

artwork posters found during the community visits. There were clearly a range of views about the cultural appropriateness of service providers using posters created in other communities, even though community members and service providers were reported to have liked the posters. There was also differing views relating to potential productive and counter-productive message communication about cannabis use through the depiction or lack of depiction of a cannabis leaf within these artworks. The request for explanations of the meanings of the artwork posters to be clearer and more concise (such as in the case of Deon Jones' "Walk away") confirms this lack of specific message communication within the artwork poster series. This is also consistent with the suggestion from the community visit interviews that the posters could prompt discussion but would be unlikely to influence cannabis use behaviours.

Indigenous Music Competition

One in three respondents indicated that they had heard of the Indigenous Music Competition but only one in ten recalled being sent promotional flyers for the competition, so they may have been exposed to media coverage or community discussion about the event. Although only one in six respondents had heard of the compilation CD from Indigenous Music Competition, more than half of these had ordered a copy.

Amongst the young people interviewed during the community visits there was great interest expressed in the competition. The experience of previous competition entrants and organisers was also positive but the degree of influence on knowledge, attitudes and behaviour regarding cannabis use was unclear. Nevertheless, organisers and competition entrants noted positive personal and cultural benefits of this involvement. Organising future competitions within broader cannabis prevention strategies, including school and community based strategies may serve to encourage greater prevention outcomes. More effective promotional strategies to increase the number of entries into the competition would also increase the return on investment in future competitions.

6 The GP Education Package Is Cannabis the Missing Piece?

6.1 The GP Education Package

The General Practitioner Education Package is a collection of resources designed to encourage general practitioners (GPs) to screen for cannabis use with their high risk patients. The package also gives GPs the resources and information to treat and refer their patients with problem cannabis use.

The pilot phase of the Education Package began in February 2011 and entailed distribution of the package to participants at a series of HealthEd seminars (educational seminars for GPs) staged in Sydney, Perth, Melbourne, Adelaide and Brisbane. The HealthEd seminars included a presentation on treating patients with cannabis use problems by NCPIC's National Clinical Training Manager. After the presentation, The Education Package of information and resources were made available for GPs (and other seminar participants) to take back to their practices/clinics.

The Education Package contains:

- *If you don't ask about cannabis you could be missing something* A4 size poster for GP staff rooms/consultation rooms;
- A CD with downloadable factsheets, both for GPs' information and to hand out to patients;
- An A5 50-leave note pad of the Severity of Dependence Scale, for GPs to complete with patients who use cannabis more than once a week;
- A copy of *Management of cannabis use disorder: A clinician's guide*;
- An information sheet on referral options for patients;
- A flow chart to assess cannabis use in patient and suggested treatment options;
- Two promotional items: a pen and a mouse pad;
- An information sheet on how to order more NCPIC resources; and
- One copy of each of the *Fast Facts* booklets.

In addition to the presentation on treating patients with cannabis use problems, NCPIC had a booth at the exhibition area of each HealthEd seminar where GPs and other seminar participants could ask further questions about NCPIC and its services and resources during lunch and the morning/afternoon tea breaks.

NCPIC anticipated that 3,000 GPs will attend the HealthEd seminars in 2011. Following evaluation of this pilot program, the NCPIC Communications Team will decide whether to roll the Education Package out to more GPs through additional distribution channels.

6.1.1 Target audience for the GP Education Package

The Education Package is targeted to GPs to encourage and support them in screening for cannabis use with their high risk patients and treating and referring their patients with problem cannabis use.

6.1.2 Fit within the NCPIC strategic plan

This GP Education Package initiative fits under the NCPIC Strategic Framework Goal of achieving:

- Enhanced capacity of health, human service, and criminal justice systems to deliver evidence-based interventions to prevent cannabis use, and related problems.

This initiative fits under the NCPIC Strategic Framework Activities:

- Provision of evidence-based materials to those working to provide interventions for cannabis use disorder;

- Increased willingness to screen, assess and intervene with cannabis related problems among primary health care and specialist treatment providers; and
- High levels of incorporation of the best practice clinical skills and resources provided by the NCPIC into routine clinical practice.

6.2 Research questions

The evaluation project sought to address the following research questions regarding the GP Education package:

- How many GPs attending the HealthEd seminars received a GP Education Package?
- How do GPs perceive and value the resource?
- What proportion of GPs who received the package has actually used it?
- Which package components do GPs view as most beneficial?
- What improvements do GPs suggest for the package?

