National Drug Research Institute
Preventing harmful drug use in Australia

Curtin
UNIVERSITY OF TECHNOLOGY

FINAL REPORT ON THE EVALUATION OF THE COMMUNITY PARTNERSHIPS INITIATIVE

Confidential

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August 2002

This Project Funded by the Commonwealth Department of Health and Ageing

ACKNOWLEDGEMENTS

This evaluation would not have been possible without the support and assistance of a number of people and organisations.

We would like to thank Noel Taloni, Rae Scott, Cheryl Wilson, Steve Dunlop, Sandra Dorsett, Melissa Ford, Diana Readshaw, Glenda Anderson, Ludivina Young and other staff at the DoHA for their invaluable assistance during the evaluation.

The members of our National Expert Advisory Group, Jill Rundle, Sara Glover, Ann Larson, Scott Wilson, Brian McConnell, Marina Van Kooten-Prasad, Rita Prasad Ildes, Richard Midford, Caroline Fitzwarryne and John Howard, provided us with invaluable feedback on the direction, implementation and findings of the evaluation.

The members of NDRI's Evaluation Team, Tim Stockwell, Dennis Gray and Richard Midford, also provided us with feedback and support. Susan Wilson provided formatting advice and assistance and Linda Matthews and Renae Power organised some formidable travel itineraries. Ursula Ladzinski, Derani Sullivan, Pauline Holmes and May Carter transcribed interview tapes and reporting forms and provided much appreciated administrative assistance. We would particularly like to thank Naomi Britten whose hard work and insight made the final stages of the evaluation so much easier.

Anna Bacik, Keith Evans, Caroline Fitzwarryne, Cecelia Gore, Melanie Hands, John Howard, Ernie Lang, Ann Larson, Meriel Schultz, Noel Taloni, Susan Thomas, Arthur Toon, Tony Trimingham and Gino Vumbaca took time out of their busy schedules to take part in National Key Informant interviews, for which we are very grateful.

Finally, but not least, we would like to thank all the Project Workers and Project Key Informants and young people who took part in interviews, provided reports, arranged for us to observe project activities and made us welcome during project visits.

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GLOSSARY

AF	Application Form
CDHAC	Commonwealth Department of Health and Aged Care
DoHA	Department of Health and Ageing (referred to in the First and Second reports as CDHAC)
FR	Final Report
KI	Key Informant
MEF	Monitoring and Evaluation Form
NDRI	National Drug Research Institute
NEAG	National Expert Advisory Group
R1	Round One of CPI funded projects
R2	Round Two of CPI funded projects
First Report	Bolleter, A. and Loxley, W. (2001). *First Report on the Evaluation of the Community Partnerships Initiative*. Perth: National Drug Research Institute.
Second Report	Bolleter, A. and Loxley, W. (2001a). *Second Report on the Evaluation of the Community Partnerships Initiative*. Perth: National Drug Research Institute.
Third Report	Loxley, W. & Bolleter, A. (2002) *Third Report on the Evaluation of the Community Partnerships Initiative*. Perth: National Drug Research Institute
Fourth Report	Bolleter, A. and Loxley, W. (2002). *Fourth Report on the Evaluation of the Community Partnerships Initiative*. Perth: National Drug Research Institute

EXECUTIVE SUMMARY

This is the final report on the evaluation of the Community Partnerships Initiative (CPI) up to the end of the second funding round. This report contains a summary of all previously reported evaluation activities and an evaluation of CPI Stage 5 and assessment of CPI outcomes. Brief case studies of each project funded under the CPI are available under separate cover.

The evaluation was focused on the way in which the five stages of the CPI met the aims and objectives of the Initiative. The fundamental questions underlying the evaluation were:

- Did the projects meet their own objectives for the prevention of drug use?
- Did the projects meet CPI objectives for the prevention of drug use?
- Did the CPI meet community objectives for the prevention of drug use?
- Did the community consider that CPI was worth funding?

The evaluation was focused on *process* and *impact* issues relating to the five stages. The overall *outcomes* of the Initiative are assessed in this final report. The evaluation methodology comprised a review of existing documentation such as background documents and project progress and final reports, and the collection and assessment of new information through KI interviews. On-site visits to interview Project Co-ordinators, key informants and participants were also undertaken.

Stage 1 involved development of the model and process for application in Australia. CPI is modelled on the WHO Global Initiative on Primary Prevention of Substance Abuse (GIPPSA). GIPPSA aims to mobilize communities to prevent and reduce the health and social problems related to psychoactive substance use among young people through the mobilization of local resources for human resource development. The principles and criteria for funding projects were drawn very closely from the WHO GIPPSA and reflect those elements which were found in the literature to be related to successful community projects.

Stage 2 was a first Funding Round commencing in May 1998. Twenty four applications were funded for one to three years' duration. There was evidence of positive changes in participants' confidence, self-esteem, enthusiasm and drug related knowledge. Changes in behaviour were more difficult to assess with some projects saying that the duration of the project was too short for behaviour change to be manifest. Some projects had significant difficulty in engaging their communities – either because the communities were not prepared for the project or were not in agreement with its central tenets and some Project Co-ordinators identified that they had difficulty evaluating their projects because they lacked the necessary skills. Concerns about resourcing and sustainability were expressed. Projects tended to indicate that they had had little contact with other projects or the Commonwealth.

Stage 3 provided tools and resources to support groups in the community to undertake prevention strategies of quality. The three elements of Stage 3 were Resource Points, Self-Directed Learning (SDL) Kits and State-Based Workshops. We found that the strategies in Stage 3 were all good concepts, but that their potential was not maximised for a variety of reasons.

Stage 4 was a second Funding Round commencing in June 1999. Sixty three applications were funded for six months to three years' duration. Whilst changes in relation to participants' drug related attitudes and knowledge were relatively common it was significantly more difficult to determine that projects had facilitated sustainable behaviour changes for any more than a small group of individuals. Emerging themes included the value of establishing spaces and opportunities for young people in the community and working to strengthen links between young people and the remainder of the community. It was clear at the conclusion of this stage of the evaluation that the Initiative had encouraged quality practice in community action and successfully mobilised a number of communities in the prevention of illicit drug use. More successful projects tended to undertake effective ground work, particularly consultation with relevant stakeholders, prior to the commencement of the project. However, as with R1,

the sustainability of these changes appeared uncertain, as did the extent to which CPI projects facilitated substantive behaviour change for more than a small group of individuals.

When projects funded in Round 1 (R1) were compared with those funded in R2, we found that approaches and selection criteria were similar although there were significantly more non-drug and alcohol specific agencies funded in R2 than in R1. R1 projects were more likely to be working with Indigenous Australians and R2 with CALD populations. The jurisdictional distribution of projects was broadly similar in both funding rounds.

The majority of projects in both rounds met all or most of their objectives, although project objectives varied significantly in both content and ambition. In terms of CPI objectives, the majority of projects funded in both rounds made significant progress towards encouraging quality practice in community action, mobilising communities and undertaking effective ground work. There is less evidence to suggest that projects fostered relationships between government and community, ensured sustainability of action or acted as a resource for new groups. Sustainability of action was problematic in both funding rounds.

In terms of community objectives for the prevention of drug use, projects addressed some concerns raised by Key Informants during Stage 1. Projects in both rounds recognised and acted upon the need to address the social and cultural context of drug use by young people, and community consultants maintained that the Initiative was worth funding.

Stage 5 was concerned with the evaluation of the Initiative and the dissemination of results. It is clear that the intention of the CPI was both to evaluate the Initiative as a whole and to disseminate findings in ways which would inform continuous improvement. It is not clear how dissemination is to be undertaken although a variety of mechanisms, such as the CPI Web site, are available.

In drawing together the threads of the evaluation, we found that good community process was a *sine qua non*, whatever the approach or approaches of the project. However projects with multiple and flexible approaches seemed to be the

most successful: a finding supported by the literature. The CPI had a number of aims, some of which were met. A range of community partnerships was developed, but the extent to which the projects in R1 and R2 could be said to be examples of 'quality' practice was more difficult to ascertain. Projects in both rounds observed positive impacts on individuals and the community, but evidence of behaviour change tended to be limited to a few specific examples. Sustainability was a major concern to both participants and informants which made the assessment of whether there was an increase in the capacity of communities to develop effective prevention activity, and an increase in a sustainable community action across Australia, difficult. Many projects were replicable, but not all had documented their work thoroughly enough and it was not clear how dissemination would occur. All the projects identified and mobilised local resources which was one of the strengths of the Initiative, but few provided training to their communities.

Views of the value of CPI funding were mixed: project informants thought that it was money well spent, but National KIs were more divided in their views with some questioning the overall approach. Other possible approaches to funding community based prevention, based on these views and the literature, are canvassed in the final section of this report.

There are a number of implications for the future of the CPI. Some of these are practical considerations for implication and we have expressed these as recommendations. Beyond these, there are six major messages for community based primary prevention of illicit drug use in Australia which have been drawn from the evaluation.

1. Macro behaviour change from initiatives such as the CPI is unlikely in the short term. Effective prevention is hard to demonstrate without longer well controlled longitudinal studies.
2. Sustainability of impact and outcome is difficult to obtain unless the community is left with more capacity to undertake prevention activities than it had to begin with. Capacity building, however, must be continually nurtured if

it is to last beyond the project. On-going funding for longer periods should be considered in communities where it can be demonstrated there are likely to be effective outcomes.

3. Dissemination of outcomes and replicability of projects are clearly linked. These are essential if the results of the CPI to date are to be extended beyond the individual projects. A clearer consideration of mechanisms would assist, as would technical support to projects.
4. Considerable attention has been paid in this evaluation to determining which approaches might be most effective in community based prevention of illicit drug use by young people. We found that by the end of the projects many were using multiple approaches and were particularly likely to incorporate the provision of alternative activities. This reflects the findings of the literature which suggested that incorporating more than one approach to activities was more effective than single approaches.
5. The experiences of projects in working with their communities indicated that these were generalised across all approaches. Adequate groundwork in consulting the community and relevant organisations prior to the funding submission was critical as was effective process in working with the community during implementation.
6. We observed an aura of self reliance in Round 1, and a general lack of communication between projects in both rounds as well as high staff stress levels and turn-over. Project work like this is difficult and workers need encouragement to seek support for themselves, particularly if their own organisations are not well established.

RECOMMENDATIONS

- Centralised information about CPI should be distributed to Project Co-ordinators as well as to applying organisations.
- Assistance with funding applications, including information about realistic time lines and funding templates which specify administration items such as travel and insurance, would be invaluable to projects.
- The dedicated staff position at DoHA was highly valued by project workers and should be maintained.
- Web based initiatives are not appropriate for all organisations and should not replace human contact.
- Facilitation by the DoHA of relevant and appropriate contact between projects, eg those undertaking similar work, addressing a similar target group or working in a similar geographic area, would be of value to projects, particularly given that time restrictions mean that projects may not have time to organise such contact themselves.
- The current MEF format should be continued and the DoHA should provide feedback on individual project reports.
- Orientation workshops should be provided at the commencement of project implementation. Ideally, all Project Co-ordinators would attend such a workshop, which would necessitate financial support for groups to attend and the facilitation of workshops in all states and territories. Such workshops would ensure that all successful applicants had access to information and support which would maximise the success of their projects, as well as provide invaluable opportunities for contact between projects at a point in time when projects were most likely to find it beneficial and appropriate.
- DoHA should arrange for the provision of technical support to projects. We believe that assistance with planning, program implementation and the development of evaluation measures and tools as well as linking projects to each other would improve program impacts and outcomes. One model would

be for DoHA to employ a staff member with a professional background in the community development sector to visit projects, provide ongoing support to them, facilitate links between projects and assist in their internal evaluation.

- Mechanisms for the dissemination of outcomes should be clearly determined and utilised so that successful projects can be replicated.
- Consideration of on-going funding for longer periods should be given in communities where it can be demonstrated there are likely to be effective outcomes.

INTRODUCTION

This is the final report on the evaluation of the Community Partnerships Initiative (CPI) up to the end of the second funding round. This report contains a summary of all previously reported evaluation activities, an evaluation of CPI Stage 5 and assessment of CPI outcomes. Brief case studies of each project funded under CPI are supplied under separate cover.

The Community Partnerships Initiative (CPI) has been developed under the National Illicit Drugs Strategy (NIDS) within the Commonwealth Department of Health and Aged Care (CDHAC)[1]. Its purpose is to contribute to the prevention and reduction of young people's illicit substance use by mobilising communities and fostering relationships between government and the broader community. This is primarily undertaken by funding community groups to undertake projects which aim to prevent illicit drug use in the community. The anticipated outcomes are the development of an Australian community partnerships model for primary prevention of illicit substance use; a benchmark of quality practice in community participation and action on a significant public health issue; an increase in the capacity of communities to develop effective prevention activity; national dissemination of quality practice in primary prevention of illicit substance use utilising various forms of media; and an increase in self sustainable community action across Australia.

The Initiative operates through a staged approach which provides an opportunity for understanding the philosophy and key elements of prevention within a public health approach. Stage 1 involved background research and development of the model and process for application in Australia. Stage 2 was a first funding round which commenced in May 1998. Twenty four applications were funded for one to three years' duration to undertake projects focused on community development, training schemes, peer education programs for young people and parents, information dissemination and/or resource production initiatives. The projects

[1] Later Department of Health and Ageing (DoHA)

were drawn from a range of rural and remote, regional, metropolitan and suburban settings. Stage 3 provided tools and resources to support groups in the community to undertake prevention strategies of quality. Stage 4 was a second funding round, announced in the second half of 1999, in which 63 projects were funded. The difference between Round 1 (R1) and Round 2 (R2) projects is in their experience in undertaking prevention activities in their communities. R1 organisations were asked to demonstrate experience in project development for prevention activity, while it was expected that R2 organisations would be working towards this experience. It was intended that R1 organisations would act as resource points for R2 organisations. Stage 5 concerns the evaluation and dissemination of results.

