

ACHIEVING BEST PRACTICE IN AUSTRALIA'S DRUG STRATEGY



The National Centre for Education and Training on
Addiction

Strategic Plan: 1999 to 2002

THE NATIONAL CENTRE FOR EDUCATION AND TRAINING ON ADDICTION
is a collaborative venture between

Flinders University of South Australia
and the
Drug and Alcohol Services Council of South Australia

and jointly funded by
the Commonwealth Department of Health and Aged Care under the National Drug Strategy

(May 2000)

FOREWORD

The National Centre for Education and Training on Addiction (NCETA) is a collaborative venture between Flinders University of South Australia and the Drug and Alcohol Services Council, and receives core funding from the Commonwealth Department of Health and Aged Care under the National Drug Strategy.

The mission of NCETA is to advance the capacity of the Australian workforce to respond to alcohol and other drug problems. A key element of the Centre's strategic work plan is disseminating and conducting quality research on effective practice in responding to drug problems in the health, welfare and law enforcement sectors. This includes investigations of informational, educational, organisational, regulatory and other interventions on work practice. An important feature of research programs conducted by the Centre is collaboration with other national and international centres engaged in similar research, and with the range of professionals in the drug field and their employers across Australia.

A central thrust of the National Drug Strategic Framework is to enhance the nation's response to drug problems. Professional education and training has a key role in delivering a number of the Framework's objectives. For example, strengthening existing partnerships and building new partnerships to reduce drug related harm will require a shared understanding of drug issues and effective responses. Increasing access to a greater range of high quality prevention and treatment services requires expanding the number of available skilled workers.

High quality, evidence-based drug programs require the range of relevant community and policing agencies to have the knowledge-base and skills to prevent and reduce drug related harm. This requires a timely and coordinated process of translation of the latest information and research into practice.

The Board of NCETA is pleased to present the Strategic Plan for the Centre, covering the period July 1999 to June 2002.

ACRONYMS

<i>DASC</i>	<i>Drug and Alcohol Services Council of South Australia</i>
<i>FUSA</i>	<i>Flinders University of South Australia</i>
<i>NCETA</i>	<i>National Centre for Education and Training on Addiction</i>

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1. MISSION

The mission of NCETA is to advance the capacity of the Australian workforce to respond to alcohol and other drug problems.

2. BACKGROUND TO NCETA

NCETA was established in 1991 through a grant of core funds from the Australian Research Council (part of the then Commonwealth Department of Employment, Education and Training). This grant was awarded following a competitive tender process and established NCETA as a National Key Centre of Teaching and Research.

Core funds were awarded for a nine year period (the maximum under this initiative), and consisted of approximately \$300,000 per annum for seven years, reducing to 70% of this amount in the eighth year and 30% in the ninth year. With the end of Australian Research Council Funding in 1999, NCETA was successful in being awarded core funding for three years under the National Drug Strategy, from the Commonwealth Department of Health and Aged Care.

During the first five years of its existence, the directorship of NCETA was held by Dr Rene Pols. From 1995 to 2000, Dr Steve Allsop held the position.

Since its inception NCETA has benefited from an unique partnership between a major tertiary institution (FUSA) and a state government authority responsible for providing a range of prevention, treatment and information services (DASC). This collaborative arrangement has enhanced the Centre's ability to develop national initiatives, including national demonstration projects, and to fulfil its national brief.

NCETA initiatives target the wide variety of stakeholders and disciplines represented in both the government and non-government human services industry, including:

- alcohol and other drug specialist workers
- general health workers (medical practitioners, nurses, indigenous health workers, psychologists)
- volunteer workers amongst a variety of community groups (e.g. parent and family groups, self-help groups, church groups, counselling support groups)
- police and law enforcement personnel
- welfare professionals (social workers, youth workers and other community-based workers)
- teachers and education personnel.

The staffing profile of NCETA reflects this broad discipline base, and includes a mix of academic and practitioner expertise.

NCETA's record of achievement means it is uniquely placed to contribute to strategic national outcomes in workforce development.

- NCETA has a history of building successful partnerships with a wide range of human service sectors, including the health, welfare, law enforcement, volunteer and community sectors, as well as the primary secondary and tertiary education sectors.

- **NCETA has a national focus, working on national projects with agencies in all Australian jurisdictions.**
- **NCETA has established links with a range of Australian and international agencies through formal collaborative relationships and project-based partnerships. Agencies include:**
 - **Aboriginal Drug and Alcohol Council, SA Inc**
 - **Australasian Centre for Policing Research**
 - **Next Step Specialist Drug and Alcohol Services**
 - **Queensland Police Service**
 - **Turning Point Drug Services, Inc., Victoria**
 - **South Australia Police**
 - **Queensland Alcohol and Drug Research and Education Centre, University of Queensland**
 - **Aquarius Drug and Alcohol Services, UK**
 - **National Drug and Alcohol Research Centre**
 - **National Drug Research Institute.**
- **NCETA has significant experience working on projects funded by the National Drug Strategy.**
- **NCETA provides advice to National Drug Strategy initiatives on an ongoing basis.**

3. THE STRATEGIC CONTEXT

A critical component for achieving best practice in responding to drug problems is a mechanism to translate the latest research findings and innovative developments into practical strategies for the enormous range of frontline workers in this area. This mechanism is essential if Australia is to have the best outcome for its enormous investment in health, welfare, education and law enforcement systems. This translation process is insufficient to achieve change by itself: it must be augmented by other strategies which focus on encouraging the adoption of evidence-based practice in the workplace (see Figure 1).

