of the other staffing and governance issues discussed in this section. These other issues discussed include:

- NCPIC's role
- staffing issues
- day-to-day management
- the NAC
- the MaG
- location of NCPIC at NDARC
- relationship with DoHA.

Some of the key themes in this chapter also reiterate some of the issues raised in Chapter 6 relating to the appropriateness, effectiveness and efficiency of NCPIC. These include, for example, the 'appropriateness' question of whether NCPIC has focused too much on research and clinical work (versus other activities), and the 'effectiveness' and 'efficiency' issues of whether NCPIC has been at the same time both too *narrow* in its focus (eg in terms of its target audiences) and too *broad* in terms of its activities.

### 7.1 The need for further strategic planning

NCPIC undertook various planning process at the outset of its operations to inform its activities. For example:

- When the tender documents were prepared they were informed by the extensive community consultation undertaken by NDARC staff for the development of the NCS (written at the same time). A detailed Implementation Plan formed part of the tender submitted to DoHA.
- Once the contract was awarded, a Strategic Planning process was undertaken, involving engagement of an external consultant and key external stakeholders. Various documents were prepared, such as a Strategic Plan 2007-2011, Communications Strategy and Annual Work Plans.

However, the consultations with NAC members and some external stakeholders suggest that it would have been beneficial for NCPIC to have undertaken further and stronger strategic planning at this initial stage, and then on a continuing basis. In particular, a more rigorous strategic planning process at the implementation phase would have been helpful to identify the highest priority target groups, establish and document a clear association between the aims, activities and desired impacts/outcomes, and determine how these were to be achieved and measured. One NAC member commented that the planning processes undertaken by NCPIC (such as production of the documents noted above) were more operationally rather than strategically focused. This links back to the issues raised around the appropriateness, effectiveness and efficiency of NCPIC discussed in Chapter 5.

Examples of areas where some informants felt there could have been a stronger strategic focus included: targeting the highest priority and most vulnerable groups (such as Indigenous communities and at risk young people) to achieve the greatest impact; and focusing more on depth rather than breadth of activity (discussed in more detail in Chapter 5 above).

However, there is strong agreement by a number of the NAC members (particularly those who have been more actively involved in its operation) and some external stakeholders (such as peak drug and alcohol organisations) that further strategic planning is required should NCPIC continue in the future.

### 7.1.1 No links to program logic

In the consultants' view, the above issue, and the issues raised in Chapter 5, highlight the fact that NCPIC's work has not been informed strongly enough by a program logic or similar processes - for instance, such as that developed by Urbis for this evaluation (see Section Four).

As an example, as set out in Chapter Five, there are some concerns about the 'appropriateness' question - that is, there has not been a demonstrated link between the *needs* NCPIC is seeking to address (ie high levels of damaging cannabis use, in particular by young people) and the *activities* conducted by NCPIC. In other words, it is not clear why the activities conducted will make a difference to the target group.

NCPIC argues that the constructs and terminology used for program logic is closely related to those of orthodox standard planning processes used by NCPIC and other similar university based centres. For example, it argues that:

- The 'ultimate outcome' is the Mission, the 'intermediate outcomes' are the three goals, the 'immediate outcomes' are the five strategies, and the 'outputs/activities' are the same and are further outlined and reported on quarterly in their Annual Workplans.
- The 'needs' are addressed through consideration of these issues not only in the strategic planning processes but on an ongoing basis in an academic, clinical and policy environment taking into account the evolving evidence base and emerging priority areas for funding bodies.

It is acknowledged by the consultants that program logic is not the only approach appropriate for strategic planning processes by NCPIC (or any other organisation). Nonetheless, in the consultants' view, there is not a demonstrably clear enough adherence to program logic or similar processes in terms of the actual *outcomes* of these processes for determining, guiding and measuring the impacts of NCPIC's work.

To inform future activities by NCPIC it could therefore be useful for NCPIC to develop a detailed program logic or similar process - using or informed by the logic developed by Urbis as a starting point.

As noted above, the issues outlined here in relation to insufficient strategic planning are a theme which is tied to some of the other governance issues discussed below.

### 7.1.2 The context behind insufficient strategic planning

The above issues in relation to insufficient strategic planning are perhaps not surprising given the context in which NCPIC has come into existence and operated. The tender to run NCPIC was developed in a short time frame (as with other government tenders) - a particularly challenging task since it involved securing the involvement of a large number of partner agencies, most of whom developed their own parts of the proposal regarding the activities their agency would be responsible for. It was reported that there was no liaison between the partner agencies during this tender preparation process.

When NDARC was selected as the successful tenderer, there were a number of preliminary contractual issues, which reportedly took some time to resolve. Therefore, when NCPIC finally became operational, the Centre was behind schedule and there was considerable pressure to start delivering on what had been proposed in the contract. There was reportedly no strategic planning process at this initial point to reconsider whether what had been proposed in the tender was the right kind and mix of activities.

In more recent times, there has been a focus on the current evaluation (which had originally been intended to be undertaken in 2009) and uncertainty about whether NCPIC would continue to be funded beyond the end of June 2010. Almost all of the staff employed by NCPIC have been employed on one or two year contracts.