A BRIEF REVIEW OF THE LITERATURE

In our First Report we undertook a brief review of the literature in order to discuss key concepts which underpin the Community Partnerships Initiative and outline the evidence base by which it can be evaluated. The focus of the review was the primary prevention of illicit drug use among young people, particularly community based approaches. Critical concepts included conceptualisations of community, capacity building and empowerment.

The review identified a number of common themes. In the first place, it was clear that less is known about the primary prevention of illicit drug use than of other problem behaviours, particularly crime, and the extent of the overlap between the crime prevention literature and the illicit drug use prevention literature is unclear. Secondly, the literature on prevention of illicit drug use among adolescents is largely based on school based studies, so that the generalisation of these to community based programs is unknown.

The conditions under which community based programs are likely to be most effective have been well established and include community ownership, relevant stakeholders, appropriate resourcing and long-term sustainability.

Evidence for what works in community based programs for primary prevention of illicit drug use is difficult to find. It is clear, however, that a simple “what works?” question is not an effective approach to evaluation. What is needed is a more sophisticated holistic approach that will allow for the resolution of questions such as, “which approaches work, for which populations and sub-populations of young people, under which circumstances?”

The literature suggests that some approaches to primary prevention of illicit drug use may be more effective than others. *Knowledge, attitudes, and values* approaches may not be effective in changing behaviour, although younger adolescents may be more influenced by these approaches than older adolescents. *Peer education* is clearly attractive to young people and to those who develop programs, but the literature is far from clear that these programs are effective for anybody other than the peer educators themselves. Programs which

offer *alternative activities* do, however, appear to be relatively successful in preventing the uptake of illicit drug use, and *community action* to support prevention programs of all kinds is important. *Parent based* programs may be effective for those parents who choose to attend, but some research suggests that those parents most in need of these programs are the least likely to attend. *Broad based* programs may be more effective than those which offer only one strategy or approach.

Programs for young *Indigenous* Australians, young Australians from *culturally and linguistically diverse* backgrounds or youth in *rural or regional* areas need special approaches. The characteristics of these populations are often quite well known and there are specific literatures which address these issues.

OVERVIEW OF THE EVALUATION

The NDRI Evaluation Team consists of Associate Professor Wendy Loxley and Ms Amanda Bolleter, with a Research Advisory Group consisting of Professor Tim Stockwell, Associate Professor Dennis Gray and Dr Richard Midford. The evaluation was also advised by a National Expert Advisory Group (NEAG) which was recruited for the purpose of advising the evaluation. Minutes of the last teleconference of the NEAG can be found in Appendix 1.

Interviews with Key Informants (KIs) were a fundamental aspect of this evaluation and were used in addition to document analysis. There were two categories of KI: those who had a role in drug policy at a State, Territory or Commonwealth level, ("National KIs") and those who spoke for individual projects ("Project KIs"). National KIs were interviewed in relation to the value of the Initiative as a whole or processes in specific stages within the Initiative. Some interviews were undertaken at the outset and then repeated at the conclusion of the evaluation so that changes could be assessed. Project KIs were interviewed in relation to the progress of individual projects.

The list of National KIs can be seen in Appendix 2.

The evaluation was focused on the way in which the five stages of the CPI met the aims and objectives of the Initiative. The fundamental questions underlying the evaluation were:

- did the projects meet their own objectives for the prevention of drug use?
- Did the projects meet CPI objectives for the prevention of drug use?
- Did the CPI meet community objectives for the prevention of drug use?
- Did the community consider that CPI was worth funding?

In common with the evaluation of the National Youth Suicide Prevention Strategy (Mitchell, 2000) we adopted the Public Health Approach to program evaluation. In this approach, *outcomes* refer to changes in the health and wellbeing of the target population or program participants; *impacts* refer to changes in modifiable

risk and protective factors in individuals and environments; and *processes* refer to changes in service and program delivery systems.

The CPI evaluation was focused on *process* and *impact* issues relating to the five stages. The overall *outcomes* of the Initiative are assessed in this final report, which explores the extent to which the CPI objectives have been met, or have the potential to be met; identifies potential obstacles and makes recommendations about future implementation of the Initiative.

Process evaluation

This focuses on the operation or implementation of the project. Project organisations completed Application Forms (AF) and Monitoring and Evaluation Forms (MEF) which encompass most of the relevant project process issues but written information was supplemented with interviews with project staff and project KIs. Examples of process evaluation questions with particular relevance to projects follow.

- Who does the project serve?
- What are the relevant SES and demographic characteristics of the target group?
- What are the risk factors for drug use of the target group?
- How is the program actually delivered, compared to intentions?
- How do staff and clients feel about program activities and the program generally?
- What do they like best about it?
- What suggestions for improvement do they have?

Process issues relating to other stages of the program were explored in discussions with KIs. The emphasis was on the ways in which the planning, provision of resources and dissemination strategies were undertaken.

Impact evaluation

This focuses on the effect of the project or program on the participants. It determines whether changes have occurred, usually for primary clients of the

program, but sometimes for their families or close communities. Written information was supplied by AFs and MEFs and was supplemented with interviews. Examples of impact questions follow:

- How have program participants' knowledge, attitudes and/or behaviour changed?
- Have there been changes within participants' families?
- What effects, if any, has the program had on those who provided the service?
- If parents have been trained to work with children, how has the training affected them?
- If young people have been trained to work as peer educators, how has the training affected them?

The impact of other stages of the program, such as the provision of tools and resources to support community groups, was explored with KIs. Here the emphasis was on whether project organisations and other community groups were made aware of the resources available to them and found them useful.

Outcome evaluation

This measures changes on a larger level, examining the effects of programs on the community as a whole and changes in the size or nature of drug abuse problems in the community. Relevant indicators include prevalence and incidence of use, and indices of harm. National and State health and/or crime indicators and other illicit drug data collection systems are not appropriate for assessing prevention or delay of drug use among non-drug using young people. The small-scale and localised nature of the projects makes it difficult to establish whether the Initiative has had an effect on the prevalence, incidence and harms associated with drug use, other than within the local communities where the projects have been undertaken. Local indicators of drug use and drug use harm, however, can be measured/observed and local project personnel and KIs were asked to nominate appropriate local indicators.

Evaluation methodology

The evaluation methodology comprised a review of existing documentation such as background documents and project progress and final reports, and the collection and assessment of new information through KI interviews. On-site visits to interview Project Co-ordinators and participants were also undertaken.

In our evaluation of R1 we undertook a full qualitative assessment of all documentation relating to all 24 projects, and telephone interviews with all Project Co-ordinators and Project KIs. This proved to be very time consuming, and it was apparent that we would not be able to undertake such an intense examination of all 63 projects in R2. With the approval of the NEAG, we modified the method to comprise a quantitative investigation of all Application Forms and sampled Monitoring and Evaluation Forms for all R2 projects, plus visits to 41% of R2 projects, which were selected using stratified random sampling. These visits allowed interviews with R2 personnel to be carried out face to face for the most part.

Details of the methods used in the evaluation of R1 and R2 can be found in the Second and Fourth Reports respectively.

Table 1 overviews the specific evaluation strategies which were used in relation to each stage of the Initiative.

Table 1 Evaluation strategies used in each stage of the Initiative

Stage of Initiative	Evaluation Strategies
Stage 1: background, development of the model and process.	Review of background documents in the light of literature review and evidence-based criteria. KI interviews to assess the perceived value, aims and approaches of the CPI.
Stage 2: first round of funded projects	Analysis of progress and final reports. Evidence-based criteria will be used to assess quality of projects. Triangulation of data from KIs, participants and others.
Stage 3: tools and resources to support community groups to undertake 'prevention strategies of quality': Resource points Self-Directed Learning (SDL) Kits. Workshops	KI interviews and review of progress reports to establish use of funded projects as resource points. Review of SDL Kit evaluation forms. KI interviews with relevant respondents to establish perceived value of SDL Kits. Review of workshop evaluation forms and KI interviews to establish perceived value of workshops for organisers, participants and community groups.
Stage 4: Second funding round	As Stage 2.
Stage 5: Evaluation and dissemination.	KI interviews to establish whether dissemination strategies specifically, and goals and methods of the CPI more generally, meet evidence-based standards and/or expressed needs of community groups and other relevant parties. Evaluation to meet agreed quality and performance indicators. Dissemination of evaluation report as advised by NEAG and DoHA

FINDINGS/CONCLUSIONS

Stage 1 Background research and development of the model and process for application in Australia

Background documents

The CPI is modelled on the WHO Global Initiative on Primary Prevention of Substance Abuse (GIPPSA). GIPPSA aims to mobilize communities to prevent and reduce the health and social problems related to psychoactive substance use among young people through the mobilization of local resources for human resource development. (WHO, nd.). GIPPSA projects share common objectives and guiding principles, have a strong emphasis on national capacity building and support empowerment of local communities. The common elements which link projects to one another are a set of principles including active involvement of local groups and communities; respect for local values and traditions; creation of supportive environments; focus on humans rather than on substances; understanding of the needs of young people; encouragement of alternatives to substance abuse and social interaction; community development; use of the media and monitoring and evaluation of results.

In the CPI context, "communities" refers to community groups including young people, parents, friends and families, local businesses, local government, sporting, art and other community groups; “primary prevention” is defined as activities that “aim to prevent or postpone initiation into use of illicit substances as well as those measures which built in backstop measures to reduce harm for those who may go on to use”. (CDHAC, 1999a, p.2). The background papers to the CPI maintain that the Initiative will demonstrate:

- a range of local community partnerships
- examples of quality practice
- an increase in community capacity to develop preventive activity
- national dissemination of quality practice

- a database of projects
- an increase in a sustainable community action related to primary prevention of illicit substance use.

These aims are to be met by:

- projects which assess levels of primary preventive community activities
- projects which identify and mobilise local resources
- projects which provide basic training and information to assist community groups in development of quality practice
- funding to enable the development for extension of primary prevention activities at the local level
- monitoring and evaluation of the projects
- dissemination of projects results back into the community.

The operationalisation of most of these can be observed in the various stages of the CPI: the NCETA Mapping Exercise which assessed levels of funding for community activities (Beel et al., 1998); Stage 3 of the CPI which was intended to provide skills development and training, the funded projects themselves and the monitoring and evaluation forms which Project Co-ordinators completed. Stage 5 comprises evaluation and dissemination of projects. An assessment of the extent to which the aims were met as intended is included in this report.

Sustainability of effort is a key element of the CPI and its assessment became a key element of the evaluation. Sustainability involves good ground work at a local level before the commencement of project activity and establishing whether any such local ground work activity took place was evaluated with local informants. CPI anticipated that projects funded in the first round would become resources for groups and organisations applying for the second round of funding. Again establishing whether this occurred was an aspect of the evaluation of Stages 3 and 4. Activities for training and skill development included state-based workshops and self-directed learning kits, and the extent and value of these were considered in the evaluation of Stage 3.

The principles and criteria for funding projects are drawn very closely from the WHO GIPPSA and reflect those elements which we found in the literature to be related to successful community projects. These include community ownership of the project, inclusion and coordination of relevant stakeholders in the project, appropriate resourcing for the project and clear identification of the objectives, processes and outcomes of the project. The emphasis in the selection criteria on the involvement of young people in planning, implementation and evaluation; demonstration that the project is based on research evidence; identification of and attention to specific needs, strategies and intervention that are age specific, developmentally appropriate and culturally sensitive; the creation of opportunities for developing networks of links between sectors of the community, and cost effectiveness of the project all reflect qualities that community based projects need if they are to be successful.

We noted in the First Report that one element missing from the Background Documents was an outline of the need for CPI. No evidence was presented that illicit drug use was of sufficient prevalence among young people in the community to warrant the expense of this Initiative. Nor was evidence presented to show that illicit drug use should be the focus and target of such an Initiative rather than use of legal drugs such as alcohol and tobacco. Furthermore, no evidence was presented to demonstrate that funding projects in this way would a) foster sustainable community action and b) form the basis of a network of projects which would reduce and prevent illicit drug use in Australia. It seemed clear to us that the evaluation was intended to provide such evidence. The evaluation was however, limited to two years and we believed it would barely be possible in that time to demonstrate whether or not community action has been sustained.

No links between this Initiative and other National Strategies such as the Youth Suicide Strategy, the Mental Health Strategy, the Homelessness Strategy or the Crime Prevention Strategy were evident. It is well established that problem behaviour among young people is not specific but generalized (National Crime

Prevention, 1999) and that the same young people who are at risk of illicit drug use may also be at risk of mental illness, crime, homelessness, and possibly suicide.

Project applicants completed initial Application Forms and, if funded, Monitoring and Evaluation Forms every six months during the life of the project. We noted that the Application Forms were adequate for the assessment of selection criteria. The Monitoring and Evaluation Forms were intended to identify project activities and problems and how these were overcome; determine if the identified target group had been reached; identify areas of improvement; ensure sound financial management; and enable information regarding successes or problems to be disseminated. We believed that they had the potential to be a useful learning experience for Project Co-ordinators and a useful tool for plotting the progress and development of projects. The MEF was changed for R2 such that Project Co-ordinators were additionally asked to undertake forward planning and to evaluate their achievements against their expectations for the reporting period. Establishing the usefulness of these forms became one of the elements of the evaluation of Stages 2 and 4

Key Informant interviews

Five KIs who represented a national perspective on issues related to young people and drug use were interviewed at the commencement and the conclusion of the evaluation period to assess and reassess their perspective on the relevance and appropriateness of the CPI in the Australian context. Interviews were conducted by telephone, email and in person and each interview lasted approximately 40 minutes.

The majority of KIs had some awareness of the aims and objectives of the CPI, though this varied according to their level and type of involvement with the Initiative. KIs who were not as familiar with the CPI were supplied with background information.