6.3 Research methods

Online surveys were chosen as a cost-effective and timely method to collect data to answer these questions. A period of eight weeks was designated for follow-up with HealthEd seminar participants to enable GPs to have sufficient opportunity to review the package content and potentially to have used the package content with high risk patients. Therefore, because of the short timeframe of this evaluation project, only the participants of the Sydney (February 19) and Melbourne (March 5) HealthEd seminars could be included. HealthEd Seminar organisers provided NCPIC researchers access to utilise the database of participants from the Sydney and Melbourne seminars to email an introduction and link to the survey. Respondents in each survey were offered the chance to win one of five David Jones shopping vouchers to the value of \$50 for their participation. The GP Education Package online survey is provided at Attachment 3.

6.4 Results

Survey links were sent to 746 Sydney seminar participants on April 13, seven and a half weeks after the seminar, and a reminder email was sent on 27 April. The survey was closed on May 27. Half (50%) of the completed surveys were received in the first two days after sending the survey link and a further 25 per cent of surveys were received in the first three days following the reminder email. The final survey was received on May 25. Completed surveys were received from 95 participants (representing a response rate of 12.7%). Of the Sydney respondents, 43 (45%) indicated that they were a GP, while 49 (52%) identified themselves as 'other health professional' and three respondents did not indicate their professional status.

Survey links were sent to 752 Melbourne seminar participants on 2 May, eight weeks after the seminar, and a reminder was sent on 16 May. The survey closed on May 29. Approximately half (48%) of the completed surveys were received in the first two days after sending the survey link and a further 30 per cent of surveys were received in the first three work days following the reminder email. The final survey was received on May 20. Completed surveys were received from 79 participants (representing a response rate of 10.5%). Of the Melbourne respondents 41 (52%) indicated that they were a GP, while 33 (42%) identified themselves as 'other health professional' and five respondents did not indicate their professional status.

As the GP Education package was designed and targeted at GPs, survey results are presented here for GPs and for other health professionals separately. Table 8 shows that a total of 84 GPs responded to the Sydney or Melbourne surveys, while 82 other health professionals responded to the surveys.

Table 8: GP Education Package online survey sample

		No of surveys received	GP respondents	Other health professionals	No answer
Sydney	n =	95 (100%)	43 (45%)	49 (52%)	3 (3%)
Melbourne	n =	79 (100%)	41 (52%)	33 (42%)	5 (6%)
Total	n =	174 (100%)	84 (48%)	82 (47%)	8 (5%)

Amongst those who identified themselves as 'other health professionals', 43 of the 49 Sydney respondents and 32 of the 33 Melbourne respondents indicated that they were registered nurses, practice nurses or midwives, (representing 91% of these seminar participant respondents who were not GPs). Other health professional respondents included two medical doctors who were not GPs, two pharmacists, an alcohol and other drugs counsellor and a clinical researcher.

6.4.1 General Practitioners

Sixty-eight (81%) of the 84 GP respondents reported picking up a package from the HealthEd seminars and one GP reported receiving a copy of the package from another source. Only 36 GP respondents (43% of all GP participants who responded to the Melbourne and Sydney surveys) indicated that they had reviewed the contents of the Education Package by the time of receiving the survey (sent out approximately eight weeks after each HealthEd Seminar). The following results relating to the perceived usefulness of the components of the GP Education Package are based on the responses of these 36 GPs.

GPs who had reviewed the contents of the Education Package were asked to respond on a 10-point scale from 'not at all useful' to 'very useful' to a series of questions about how useful they perceived components of the package to be. These results have been summarised by indicating the

proportions of GP respondents who rated the package component from 1 to 3 (at the not very useful end of the scale); from 4 to 7 (in the mid-range of the scale) and from 8 to 10 (at the very useful end of the scale).

Table 9: Perceptions of usefulness of the GP Education Package components amongst GPs

How useful did you find each of the components of the resource kit? (1 = Not at all useful - 10 = very useful)	Rating of 1-3	Rating of 4-7	Rating of 8-10	Mean rating score
<i>Management of Cannabis use disorder and related issues: A clinician's guide</i> (n=36)	3%	33%	64%	7.5
CD containing printable fact sheets and resources (n=35)	17%	34%	49%	6.7
<i>If you don't ask about cannabis you could be missing something</i> A4 size poster (n=36)	22%	42%	36%	6.2
NCPIC general resources flyer(n=35)	11%	43%	46%	6.8
<i>Fast facts on cannabis</i> booklet (n=33)	3%	18%	79%	8.2
<i>Fast facts on mental health and cannabis</i> booklet (n=35)	3%	29%	69%	8.1
<i>Concerned about someone's cannabis use? Fast facts on how to help</i> booklet (n=35)	3%	34%	63%	7.9
Severity of Dependence Scale (SDS) screening note pad (n=33)	6%	21%	73%	8.0
Assessment and flow chart for cannabis-related problems A4 card (n=35)	9%	20%	71%	7.5
Referral information A4 card (n=35)	9%	37%	54%	7.6
<i>Is cannabis the missing piece?</i> branded mouse pad (n=36)	44%	31%	25%	4.5
<i>Is cannabis the missing piece?</i> branded pen (n=36)	31%	39%	31%	5.6

The results are presented in Table 9. Mean scores for each item are also provided in the table. The number of responses is included for each item as not all GPs rated each component of the package.