None of these factors have been conducive to long-term strategic planning.

## 7.2 Staffing issues

As at March 2010, NCPIC employs a range of staff across three teams with the following FTE allocations (as set out in Section 2):

- the Clinical Services and Evaluation Team (46.3%)
- the Communications Team (15.4%)
- the Training Team (24%).<sup>5</sup>

Only some NAC members (and few stakeholders) – and obviously NCPIC staff themselves – could comment on whether NCPIC includes the right mix of skills amongst its staff.

There was a general view amongst those informants who could comment on the issue that NCPIC staff are well-skilled in conducting their designated projects – in terms of working efficiently and completing their projects as required. Staff were also regarded as having the appropriate skills for the teams to which they had been allocated.

However some informants questioned whether NCPIC has the right balance of skills overall amongst staff to conduct its intended role in the most effective manner. They argued that there is too great a focus on a fairly narrow range of expertise – in particular, too much emphasis on the Clinical Services and Evaluation team, with its focus on research and clinical work. One informant commented that there is currently a very strong representation of clinical psychologists (which is confirmed by a review of NCPIC staff skills as set out on the NCPIC website):

*[In terms of] staff skills, there are a lot of psychologists, which promotes an individualistic perspective rather than [examining the] social determinants of drug use. NCPIC needs more staff with a broader skill base that can assist in the development of interventions to address the structural and systemic determinants of drug use – especially in Indigenous communities. I don't think this discussion is alive enough in NCPIC.*

It was also suggested by one informant that the overly narrow focus of the Centre reflected the NCPIC Director 'being research focused as opposed to an operational Non Government Organisation CEO'. Some support for this view could possibly be taken from the observation that the Director spends on average around a day per week on research grant applications and the preparation of publications and scholarly reviews.

This is again closely connected to the 'appropriateness' issue discussed at Section Six, in relation to the amount and nature of the research and clinical studies carried out by NCPIC.

Some informants felt that there is potential for NCPIC to broaden the skills and expertise of staff members – for example, to include sociologists, drug and alcohol workers, more staff with expertise in social marketing and prevention/early intervention specialists<sup>6</sup>.

*If [NCPIC] has been set up as a prevention centre, it isn't run and staffed by people with a strong emphasis on prevention.*

It was felt that including this wider pool of expertise would encourage a broader and more multi-disciplinary approach to NCPIC's work, and a clearer focus on what should be NCPIC's priority activities.

Several informants – including a couple of Indigenous informants – suggested that NCPIC consider employing Indigenous staff members, particularly in relation to the development of Indigenous materials and activities. For example this might consist of a small team to work alongside the rest of the NCPIC team. (The Indigenous informants commented that it could be difficult for a sole Indigenous researcher

<sup>5</sup> This is in addition to the Director and Executive Assistant.

<sup>6</sup> NCPIC reports that it has employed sociologists/anthropologists in the past, but as qualitative researchers their theory building approach of such staff has not been a good fit with the services currently provided and the resource development focus of the Centre.

to work alone on these issues.) None of NCPIC's current staff members are Indigenous, although at least one who has been involved in this work has had extensive experience working with Indigenous communities. Furthermore, it should also be acknowledged that NCPIC does employ an Indigenous worker in their NCAHS project and is in the process of forming an Indigenous advisory group. The suggestion to employ Indigenous staff members is consistent with that outlined in Section Six, that NCPIC should have a greater focus on Indigenous issues in the future.

### 7.3 Day-to-day management

Only NCPIC staff, and to a very limited degree some NAC members (mostly partner agencies), were able to comment on the effectiveness of day-to-day management of NCPIC.

These consultations indicate that the day-to-day management of NCPIC is operating efficiently. This view is supported by the fact that the majority of initiatives as outlined in the Strategic Plan and Annual Work Plans, have generally been implemented as intended and NCPIC has undertaken a considerable amount of activity in a short period of time. Those few NAC members who felt they were able to comment on the day to day management observed that, from their limited contact with staff and projects undertaken by the NCPIC team, NCPIC has been productive, diligent, organised, well managed and professional in its work.

### 7.4 The NAC

Overall, according to NAC members, the Committee has worked fairly well.

*These sort of partnerships infrequently work, but I think it has worked on this occasion.*

It took a while initially to bed down the Committee and clarify its role, and to make it operate more efficiently over time: *'when the consortium started it was a fairly lumpy process'*. There were also reportedly some significant issues to be addressed in relation to how the consortium would work together. One NAC member observed that *'there was discomfort that this is an NDARC process rather than a true consortium'*, but that following *'strong representations [to the NCPIC Director]... and a lot of honest discussion'*, these issues were largely resolved.

A number of NAC members also felt that, particularly in its early days, the Committee focused too much on day-to-day activities of NCPIC, operational issues and reporting back about activities rather than making best use of the expertise of Committee members for more strategic purposes.

Most NAC members feel that there have been marked improvements in this respect over more recent times.