KIs were asked about the major challenges facing Australia in preventing drug use by young people. The need to address the broader issue of young peoples'

health and well being, not just their drug use in isolation, was one of the most common responses. Several KIs commented that the same risk and protective factors applied to a range of behaviours by young people, not just drug use.

As a KI commented at the conclusion of the evaluation:

> *If money is put into employment, poverty reduction, income and social support for families, literacy, crime prevention [and] recreation activities for youth this should reduce self harming behaviour.*

Young people living in rural and remote Australia were seen to be at a particular disadvantage, not only in terms of underemployment and unemployment but also severely restricted educational opportunities, lack of life choices and lack of support and information. Boredom was seen as a key contributing factor to young peoples' illicit drug use, which in turn could lead to crime, as well as mental, emotional and physical health issues.

Several KIs raised the issue of dissonance between young peoples' impression of the world and experience of drug use and the prevention messages delivered to them by adults. The drug using culture in Australia led to prevention strategies delivering mixed messages about the relative harms of licit and illicit drug use. It was felt that prevention messages about illicit drugs for young people did not ring true if delivered by adults whom young people saw using licit drugs such as alcohol and tobacco.

KIs also indicated that in order to reduce the stigma associated with young people and drug use there needed to be more recognition of the positive role which drugs and drug culture could play in young people's lives. One of the ways to overcome the dissonance and stigma associated with young people and drug use was to involve young people more in the development of strategies to target drug related issues.

The need to understand what prevention meant and the types of prevention strategies which were employed in Australia was also raised by KIs. Some felt that there was an incorrect perception held by many drug and alcohol workers that prevention meant giving information about the harms related to illicit drug

use, when in fact it really meant addressing the root causes of drug use, addressing risk and protective factors and increasing social capital. Some KIs believed it was a fallacy that educating young people about illicit drugs would stop them from commencing drug use, and were concerned that prevention messages delivered in inappropriate settings could encourage experimentation. The potential represented by linking mass media strategies with community strategies and niche markets was also raised by KIs.

It was felt that there was a need to better inform the community about what prevention meant and to develop a knowledge base about what worked in community based primary prevention. Some KIs raised concerns about perceptions of the effectiveness of prevention activities in Australia. It was suggested that this might be due to a lack of knowledge about what worked in primary prevention of illicit drug use, which led to ineffective strategies being implemented. It was also suggested that in the past most of the efforts and resources related to addressing drug use in Australia had been directed towards law enforcement or treatment, at the expense of prevention programs.

KIs were asked about the extent to which the aims, objectives and strategies of the CPI met the challenges for preventing drug use by young people in Australia which they had outlined. Several KIs responded positively, saying that CPI was "spot on" in addressing challenges in the Australian context or that any attempt by government to engage the community in problem resolution was a good thing. Several KIs noted that they liked the "seed funding" provided by CPI and the potential which it represented for community capacity building and mobilisation and the development of long term projects within communities.

By contrast, other KIs were not entirely in favour of "seed funding" of the type provided by CPI. Concerns were raised about the sustainability of projects funded in this manner and the difficulties which projects might face in seeking funding from other sources once the CPI grant concluded. It was seen that projects which ceased when CPI funding ceased might encourage expectations

within the community which could not be met and therefore led to disillusionment within the community and reluctance to engage in similar activities in the future.

Other KIs questioned the extent to which initiatives like the CPI could address the broader community issues which they considered to be contributors to illicit drug use by young people. They pointed to the need to develop community based programs which looked at a range of risk and protective factors for young people and the need to build infrastructure in communities, particularly in rural areas.

The need to identify, develop and maintain links and networks within and between sectors of government and community organisations was raised by most KIs. The role of the CPI in linking community organisations with government was seen as valuable both for communities and for government, particularly in terms of raising the awareness of senior government staff about the nature and needs of the community. Some KIs felt that there needed to be more links made between the CPI and other national initiatives, such as those which addressed crime prevention, adolescent homelessness, mental health and youth suicide.

Three KIs added information at the conclusion of the evaluation. Responses included positive feedback about the CPI as a whole and the “talented and fairly sophisticated organisations” who received CPI funding. Feedback as to how the CPI could be improved to better meet the challenges outlined by KIs included addressing the perceived lack of evaluation skills on behalf of projects and the DoHA and the management of future iterations of the CPI by local representatives of government agencies such as Family and Children’s Services. The second suggestion would facilitate connections between government agencies and community groups and help government departments learn how to work with community groups. In addition to this it would double the chances of retaining institutional memory and “cushion” some of the employment shortfalls experienced by workers on community based projects. It was acknowledged that in order for this suggestion to be successfully implemented it would be necessary for the bureaucratic problems and splitting of responsibilities which currently exist

between state and federal government departments to be overcome and that this was starting to happen in some areas.

At the conclusion of the evaluation period, some KIs also reiterated the importance of continued funding for successful projects and the loss of institutional memory and inability to learn lessons from experience which arose from short term funding of projects (particularly in the case of organisations which have no core funding.) The length of the project funding cycle also led, in the view of one KI, to a "boom/bust" situation which was highly risky for smaller organisations and reduced their choices in terms of the type of funding for which they applied.

In relation to the extent to which the principles of the WHO GIPPSA were reflected in the CPI, most KIs felt that there was a strong reflection of the WHO GIPPSA principles in the aims and objectives of the CPI. The WHO GIPPSA was seen to be valuable in terms of providing a very broad set of principles, or an intellectual underpinning, to the CPI. The majority of KIs felt that the principles outlined in the WHO GIPPSA were designed to be appropriate to a global perspective and thus could be problematic in implementation in specific settings. In response to this, it was suggested that concrete frameworks for implementation be drawn from the WHO principles.

One KI indicated that on a scale of 1 – 5, the CPI ranked at about a three in terms of how it addressed the WHO GIPPSA criteria. This KI indicated that CPI projects did focus communities on prevention, couched drug issues in a harm reduction framework, tried to get people working together on issues affecting their communities and promoted an evidence based approach to illicit drug responses. However the KI felt that at this stage in its development CPI projects did not address the antecedent issues relating to drug use.

One KI questioned the value of the WHO GIPPSA as an intellectual underpinning to the CPI indicating that it did not recognise that most countries (and communities) were only able to react to drug related issues, rather than plan and analyse their response beforehand. The KI also felt that the need for support of

community based projects to facilitate their success was underestimated by the WHO, particularly in rural and remote areas.

None of the KIs gave additional responses to this question at the conclusion of the evaluation period.

Opinion as to whether the funding of CPI projects was the best use of $5.8 million was mixed. Several KIs indicated that CPI projects were unlikely to lead to a "sea change" in the prevention of illicit drug use in Australia and that individual projects were unlikely to achieve effective outcomes in terms of primary prevention. However, their funding would at least help to set the scene and develop an agenda for drug use prevention in Australia, as well as strengthening the ability of communities to respond to illicit drug use issues.

Some KIs commented that the CPI overall was under resourced, or that it would have been preferable to fund a much smaller number of high quality projects for the long term. This opinion was reiterated at the conclusion of the evaluation period.

In relation to the funding of individual projects, comments were made in relation to the perception that larger, more established organisations tended to be the successful applicants in the first funding round and the appropriateness of the $80 000 cap for second round projects. A few KIs expressed concern about the project assessment process and had the perception that some projects which had been recommended for funding by the Expert Reference Group were replaced with other projects.

The majority of KIs felt that they did not have enough knowledge about specific CPI projects to comment on their performance or indicated that it was too early to assess the extent to which projects had met their objectives (particularly those projects funded in R2). However, there were a number of general comments made about the organisations and projects funded by CPI.

Speaking generally, several KIs said that the CPI projects looked worthwhile and had already made a positive difference in terms of the level of interest, discourse and discussion in the community about illicit drug use. It was recognised that

there would always be uncontrolled variables which might affect the success of projects such as those funded by CPI.

Several KIs raised the issue of the sustainability and replicability of projects. Sustainability was considered to be of key importance by many KIs, with one KI saying that the most important indicator of success for projects was whether they could be sustained in the future. Several KIs talked of the importance of identifying people in the community who had the skills and experience to develop community responses to issues such as illicit drug use. However they also recognised that in the event that this person ceased to take on this role the sustainability of projects and community effort could be threatened.

Several KIs commented on the types of projects funded by CPI. One KI noted that in one state they tended to be very narrow and focussed on drug education, though this was fairly realistic given there was only a limited amount of money available. Another KI commented (about projects in the same state) that there were too many awareness building projects and that they did not represent an approach which was very effective or rewarding for those involved

At the conclusion of the evaluation period, two KIs commented that they had insufficient information about CPI projects to make any further comments about their success or otherwise. A third KI indicated that most of the projects' objectives were "not the right ones" and queried the intent behind funding projects – was it to "set up processes and have motivated people attending education sessions" or was it to reduce self harming behaviours?

Overall, KIs welcomed the CPI in terms of focusing more attention on prevention initiatives in Australia. KIs clearly saw that preventing illicit drug use by young people was best achieved by addressing contributing factors such as unemployment, underemployment, lack of life choices and lack of support and information. KIs were somewhat divided as to whether the funding allocation and structure of the CPI precluded it from addressing these broader issues.

The issues raised about sustainability focused mainly on the short-term nature of the funding provided for CPI projects. KIs were concerned that the relatively short

life span of projects did not allow them to demonstrate whether or not they had met their objectives. There was also concern about raising community expectations during the life of the CPI project, which only caused disillusionment when the project funding ended and was not renewed.

In addition to this, several KIs commented that very little was known in Australia about what types of community based primary prevention projects worked. It was suggested that a longitudinal study of what worked in a small sample of long term, well resourced primary prevention projects would better address this deficit than the short term funding provided through the CPI.

For the most part KIs felt that that the principles outlined in the WHO GIPPSA were well reflected in the principles of the CPI. However some KIs felt that the principles outlined in the WHO GIPPSA were too broad to be of particular relevance to any specific situation.

In conclusion, it could be said that whilst the need for a greater focus on prevention was well supported, the question of whether an initiative such as the CPI was the most effective way to achieve this remained contentious.

Stage 2 First Funding Round (May 1998)

This section of the report summarises the evaluation of Stage 2, i.e. projects funded in Round One (R1) of the CPI. Twenty four applications were funded for one to three years' duration. These were categorised from their Application Forms according to the general approaches outlined in the literature review. R1 projects were most likely to incorporate a focus on *Peer Education*, *Knowledge, Attitudes and Values* and/or *Community Action*. Foci on *Parents* or *Alternatives to Illicit Drug Use* were also well represented amongst projects but less common. Nearly half of R1 projects incorporated elements of two or more of these approaches.

All states and territories, with the exception of the Australian Capital Territory, had representation. Thirteen projects were based in city/metropolitan areas and 11 in rural/regional areas. The level of funding received by R1 projects ranged

from $17 000 to $211 000, with a mean of $82 326R1 projects represented the special population groups of Indigenous Australians, people from CALD Backgrounds and young people living in rural and remote areas. However, there was no specific inclusion of gay and lesbian young people in R1 projects

The projects were generally targeted at young people and had a wide range of secondary targets – so wide, that some projects might be characterised as adopting a scattergun approach. The most common primary target groups were young people (including young people at risk and CALD young people) and their parents. Community groups were the most commonly cited secondary target group. Undoubtedly, this range of targets was related to the efficacy of the projects such that more focused projects were more able to achieve their objectives. The extent to which projects reached their target groups, or the characteristics of those that were reached was, however, difficult to assess.

Process, impact and outcome evaluation

Most of the process issues are described in the assessment of the fundamental questions which are compared with R2 in a later section; however, we also observed that some projects were unable to fulfil their reporting requirements to CDHAC, according to the payment schedule.

In relation to impacts, many Project Informants observed positive changes in participants' confidence, self-esteem, enthusiasm and drug related knowledge. However, these changes tended to be difficult to quantify and were more likely to relate to individuals or small groups than to the whole community. The comments of participants about the activities they attended were generally very positive, and most of the negative perspectives attributed to participants related to the lack of community preparedness for the projects. Project Co-ordinators were, however, more negative than positive with a predominance of concerns relating to resource and time limitations. Suggestions for improvements tended to relate to programming improvements, and the need for more resources and more community support.

Information from almost all the projects pointed to positive changes in participants' attitudes as an impact of the projects. A majority also noted an improvement in participants' drug related knowledge by the end of project. Changes in behaviour were more difficult to assess with six projects saying that the duration of the project was too short for behaviour change to be manifest, but a few projects saw evidence of major behaviour change. Peer educators tended to increase or improve their drug related knowledge and attitudes, and reported improvements in confidence and self-esteem among them were common. Some behavioural shifts in peer educators were also noted. Positive changes in knowledge, attitudes, values and/or behaviour by participants' families were noted in some projects

In terms of measurable outcomes, all projects were able to provide extensive indicators of drug use problems in their community which, in more than 50% of cases, were supported by data drawn from state or national research. In assessing the achievement of these outcomes it is important not to place undue emphasis on the few examples of project related change which were reported. In general, projects were less able to point to objective measures of changes than to anecdotal accounts. In some cases, they acknowledged that it was difficult to bring about behavioural changes in the relatively short duration of the projects, but were able to point to precursors of behaviour change: changes in attitudes, in values and in knowledge. In other cases services were set up, and/or relationships formed which continued after project funding ceased. In most cases, projects were unable to comment about the possible effect of their project on the availability of illicit drugs.

In comparing R1 projects to the features of successful community based projects identified in the literature review, we found that the approaches taken by projects tended not to reflect the approaches which the literature indicated were more likely to be successful. That is, the program type which is least likely to be successful (knowledge attitudes and values) was one of the most popular and the approach identified by the literature as most likely to be successful (alternatives)

was the least popular. We also found that projects often had significant difficulty in engaging their communities – either because the communities were not prepared for the project or were not in agreement with its central tenets. Project Co-ordinators identified that they had difficulty evaluating their projects because they lacked the necessary skills. Concerns about resourcing and sustainability tended to reflect the main issues raised by the literature in this area. An emerging theme was the strong self-reliance of projects. Projects tended to indicate that they did not need to have contact with other projects or the CDHAC. However, this may have assisted Project Co-ordinators, many of whom were under considerable stress during the projects, to network with other projects and gain support from them.