Mean scores of usefulness for each of the clinical components of the kit ranged from 6.2 to 8.2 (out of 10). The components of the package rated as most useful were:

- *Fast facts on cannabis* booklet (mean score of 8.2);
- *Fast facts on mental health and cannabis* booklet (mean score of 8.1);
- Severity of Dependence Scale (SDS) screening note pad (mean score of 8.0);
- *Concerned about someone's cannabis use? Fast facts on how to help* booklet (mean score of 7.9);
- Referral information A4 card (mean score of 7.6);
- *Management of cannabis use disorder and related issues: A clinician's guide* (mean score of 7.5); and
- Assessment and flow chart for cannabis-related problems A4 card (mean score of 7.5).

The components that received lower mean usefulness ratings were:

- NCPIC general resources flyer (mean score of 6.8);
- CD containing printable fact sheets and resources (mean score of 6.7); and
- *If you don't ask about cannabis you could be missing something* A4 size poster (mean score of 6.2).

The two promotional items in the package (branded mouse pad and pen) were rated as the least useful components of the package:

- *Is cannabis the missing piece?* branded mouse pad (mean score of 4.5);
- *Is cannabis the missing piece?* branded pen (mean score of 5.6).

When asked about the contribution of the package to screening, 29 (88%) of the 33 GPs who answered the question responded that having the resource has increased his/her likelihood of screening relevant patients for cannabis use.

The most common reason given by GPs for why the package has increased their likelihood to screen was that the package had increased their awareness of cannabis use problems and made them think more about cannabis issues. Other reasons included that the package provided more information and proper guidelines and provided them with useful, well planned resources that made them more confident to undertake opportunistic screening. Others mentioned that the package provided a

greater hope for effective intervention and that package elements provided a visual prompt for the GP and the patient.

Only nine GPs (eight from Melbourne and one from Sydney) indicated that they had put the poster up somewhere. Two had put the poster up in the consulting room while seven indicated putting up the poster in the patient waiting room.

Twenty (56%) of the 36 GPs who had reviewed the package contents indicated that they had already used the package with patients. Of these, four GPs had used the package with one patient, five GPs had used it with two patients, two GPs had used it with three patients, four GPs had used it with five patients, one GP had used it with ten patients and one GP with more than ten patients. Three GPs indicated that they had used the package with patients but didn't indicate with how many.

When asked how useful they found the package in undertaking screening and any follow-up referrals, two (7%) of the 29 GPs who responded to this question rated the package between 1 and 3, 15 (52%) rated it between 4 and 7, while 12 (41%) rated it between 8 and 10. These results are presented in Table 10.

Only three (10%) of the 29 GPs who responded to this question rated the package at less than six out of ten, and ten (34%) gave the package a rating of nine or ten. The most common rating given to the package was a six (given by nine GPs.)

Table 10: Usefulness of package for screening and referral amongst GPs

How useful did you find the resource kit in undertaking this screening and any follow-up referrals?	Rating of	Rating of	Rating of	Mean
	1-3	4-7	8-10	
(1 = Not at all useful - 10 = very useful) (n=29)	7%	52%	41%	7.2

Only three of the GPs who had reviewed the components of the package suggested any specific changes or improvements to the resource. These were to reduce the number of components in the package and provide simple useful messages to prompt them and then provide detailed information on the website (two GPs), and provide the resource in other languages (one GP).

6.4.2 Other health professionals

Forty-eight (59%) of the 82 other health professional respondents reported picking up a package from the HealthEd seminars and one health professional reported receiving a copy of the package from another source.

Only 36 health professional respondents (44% of all health professional participants who responded to the Melbourne and Sydney surveys) indicated that they had reviewed the contents of the Education Package by the time of receiving the survey (sent out approximately eight weeks after

each HealthEd Seminar). The following results relating to the perceived usefulness of the components of the GP Education Package are based on the responses of these 36 health professionals (primarily nurses and midwives).

As in the case of GP respondents, the health professionals who had reviewed the contents of the Education Package rated the usefulness of the components of the package. These results are presented in Table 11. Mean scores for each item are also provided in the table. The number of responses is included for each item as not all health professionals rated each component of the package.