*The later meetings were better in terms of being more focused. The earlier meetings, people were representing constituency interests and ensuring they got recognised. ... There has been better communication than there was [initially].*

Nonetheless, some of the more actively involved NAC members still feel that, despite improvements, there is further scope for the NAC to have a more strategic focus. It was reported by NCPIC that a key strategy is discussed in each meeting to encourage strategic thinking and input by the NAC members. Despite this, it was suggested that the meetings could more effectively use the expertise of members to guide the activities and decision-making of NCPIC, and the NAC could have a greater emphasis on contributing to strategic planning for NCPIC.

It was also observed that while having a large and diverse range of organisations as NAC members had ended up working reasonably well, this does present some potential risks for NCPIC which should be clearly identified and addressed in a risk management strategy for NCPIC in the future.



### 7.4.1 The consortium model

There was a general view amongst NAC members, NCPIC staff and other stakeholders that a consortium model is generally a positive approach for a Centre such as NCPIC. The benefits of this have included:

- Providing more effective national coverage and networks than is likely to have been possible otherwise.

*I like the model, it brings a whole lot of different perspectives and skill sets to the work. It builds into networks in other States, it builds a relationship with whoever the consortium partners have a relationship with.*

(NAC member)

- Being able to effectively spread work and responsibility amongst a number of organisations who can focus on their area of expertise.

*Having the consortium working together on an emerging issue- the teamwork model – more hands make light work, that's what I'm seeing. We can use each other to bring about good practice. I'm a big supporter of a consortium model*

(NAC member)

- Providing input from a more diverse range of perspectives than would be possible to achieve for any centre operating centrally from one location with one Director.
- it enhances buy-in both by the partner agencies to contribute to the work of the Centre, and for NCPIC to actively involve those agencies in its work. One NAC member observed that the allocation of funding to most partner agencies to conduct specific activities was a key factor here. This member contrasted their experience on the NAC with some other Committees where 'they say we want you to join a team, then you hear next year after the report has been submitted, or a report is given to you just before it goes in and you can't make any changes'.

#### *The mix of partner agencies*

NCPIC staff, and most NAC members and other stakeholders felt that the consortium model achieved a good or at least reasonable mix in terms of the partner agencies. It was suggested that the consortium captured multi-sectoral representation (drug and alcohol research, mental health, criminal justice, workforce development, youth, Indigenous issues), and a number of the major national drug and alcohol research institutions.

*[One of the benefits of the consortium model is] 'the skills and knowledge and expertise of the members chosen – they are the authorities in most of the areas required, which gives a lot of credibility to NCPIC and makes their work very robust.*

Some also felt that the consortium model included an appropriate balance between research and service delivery organisations.

*The benefit of NCPIC is that there are a whole range of experts to provide input, so it works well to have a balance between research, practical input, training. I think it's a great model because it brings balance.*

(NAC member)

On the other hand, a minority of NAC members and some other informants felt that the consortium includes too narrow a base of expertise – for example, a disproportionate number of research organisations. (The informants who expressed this view were typically not from research institutions themselves.) This links back to the 'appropriateness' question of whether NCPIC has too great a focus on research versus other activities (discussed in Section Six).

Some suggestions were made by NAC members and other informants for other agencies or individuals who might be considered for inclusion as partner agencies in the future. These included:

- peak or major drug and alcohol organisations, such as Turning Point (particularly since the Orygen representative is moving to that agency in the near future), and the Alcohol and other Drug Council of Australia (ADCA)
- experts relating to engagement with communities, families and young people with multiple and complex needs, and prevention/early intervention (eg. Professor Ross Homel at Griffith University who has conducted extensive research relating to early intervention)
- additional service providers in the drug and alcohol field
- additional expertise relating to the Indigenous area (eg Professor Alan Clough, with whom NCPIC has worked on several Indigenous projects)

It was felt that including organisations such as these as NAC members would 'add another dimension' to NCPIC's work and help contribute to a broader and more multi-disciplinary approach.

Some NCPIC staff and a number of NAC members felt that there has been marked variation in how effectively the various partner agencies have been engaged in and contributed to the consortium. For those partner agencies which tended to be viewed as more effective, some of the indicators cited to support this included agencies with a major program of funded NCPIC work which had been completed with clear and positive outcomes, regular attendance at and contribution to NAC meetings, and providing expert input as required for other NCPIC activities. On the other hand, indicators cited of those viewed as less effective included agencies with either no funded projects under NCPIC or projects where the outcomes or 'value for money' provided was unclear, those who did not attend the meetings regularly, and those where there were personality conflicts or issues which had interfered with the relationship with NCPIC.

Regardless of whether or not informants expressed satisfaction with the current mix of partner agencies, there was general recognition that there is value in 'taking a fresh look' at the membership of the NAC in the future to determine the most effective mix to meet the aims of NCPIC. This includes objectively assessing which of the current NAC representatives and any additional agencies would add greatest value to NCPIC's work. Some informants noted that selection of the appropriate partner agencies and NAC representatives in the future should be closely tied to the strategic identification of future priorities for NCPIC. That is, representatives (particularly partner agencies) should be selected on the basis that they can help contribute to those priority areas of activity.