Another emerging theme was the extent to which projects grounded their stated needs for illicit drug use prevention in state and national research. Whilst this is pleasing in some ways, projects may have been further advantaged by also researching local/community needs.

This stage of the evaluation represented an analysis of less than one third of the total number of projects funded through the Initiative and thus we were hesitant to make conclusive comments about the projects funded through the CPI at that point in time. However, we indicated that in summarising the key outcomes of R1 projects against the objectives of the CPI, it was clear that the Initiative had encouraged some quality practice in community action and had successfully mobilised a number of communities in the prevention of illicit drug use. There were some suggestions in the data that projects which had been more successful had tended to undertake effective ground work prior to the commencement of the project.

It was less easy for us to establish that the CPI had fostered genuine two-way relationships between government and community or that it had achieved sustainability of the actions initiated by projects. In terms of the processes of the Initiative, CPI projects had provided some assistance to potential R2 applicants, though there had been surprisingly little contact between R1 projects. While most

organisations met their reporting requirements for projects, some organisations experienced problems in fulfilling their reporting timeframes as specified in the contract. The timeframe for delivery of reports may need more attention in future stages of the Initiative.

In conclusion, it appeared at this stage of the evaluation that many projects had made significant progress towards their objectives and had made a positive impact on a significant number of young people in Australia. However, it was difficult to establish that CPI projects had led to sustainable changes in their community or that the Initiative had fostered genuine two-way relationships between the government and the community to date.

Stage 3 Aims to provide tools and resources to support groups in the community to undertake prevention strategies of quality

Stage 3 of the Initiative was designed to provide tools and resources to support groups in the community to undertake prevention strategies of quality. The three elements of Stage 3 were Resource Points, Self-Directed Learning (SDL) Kits and State-Based Workshops. One of the requirements of the projects funded in the first funding round was that successful applicants would act as a resource and referral point for groups seeking funding through the second round. Two SDL Kits were to be prepared: one for the broader community and one specifically for Indigenous communities. The Kits were to be adapted from existing materials providing information for community groups and organisations on the key elements in sustainable community action. Only one Kit was completed as a resource for groups wishing to undertake community action to prevent illicit drug use. It provides information to assist groups to plan, implement, and evaluate a community partnerships response to drug issues. The CDHAC did not proceed with the Indigenous resource on advice from the Office of Aboriginal and Torres Strait Islanders Health, as they indicated that such a resource would not be appropriate for the Indigenous community.

It was intended that State-Based Workshops would be held in every jurisdiction. The aim was to provide an overview of current prevention activity, showcase examples of quality prevention projects and provide update sessions outlining strategies that address key issues commonly faced by community groups in project development and implementation. Workshops were convened between March and April 1999 in WA, Queensland, ACT, NSW and Victoria.

The method for this stage of the evaluation comprised the collection and analysis of data from three key data sources:

1. written documentation provided by DoHA
2. the Self-Directed Learning Kit and web site
3. interviews with R1 and R2 Project Co-ordinators and state/territory and National KIs.

We found that the strategies in Stage 3 were all good concepts, but their potential was not maximised. Project Co-ordinators had generally not had contact with other projects although other members of their organisations may have had when they prepared their applications. The CPI Kit is a high-quality resource but there were considerable delays in its publication and dissemination which limited its value to the funding round it was developed to support. The workshops were intended to showcase R1 projects to potential R2 organisations but fewer than half of R1 projects were presented at a workshop – largely because there was no CPI workshop in half of the states and territories where R1 projects were funded. Few of the organisations that eventually received R2 funding attended.

Stage 4 Second Funding Round (June 1999)

In Round 2 (R2) 63 applications were funded for six months to three years' duration. Projects were most likely to incorporate a focus on *Knowledge, Attitudes and Values*, *Peer Education*, and/or *Community Action*. *Alternatives* to Illicit Drug Use and *Parent Programs* were also well represented amongst projects but were less common. Twenty four percent of R2 projects incorporated elements of two or more of these approaches.

All states and territories had representation and 33 projects (52%) were based in city/metropolitan areas and 29 (46%) in rural/regional areas. One project worked in a number of jurisdictions and was thus classified as 'Other.' The level of funding received by projects ranged from $5 000 to $80 000, with a mean of $62 974. R2 projects specifically targeted all four of the special population groups (Indigenous Australians, people from CALD Backgrounds, young people living in rural and remote areas and gay and lesbian young people identified in the evaluation of Stage 1, though to varying degrees.

Target groups for R2 projects were very broad, as they were in R1. Averaged across both reporting periods sampled, 37 types of target groups were reported. The most common target group in both reporting periods was young people, but health/welfare and youth agencies were also well represented, as were parents of young people and the community generally. The majority of projects indicated (across both reporting periods) that they had met their planned target groups, a smaller group indicated that they had partially met their target groups and only a few projects indicated that they had substantially not met their target groups.

Process, impact and outcome evaluation

In relation to processes, Project Co-ordinators were, for the most part, very positive in their feedback about support and communication from DoHA and did not expect significantly more contact or assistance than they received. The majority of Project Co-ordinators indicated that they found the MEFs useful in planning their work and monitoring their progress, although there were a number of fairly minor changes suggested to the format. These related to removing repetition in the format of the MEF and providing more opportunities for Project Co-Ordinators to report on aspects of the project not immediately related to questions in the MEF.

In relation to the impacts of projects in their communities, Project Co-ordinators reported that there was positive feedback from participants relating to changes in their attitudes to drug use, enjoyment of the project activities and improvement in their drug and alcohol related knowledge.

Whilst changes in relation to participants' drug related attitudes and knowledge were relatively common it was significantly more difficult to determine from the information provided that the project had facilitated conclusive, sustainable behaviour changes for any more than a small group of individuals. Peer educators were reported to have experienced improvements in their drug related knowledge, attitudes and values, but once again there was little more than anecdotal evidence that behavioural changes could or would be sustained for more than a few individuals.

In reporting behaviour change which may have been brought about by the project, it is important to note that the majority of R2 projects had not yet concluded and thus the sustainability of changes noted can not be assumed or guaranteed.

Project Co-ordinators were not specifically asked about the effect which the project was having or had had on them. Whilst several indicated that they had enjoyed working on the CPI project, a number indicated that they felt overloaded or stressed by the project. Interestingly, a significant number of Project KIs noted that the Project Co-ordinators on "their" projects appeared to be stressed by the experience.

In terms of measurable outcomes all successful applicants for funding were able to provide evidence (ranging from general statements to externally conducted research and local needs analyses) that their project was needed. Identified prevention needs included educating or informing the community about drug and alcohol use, providing alternatives to drug and alcohol use and promoting young peoples' resilience by increasing their self esteem and promoting their affinity with and connection to their community.

Changes noted within communities as a result of the project were often anecdotal rather than objective. They included increased access to drug and alcohol or similar services, changes in community attitudes around drug use and increased links between organisations in the community.

In comparing R2 projects to the features of successful community based projects identified in Stage 1 of the evaluation, we found that the approaches tended not to reflect the approaches which the literature indicated were more likely to be successful. As with R1, the program type which was least likely to be successful (knowledge, attitudes and values) was one of the most popular and the approach identified by the literature as most likely to be successful (alternatives) was one of the least popular, although some projects who did not include this approach in their Application Forms incorporated it into the implementation of their project.

Emerging themes from this stage of the evaluation included the value of establishing spaces and opportunities for young people in the community and working to strengthen links between young people and the remainder of the community. Many projects also recognised that young people are not homogeneous and structured their work accordingly.

Another emerging theme was the amount of Project Co-ordinators' time taken up with administrative work and the extra load placed on projects who were not auspiced within a larger organisation which could provide some logistical support.

Projects were likely to underestimate the resources required to support their work and assistance with this at the application stage for future funding rounds would be invaluable. An encouraging theme which emerged from Round Two projects was the support which some projects had received from private enterprise. Once again, this is something which the DoHA could help to facilitate in future funding rounds by way of information such as a summary of successful approaches used by other CPI projects in the past.

To summarise the key outcomes of R2 projects against the objectives of the CPI, it was clear at the conclusion of this stage of the evaluation that the Initiative had encouraged quality practice in community action and successfully mobilised a number of communities in the prevention of illicit drug use. The experience of R2 projects reinforced the theme which emerged in R1 that more successful projects tended to undertake effective ground work, particularly consultation with relevant stakeholders, prior to the commencement of the project.

Whilst a number of projects demonstrated clear and positive impacts on their target groups and communities, there was minimal evidence to show sustained outcomes in communities. This was not unexpected given the short time frame for project funding and evaluation, and reflected the outcome of the evaluation of R1 projects.

There was evidence that this round of CPI funding had fostered relationships within communities, however as with R1 there was less evidence to suggest that it fostered genuine two-way relationships between government and community. Elements of just fewer than half of the R2 CPI projects appeared to be sustainable, but given that majority of R2 projects were yet to complete their work it was difficult to draw any firm conclusions about this.

In conclusion, projects funded under R2 of the CPI appeared to have met all or most of their objectives and facilitated an increase in knowledge and capacity within their own communities. However, as with R1, the sustainability of these changes appeared uncertain, as did the extent to which CPI projects facilitated substantive behaviour change for more than a small group of individuals.

At the conclusion of the evaluation of R1, the evaluators proposed a revised method for R2 projects on the basis that whilst the 'formula' used for R1 worked relatively well, the input of time and resources required to obtain and manage the requisite was unsustainable. The revised approach of sampling the projects which were evaluated in depth, and analysing only the application forms and the first and last MEFs received, was less resource intensive to implement and still enabled the evaluators to address all the fundamental questions and objectives of the evaluation outlined in the Comprehensive Evaluation Strategy (First Report). In fact, the revised method yielded more evaluative data for a number of nodes than the method used for evaluation of R1 projects.

Links between Stages 2, 3 and 4

Comparison of funding rounds 1 and 2

This section of the report outlines links between R1 and R2 and looks at how these funding rounds linked with Stage 3 of the Initiative. Whilst recognising the inherent difficulties in comparing R1 and R2 projects too closely, we make some broad comparisons of the projects in these funding rounds. In making any comparisons, it is critical to note that not only did the evaluation method change from R1 to R2 but also the majority of Project Co-ordinators in R2 were interviewed during the implementation of the project, whereas the majority of Project Co-ordinators in R1 were interviewed some time after the conclusion of the project.

In comparing the type and approach of projects funded in R1 and R2, there are some clear similarities and some areas of difference. Approaches tended to be similar, with *Peer Education*, *Knowledge Attitudes and Values* and *Community Action* approaches the most common in both rounds. *Peer Education* was slightly less common in R2 than it was in R1. Foci on *Parents* and *Alternatives* to illicit drug use were less common in both funding rounds. Whilst nearly half of R1 projects incorporated a *Broad Based* approach, just under one quarter of R2 projects used elements of two or more of the defined approaches.

The selection criteria for projects in both funding rounds were very similar. A significant change from R1 to R2 was that whilst organisations which obtained R1 funding needed to be able to demonstrate experience in undertaking primary prevention of illicit drug use with young people, those which obtained R2 funding needed only to indicate that they were working towards such experience. Whilst organisations in both rounds were likely to indicate that they had experience in primary prevention, it is interesting to note that there were significantly more 'generic' organisations (that is, not drug and alcohol specific agencies but community health centres, youth organisations, community groups etc) funded in R2 than there were in R1.

In relation to special population groups, R2 projects were more likely to be working with CALD individuals and groups (R1 8%, R2 16%), R1 were more likely to be working with Indigenous Australians (R1 21%, R2 13%) and whilst there were no groups in R1 which worked with gay and lesbian young people there was one project in R2 which addressed this target group.

The jurisdictional distribution of projects was broadly similar in both funding rounds. There was a higher percentage of projects located in South Australia and Queensland in R2, and a lower percentage of projects located in Victoria and Western Australia in R2. In both rounds, 54% of projects were based in city/metropolitan areas and 46% were based in rural/regional areas.

The range of funding for R1 projects was $17 000 - $211 000, with a mean of $82 326. Funding for R2 projects ranged from $5 000 to $80 000 with a lower mean of $62 974. It should be remembered that a funding cap of $80 000 was introduced for R2 projects. This reduction in overall funding for R2 projects has significant implications in comparing the objectives and performance of R1 and R2 projects.

The extent to which Rounds One and Two of the CPI addressed the fundamental questions of the CPI is summarised below.

In relation to the first fundamental question, ‘Did the projects meet their own objectives for the prevention of drug use?’ it is important to keep in mind that changes in the evaluation method meant that the extent to which projects met their own objectives was quantified in the evaluation of R2, but not in the evaluation of R1. Regardless, based on the content of MEFs received it is clear that the majority of projects in both rounds met all or most of their objectives, although project objectives varied significantly in both content and ambition.

In relation to the second fundamental question, ‘Did the projects meet the CPI objectives for the prevention of drug use?’ we examined the extent to which projects met the CPI objectives for community-based prevention of illicit drug use in young people as well as the way in which projects were selected, the extent to

which they conformed to the CPI definition of primary prevention and the extent to which they met the DoHA's expectations.

In relation to the first point, the CPI objectives for community-based prevention of illicit drug use in young people can be summarised as:

- encouraging quality practice in community action and mobilising communities
- fostering relationships between government and community
- sustainability of action
- effective ground work prior to establishment of project
- existing CPI projects acting as a resource for new groups developing innovative prevention projects or seeking to replicate projects in other settings. (CDHAC, 1999)

It is clear that a number of projects in both rounds established quality practice in community action. Whereas some projects in R1 appeared to have mixed success in mobilising communities this difficulty did not appear to have been as pronounced in R2. Adequate resourcing and effective consultation with the community were hallmarks of quality practice and community mobilisation in both funding rounds.