Mean scores of usefulness for each of the clinical components of the kit ranged from 7.1 to 8.5 (out of 10). The components of the package rated as most useful were:

- *Fast facts on cannabis* booklet (mean score of 8.5);
- *Concerned about someone's cannabis use? Fast facts on how to help* booklet (mean score of 8.5);
- *Fast facts on mental health and cannabis* booklet (mean score of 8.4);
- *Management of Cannabis use disorder and related issues: A clinician's guide* (mean score of 8.3);
- CD containing printable fact sheets and resources (mean score of 8.2);
- Severity of Dependence Scale (SDS) screening note pad (mean score of 8.2);
- Assessment and flow chart for cannabis-related problems A4 card (mean score of 8.1);
- Referral information A4 card (mean score of 8.0); and
- NCPIC general resources flyer (mean score of 8.0).

The component that received lower mean usefulness ratings was:

- *If you don't ask about cannabis you could be missing something* A4 size poster (mean score of 7.1).

As was the case for the GP sample, the two promotional items in the package (branded mouse pad and pen) were rated as the least useful components of the package:

- *Is cannabis the missing piece?* branded mouse pad (mean score of 6.2);
- *Is cannabis the missing piece?* branded pen (mean score of 6.7).

Table 11: Perceptions of usefulness of component of the GP Education Package amongst other health professionals

How useful did you find each of the components of the resource kit? (1 = Not at all useful - 10 = very useful) (n=35)	Rating of 1-3	Rating of 4-7	Rating of 8-10	Mean rating score
Management of Cannabis use disorder and related issues. A clinician's guide (n=36)	6%	19%	75%	8.3
CD containing printable fact sheets and resources (n=35)	6%	22%	72%	8.2
If you don't ask about cannabis you could be missing something" A4 size poster (n=36)	19%	33%	47%	7.1
NCPIC general resources flyer(n=35)	3%	26%	71%	8.0
<i>Fast facts on cannabis</i> booklet (n=33)	0%	23%	77%	8.5
<i>Fast facts on mental health and cannabis</i> booklet (n=35)	0%	33%	67%	8.4
<i>Concerned about someone's cannabis use? Fast facts on how to help</i> booklet (n=35)	0%	17%	83%	8.5
Severity of Dependence Scale (SDS) screening note pad (n=33)	6%	14%	81%	8.2
Assessment and flow chart for cannabis-related problems A4 card (n=35)	6%	25%	69%	8.1
Referral information A4 card (n=35)	6%	25%	69%	8.0
<i>Is cannabis the missing piece?</i> branded mouse pad (n=36)	22%	42%	36%	6.2
<i>Is cannabis the missing piece?</i> branded pen	17%	42%	42%	6.7

When asked about the contribution of the package to screening, 29 (81%) of the 36 health professional respondents who had reviewed the contents of the package responded that having the resource has increased his/her likelihood of screening relevant patients for cannabis use.

As in the case of GPs, the most common reason given by health professionals for why the package has increased their likelihood to screen was that the package had increased their awareness of cannabis use problems and made them think more about cannabis issues. Other reasons included that the package provided more concise health information and proper guidelines about what questions to ask patients and provided information of where to refer if necessary. Specific mention was also made of the value of the resource in increasing the perceived importance and likelihood of considering cannabis use in antenatal screening.

Sixteen health professionals indicated that they had put the poster up somewhere. Twelve indicated putting up the poster in the patient waiting room, two in the staff room, one in the ante-natal clinic and one in the treatment room.

Twelve (33%) of the 36 health professionals who had reviewed the package contents indicated that they had already used the package with patients. Of these, one of the health professionals had used the package with one patient, three had used it with two patients, three had used it with three patients, one had used it with five patients, two had used it with six patients and one with eight patients. One health professional indicated having used the package with patients but didn't indicate with how many.

When asked how useful they found the package in undertaking screening and any follow-up referrals, four (14%) of the 28 health professionals who responded to this question rated the package between 1 and 3, 13 (46%) rated it between 4 and 7, while 11 (39%) rated it between 8 and 10. These results are presented in Table 12. Seven (25%) of the 28 health professionals who responded to this question rated the package as less than six out of ten and eight (29%) gave a rating of nine or ten.

Table 12: Usefulness of GP Education Package for screening and referral amongst health professionals

How useful did you find the resource kit in undertaking this screening and any follow-up referrals?	Rating of 1-3	Rating of 4-7	Rating of 8-10	Mean rating score
(1 = Not at all useful - 10 = very useful) (n=29)	14%	46%	39%	6.7

Only three of the health professionals who had reviewed the components of the package suggested any specific changes or improvements to the resource. These were to add reference to Aboriginal people in the content, to make the kit more 'kid friendly' and to make the resource package more available in hospitals.