## 7.5 The MaG

As noted in Section 2, the Management Group is a sub-committee of the Advisory Committee which meets quarterly, and via teleconference as required. Its membership includes: an independent chair, the Director of NCPIC, the Executive Director of NDARC, the Director of NDRI, and the Assistant Secretary of the Drug Strategy Branch within DoHA.

According to the Terms of Reference for the Group, this body '*oversees the strategic direction, annual workplans, budgets and arising projects of NCPIC*'. The Terms of Reference also specify that whereas the '*NCPIC Director is responsible for the operational management of the Centre*', the Management Group is '*the decision-making body with respect to approval of the Centre's projects, budget and strategic direction*'. It is specified that the MaG '*should seek advice from the NCPIC Director and the NAC*', and although the MaG may act contrary to this advice it needs to document the differing views and the justification for this.

One member of the MaG reported that the Group was set up to '*create a decision-making body to look at high level decisions... since the NAC was just about providing advice*', and also to '*improve the relationship between NCPIC, NDARC and DoHA*'.

Only a small number of informants (all members of the Group) could comment on the operation of this Group. There were mixed views on its effectiveness. On the one hand, one member felt that the Group is working effectively:

*It does only meet for a short time, because things work pretty well through the NAC – it deals with issues... you can't discuss with your peers [on the NAC] – for example issues with DoHA [such as] the authorisation process. ... It's where issues concerning the day-to-day management that relate to the relationship between NDARC, NCPIC and DoHA tend to get dealt with. ... The MaG is working effectively because a lot of the issues of concern have been addressed.*

On the other hand, another member of the Group felt otherwise:

*I don't consider it very effective. It's not really asked to make decisions. We would have expected the Group would look over the budget, Annual Work Plan for the coming year – for example, we'll do X project but not Y. All this would be based on the NAC advice. But this doesn't happen. ... Strategic issues are not being discussed. ... The MaG has become a sub-committee of the NAC who catch up after the NAC and has more detailed discussion of particular issues... but it comes down to giving [the NCPIC Director] advice rather than having any decision-making power. ... The Terms of Reference [for the MaG] haven't been enforced. ... Perhaps [it hasn't happened] for practical reasons – for example, when budgets and workplans were done for the next financial year, it's done before the two groups [the NAC and the MaG] get a chance to meet, and those documents have already [gone] to DoHA for approval.*

Generally there was little or no knowledge about how the MaG operated amongst other NAC members. Some members commented that it would be useful to clarify the role of the Group, and obtain feedback on a regular basis from it (which does not happen currently). Consistently, one member of the MaG observed that 'I think the NAC probably don't have a good understanding of the role – it could have been communicated a bit better'.

## 7.6 Location at NDARC

Consultations with informants indicates that there are both strengths and limitations associated with NCPIC being located at NDARC.

On the one hand, the advantages include:

- It allows NCPIC to have access to, and take advantage of, the infrastructure and resources available at NDARC. This is therefore resource-efficient (eg sharing overhead resources etc) and also benefits NCPIC staff in terms of access to a large centre of specialist drug and alcohol researchers, and professional development activities (eg access to regular NDARC seminars).
- NDARC is considered by stakeholders to be credible, highly regarded and prestigious, and a source of sound research relating to drug and alcohol issues.

Paradoxically, the limitations of this location flow out of NDARC's strengths:

- There is a general view among stakeholders, particularly in the drug and alcohol sector, that NCPIC is operating as an NDARC entity rather than a fully collaborative consortium.
- There is a lack of awareness among stakeholders concerning the specific roles and activities (or indeed often the existence) of the partner agencies. NDARC's profile therefore appears to have overshadowed that of the other partners, in the absence of specific efforts to highlight to stakeholders the fact that NCPIC is a consortium arrangement involving a large program of activities being directly conducted by a range of partner agencies.

It is also apparent that there is some ambiguity about NCPIC's relationship with NDARC – it is sometimes presented by NCPIC as being part of NDARC and sometimes as a separate entity (depending on the circumstances). As stipulated in the contract with DoHA, NCPIC is required to be a separate entity from NDARC although the funding contract for NCPIC is with NDARC not NCPIC itself. Therefore it is NDARC which is contractually responsible to DoHA for NCPIC's performance. The NCPIC Director is also on the NDARC Executive.

All of these factors probably contribute to the ambiguity concerning NCPIC's relationship with NDARC. A couple of NAC members felt that this ambiguity had contributed to the governance of NCPIC being 'very confused' or 'very murky'. One of these members observed:

*Is NCPIC a Centre within a Centre or an independent centre within NDARC? ... [I think] effectively it is a Centre within a Centre... and [the NCPIC Director] operates it in practice as if it is an independent Centre*

It was also noted that there is almost a 'duplication in the structure' for reporting in relation to NDARC and NCPIC – eg with the NCPIC Director reporting quarterly to the NDARC Board of Management as well as the NAC – which is 'very inefficient'.

Now that the Centre is fully operational, NCPIC reported that it would prefer that the funding contract to be directly between DoHA and NCPIC and for NDARC to become a principal partner agency.