In relation to fostering relationships between government and community, whilst a number of positive comments were made by projects in both rounds about the funding and administration of the initiative, this is not sufficient to indicate that relationships were fostered between government and community. R2 projects were more positive in their assessment of the DoHA than were R1 projects. This could be attributable to an improved level of servicing and level of clarity around funding for R2 projects.

Sustainability of action was problematic in both funding rounds. Projects in both rounds were likely to indicate that sustainability was linked to ongoing funding and in both rounds the majority of projects had not been successful in sourcing further funding at the time of the evaluation. It appeared that projects which were

'owned' by the community as a result of effective consultation and cooperation were more likely to be sustainable than projects which were not.

Projects in R1 and R2 were likely to find that undertaking extensive consultation or groundwork prior to implementation meant they were less likely to experience opposition from the community. A significant number of projects in both rounds undertook consultation and groundwork, which was pleasing. This may have been particularly pronounced for R2 projects.

In relation to existing CPI projects acting as a resource for new groups developing innovative prevention projects or seeking to replicate projects in other settings it appears that R1 projects were more likely to report contact with R2 applicants than R2 projects were to report that they had sourced assistance from R1 projects at the application stage. This may be partly a function of the difficulties experienced by the evaluators in interviewing project staff in R2 who were involved in developing the application for funding.

In summary, it appears that the majority of projects funded in R1 and R2 made significant progress towards encouraging quality practice in community action, mobilising communities and undertaking effective ground work. There is less evidence to suggest that projects funded in Rounds 1 and 2 fostered relationships between government and community, ensured sustainability of action or acted as a resource for new groups.

In relation to other aspects of whether projects met the CPI objectives, information relating to the criteria against which funding decisions were made was sourced from the DoHA for both funding rounds. The criteria included a focus on people and their environments rather than substances, thorough assessment of the needs of the nominated community, active involvement of young people, community groups, businesses, government and non-government sectors and the media, plans for sustainability post funding and strategies for internal monitoring and evaluation. It was clear that applicants in both rounds were assessed against criteria which were extensive, clearly expressed and

consistent with the principles outlined by the World Health Organization's Global Initiative on Primary Prevention of Substance Abuse (WHO, nd).

Interviews conducted with National KIs in relation to the assessment process for Rounds One and Two also confirmed that for the most part the assessment process was rigorous and fair and that there was congruency between the CPI objectives and the projects funded.

In terms of whether projects' objectives were aimed at prevention of drug use, the report on Stage 1 of the evaluation defines primary prevention as those activities which "aim to prevent or postpone initiation into use of illicit substances as well as those measures which build in backstop measures to reduce harm for those who may go on to use" (CDHAC, 1999, First Report). It is possible to say that the majority of projects in both rounds made progress towards achieving this very broad definition. There were a few projects in both funding rounds which clearly articulated that their philosophy was harm reduction (for example reducing the respiratory harm associated with smoking cannabis). There were also some projects which provided examples of behaviour change amongst participants related to harm reduction around alcohol use although this was not a primary objective.

In relation to whether projects met the process requirements of the DoHA, it appeared that the majority of projects understood what was expected of them as the recipients of Commonwealth funds and felt able to meet these expectations. However, a large number of projects indicated that they had underestimated the amount of funding they would require. Projects planned a range of evaluation strategies which differed significantly in complexity and many appeared to have carried out their strategies, albeit sometimes with difficulty. Most projects believed that their work was replicable, although the extent to which they had documented their work to a degree which would enable implementation by a third party was sometimes problematic. Most projects had plans to disseminate their work and there was evidence that this had occurred to some extent in both

funding rounds. The majority of projects found the CPI forms easy to complete, comprehensive and useful.

The third fundamental question asks whether the CPI met community objectives for the prevention of drug use. It is best addressed by assessing both rounds against the key themes which emerged from interviews with KIs during Stage 1. The first theme related to the need for the CPI to address the social and cultural context of drug use by young people. Overall, projects in both rounds recognised and acted upon this need, particularly in R2 where some strong themes emerged in relation to young people's relationships to their community and the issue of physical 'space' for young people within communities.

The second theme which emerged from the Stage 1 interviews related to concerns that CPI projects might not be sustainable. As outlined above, these concerns were largely borne out by projects in both rounds.

The third point raised by KIs in Stage 1 was that there is little evidence available about what works in primary prevention of drug use by young people in Australia. The timing of the evaluation for projects in both rounds made it somewhat difficult to elicit definitive information about what works in community based primary prevention. However, a common key to success identified in relation to projects funded in both rounds was community consultation.

In relation to whether the community considered that CPI was worth funding, projects funded in R1 and R2, as well as National KIs interviewed in relation to these funding rounds, were likely to indicate that the CPI was worth funding. However, it is important to note that many of these informants were understandably biased in their perception of the worth of the CPI.

There were a number of *a posteori* themes which emerged in evaluating R1 and R2 projects. The first of these was the self reliance demonstrated by a number of projects, who indicated that contact with other projects or with the DoHA was not a high priority for them. R2 projects were also likely to demonstrate a fair degree of self reliance, although perhaps not to the same extent as projects funded in R1.

In R1 we indicated that an impressive number of CPI projects had drawn on state and national research to illustrate the need for primary prevention of illicit drug use in their communities. This was less common in R2 projects, with a greater focus on locally generated needs analyses and observations to provide support for the project application. This may be due to the fact that whilst organisations funded in R1 needed to demonstrate a background in prevention work and may have had greater exposure to state and national research as a result of this, organisations funded in R2 needed only to demonstrate that they were working towards such a background and may not have had significant exposure to state and national research relating to prevention of drug related harm.

An *a posteori* observation which emerged from evaluating R2 projects, and which was less evident in R1, was that some projects worked effectively to establish spaces and opportunities for young people in the community and develop and strengthen links between young people and the remainder of the community.

It was clear from evaluating both rounds that Project Co-ordinators were at times stressed by the demands of the project. Given that R2 projects were intended to be implemented by less experienced organisations it may have been reasonable to expect that Project Co-ordinators would indicate similar or greater levels of stress than R1 Project Co-ordinators, however this did not appear to be the case. The evidence of this effect may have been ameliorated in R2 by the timing of project visits (before the conclusion of the project and the work often associated with the culmination and resolution of the project) and the fact that interviews were conducted in person rather than by telephone. The greater anonymity associated with telephone interviews in R1 may have encouraged Project Co-ordinators to disclose the negative impact which the experience had had on them.

In summary, whilst projects funded under R2 of the Initiative tended to receive less funding than their R1 counterparts, they appeared to perform to a similar level and have similar effects on their target groups and broader communities. The number of community based as opposed to specific drug and alcohol

agencies funded in R2 bodes well for an increase in broader community capacity to develop effective prevention strategies for young people and for a focus on individuals and communities rather than substances, as outlined in the WHO GIPPSA.

Stage 3

Stage 3 of the CPI was intended to provide tools and resources to support groups in the community to undertake prevention strategies of quality. The three elements of Stage 3 were R1 projects acting as resource points for R2 applicants, a Self-Directed Learning Kit and State Based workshops (Third Report). The timing of Stage 3 meant that its effects were most likely to impact on projects funded in R2.

The extent to which R1 projects acted as resource points for R2 projects is addressed above. In relation to the tools and resources developed as part of Stage 3, R1 projects were more likely to have attended a CPI workshop than R2 projects. This finding may be partly a function of the timing of the Stage 3 workshops and a reflection of the fact that the personnel who applied for R2 funding were often different to the personnel who implemented R2 projects and took part in the evaluation. In relation to the Self-Directed Learning Kit, the majority of R2 Project Co-ordinators interviewed indicated that they had not received the Kit. It appeared that the Kit had often not reached the people in the organisation who were most likely to find it useful. A substantial number reported that they had received the Kit but had not found it particularly useful and a smaller number indicated that they had received the Kit and found it useful.

The potential which existed for Stage 3 of the CPI to maximise links between projects funded in Rounds One and Two and to provide tools and resources to R2 applicants does not appear to have been realised. Developing and maintaining a current list of Project Co-ordinators and distributing information about other CPI funded projects and resources to this list may increase the effectiveness of such strategies in future funding rounds.

Stage 5 Evaluation and dissemination of results

Background documents

The description of Stage 5 in the RFT (CDHAC, 1999) relates only to the evaluation and does not discuss dissemination. Elsewhere in the RFT there is a considerable detail about the proposed evaluation, and it is on this that the evaluation has been based. Clearly the implementation of detailed and rigorous evaluation of CPI as a whole has been a central concern.

Comments about dissemination are spread through the various background documents. In the RFT, for example, it is emphasised that project information which has been collected in the Monitoring and Evaluation Forms and Final Reports should be disseminated widely so that others can replicate, implement or build on project experiences: this is clearly within the principles of the GIPPSA (WHO, nd). It is also stated that the outcomes of the evaluation are to "provide a means of communicating to the wider community, the successes, problems and challenges of the Initiative."(p. 15)

Attachment A, which is background information about CPI sent to applicants, maintains that the aims of CPI will be met by a series of processes including "dissemination of project results back into the community to inform future action" (CDHAC, 1999a, p. 3). Attachment B, which contains information about project reporting requirements, states that completed reports may be disseminated to a series of committees and working groups (CDHAC, 1999b).

It is thus clear that the intention of the CPI is to both evaluate the Initiative as a whole, and to disseminate findings in ways which will inform continuous improvement. The UNDCP, in a manual on community-based drug demand reduction and HIV/AIDS prevention, also emphasises the importance of dissemination: "Reports on the impact of community projects should be made available to other communities with drug abuse problems. The general public should be made aware that this type of activity exists, and that it is within its powers to implement such initiatives …" (UNDCP, 1995, p. A-12).

What is not clear, however, is how the dissemination is to be undertaken. A variety of mechanisms, such as the CPI Web site, are available but there is no discussion of whether they are to be used, or, if used, in what way.

National Key Informant Interviews

We interviewed five National KIs about matters relating to Stage 5, as follows.

1. How important was it for the CPI to be externally and independently evaluated?

   All KIs indicated that external and independent evaluation of the CPI was important or worthwhile. Some KIs added that it was important that the evaluation encompassed the entire process of the CPI in order to obtain meaningful data for the future about what worked in initiatives of this type.

   One KI indicated that the evaluation should be based on principles of effective prevention rather than the WHO GIPPSA "motherhood statements." Another KI expressed concern that the government might not "take on the evaluators' insights" into the CPI and wondered whether "the abilities of the evaluators would be better applied to another task."

2. To what extent have the processes and outcomes of the CPI been disseminated to relevant parties?

   The majority of KIs indicated that there had been very little or no dissemination or systematic dissemination of the processes and outcomes of the CPI to date or that they were not aware of it if it had occurred. One KI indicated that information had been provided where requests were made and that the outcomes of funding rounds had been the subject of media releases.

   Several KIs expressed points of view in relation to how dissemination should occur. One stressed that processes and outcomes which resulted in behaviour change should be disseminated, rather than disseminating "PR" while another thought that dissemination should be "copious and automatic."

3. To what extent will the CPI result in a reduction of illicit drug use by young people in Australia?

   None of the KIs were confident that the CPI would result in a reduction in illicit drug use by young people in Australia. One view was that initiatives of this type would not result in behaviour change on a macro level unless projects represented good practice approaches, were sustainable and were funded for an extended period of time. Others suggested that whilst overall outcomes in terms of illicit drug use by young people might not be apparent in the short term, the CPI might be contributing to building community capacity, early intervention, community education and service enhancement which might in turn minimalise or marginalise drug use.

4. Can the gains made by the CPI either in communities where projects were based, or more generally in Australia as whole, be sustained once funding ceases?

   The view of the majority, expressed with various levels of emphasis, was that the gains of the CPI would not be sustained once funding for individual projects ceased. One KI said “A feast and famine funding arrangement never augurs well for sustainability.” However, this KI was also aware that some of the larger, more “canny” organisations “had the ability to overcome the structural barriers to sustainability which the CPI represents.”

   A minority view was that the intention had been that CPI projects would be able to sustain their gains without further funding and that this would occur in the projects which “have paid strong attention to building on activity already occurring in their communities and those that have used community capacity building principles for their chosen project, for example focus on partnerships and problem solving between partners, sharing information and skills, and building infrastructure.”

5. What should happen in relation to community-based prevention of illicit drug use if the CPI is discontinued?

   In reporting the responses to this question it is important to note that the circumstances relating to the continuation of CPI have changed significantly since this question was first asked of KIs at the commencement of the evaluation. Expansion of the CPI to the value of $14 million was announced in 2002. This funding will be allocated chiefly to new projects.

   One view expressed by KIs related to sustaining projects in communities in the longer term, collaboratively dealing with the root causes of illicit drug use by young people and promoting community capacity building which addresses a range of social and health factors rather than illicit drugs alone.

   Another view related to continued funding and alternative processes for future iterations of the CPI. These alternative processes included promoting the role of local government and local representatives of government agencies such as Family and Children's services in responding to illicit drug issues. One of these KIs indicated that this type of process would facilitate connections between government agencies and community groups and help government learn how to work effectively with the community. It would also increase the retention of institutional memory and help promote stability of employment for workers employed on these types of projects. This KI indicated that in order for this option to be workable the existing "splitting of responsibilities" which she saw occurring between state and federal government departments would need to be resolved. On a positive note, the KI indicated that she saw evidence that this resolution was already starting to occur.

6. What links were established between CPI and other National Initiatives?

   The majority of KIs indicated that there were either minimal links or no links established between the CPI and other national initiatives (such as Crime prevention, Mental Health Promotion, Suicide prevention, Homelessness prevention, Depression initiatives, etc).