6.5 Discussion

The response rate from the HealthEd seminar participants for the Sydney sample (12.7%) was modestly higher than for the Melbourne sample (10.5%). The Sydney sample had a higher proportion of respondents identifying themselves as 'other health professionals' (52%) than as GPs (45%) while conversely, the Melbourne sample comprised a greater proportion of respondents identifying themselves as GPs (52%) than as other health professionals (42%). The resulting total samples of GPs and other health professionals were similar. The fact that the non-GP 'other health professionals' were predominately nurses and midwives is explained by the focus of this particular series of HealthEd seminars being on women's health.

Although the GP Education Package, as the name indicates, is targeted to GPs for use in the general practice setting, the sample of health professionals who were not GPs afforded the opportunity to compare perceptions of the utility of the resource package in the primary care sector more broadly.

General practitioners

While eight out of ten of the GPs who responded to the survey reported picking up one of the GP Education Packages at the HealthEd seminar, and one GP received a Package from somewhere else, only 36 of these GPs had reviewed the content of the resource by the time of the survey, eight weeks after attending the HealthEd seminar. This is a disappointing result and raises the question of when if ever, the other GPs who received a package would get around to reviewing the package's content. With review of the package content being a necessary precursor to actually using the package, a further follow-up survey would be useful to assess this level of familiarity with, and usage of, the package components.

Hence, despite around 600 GP Education Packages being distributed at both the Sydney and Melbourne HealthEd seminars, the results discussed here are from this sample of 36 GPs.

On average, each of the clinical components was rated as useful by these GPs with a mean rating score of 6.2 or greater. In particular the GPs rated the SDS screening note pad and the three *Fast facts* booklets as the most useful components of the package. The results showed that at least seven out of ten GPs rated usefulness of the SDS screening note pad, the *Fast facts on cannabis* booklet and the *Fast facts on mental health and cannabis* booklet between eight and 10. A similar proportion rated the *Assessment and flow chart for cannabis-related problems* A4 card this highly.

While two promotional items in the package (branded mouse pad and pen) were, on average, rated as the least useful components of the package, one in four GPs rated the *Is cannabis the missing*

piece? branded mouse pad between eight and 10 and almost one in three rated the *Is cannabis the missing piece?* branded pen this highly.

The fact that only nine of the 84 GPs had displayed the A4 poster from the package is consistent with the poster being rated as the least useful clinical component of the package. It is also worth noting that seven of these posters were displayed in patient waiting rooms when the intended purpose of the poster is to prompt GPs rather than to prompt patients.

It is a positive result to see that the majority of GPs who had reviewed the package indicated that having the resource had increased the likelihood of screening relevant patients for cannabis use and that half of these GPs had already used the package with patients. Furthermore, the mean score of usefulness of the package for undertaking screening and any follow-up referrals was 7.2 out of ten, with nine out of ten of these GPs giving a 'usefulness' rating of between six and 10.

Other health professionals

The results for the health professionals sample are broadly similar to those of the GPs, although overall, the health professionals tended to rate the package components as more useful than the GPs. While eight out of ten of the health professionals who responded to the survey reported picking up one of the GP Education Packages at the HealthEd seminar, only 36 had reviewed the content of the resource by the time of the survey, eight weeks after attending the HealthEd seminar.

On average, each of the clinical components was rated as useful by these health professionals with a mean rating score of 7.1 or greater. Similar to the GPs response, the health professionals rated the SDS screening note pad and the three *Fast facts* booklets amongst the most useful components of the package. In addition, the mean 'usefulness' rating scores for all other clinical components of the package except the A4 poster were 8.0 or higher. At least seven out of ten of the health professionals rated each of these components between eight and 10. Just less than half also rated the A4 poster this highly.

While two promotional items in the package (branded mouse pad and pen) were, on average, once again rated as the least useful components of the package, around four in ten health professionals rated both these items between eight and 10.

Sixteen of the health professionals had displayed the poster but as in the case of GPs, most of these were displayed in patient waiting rooms.

Also consistent with the responses from the GP sample, the majority of health professionals (eight out of ten) who had reviewed the package indicated that having the resource had increased the likelihood of screening relevant patients for cannabis use. One in three of these health professionals also reported that they had already used the package with patients.