The issue of NCPIC's role – and in particular whether and to what extent this includes a research function (the 'appropriateness' question discussed at Section Six) – is seen to have critical implications for where it should be located. If NCPIC is to have a key role in relation to research, NDARC is regarded as a suitable location. However if NCPIC does not have this role, some question whether another organisation may be better suited to the role.

It should be noted that for any organisation operating from within a university base, there are marked pressures to place a heavy emphasis on research. Professional recognition and standing, and the expectations of the university, are closely tied to research publications (particularly those which are peer-reviewed) and successful research grant applications. This is especially true for more senior staff from a research background. This is a particularly pertinent issue to consider in the context of relatively short-term funding for a centre such as NCPIC, where the Director was on a three year contract and staff have generally been on one to two year contracts. There is therefore relatively little job security for staff, which therefore creates additional pressures for staff to maintain their research activities.

### 7.6.1 Relationship with DoHA

There are a range of views as to how well the relationship between NCPIC and DoHA has worked. However, the consultations indicate that there have been fluctuations in this relationship over time from both sides, and there have clearly been some tensions in this relationship from both sides.

These tensions generally appear to flow out of several key issues:

- Lack of clarity by DoHA about why NCPIC has undertaken certain activities and their aim.
- As discussed in Chapter 6, there has been some tension between DoHA and NCPIC over the approach to the use of harm minimisation messages in materials aimed at general community members, including cannabis users.
- On the other hand, a number of NCPIC staff feel that this does not work as an effective approach with cannabis users, since they will not respond to messages where they are first told that they are behaving badly and should stop. NCPIC staff feel that this is a key reason why NCPIC has not engaged as effectively as it might have done with cannabis users (including young people) and would prefer to be able to use harm minimisation messages alone where appropriate and likely to be the most effective way to engage the target group. There is some support for this view from the focus group conducted with cannabis users.
- The processes for approving materials and activities. DoHA has required that almost all publications must be reviewed and receive approval from DoHA. This process has reportedly often involved significant delays (extending up to several months in a number of instances). This has had some negative impacts on both sides of the relationship. For DoHA it appears this process has consumed an inordinate amount of time, including for some very senior staff members. There have also been negative impacts for NCPIC and its NAC members, in terms of significantly delaying the completion of some activities. The delays have also added unanticipated costs to some projects by partner agencies. For example one partner organisation reported that it had had to cover the shortfall of several months' wages for staff employed for NCPIC projects on a short-term project basis whilst

awaiting approval. It was observed that, if delays of this nature are to continue for future NCPIC projects, these significant extra costs would need to be built into funding applications. Some processes have been developed over time to help speed up the approval process – for example, NCPIC now provides a cover sheet with all resources submitted for approval, to explain their purpose and risk analysis for DoHA. However there are still felt to be some issues with this process.

It would appear that in response to the above issues and other concerns (eg about the quality of some materials), there has been a certain degree of 'micro-management' by DoHA of NCPIC. Some of the NAC members felt that *'the level of scrutiny is too extreme... it's as if these materials are being produced by government themselves'*, whereas others accepted that this was a usual part of working with a government funder.

In the consultants' view the above tensions have created, and continues to create, some frustrations on both sides of the relationship and potentially present some barriers to a fruitful working relationship in the future.

There would therefore appear to be scope for further negotiations between NCPIC and DoHA in order to come to some 'middle ground' which would improve the working relationship between the two. Some preconditions which might assist this process could include:

- More clearly mapping where the balance of NCPIC activity is planned to be expended and has been expended. This includes stronger articulation of how the relative balance of expenditure is linked to the identified needs.
- Development of a clear and detailed program logic for NCPIC, with all its proposed activities mapped against it, so that it is clear what the aim and intended outcome of each activity is.
- Development of stronger processes for and focus on strategic planning for NCPIC, with a particular focus on how NCPIC activities address the needs identified in the funding agreement.
- Clearer articulation and documentation of some general principles to be observed by NCPIC in producing its publications (eg approach to harm minimisation messages, quality assurance processes etc), to be negotiated between DoHA and NCPIC.

These strategies might assist DoHA to monitor the activities of NCPIC without feeling the need to adopt such a 'hands on' approach as currently.

It is also clear that to be effective, this process cannot be a 'one-off' process – it will require an ongoing conversation between NCPIC and DoHA.



## 8 Conclusions and ways forward

### 8.1 Summary of NCPIC aims and activities

The 2006 Federal Budget allocated \$14 million over four years to establish NCPIC with the aim of reducing the use of and harms associated with cannabis in Australia. NCPIC was officially opened by the Minister for Health and Ageing, Hon Nicola Roxon, in April 2008. NCPIC is a key Australian Government initiative implemented to support the objectives of the NCS. The Strategy is intended to cover a breadth of responses and address a continuum of need including: broad education, preventing use, preventing problems associated with use and responding to problems of use.