7. Should links have been established between CPI and other National Initiatives, and how could this have been facilitated?

   The majority of KIs indicated that there should have been links made between the CPI and other national initiatives. KIs pointed to the importance of a coordinated approach at federal, state and local levels to dealing with structural determinants and self harming behaviours. The DoHA may need to be better resourced to deal with these issues.

   One KI felt that it was important to get this type of approach to primary prevention "right for drugs first" before progressing to the broader initiatives such as mental health and early childhood.

8. Other comments about the CPI

   The majority of KIs did not have any further substantive points to make about the CPI. Of the few who did, one suggested funding future CPI projects for three years with a three year option dependent on performance. Another KI commented positively on the CPI website. Having been alerted to its existence by the evaluators she had accessed it, found it to be "very good" and promoted it through her networks.

DISCUSSION

Quality practice: different approaches

Knowledge, Attitudes and Values

Knowledge, Attitudes and Values (KAV) approaches can be defined as those which seek to increase young people's awareness about illicit drugs while changing their values and attitudes through examination of personal needs, values and decision making patterns (Tobler, 1992).

The review of relevant literature conducted at the commencement of the evaluation indicated that KAV approaches may not be effective in changing behaviour, although younger adolescents (perhaps those who have not yet started to use drugs) may be more influenced by this approach than older adolescents" (Second Report).

When asked what the needs for prevention were in their communities, Project Co-ordinators and Project KIs in both funding rounds were likely to list needs which could be addressed through a KAV approach. Similarly, when discussing the impact which the project had had on the community, Project Co-Ordinator and Project KI responses were likely to identify changes in knowledge, attitudes and values, as in the following: [2]

> Participants' knowledge has clearly increased – evaluation asked them to rate their understanding of five questions from 1 – 10: the National Drug Strategy, harm minimisation, knowledge about drugs, options for treatment and counselling methods. At the end of each of the 10 sessions a significant increase of knowledge about all the above subjects was shown.

It is more difficult to quantify changes in attitudes or changes in values, but many projects did observe changes in these areas. The sustainability of these changes, however, was often difficult to ascertain.

[2] Indented statements in italics are direct quotes from interviews: indented statements not in italics are summary statements from a variety of sources.

> *"This project gave the young people a chance to access new technology and gather information on issues that related to them. Yes, I believe their attitudes changed as well as values but no, I do not believe this will be sustained due to the fact that the project has now come to an end. They do not have computers at home therefore will not be able to look up their web site and have a look at all the hard work they did."*

Projects which employed a KAV approach were evenly divided between those which employed KAV alone and those which combined KAV with other approaches. Looking in more detail at R1 projects and sampled R2 projects, it appears that projects which combined KAV with another type of approach, particularly Alternatives, noted that the two approaches potentiated each other in producing positive results.

> Positive comments from participants quoted in MEFs, particularly relating to enjoying activities and increasing knowledge. The project has made it easier for young people to talk about drugs and be more involved in the community.

In summary, it appears that KAV was a popular and relatively successful approach, inasmuch as it appeared to change knowledge, attitudes and values. However, the relationship of this to behaviour change is unclear and there are clear indications that it worked best when combined with another approach, particularly the Alternatives approach.

Peer Programs

Peer education has been defined in a number of ways including as "The teaching or sharing of health information, values and behaviours by members of similar age or status group" (Milburn, 1996, cited in Parkin and McKeganey, 2000, p. 294). Peer education is clearly attractive to young people and to those who develop programs, but the literature is far from clear that these programs are effective for anybody other than the peer educators themselves (Second Report).

Broadly speaking, the evaluation of CPI projects supported findings of the literature summarised above. There was clear evidence that peer programs had

facilitated increased knowledge and some changes in attitudes, values and behaviour for some peer educators.

In a majority of projects which employed a peer based approach there was evidence of increased or improved drug related knowledge among peer educators, parents having better coping skills, young people using fewer drugs or developing teamwork, trust and improved leadership abilities. In some cases, these improvements were demonstrated by evaluations based on surveys or other paper and pencil measures and in at least one case were shown to have been sustained at a three month follow up. Some peer educators had experienced changes in their drug using habits, or were using fewer drugs.

> *"Out of this I'm also going to gain … it's good for me to get out there and educate people and give me a sense of self worth so I don't go back to where I was. I'm really excited about it."*

A small number of projects were able to point to broader effects of peer-based programs, either on other young people or on the wider community.

> Reports from young people that they have been able to convince friends not to poly drug use, that they have known who to call in a drug related emergency: lives saved by this intervention.

However, projects also experienced significant difficulty in working with peer educators. Several projects indicated that they had underestimated the level of ongoing support which peer educators would require, or that they had underestimated the competing demands on young people's time. This was particularly true in rural and regional areas where young people often spent several hours each day travelling to and from school. One project, which undertook a review of the literature relating to peer education, summed up the need to carefully examine the needs of the community before using a peer education approach.

"[The biggest achievement was] the literature review. The idea that one can't just assume that peer education can be universally applied. We must think about when it is appropriate. This is part and parcel of a more cognitive strategy."

There were some encouraging indications in regard to the sustainability and replicability of peer programs, but these applied to a very limited number of projects and need to be considered in conjunction with the difficulties in establishing peer based programs outlined above. Young people, themselves, were aware of these possibilities:

YP1: "It would work anywhere."

YP2: "Coz it's pretty much by the youth for the youth. Youth are inquisitive – they will want to find out more."

In summary, the evaluation of CPI projects provides clear evidence that peer based programs can effect positive changes in peer educators' knowledge, attitudes, values and, to a lesser extent, behaviour. However, there is less evidence to indicate that they can effect changes in other young people or in the broader community. The problems with peer-based programs experienced by projects should be taken in to consideration by other groups intending to take a similar approach.

Parents

For the purposes of this review, parent based programs were categorised as those which sought to provide information and/or support for parents of young people who are using or are at risk of using illicit drugs.

The review of literature related to parent based approaches was summarised in the Second Report as indicating that approaches of this type may be effective for those parents who choose to attend, but some research suggests that those parents most in need of these programs are the least likely to attend.

The difficulty in attracting parents most in need of these programs was clearly illustrated by CPI projects in both funding rounds. Project Co-ordinators consistently indicated that they experienced problems gaining parent acceptance

of programs or problems with attracting parents to project activities. Several projects indicated that the stigma around drug use could be a particularly strong deterrent for parents.

> *"It is frustrating when the parents won't come to the programme because of the stigma attached. They make it difficult for us to implement the programme."*
>
> *"I don't think we've really cracked the nut yet of the parents who need to come being the ones who come. We have had to learn how to market conferences etc in terms of, for example, promoting resilience rather than addressing drug problems and in terms of parents preferring to hear an outside expert speak than to discuss issues amongst themselves."*

As noted by one of the projects above, marketing interventions for parents in terms of broader issues such as promoting young people's resilience can help to overcome some of the stigma associated with providing interventions marketed exclusively as drug related programs. Some of the projects which were able to attract parents experienced significant levels of success and demonstrated changes in knowledge, attitudes and values as well as self-sustainability in a few instances.

> *"Families, when they first encounter drug use, have a black and white, control and manage approach. As time goes by they get more oriented to minimizing harm, managing and coping. You see attitudes change quite dramatically, progression and growth in how they approach things."*

In summary, CPI projects in the first and second rounds of funding clearly mirrored the findings of the literature review – whilst working with parents has the potential to increase their knowledge about drug related issues, strengthen their coping skills and provide them with support, it is often extremely difficult to reach the parents most in need of this type of intervention. However, there is some evidence to show that parents may be more attracted to interventions which relate to promoting young people's resilience rather than drug use specifically.

Community Action

In the Comprehensive Evaluation Strategy for the CPI, Community Action was defined as those approaches which sought the representation and active involvement of community sectors in preventing illicit drug use by young people. The WHO GIPPSA clearly indicates that community involvement is a critical factor in local prevention programs and that active involvement of local groups and communities, respect for local values and traditions, the creation of supportive environments and a focus on humans rather than substances are key elements of community involvement in primary prevention (WHO, nd).

A number of CPI projects in both funding rounds who employed elements of a community action approach appear to have had significant success. Project Informants often noted improved communication and discussion within the community and increased links between organisations. A number of projects appeared to effect changes in broader community attitudes, particularly a reduction in the stigma surrounding illicit drug use and/or young people.

> *"We do have a lot of issues in our community – previously we did not have people talking about drugs. Now we have caught up with the system. We knew the problems but had a lack of resources and ideas on how to tackle these problems. This project is a very good start."*

A small number of projects noted behavioural changes in the broader community which appeared to have been effected (at least partly) through taking a community action approach. Indicators of this included a reduction in public consumption of drugs and alcohol, greater awareness of healthy lifestyle issues, a reduction in antisocial behaviour, fewer court appearances, improved relations between police, government and the community and increased use of facilities or services. In one or two cases a reduction in the availability of drugs or substances was demonstrated.

"The consumption of drugs and alcohol has been dramatically reduced in public areas. Knowing the outcomes for using illicit drugs and alcohol has noticeably deterred anti-social behaviour generally. The Council office is not having to deal with as many requests for help with court appearances and antisocial behaviour is starting to be looked down upon. Town meetings bring the voice of the people out."

An achievement which was particularly clear in R2 projects was an increase in the affinity which young people had with their communities, and a positive change in the way in which young people were viewed and treated by their communities.

"People are uniting around a common goal .. like they really want to see something happening for young people."

"One of the things unexpected about the … project was that the kids' parents also enjoyed it – the older generation wanted to do a similar project. They came up with lots of ideas about allowing the kids to come up with the anti-drug and alcohol messages – and supported their distribution of artwork, signs and posters around the community."

Several projects also worked to promote the idea of 'spaces' for young people within communities where they could socialise, play sport etc. Negotiating for spaces such as these sometimes necessitated addressing prejudices held towards young people by their communities.

"Recreation opportunities need to be affordable and appropriate. The local area doesn't have public space where young people can just hang out and play music and not get hassled - boredom is a strong factor in drug use by young people."

"There is lots of misinformation about young people. They are not all drug users just because they look a certain way. The project has enabled better levels of understanding and tolerance to develop and has helped to dispel the fear of young people hanging around the mall."

It was observed that in several communities a lack of support from one key sector of the community was enough to halt a project's progress. This occurred in relation to several community forums which had been planned by projects, and highlights the need for groups to consult their communities extensively and intensively prior to applying for funding to implement community based activities.

In summary, the experience of CPI projects appears to support the WHO's recommendation of community involvement in projects. It is clear that young people and the broader community have a great deal to gain when projects work to break down the prejudices which are sometimes exercised against young people within communities. However, community involvement is not possible without genuine and strategic consultation with relevant community sectors prior to the commencement of the project.

Alternatives

Tobler (1992) describes the Alternatives approach as taking the form of basic life skills, job preparation, recreational activities and physical adventure programs, designed to help combat the boredom which is often implicated in illicit drug use by young people. It was clear from the review of relevant literature that programs which offer alternative activities appear to be relatively successful in preventing the uptake of illicit drug use by young people.

Whilst the Alternatives approach was not as commonly cited as other approaches at the application stage of the funding rounds, it seems that, particularly in R2, a number of projects incorporated an Alternatives approach to their work once they had begun implementation. This may have related to a realisation by Project Co-ordinators that it would be difficult to attract their target group without offering some sort of incentive, such as recreational activities. Some projects also saw the provision of recreational activities as a form of recompense for peer educators.

Not surprisingly, Alternatives based approaches elicited positive feedback from participants. However, there was also clear evidence that Alternatives based

approaches could effect changes in knowledge, attitudes, values and behaviour for participants.

> *"They need to actually do something rather than just be entertained – I can't stress strongly enough that the arts are a key to that. And that doesn't mean that being involved in the arts means that you won't get involved in drugs, but it can answer some of those key questions about 'why I exist' and 'what's the purpose of it all' and overall the positive implications outweigh the negative."*
>
> Diversionary activities with one particular group of at risk young people appears to have changed behaviour in terms of reducing or delaying criminal activity, reducing or stopping illicit drug use, re-enrolling at school etc.

Projects which adopted both an Alternatives approach and a KAV approach sometimes grappled with how best to integrate these two approaches. Several projects which appeared to resolve this dilemma described the philosophy behind their approaches.

> *"The best way is to have fun with them. … You've got to come to their level and it doesn't necessarily mean having to drop, it could mean raise to their level as well. While you're doing that, you can't have an agenda, you can't be expecting to get something out of them. You've just got to be with them."*
>
> *"I know that when she [one of the participants] was involved in helping plan the two year celebrations for the family centre … she and I would have conversations about parenting that, it would be just like sitting around the table, helping plan the menu and we'd just get a bit sidetracked into some of the issues that she was facing with her kids. … Now that for her was enough for her to really think about how to focus on her children's needs and you know in itself that's an intervention."*

Several projects worked to establish youth drop in centres which provided recreational activities. Whilst there were a number of challenges associated with this, projects also noted positive outcomes.

> *"When we first started people thought we were a drug centre where people could come and get their drugs – people were negative about it. Now we get a good mix of kids. … We are providing a centre where people can feel comfortable regardless of their background – that is one of our major focuses. The centre is a non-threatening environment."*

In a few instances, projects appeared to be reducing the immediate harms which young people would otherwise be experiencing, particularly in relation to alcohol use.

> Harm reduction strategies were introduced such as Friday night food and activities, which were sponsored by local businesses. This reduced hanging out on the street by two-thirds.

Other projects sought to promote healthy lifestyles, link young people to their local physical environment, help young people learn how to achieve "natural highs" and promote affordable activities, with some success. These types of approaches linked well with promoting a positive image of young people within their communities and were also popular with young people.