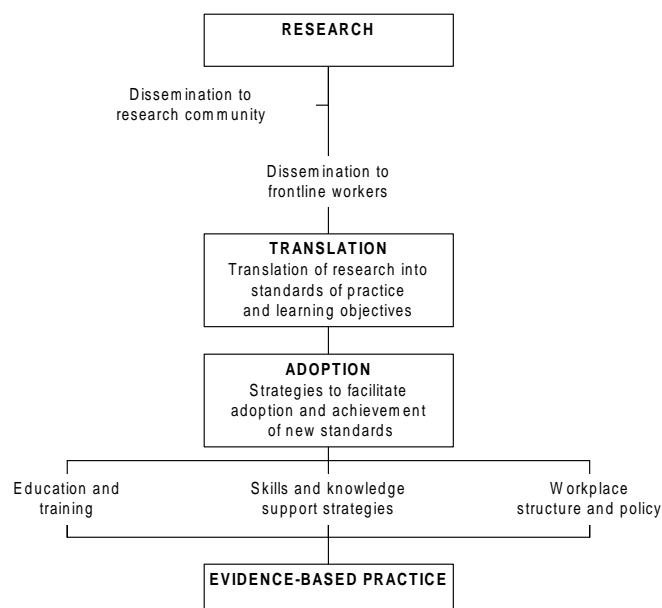


Figure 1: From research to practice: a model of change

The establishment of a national centre specialising in alcohol and other drug education and training was based on this rationale. The dissemination of evidence-based practice has therefore become the central tenet of NCETA. The challenges are:

- to translate the latest research findings emerging from the relatively isolated and esoteric academic field into practical responses which can be implemented by frontline workers; and
- to disseminate those research findings and the evidence-based practice which is informed by them in ways that are accessible to, and encourage adoption by, frontline workers and policy makers (who have limited opportunities to access and read the academic literature or reflect on how those findings may inform practice).

The process of dissemination is, therefore, a two-fold one, focusing on the *translation* of evidence into practical responses for frontline workers, and the *adoption* of new practices in the workplace. The process of achieving adoption is by far the most difficult. In a recent review of interventions which promote the implementation of research findings by frontline workers, the Cochrane Effective Practice and Organisation of Care Review Group found that passive dissemination of information is generally ineffective in changing workplace practice (Bero et al., 1998). The review found that multifaceted strategies were more effective than single strategies, and that consistently effective interventions for promoting behavioural change among health professionals included educational outreach visits, interactive educational meetings (i.e. workshops involving discussion and practice) and reminders or prompts for behaviour change (manual or computerised). Strategies using audit and feedback techniques, key practitioners as opinion leaders and local consensus processes were found to be effective if used in concert with other strategies.

In addition to education and training strategies and skills and knowledge support strategies, workplace structures and policies have a significant impact on the likelihood that responding to drug issues will be practised in the workplace. Factors such as resource allocation, management priorities, policies and guidelines, work incentives (including pay levels), performance monitoring systems and job specifications are legitimate and necessary targets for those engaged in effecting work practice change.

The work of NCETA must therefore focus on the range of factors which affect work practice, including

- education, training and workforce development strategies which address knowledge, attitudes and skills
- support strategies for skills and knowledge (e.g. information systems, mentoring, discussion opportunities, research)
- strategies to effect workplace structure and policy (e.g. incentives, performance monitoring systems, job specifications, resource allocation, management priorities).

4. Key Principles in NCETA's Strategic Directions

NCETA's work is guided by a number of key principles.

4.1 HARM MINIMISATION

The principle of harm minimisation underpins the work of NCETA. The National Drug Strategic Framework 1998-99 to 2002-03 describes harm minimisation in the following way:

Harm minimisation refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of integrated approaches, including

- **Supply-reduction strategies designed to disrupt the production and supply of illicit drugs;**
- **Demand –reduction strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use;**
- **A range of targeted harm-reduction strategies designed to reduce drug-related harm for particular individuals and communities. (Ministerial Council on Drug Strategy, 1998, p. 15)**

Within this context, NCETA's mission (to advance the capacity of the Australian workforce to respond to alcohol and other drug problems) is "a strategy to reduce the harm caused by drugs in our community" (Ministerial Council on Drug Strategy, 1998, p. 1).

4.2 NATIONAL RELEVANCE

NCETA is funded to provide national leadership in facilitating effective practice in responding to alcohol and other drug problems. In line with this role, NCETA will engage in research of an international standard, and will collaborate with international, national and state/territory based organisations.