The *Funding Agreement* between the Commonwealth of Australia and NDARC stipulates that the aims of NCPIC are to:

- support the drug and alcohol sector to respond to people experiencing cannabis related problems
- provide evidence based materials and information to the public about cannabis related problems
- specifically engage young people to increase their knowledge and understanding about cannabis, the law, the effects and how to access assistance.

To achieve these aims NCPIC has implemented a variety of initiatives across the following activity areas:

- research and clinical studies
- social marketing
- workforce training
- the CIH
- resource development and dissemination
- NCPIC website development.

The *NCPIC Communications Strategy* identifies the following target audiences for the Centre: the general public, relevant workforce sectors, young people, current cannabis users and families/friends of cannabis users.

### 8.2 Key achievements

NCPIC has undertaken a high volume of activity across a range of output areas, within a limited timeframe. This has involved implementing a four year work plan in two and a half years. The majority of initiatives as agreed upon with DoHA (and as outlined in the *Funding Agreement*, *Strategic Plan* and *Annual Workplans*) have largely been implemented as intended. The day to day management of NCPIC was felt to be well managed and operating in an efficient manner.

The stakeholders consulted generally felt that NCPIC effectively provides a single reference point for cannabis related information. This was regarded as beneficial in promoting ease of access to information for workers and community members.

The challenges of achieving national reach for NCPIC were acknowledged by those consulted. Nonetheless, a number of key NCPIC activities - the CIH, the distribution of resources and the training - have achieved good reach across the Australian States and Territories (compared with overall population distribution).

Some of the key activities delivered by NCPIC include the following:

- *Website*. The NCPIC website appears as the first result for 'cannabis information' internet search engine queries. From 21<sup>st</sup> April 2008- 19<sup>th</sup> January 2010 the NCPIC website received a total of 138,195 site visits. It was felt by stakeholders that the website was a good mechanism for providing

easy public access to cannabis information. The website was seen as particularly effective for addressing the information needs of the workforce. The website was also seen by a few external stakeholders as an appropriate channel for engaging with young people.

- *CIH.* The CIH had received a total of 4248 calls up to the end of December 2009 with average call duration of 15 minutes. Consultations with key informants and CIH clients indicate that the helpline format has the potential to address barriers to client access by providing confidential treatment options and attracting clients who may not wish to engage with other drug and alcohol services. The CIH can be accessed outside of standard business hours and can provide a treatment option to people who live in areas with limited access to services. Nearly all the CIH clients interviewed provided positive feedback on their experiences. Clients described the CIH staff as helpful, informative, empathetic, genuine, caring, knowledgeable and professional.
- *Training.* Between December 2007 and December 2009 a total of 267 training sessions were delivered across all States and Territories. This training was viewed by stakeholders as appropriate for increasing the capacity of the workforce to respond to people experiencing cannabis related problems. The training was highly valued by stakeholders who felt that it effectively addressed existing workforce needs. The evaluations undertaken by NCPIC indicate that the knowledge and confidence of participants had improved after training was undertaken.
- *Resource development and dissemination.* NCPIC has developed an array of resources targeted at a number of audiences. Between 2008 and 2009, a total of 654,564 resources were distributed. The materials developed are overwhelmingly regarded as high quality. Stakeholders described them as balanced, evidence based, well researched, comprehensive, credible, accurate and relevant. This is particularly important given the audit of cannabis resources commissioned by NCPIC concluded that there is a lack of good quality resources in this field. NCPIC materials were thought to effectively meet the needs of the sector and respond to existing gaps. Stakeholders have a high level of confidence when using or distributing NCPIC resources and various examples were provided of how the materials inform the activities of external organisations.
- *Organising the first National Cannabis Conference.* The National Cannabis Conference was seen by stakeholders as an effective mechanism for disseminating information, such as current research findings and best practice, to the sector.
- *Publishing research.* In 2008 to 2009 a total of 38 publications, in a range of external sources, were accepted for publication.
- *Presentations and workshops.* In total, 83 presentations and workshops were delivered in 2008 and 2009 at a range of national and international conferences.
- *Promotion at conferences.* NCPIC has had a visible presence at a range of national and international conferences.
- *Media coverage.* NCPIC has gained media coverage through the issuing of press releases. NCPIC has also been involved in responding to inaccurate media reporting regarding cannabis issues.
- *Developing nationally-accredited Unit of Competency* for cannabis and mental health.
- *Developing an early intervention program for cannabis and mental health issues within school settings – MAKINGtheLink.*

### 8.3 Issues for further consideration

#### *A single focused centre*

NCPIC provides a unique service approach through the delivery of a national initiative focused on a single substance. There are conflicting views concerning the need for and appropriateness of a single focused cannabis centre. The main arguments for a single focus centre relate to the high prevalence of cannabis use, the common perception that cannabis is a less harmful substance, the fact that it provides the opportunity to address cannabis problems in a more indepth and comprehensive manner, and also that it has the potential to attract clients who may not access generalist drug and alcohol services.

The main limitation related to a single focus approach is the occurrence of polydrug taking behaviour amongst cannabis users. It was felt that this approach could therefore encourage a more siloed approach to service provision, policy and practice.