Furthermore the mean score of usefulness of the package for undertaking screening and any follow-up referrals was 6.7. Interestingly, the health professionals' ratings of usefulness of the package in undertaking screening for cannabis tended to be modestly lower than those given by the GPs. Nevertheless, three-quarters of the health professionals gave a 'usefulness' rating of between six and 10 and the same proportion as GPs (approximately 40%) gave a rating of between eight and ten.

While the numbers of GPs and other health professionals who responded to the survey and had reviewed the package contents are modest, the findings of perceived usefulness of the package for facilitating screening for cannabis use are quite positive. Caution needs to be employed in drawing conclusions about the package at this early stage but the results are useful in considering the relative utility of the package components.

The results do suggest the contents of package reflect the NCPIC strategic plan activities of enhancing the capacity of primary health care providers to deliver evidence-based interventions to prevent cannabis use, and related problems into routine clinical practice. While the package appears to be well accepted by the majority of GP respondents to the online survey, the positive response from the other health professionals who were primarily nurses and midwives shows that the resource has potential for wider application in primary care in addition to use by GPs.

Further research to assess the level of use of the package beyond the eight week follow-up period would be useful. Qualitative research with GPs and other health professionals who have had experience in using the package would also be useful in guiding improvements in the package contents and possibly in tailoring different forms of the package for a range of primary care settings.

7 Conclusions

This evaluation project was ambitious in its scope over a short timeline. A range of methodologies were employed to gather and analyse information to help address the various research questions for each project. Within the timeframe and available resources to address the scope of the project, the findings presented in this report should be viewed as indicative rather than definitive.

The project relied on the cooperation and valuable contributions of NCPIC's own staff over this project period. In the case of the *Cannabis: It's not our culture* project these contributions afforded NCPIC's staff an opportunity to engage with the audiences for the Centre's resources and to make valuable connections with service providers in Indigenous communities. While the fact that staff members were involved in evaluating the resources created by their own Centre could be criticised as resulting in a positive bias in the evaluation findings, the findings from the community visits and the online survey of those who had ordered resources from NCPIC are consistent.

The evaluation project has yielded valuable information on three initiatives of the NCPIC Communication Strategy. In summary, the research found that the response to the communication materials and resources encompassed within this evaluation project have been consistently positive from the target audiences for whom the materials have been created. In the case of the GP

Education Package, the positive response from an additional audience of health professionals also supports the value of NCPIC's resources beyond the intended target audience of GPs. At the same time, useful responses and suggestions for improvement in some aspects of the resources has also been captured in this evaluation.

The *Clear your vision* resource has been shown to be highly regarded by young people from the resource's target audience and the limited number of counsellors who have used it. This resource was developed with the Youth Off The Streets organisation and these findings reflect the critical role of involving the intended target audience for a resource in its development. It appears wider distribution of this resource for use in counselling settings would be well received. Greater utilisation of the resource could be achieved through engagement with health professionals in these settings.

The Indigenous cannabis fact sheets are valued as useful resources, with some particular fact sheets much more widely seen and valued as more useful than others. However a widespread misunderstanding of the intended use of these resources was observed. There is a need to more clearly communicate the intended purpose and role of the facts sheets as a resource for health workers. Suggestions from service providers such as producing a bound set of the fact sheets for use in clinical settings could assist in emphasising the intended use of the fact sheets by health workers rather than for distribution as a consumer resource. Health workers' suggestions of ways to increase the relevance of these resources for use with Indigenous people, for instance by focusing statistical information on Indigenous Australians rather than for all Australians, should also be considered for future materials. The low levels of awareness of some of these fact sheets in the online survey and the general low awareness of the resources during the community visits indicates there is significant scope for more effective promotion of the fact sheets to facilitate greater utilisation across health and community services.

In addition, the constant use of these fact sheets as hand outs and distribution of them through displays strongly suggests the need for a series of consumer information resources that are specifically designed for this purpose. Useful suggestions from service providers and community members about preparing these in a colourful way with graphics from Indigenous art and recognising low literacy needs should be considered.

The value of creating the series of artwork posters from the community-based artworks and stories project and mailing these out to Aboriginal Medical Services and other Aboriginal health and community agencies seems less clear. The ability of the artwork posters to communicate clear messages about the harms associated with cannabis use in Indigenous communities seems somewhat unpredictable and the community visits found that people were asking for clearer explanation of the intended messages in some artworks to help in their interpretation. There was also mixed views about the meanings and potential counter-productive communication about cannabis use and Indigenous culture associated with the inclusion of a cannabis leaf in these artworks. Further, issues of cultural appropriateness of using artworks created by another

community to communicate these cannabis messages suggests that artwork projects may be best executed within individual communities rather than distributing these artworks on a national basis.