> *"It's better than drugs" [comment made by a young woman after going surfing for the first time].*

In summary, CPI projects tended to offer recreational activities rather than the life skills or job preparation included by Tobler (1992) in her definition of the Alternatives approach. CPI projects appeared to find success in using an Alternatives based approach and many found that this approach lent itself to promoting young people's resilience and facilitating links between young people and the broader community. Some projects took a pragmatic approach to providing alternatives in aiming to reduce drug (or more commonly alcohol) related harm by reducing the period of time which young people were drinking alcohol, or ensuring that they had a meal before drinking alcohol. Whilst this

approach is not entirely congruent with the objectives of the CPI, it does appear to have been effective in communities where it was employed.

Quality practice: examples of effective process

This section outlines our assessment of examples of good process in community based primary prevention projects. Similarities to the findings of the literature review will be apparent.

- Establishing relationships between sectors in the community and between the project and its target group takes time. This is particularly true if the project worker or their auspicing organisation are new to the community and need to establish credibility. Successful projects indicated that these relationships took at least six months to establish.
- Consulting the community prior to the submission of an application for funding is critical to the success of a project. In order for consultation to be effective, the experience of CPI projects in this evaluation indicates that consultation needs to be strategic (in terms of reaching all sectors of the community which may have a stake in the project) and intensive (providing and seeking detail about the nature of the project and possible involvement by community stakeholders).
- The “pinnacle” of consulting the community is to facilitate the identification by the community of solutions which are the best way of meeting their identified needs: that is, a bottom-up approach rather than a top-down approach.
- It is important to genuinely involve young people (or the relevant target group) in the consultation, development, implementation and evaluation of the project. The structures of the project and the auspicing organisation should maximise the extent to which young people can take a role in determining the direction and success of the project.
- Project budgets should allow for administration and transport costs.
- The support needs of the project’s target group (particularly young people) and peer educators should not be underestimated. It is also important to

recognise and respect the fact that young people often juggle a number of competing demands on their time.

- Establishing and maintaining relationships between young people and members of the broader community and providing positive alternatives to the prejudices sometimes associated with young people have been found to be very effective ways of furthering project objectives.
- Models of primary prevention which have previously been implemented successfully overseas or elsewhere in Australia may not be appropriate to all communities. Replication of other viable models is important but should be undertaken with care.
- Projects which were most effective were realistic in setting objectives and determining how much could be achieved with the resources available.

Assessment of CPI Objectives

The aims of the CPI are to demonstrate:

- a range of local community partnerships for primary prevention of illicit substance use
- examples of quality practice in community participation and action of a significant public health issue
- an increase in the capacity of communities to develop effective prevention activity
- national dissemination of quality practice in primary prevention of illicit substance use
- a database of projects potentially included in the Australian Drug Information Network
- an increase in a sustainable community action across Australia (CDHAC, 1999a).

These aims are to be met by:

- projects which assess levels of primary preventive community activities
- projects which identify and mobilize local resources

- projects which provide basic training and information to assist community groups in the development of quality practice
- funding to enable the development for extension of primary prevention activities at the local level
- Monitoring and evaluation of the projects
- dissemination of projects results back into the community (CDHAC, 1999a).

In the following section we have attempted to assess how well these aims had been met in CPI to the end of the second Funding Round, and to what extent the proposed mechanisms and processes were used and were effective.

A range of local community partnerships for primary prevention of illicit substance use

There is no doubt that in both funding rounds, projects worked with a wide range of community groups and individuals. In R2, for example, 70% of the 67 successful applicants cited community groups as potential partners with most describing establishing or improving relationships within the community as a result. Practical outcomes of these relationships included increased or improved communication between services or groups in the community, an increased sense of community or improved trust between groups and individuals within the community and more positive attitudes towards, and opportunities for, young people in the community.

Examples of quality practice in community participation and action of a significant public health issue

The extent to which the projects in R1 and R2 can be said to be examples of 'quality' practice is more difficult to ascertain. In the discussion above on approaches and processes, we have noted which appear to have been effective. In general, we noted that in R1, while not all projects were aimed entirely at primary prevention, the majority made some progress in encouraging quality practice in community action, and in mobilising communities and fostering relationships between government and community. R2 projects were more likely than those in R1 to have addressed the social and cultural context of drug use by

young people, which was identified as a critical factor by National KIs. Projects in both rounds noted positive impacts on individuals and the community, but evidence of behaviour change tended to be limited to a few specific examples. Many commented that the period of funding was too short to allow for behaviour change to become evident. Moreover, primary prevention is hard to demonstrate without long-term carefully controlled studies with comparison control groups. We felt that projects could have made more use of systematically collected local indicators of impact. The issue is developed further in a discussion of evaluation.

An increase in the capacity of communities to develop effective prevention activity

and

An increase in a sustainable community action across Australia.

These two objectives have been taken together because they seem to go to the heart of what was considered by many of those who were involved in this evaluation to be one of the major difficulties with CPI – sustainability. We have noted that some National KIs were not entirely in favour of "seed funding" and had concerns about the sustainability of projects funded in this manner. They also thought that projects might experience difficulty in seeking funding from other sources once the CPI grant concluded, and it was believed by some that projects which ceased when CPI funding ceased might encourage expectations within the community which could not be met thus leading to disillusionment within the community and reluctance to engage in similar activities in the future. Other concerns included the loss of institutional memory and inability to learn lessons from experience which arose from short term funding of projects and the difficulty of demonstrating whether or not objectives had been met over a short time span.

Project Informants commonly linked sustainability of project effected gains and changes to further funding. Our assessment was that just over half of R2 projects

(or elements of projects) were not sustainable without further funding[3]. Relationships established and knowledge or skills gained through the project appeared to be the most likely elements of projects which could be sustained without further funding. Stage 5 KIs concurred with this view, stating that those projects which would be able to sustain their gains without further funding would

> *"… have paid strong attention to building on activity already occurring in their communities and … have used community capacity building principles for their chosen project, for example focus on partnerships and problem solving between partners, sharing information and skills and building infrastructure."*

The implication of this for effective community partnership action will be developed in the next section on mechanisms and processes.

Finally, we noted in the First Report that this evaluation was intended to demonstrate that CPI would a) foster sustainable community action and b) form the basis of a network of projects which would reduce and prevent illicit drug use in Australia. The evaluation has however, been limited to two years and it is barely possible in that time to demonstrate whether or not community action has been sustained.

National dissemination of quality practice in primary prevention of illicit substance use

and

A database of projects potentially included in the Australian Drug Information Network

These two objectives are also taken together because they seem to speak to the same issues: replicability and dissemination. The background documents emphasise that these are critical aspects of the CPI: projects should be shown to be effective, the elements that can be replicated should be noted, and there

[3] We were not able to make a similar assessment for R1.

should be national dissemination to inform other communities. We have also noted that the CPI Web site is a potentially good vehicle for national dissemination – as may be the ADIN web site.

We found that most R1 projects believed that their programs were replicable, and some replication was already taking place. It appeared that the majority of R2 projects could be replicated elsewhere, sometimes with adaptations, but a minority appeared to have documented their work to an extent which would enable another group to implement their activities in a different community, although not all projects had been completed. The majority of projects had plans for dissemination of their findings, and some were judged to have disseminated extensively.

While it was the intention of the CPI to disseminate quality practice in ways which would inform continuous improvement it is not clear how the dissemination is to be undertaken. Stage 5 KIs' views about this included the need to disseminate processes and outcomes which resulted in behaviour change rather than just "PR," while another thought that dissemination should be "copious and automatic."

Assessment of CPI Mechanisms and processes

Projects which assess levels of primary preventive community activities

In their application forms all funded projects were able to justify the need for the project on the grounds of varying levels of potential drug use and harm, and community responses

Projects which identify and mobilize local resources

All projects identified and mobilised local resources. This is one of the strengths of the Initiative to date.

Projects which provide basic training and information to assist community groups in development of quality practice

There appeared to be little training of community groups. One project model was to employ a project officer to recruit a community group to be trained in primary

prevention activities so that prevention can be sustained once funding ceases. We were impressed with several examples of this occurring: some relating to training parents and some to training health professionals.

Funding to enable the development for extension of primary prevention activities at the local level

This seems to relate to the previous point. CPI funding was seldom used to develop the community as a resource to undertake prevention activity – in most cases project funds were used to fund officers who ran activities, workshops etc, in the hope that the improved knowledge, skills, attitudes and in some cases behaviour would be sustained once the project had ceased. Clearly, many came to believe that it would not.

Monitoring and evaluation of the projects

The Monitoring and Evaluation Forms that were completed by projects were for the most part well received and many found them helpful. They were an invaluable part of this evaluation. However, we believe that individual projects needed more assistance to undertake more extensive evaluation for themselves: project staff commented on their perceived lack of evaluation skills and while all projects had planned evaluation strategies, presumably as a requirement for funding, it was not always clear whether these plans had been carried out. We noted above that we felt that projects could have made more use of systematic measures of the impact of the project on participants: to some extent their failure to do so seems to have been linked to perceived lack of skill, and to some extent to perceived lack of time. We believe that this is an area where more centralised support would have been invaluable.

Dissemination of projects results back into the community

This issue was discussed in the objectives above.

Assessment of the Fundamental Questions

In the First Report we maintained that the evaluation could be summed up in terms of four fundamental questions. We now present an overview of our response to these – in brief, because it reiterates much that has been said above.

Did the projects meet their own objectives for the prevention of drug use?

The majority of projects in both funding rounds met or made significant progress towards their own objectives. Limited funding and difficulties in working with communities were noted as constraints.

Did the projects meet CPI objectives for the prevention of drug use?

The majority of projects made some progress in encouraging quality practice in community action, and in mobilising communities and fostering relationships between government and community. Our concerns about sustainability, evaluation, replicability and dissemination have been noted.

Did the CPI meet community objectives for the prevention of drug use?

The generally positive relationships fostered by the projects attests to the fact that they appeared to be meeting community objectives for the prevention of illicit drug use. Problems were experienced in a minority of cases and these have been noted. Projects which had difficulty did not appear to have done adequate preparatory work with their communities, and tended to be 'top-down' rather than community owned and driven.

Did the community consider that CPI was worth funding?

Clearly the Project Co-ordinators and the Project KIs thought that the funding was worthwhile. National KIs were more divided in their views. We noted in the First Report that the need for CPI had not been established in the background documentation: National KIs seemed to have no doubt that it was needed, but tended to question the approach. When asked about the extent to which the aims, objectives and strategies of the CPI met the challenges for preventing drug use by young people in Australia, several KIs responded positively, noting the

potential which CPI represented for community capacity building and mobilisation and the development of long term projects within communities. Others, however, questioned the extent to which initiatives like the CPI could address the broader community issues which they considered to be contributors to illicit drug use by young people. They pointed to the need to develop community based programs which looked at a range of risk and protective factors for young people and the need to build infrastructure in communities, particularly in rural areas where young people were seen to be at a particular disadvantage in terms of underemployment and unemployment, severely restricted educational opportunities, lack of life choices and lack of support and information.

National KIs believed that preventing illicit drug use by young people was best achieved by addressing contributing factors such as those outlined above. The majority commented on the lack of links between CPI and other National Strategies such as the Youth Suicide Strategy, the Mental Health Strategy, the Homelessness Strategy or the Crime Prevention Strategy, and were somewhat divided as to whether the funding allocation and structure of the CPI precluded it from addressing broader issues. Opinion as to whether the funding of CPI projects was the best use of available funding was mixed. Several KIs thought that projects were unlikely to achieve effective outcomes in terms of primary prevention but that their funding would help to develop an agenda for drug use prevention in Australia, and strengthen the ability of communities to respond to illicit drug use issues. Others thought that it would have been preferable to fund a much smaller number of high quality projects for the long term.

In general then, National KIs had some doubts as to whether the CPI objectives were appropriate and in particular, concerns about the targeted nature of the Initiative. Current thinking about prevention focuses more on common risk factors for a range of social problem behaviours, and undertakes early intervention to address the common social and structural determinants of these behaviours.

Implications for the future of CPI

Practical considerations in implementation

This section of the report outlines what we believe to be key implications for the implementation of future iterations of the CPI. The implications outlined here are drawn from the experiences of projects in Rounds One and Two of the CPI. In presenting these implications it is important to note that overall, CPI projects were positive in their assessment of the DoHA's role. These implications are intended to suggest additional ways in which the DoHA could maximise the potential of their administration and support of projects.

Allow time for establishment

CPI projects regularly commented that they had allowed insufficient time to implement their objectives, particularly in relation to getting established in the community. A number of projects indicated that it took at least six months before they were able to start implementing their planned activities. Thus there would be significant value in the DoHA encouraging applicants for funding to allow for this in their budgeting and timelines.

Provide assistance in budgeting and planning

Approximately half the projects funded in both rounds indicated that they had underestimated the funding they would require to implement their objectives. Projects regularly underestimated their administration costs, particularly transport costs. Were the DoHA to provide additional assistance with budgeting and planning, this would help to overcome these difficulties, particularly if future rounds of the CPI fund less experienced community based organisations. The assistance could take the form of a pro forma which includes details such as administration, insurance and travel costs and encourages applicants to budget appropriately for these.

Provide consistent information and support.

Feedback from CPI projects funded in Rounds One and Two clearly indicates that they welcomed having a dedicated staff position at the DoHA to provide

them with advice and support. It is recommended that this type of position be maintained.

The experience of some projects indicated that not all projects or auspicing organisations have convenient access to the internet. This may be particularly true of smaller, less established organisations. For this reason, web based initiatives are not always appropriate and should not replace human contact with projects.

Facilitate relevant and appropriate contact between projects

It was clear from feedback provided by CPI projects that contact with projects who were undertaking similar work, addressing a similar target group or working in a similar geographic area would be welcomed. It was also clear that the time restrictions under which many projects were working meant that projects did not have time to organise such contact themselves but would welcome facilitation of contact by the DoHA.