Looking to the future:

- On balance, it appears there is a particular need for (and support amongst stakeholders for) cannabis specific research, workforce training and resources.
- It is acknowledged that NCPIC has sought to respond to issues of polydrug taking behaviour and co-morbidity in some instances- for example, through the development of materials and the provision of training relating to these issues. Where appropriate, NCPIC may consider continuing this approach.
- It may also be beneficial for NCPIC to further coordinate with and improve referral pathways to relevant service providers to ensure an appropriate and holistic service delivery approach for the treatment of cannabis users (in the context of polydrug use).

### *The balance of activity*

The key activities undertaken to achieve the three aims of NCPIC appear to be as follows:

- *Support the drug and alcohol sector* - developing and evaluating interventions, workforce training, National Cannabis Conference, promotions at conferences, presentation and workshops, website, publishing research, and development and dissemination of resources (eg e-zines, factsheets, bulletins, research briefs, clinician tools etc).
- *Provide evidence based materials and information to the public* – NCPIC website, the development and dissemination of resources (eg factsheets, What's the Deal?, Fast Facts), CIH, mainstream media coverage and publishing research findings.
- *Specifically engage young people* – young people's section of the website, interventions for young people, development and dissemination of resources (eg AvantCard, What's the Deal?, Fast Facts, posters, young people's postcards, cannabis and driving materials), MAKINGtheLINK, and poster/short film/music competitions.

It would appear that some of the activities currently undertaken by NCPIC are more closely aligned with and have been more effectively contributed to the identified aims of the Centre, compared with other activities. For example, the training is seen to be a key initiative for supporting the drug and alcohol sector. Arguably, publishing research in journals and books (38 publications in two years) may contribute less directly to the aims of NCPIC. An examination of the titles of these research publication suggests that the topics covered are broad in scope and at least some possibly go beyond the key focus of NCPIC's work.

It is also currently difficult to obtain a clear understanding of the balance of effort and resources across the activities contributing to the three key aims. However, judging from NCPIC's resource allocation for 07/08 and 09/10 and, in particular, the staff FTE, it appears that an overemphasis has been placed on research and clinical activities and an under-emphasis on training and communication activities.

Moving forward, it may be beneficial to further consider the activities undertaken by NCPIC, how closely they align with and contribute to the aims of the Centre, how this can be assessed, and where the balance of resources and effort lies.

### *The role of research*

Related to the previous point, there seems to be some ambiguity concerning NCPIC's involvement in research activities. There are conflicting views concerning the appropriateness of NCPIC's role in conducting research. Although the original terms of reference include 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. It would appear that research activities that relate to prevention/intervention development and support the workforce by informing treatment approaches are generally considered to be appropriate.

In the future:

- DoHA may wish to consider clarifying the role of NCPIC in relation to research activities (ie what *type* of research is appropriate and how *much* research). This decision may have flow on implications relating to consortium membership, where NCPIC should be located and the skills/knowledge mix of NCPIC staff.
- It may be beneficial for NCPIC to collaborate further with external organisations, such as D&A peaks and service providers, to ensure that the research activities undertaken respond to the needs of the sector.
- For the research activities to effectively support the workforce and inform the practices of service providers, a high level of awareness of NCPIC and the activities undertaken by the Centre is required.

### *A strategic approach*

Currently, NCPICs activities are spread across a range of output areas. Questions were raised by some about the quantum of activity versus the outcomes achieved. It was suggested that NCPICs may consider a more strategically targeted approach. In the future this may involve:

- More narrowly focusing efforts on activities where the greatest impacts are likely to be achieved.
- Strengthening the investment in some of NCPIC's current activities and culling or revising other activities that do not contribute as strongly to the desired outcomes.

### *Efficiency*

Issues were raised in relation to the cost efficiency of some activities, namely the CIH and the training.

The CIH receives relatively low call rates, an average of nine calls per day, resulting in a fairly high cost per call. It was suggested that this low call volume may be partly due to lack of marketing for the Helpline rather than a lack of demand for the service. However, it was also suggested that the CIH possibly duplicates already existing services offered by other organisations, which may be contributing to the low call rates.

The CIH has broad terms of reference – it currently provides a number of functions and is accessed for a variety of reasons by a range of audiences. Currently the helpline is most commonly accessed by females in their late 30's. Callers are most often married and employed, and typically seeking counselling for family and relationship problems. There may be potential for the CIH to extend its reach amongst cannabis users.

Moving forward, it may be beneficial to further investigate the role of the CIH and the need for such a service. This might include:

- The extent to which the CIH duplicates the role of other State-based D&A helplines (eg by looking at call data relating to cannabis-related calls, and any evaluations of the effectiveness of these helplines).
- Whether the role of and priority target groups for the CIH should be more narrowly defined (including a greater focus on cannabis users).
- Whether it would be cost-effective to invest further resources in marketing the helpline (in addition to the present operating costs) to help increase the call rates.

The workforce training model was also considered by some to be quite an expensive model and possibly not sustainable in the longer term. It is understood the NCPIC are currently exploring alternative options to address this issue.