The concept of the Indigenous Music Competition was popularly received by the young people interviewed during the community visits and the potential value of participating in the competition was reinforced in interviews with the modest sample of past entrants and competition organisers. There appears however to be greater scope for enhancing the cannabis prevention impact of the competition by embedding it within a broader prevention program framework with links to school and community prevention efforts rather than operating in isolation. Promotion of the competition through existing channels for reaching Indigenous young people such as the *Deadly Sounds* weekly radio program and the *Deadly Vibe* and *Vibe* magazines should be considered for future competitions.

While some components of the NCPIC *Cannabis: It's not our culture* Indigenous communication project such as the artwork posters may be most effectively used at the individual community level, others such as the fact sheet series and the Indigenous Music competition appear to be suitable for widespread distribution for appropriate use by health workers or for wide participation, respectively. Nevertheless, a key aspect of developing appropriate resources and promoting effective use of these resources within Indigenous communities is to always consider relevant engagement with community leaders and health workers through this process. Through this engagement, greater community ownership and utilisation of the resources can be achieved and key information can be gained about the optimal distribution channels to most effectively and efficiently reach specific audiences. Working in collaboration with other relevant programs such as the 'Tackling Indigenous Smoking' initiative would also seem to offer valuable opportunities to more efficiently reach and achieve engagement with Indigenous communities on cannabis prevention strategies rather than by operating in isolation.

8 Recommendations

Based on the findings of this evaluation project the following recommendations are made for consideration by NCPIC.

1. Develop and implement a comprehensive NCPIC Communication Strategy, identifying priority target audiences, designating specific behavioural and communication objectives for each audience, and linking with other national cannabis prevention strategies.
2. Identify priority communication activities and resource needs to achieve the designated objectives of the Communication Strategy with each target audience.
3. Adopt a thorough formative research process in formulating communication activities and developing communication resources, including needs analysis, engagement with the target audience for the resource, and pre-testing of the resource against its designated communication objectives within the NCPIC Communication Strategy.

4. Undertake a thorough channel analysis to identify the most effective and efficient communication channels through which to reach and engage priority target audiences with NCPIC communication activities and resources in order to achieve the designated objectives.
5. Continue to monitor the use of the *Clear your vision* resource and seek ongoing feedback regarding response to the resource.
6. Consider providing additional space in future versions of the booklet for young people to record their thoughts and progress while using the resource or encourage agencies using the resource to provide a mechanism for this.
7. Undertake further research to explore concerns amongst Indigenous people about the *Cannabis: It's not our culture* project name to assess whether interpretations of the meaning of this theme could be reducing support for the program or acting as a barrier to utilisation of its resources.
8. Undertake further research to identify reasons for disparity of awareness of individual fact sheets within the Indigenous cannabis fact sheet series.
9. Consider producing a bound set of the fact sheets as a single resource for use in clinical settings.
10. Following the outcomes of the channel analysis, develop a promotional strategy to achieve greater awareness of the Indigenous cannabis fact sheet series.
11. Consider developing an additional set of consumer communication and information resources to complement and encourage appropriate use of the Indigenous cannabis fact sheets by service providers.
12. If Indigenous artwork projects are undertaken as part of the NCPIC Communication Strategy, consider implementing these at a community level rather than disseminating resulting artworks to other communities as a national strategy.
13. Consider embedding future Indigenous Music Competitions within a broader cannabis prevention framework with links to school and community prevention efforts and promoting the competition through popular Indigenous youth communication channels.
14. Consider collaborating with other relevant health initiatives who are already effectively working with Indigenous communities, in order to achieve more relevant engagement and effective dissemination and utilisation of resources.
15. Monitor the distribution of the GP Education package and its utilisation to increase the effectiveness and efficiency of use of the resource by GPs.

16. If components of the GP Education package are to be rationalised, consider removing the promotional mouse pad and pen, and the A4 poster targeting GPs.
17. Consider adapting the GP Education Package for other health professionals in primary care settings.

Individual response survey for the *Clear your vision* resource

- a) The content in the resource is believable.

strongly disagree

4

- e) The four young people's stories were useful for me to think about my own use of cannabis.

- a) For thinking about whether cannabis may be a problem for you.

Very helpful

10

- g) For understanding what you could do to help manage cravings and withdrawals in risky situations.

- No

- #### 4. Why?

Appendix 2

Cannabis: It's Not Our Culture Indigenous Resources online survey questions

Your Service ordered a set of factsheets about cannabis over the last year. These factsheets are available to order in hardcopy or as downloadable files from the NCPIC website.