Consistent with its role and funding, NCETA's work will be:

- **consistent with and contribute to the international research literature on fostering effective practice and strategies for workforce development.**
- **informed by the National Drug Strategic Framework.**
- **guided by a Board of Management of the Centre which has national relevance and representation.**
- **collaborative with programs and agencies across Australia.**

While research and other programs may be conducted in specific jurisdictions, the Centre will ensure national relevance and dissemination of research outcomes.

4.3 An evidence-based approach to workforce development and work practice change

Evidence based work practices consciously integrate the best available research evidence with both professional experience and consumer choice. The critical appraisal and systematic review of research evidence and the incorporation of such evidence into policy, guidelines and protocols are key components in the continual improvement of work practices (Sackett et al., 1996). NCETA will identify and foster workforce development strategies which are informed by the best available evidence.

4.4 Research based upon sound theoretical models

NCETA will conduct research based upon sound theoretical models to promote effective practice in responding to alcohol and other drug related harm. Appropriate theoretical bases for work practice may be derived from a variety of academic disciplines such as education, medicine, psychology, nursing and social work. The research conducted by NCETA will ascertain the applicability to the alcohol and other drug workforce of relevant theoretical models developed within mainstream academic disciplines.

NCETA will develop and conduct quality research programs that aim to refine and develop theoretical approaches to work based practice. Specifically NCETA will:

- **Determine the applicability of existing theoretical models to alcohol and other drug work based practice**
- **Promote research design appropriate to the testing of hypotheses**
- **Discuss the implications of research findings for the relevant theory.**

4.5 FACILITATING A MULTIDISCIPLINARY APPROACH

Responding to alcohol and other drug problems forms a part of the core business of a wide range of professional groups. There are a number of stakeholders involved in reducing drug-related harm and it is therefore important to ensure collaborative effort among these groups. The National Drug Strategy specifically endorses such collaboration as a cornerstone of activity.

NCETA will contribute to a multidisciplinary approach to alcohol and other drug-related harm by:

- **Engaging in collaborative research with the variety of professional stakeholders.**
- **Engaging in strategies to translate effective practice into a variety of work settings (e.g. operational policing, rural health services)**
- **Ensuring that research and other outputs are disseminated to the range of key professional stakeholders.**

4.6 A partnership approach

One of the key strengths of the National Drug Strategy has been the development of a strong partnership between health and law enforcement in addressing alcohol and other drug related issues. Consistent with the National Drug Strategic Framework, NCETA has been instrumental in forging close partnerships with a range of agencies (health, law enforcement, education) at the state, national and international levels to address alcohol and other drug related harm. NCETA will continue to build on these partnerships and to forge new partnerships by maintaining a strong commitment to the establishment of formal collaborative relationships and project-based partnerships.

An emphasis will be placed on conducting joint demonstration projects at the state, national and international level and by engaging other government agencies (particularly in the human services area), community-based organisations and industry bodies to address alcohol and other drug related harm.

5. Goals of The Centre

The goals of NCETA reflect the business of the three main agencies involved in its funding.

Under funding from the Commonwealth Department of Health and Aged Care, NCETA will:

- improve understanding of models of practice change and build the capacity of the workforce to respond effectively to alcohol and other drug related harms.
This will be achieved by:
 - **maintaining existing, and developing further, collaborative arrangements with international and Australian organisations**
 - **identifying and building capacity to undertake research that has implications for workforce practice in the drug field**
 - **establishing appropriate partnerships to trial and evaluate models of practice change**
 - **analysing quality practice on the basis of available evidence and identifying the implications for workforce development**
 - **contributing to the dissemination of this research to the peak bodies and the workforce**
 - **identifying models of practice change and adapting these for application in the drug field with specific groups (e.g. health; law enforcement; community agencies)**
 - **identify and developing models to establish standards of practice, consistent with evidence based practice, for key frontline workers (e.g. health, law enforcement; community agency staff)**
 - **identifying specific workforce development strategies for particular professional groups (e.g. law enforcement; health) and responses for particular groups (e.g. youth; indigenous people).**
- improve the quality of education and training for frontline workers on preventing and responding to alcohol and other drug related harm.

This will be achieved by:

- **analysing quality education and training practice on the basis of available evidence and identifying the implications for curriculum development and infiltration**
- **conducting literature reviews on quality curriculum development and curriculum infiltration**
- **identifying the key elements of quality education and training, standards of practice and quality education resources**
- **collaborating with education and training providers in the development of quality education and training programs**
- **providing advice on curriculum development to education providers.**

Under a service agreement with DASC, NCETA will:

- **enhance the capacity of human services organisations and workers to prevent and respond to alcohol and other drug related harm in South Australia.**

This will be achieved by:

- **collaborating with key stakeholders to develop and trial policies, guidelines and standards of practice which will guide and support good work practice for human services workers preventing and responding to alcohol and other drug related harm**
- **conducting collaborative research into the key elements of effective support systems for achieving work practice change in preventing and responding to alcohol and other drug related harm, and trialing model systems within human services organisations**
- **developing and enhancing post-secondary education opportunities in alcohol and other drug studies for human services workers**
- **supporting the development of incentives for human services to pursue post-secondary study in alcohol and other drug studies and encouraging organisations to foster workforce development through post-secondary education opportunities for their workers.**

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