### *Awareness and engagement*

There appears to be a high level of awareness of NCPIC's existence amongst D&A peaks bodies and organisations. However, there was a general lack of knowledge regarding NCPIC's specific role, aims

and activities. Awareness was found to be more limited outside of peak bodies and D&A service providers, with particular gaps evident in relation to the youth and Indigenous sectors.

In the future it could be useful to further strengthen collaboration and coordination with external organisations, and increase awareness of the full range of activities conducted by NCPIC amongst stakeholders.

A number of barriers were found to exist regarding community engagement by NCPIC. The key issue relates to the use of harm minimisation messages and approaches. On the one hand DoHA's view is that these messages can be used so long as they are prefaced by clear messages upfront that cannabis use is bad. On the other hand, some NCPIC staff and NAC members feel that this has been a key challenge which has hindered the Centre from being able to engage fully and effectively with cannabis users. The consultations with young people and some stakeholders provides some support for this view.

Although overall the materials were considered to be high quality, the design of materials were seen to be less effective for engaging with particular community groups including Indigenous and harder end users. Furthermore, focus groups with young people suggest that some NCPIC materials may not be effectively conveying the intended messages to at least some young people. It should be noted that NCPIC has made progress in this area recently with initiatives such as the 'Cannabis: It's not our culture' project and the work being conducted with Youth Off the Streets to develop tailored materials targeting at risk young people.

Social marketing efforts aimed at the general community (and young people) may also be undermined by factors including the confusing nature of the Centre's name (including the use of the word 'prevention') and logo.

Given the above issues, in the future it would be helpful to further clarify the priority target audiences for NCPIC and determine the most effective way to engage them, drawing on the evidence base and continued investment in community consultations and focus testing of materials and other stakeholders who work with cannabis users as required. This will assist in ensuring that the materials are appropriately targeted.

## 8.4 Governance

Overall some aspects of the governance arrangements for NCPIC have worked reasonably effectively, whilst others would benefit from some improvement. A key theme is that NCPIC could benefit from more strategic planning – both in NCPIC's operation to date and in the future. This is in turn related to a need for a more tightly focused approach tied to program logic or other strategic planning processes, which closely link the identified needs to activities conducted and outcomes.

Some of the key issues concerning NCPIC's governance are also tied to the issue of the extent to which research is a key part of NCPIC's role and if so the nature and balance of research versus other activities).

Day-to-day management of NCPIC is regarded as effective. The operation of the NAC has worked fairly well, and improved over time, but would benefit from being used more strategically to ensure best use is made of the expertise of its members. The MaG does not appear to have fully met its intended role as a decision-making body to look at high level decisions, and again there is potential to use this group more strategically. An alternative – and possibly preferable – option - might be to more effectively streamline high-level decision-making processes so that this is a matter of direct negotiation on an ongoing basis between the NCPIC Director (seeking advice from the NAC as appropriate) and DoHA. This might provide a simpler and less cumbersome mechanism for decision-making.

The following approaches could be beneficial to strengthen the governance arrangements for NCPIC:

- Clearly mapping where the balance of NCPIC activity is planned to be expended, and has been expended. This includes stronger articulation of how the relative balance of expenditure is linked to the identified needs.



- Development of a clear and detailed program logic for NCPIC, with all its proposed activities mapped against it, so that it is clear what the aim and intended outcome of each activity is.
- Development of stronger processes for and focus on strategic planning for NCPIC, with a particular focus on how NCPIC activities address the needs identified in the funding agreement.
- Clearer articulation and documentation of some general principles to be observed by NCPIC in producing its publications (eg approach to harm minimisation messages, quality assurance processes etc), to be negotiated between DoHA and NCPIC. These principles should be underpinned by an approach which will ensure that the materials produced by NCPIC are of high quality, and effectively meet the required aims of the Centre (including engaging effectively with young people and cannabis users).
- Ongoing communication between NCPIC and DoHA to identify and monitor implementation of strategies such as the above to improve the relationship between the two, and reduce the perceived need for such a 'hands on' approach by DoHA as the program funder.
- Changing the funding arrangements so that the NCPIC contract is directly with NCPIC rather than NDARC.

## 8.5 Summary

In conclusion, NCPIC has undertaken a large and wide range of activities, and the majority of initiatives agreed with DoHA have been implemented as intended. There has been positive feedback about a number of these activities - for example the value and quality of the training for workers and the resource materials developed.

These achievements have been developed in the context of a number of significant challenges. These challenges include, for example, a compressed timeframe (a four year work plan has been undertaken in two and a half years). There have also been a wide range of issues to consider and address in the initial period of the Centre's operation, including some which are common for any organisation or Centre in its initial establishment phase (eg raising awareness of its existence and role amongst a diverse range of relevant stakeholders).

Moving forward, there is scope to build on the achievements and outcomes of the Centre to date in a number of key ways. These include further communication and liaison between DoHA and NCPIC to ensure this relationship best meets the needs of both parties and promotes the achievement of NCPIC's aims, further clarifying the role and priority target groups for NCPIC (particularly now after the initial period of operation), and having a tighter focus on strategic planning and ensuring a close and documented relationship between needs, activities and outcomes.

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