1. Do you recall your Service being sent a set of these factsheets? Yes no
2. What did you do with the factsheets when you received them?
3. Have you ordered further copies of the factsheets?
4. Before today, which, if any of these factsheets have you seen?
 - What is cannabis?
 - Cannabis and the law;
 - Cannabis and mental health;
 - Cannabis potency;
 - Cannabis and driving;
 - Cannabis dependence;
 - Cannabis and tobacco use;
 - Cannabis use and reproduction;
 - Looking after a friend on cannabis;
 - Mixing cannabis and alcohol;
 - People at risk of developing problems with their cannabis use; and
 - Cannabis and young people.
5. Where did you see the factsheets?
6. What was your impression of the factsheets?
7. Do you think the design of the factsheets is appropriate for people in your community?
why/why not? (optional)
8. Do you think the language level of the factsheets is appropriate for people in your community?
why/why not? (optional)
9. In what ways, if any, have you used the factsheets in your community?
10. Which factsheet/s did you find MOST useful?

11. Why did you find these factsheet/s MOST useful?
12. Which factsheet/s did you find NOT useful?
13. Why did you find this factsheet/s to be NOT useful?
14. Do you think the factsheets are providing information to people in your community in a culturally relevant way?

why/why not? (optional)
15. Do you think the factsheets are useful for all people in your community?
16. Which groups are they MOST useful for?
17. Which groups are they LEAST useful for?
18. What changes, if any, would you suggest making to the factsheets?
19. Do you recall your Service being sent a set of posters featuring artworks from Aboriginal and Torres Strait Islander communities as part of the 'Cannabis: It's not our culture' project?

If yes, what did you do with the posters?
20. Before today have you heard of the 2010 Indigenous Music Competition?
21. Do you recall your Service being sent promotional flyers about the competition?

If yes, what did you do with these flyers?
22. Before today have you heard of a compilation CD called 2010 Indigenous Music Competition?
23. Did you order a copy of the CD?

If yes, what did you do with the CD?
24. Have you received any feedback from the community about the competition or songs?

If yes, what feedback have you received?
25. Do you think a Music Competition is a good way to increase awareness about cannabis-related harms?

why/why not? (optional)
26. Which of the following descriptions best describes the role you have at your service?
Administration
Doctor
Alcohol or Other Drugs Worker
Youth Worker
Aboriginal or Torres Strait Islander Health Worker
Other

Appendix 3 On-line survey for GP Education Package

Recently you attended the HealthEd seminar in Sydney/Melbourne on Saturday 19 February/5 March.

This is a very brief follow-up survey to assess your perceptions of a Cannabis resource kit distributed at the seminar.

1. Are you:

A General Practitioner?

Other health professional? Please specify _____

2. Did you pick up a "If you don't ask about cannabis you could be missing something" resource at the seminar?

If NO,

3. Have you received a copy of the resource from some other source?

CONTINUE IF PICKED UP OR RECEIVED KIT

4. Have you had an opportunity to review the contents of the kit yet?

CONTINUE IF YES.

5. How useful did you find each of the components of the resource kit?

A. "Management of Cannabis use disorder and related issues. A clinician's guide."

Not useful at all

Very useful

1 2 3 4 5 6 7 8 9 10

REPEAT SCALE FOR EACH ITEM

- B. "Is cannabis the missing piece?" CD containing printable fact sheets and resources.
C. "If you don't ask about cannabis you could be missing something" A4 size poster.
D. "Is cannabis the missing piece?" resource order form.
E. "Fast facts on cannabis" booklet.
F. "Fast facts on mental health and cannabis" booklet.
G. "Concerned about someone's cannabis use. Fast facts on how to help" booklet.
H. "Is cannabis the missing piece?" pad of cannabis use – Severity of Dependence Scale (SDS).
I. "Assessment and flow chart for cannabis-related problems" chart.
J. "Referral information" chart.
K. "Is cannabis the missing piece?" branded mouse pad.
L. "Is cannabis the missing piece?" branded pen.

6. Would you say having the resource has increased your likelihood of screening relevant patients for cannabis use?

In what ways has the resource kit increased this likelihood?

7. Has the A4 poster been put up somewhere in your surgery?

If yes, where was it put up?

In the consulting room.

In the staff room.

In the patient waiting room.

Somewhere else. Where was that?

8. Have you used the resource with any of your patients yet?

Approximately how many?

9. How useful did you find the resource kit in undertaking this screening and any follow-up referrals?

Not useful at all

Very useful

1

2

3

4

5

6

7

8

9

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10. Would you suggest any changes or improvements to the resource?

11. If yes, what changes or improvements would you suggest for the resource?

12. Would you be interested in participating in a brief telephone interview to provide further feedback on the resource?