Continue current MEF format and provide feedback

Projects were generally positive in their appraisal of the Monitoring and Evaluation Form format and it is recommended that the DoHA maintain a similar format in the future. It appeared that not all organisations had received feedback from the DoHA on their MEFs, or that feedback had not always reached the Project Co-ordinator. Projects who had received feedback indicated that they welcomed it. Continuing to provide feedback (even just brief comments to the Project Co-ordinator) would help to affirm and support projects in their work and achieve the objective of promoting the relationship between government and the community.

Correspond with Project Co-ordinators

There were several indicators that information being sent by the DoHA to funded organisations did not always reach the Project Co-ordinator and thus could not be used to promote or support the work of the project. In addition to this, the experience of the evaluators in using project contact details provided by the DoHA was that some of the people listed as contacts had left the organisation or

had only had a role in the application for funding rather than the implementation of the project. Whilst it may require some additional staff resources, it is clear that maintaining an up to date list of Project Co-ordinators and using this to provide information about other CPI projects and send resources would ensure that information is received by those who can best make use of it.

Provide an orientation workshop at the commencement of project implementation

Our evaluation of Stage Three of the CPI indicates that whilst the workshops run prior to the funding of R2 projects were well constructed and had value, the people who could best make use of them (i.e. the Project Co-ordinators) were unaware of them or unable to attend. There may be value in inviting organisations which have been successful in applying for CPI funding to attend a workshop. An ideal outcome would be for all Project Co-ordinators to attend such a workshop, but this would necessitate financial support for groups to attend and the facilitation of workshops in all states and territories. Such workshops would ensure that all successful applicants had access to information and support which would maximise the success of their projects, as well as provide invaluable opportunities for contact between projects at a point in time when projects were most likely to find it beneficial and appropriate.

Provide technical support to projects

It is clear from our evaluation of Stages 1 to 5 that many projects welcomed the support which was provided to them by the DoHA. It was also clear from our experience in visiting projects that projects welcomed the opportunity to discuss their successes and problems and often sought information or advice as to how they could resolve difficulties, or about other CPI projects they could contact. This would require the services of technically trained staff working with the current DoHA CPI team. One of the National KIs referred to a similar model in the National Youth Suicide Prevention Strategy where projects were visited, provided with information and support targeted to their particular needs and assisted to conduct ongoing evaluations. One way to do this would be to employ a staff

member with a professional background in the community development sector. This position could visit projects, provide ongoing support to them, facilitate links between projects and assist in the internal evaluation of projects. Alternatively, this additional support role could be undertaken by a national body external to the DoHA.

Promoting the best outcomes

In the last section of this Discussion we outline what we believe to be the six major messages for community based primary prevention of illicit drug use in Australia:

1. Macro behaviour change from initiatives such as the CPI is unlikely in the short term. Effective prevention is hard to demonstrate without longer well controlled longitudinal studies.
2. Sustainability of impact and outcome is difficult to obtain unless the community is left with more capacity to undertake prevention activities than it had to begin with. Capacity building, however, must be continually nurtured if it is to last beyond the project. On-going funding for longer periods should be considered in communities where it can be demonstrated there are likely to be effective outcomes.
3. Dissemination of outcomes and replicability of projects are clearly linked. These are essential if the results of the CPI to date are to be extended beyond the individual projects, but at this stage it is not clear how this will operate. A clearer consideration of mechanisms would assist as would technical support to projects.
4. Considerable attention has been paid in this evaluation to determining which approaches might be most effective in community based prevention of illicit drug use by young people. However, the way in which projects described themselves in their Application Forms, which determined their original approach categorisation, did not always reflect the eventual implementation. By the end of the projects, many were using multiple approaches, and were particularly likely to incorporate the provision of alternative activities. This

reflects the findings of the literature which suggested that incorporating more than one approach to activities was more effective than single approaches (First Report).

5. The experiences of projects in working with their communities indicated that these were generalised across all approaches. Projects learned that adequate groundwork in consulting the community and relevant organisations prior to the funding submission was critical as was effective process in working with the community during implementation.
6. We observed an aura of self reliance in Round 1, and a general lack of communication between projects in both Rounds as well as high staff stress levels and turn-over. Project work like this is difficult and workers need encouragement to seek support for themselves, particularly if their own organisations are not well established.

CONCLUSIONS AND RECOMMENDATIONS

At the beginning of this report we noted that the literature on the prevention of illicit drug use among adolescents is largely based on school based studies, so that the generalisation of these to community based programs is unknown. This evaluation is one step towards a better understanding of community based programs.

Evidence for what works in community based programs for primary prevention of illicit drug use is difficult to find, but the literature suggests that some approaches may be more effective than others. The conditions under which community based programs are likely to be most effective are well established and include community ownership, involvement of relevant stakeholders, appropriate resourcing and long-term sustainability.

Our evaluation found that good process was a *sine qua non*, whatever the approach. We found, as the literature suggests, that good process takes time; needs to be both strategic and intensive; should be bottom up rather than top down; and should involve the target group at every stage of planning, implementation and evaluation.

Defining the specific approaches of CPI projects was difficult because they tended to adopt new approaches as they progressed. In particular, alternative activities were found to be a good way to engage the attention and interest of young people. Other findings were in keeping with the literature: peer programs tended to have greatest impact on the peers themselves and parent programs had difficulty attracting those parents who might be most in need of them. Community action, particularly that which sought to advocate for young people, was effective in reducing discrimination and building support. In general, however, it was clear that projects with multiple and flexible approaches were the most successful, and this is also supported by the literature.

The CPI had a number of aims, some of which were well met. A range of community partnerships was developed, but the extent to which the projects in R1 and R2 could be said to be examples of ‘quality’ practice was more difficult to

ascertain. Projects in both Rounds observed positive impacts on individuals and the community, but evidence of behaviour change tended to be limited to a few specific examples. The 'one off' funding for the CPI projects meant that sustainability was always a major concern to both participants and informants. The funding structure also made it difficult to assess improvements in community prevention capacity and whether sustainable community action had increased across Australia. Many projects were replicable, but not all had documented their work thoroughly enough to enable this and it was not always clear how dissemination would occur. All the projects identified and mobilised local resources, and this was one of the strengths of the Initiative. Few projects provided training to their communities.

The fundamental questions

The evaluation was structured around four fundamental questions.

- Did the projects meet their own objectives for the prevention of drug use?
- Did the projects meet CPI objectives for the prevention of drug use?
- Did the CPI meet community objectives for the prevention of drug use?
- Did the community consider that CPI was worth funding?

The majority of projects in both funding rounds met or made significant progress towards their own objectives although limited funding and difficulties in working with communities were noted as constraints. The majority made some progress towards encouraging quality practice in community action, and in mobilising communities and fostering relationships between government and community but there are concerns about sustainability, evaluation, replicability and dissemination. The generally positive relationships fostered by the projects attests to the fact that they appeared to be meeting community objectives for the prevention of illicit drug use. Views of the value of CPI funding were mixed: project informants thought that it was money well spent, but National KIs were more divided in their views with some questioning the approach. Other possible

approaches to funding community based prevention, based on these views and the literature, are canvassed in the final section of this report.

Other possible approaches to community based prevention

Three major alternative approaches are discussed briefly. We offer these as a contribution to discussions about the continuation of CPI into further funding rounds.

1. Funding fewer longer projects. One view among the National KIs was that behaviour change takes a long time, as does creating effective community relationships, and that funding fewer projects over longer periods of time – at least 7 – 8 years, was necessary to effect and demonstrate not only impact but also outcomes. Such studies incorporate longitudinal data collection, which allows for specificity in predicting which elements of a program are most influential so that these can be replicated in other projects.
2. Comprehensive community based prevention programs such as that conducted by Holder and colleagues in the USA in six locations over five years. (Holder et al, 1997) These programs are typically very expensive, involve multiple interventions and involve whole communities but have been demonstrated to be effective.
3. Generic community prevention which links to other national strategies such as Suicide, Crime and Mental Health. Current thinking about prevention focuses on common risk factors for a range of problem social behaviours, and stresses the importance of early interventions to address the common social and structural determinants of these behaviours. In this model there is a emphasis on the health and social development of children, rather than prevention of specific problems such as drug use. Social/structural determinants and common risk factors become the focus of early intervention with families and children and with young people at a time before they become involved in problem behaviour or at the beginning of problem behaviour trajectories.

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APPENDIX ONE

Update on activities of the NEAG

3rd NEAG Teleconference

Monday 26th August 2002

2pm EST

Present:

Glenda Anderson (DoHA), Amanda Bolleter (notes), Melissa Ford (DoHA), Ann Larson, Wendy Loxley, (chair), Richard Midford, Diana Readshaw (DoHA), Jill Rundle, Rae Scott (DoHA), Noel Taloni (DoHA), Scott Wilson.

Apologies:

John Howard, Rita Prasad Ildes, Sara Glover, Caroline Fitzwarryne, Brian McConnell.[4]

Agenda

Wendy Loxley and Amanda Bolleter welcomed members of the NEAG and the DoHA to the final evaluation teleconference for the CPI. The main items for discussion at the teleconference were the Stage 4 report, the Final Report and the Case Studies. Members were asked to send any typographical errors observed to Amanda for correction.

Stage 4 Report

Amanda provided a brief verbal overview of the main findings of this stage of the evaluation.

Scott Wilson, Jill Rundle and Ann Larson commented that the report was well written and comprehensive. Ann suggested changing the wording in relation to projects 'meeting' their target groups.

[4] Members of the NEAG who were unable to attend the teleconference were invited to provide comments by email. A summary of these comments is provided at the conclusion of these notes.

Richard Midford indicated that the themes in the report could have been drawn out more clearly, but that this could take place in the Final Report.

Final Report

Amanda provided a brief verbal overview of the main findings of the overall evaluation.

Jill Rundle asked for some clarification re. the references to projects being self reliant and pointed out a potential conflict between assertions in the report that one model of community based primary prevention would not be appropriate in all settings and a recommendation that the CPI be extensively disseminated.

Scott Wilson commended the recommendation re. providing technical support to projects and indicated that in his experience many organisations funded outside of CPI also have difficulty in acquitting the funds appropriately and evaluating their work.

Melissa Ford asked that the recommendations be outlined at the beginning of the report and that an executive summary be provided. Wendy indicated that this was the intention for the final version of the report.

Richard commented that the evaluation of the CPI had been a unique exercise and that it dealt with the 'trees' very well. However, he indicated that it needed to deal with the 'forest' better in terms of informing future practice and outlining general principles for funded organisations and the DoHA. For example, he queried whether the report should provide a more definitive recommendation in relation to whether it is preferable to provide seed funding to a larger number of organisations or to fund fewer long term projects and undertake longitudinal assessment of their outcomes.

Wendy Loxley responded that it was very difficult to make firm conclusions or recommendations from the diversity of views expressed by key informants in relation to this dichotomy.

Ann Larson queried whether the report was recommending that in future projects should collate local impact and outcome indicators of their effectiveness. She also indicated that some of the statements made in the conclusion about providing training within communities and about process being more significant than approach in determining success were 'pretty radical' and asked that more evidence be provided for these claims. She also expressed some concern that the model for community partnerships outlined at the conclusion of the report represented a 'one size fits all' approach.

Case Studies

There was no substantive feedback received re. the case studies.

The Teleconference closed at 3pm EST

Email Consultation

Comments were received by email from John Howard and Caroline Fitzwarryne.

John Howard congratulated the evaluators on a job well done and indicated that he hoped that in future iterations of the CPI there would be more emphasis on getting project monitoring and evaluation and support for this in place earlier and that in the future there be more emphasis on impact, outcome and program description from the projects themselves.

Caroline Fitzwarryne provided extensive comments on the Stage 4 report, the Final Report and the case studies.

In relation to the project case studies, she suggested that the heading "Extent to which Target Group Met" be reworded.

In relation to the 4th report, she commented that it was generally good and provided suggestions in relation to the minutes of the 26/8 teleconference and email consultation and queried whether National Key Informants had commented on the ratio of approach types funded and the issue of the federal government co-funding ongoing support to successful projects with the states.

In relation to the discussion of the Stage 4 report, Caroline indicated that there

was a significant amount of new information in this section which had not been referred to in previous sections of the report. She also recommended strengthening the conclusion of the report.

In relation to the final report, Caroline asked for clarification of the references to preventing illicit drug use/abuse and queried the key informant data as outlined in her comments about the stage 4 report. She also made some suggestions as to the structure of the Key Informant section of the report.

Caroline indicated that the rest of the report had good messages but that she had trouble pulling out the key conclusions and recommendations, which tended to get lost somewhat. In relation to the conclusions of the report, Caroline indicated that the arguments needed to be more strongly phrased. Caroline also requested a summary of major findings and conclusions at the commencement of the report.

APPENDIX TWO

List of National Key Informants

NATIONAL KEY INFORMANTS

Anna Bacik	Illicit Drugs Policy Unit, NSW Drug Strategy, NSW Health Department
Keith Evans	Intergovernmental Committee on Drugs
Caroline Fitzwarryne	Alcohol and Drug Council of Australia (formerly)
Cecelia Gore	CPI Expert Reference Group
Melanie Hands	Drug and Alcohol Office, Western Australia
John Howard	NEAG, ERG, Ted Noffs
Ernie Lang	Turning Point (formerly)
Ann Larson	Combined Universities Centre for Rural Health
Meriel Schultz	DoHA
Noel Taloni	DoHA
Susan Thomas	Social and Environmental Health, Victorian Department of Human Services,
Arthur Toon	Australian National Council on Drugs
Tony Trimingham	CPI ERG
Gino Vumbaca	ANCD

APPENDIX THREE

Assessment of reporting requirements

Table 2 Assessment of reporting requirements

			start date	end date	length	# MEFs	FR Y/N	Status April 2002	@ MEF Y/N[5]	FR Y/N[6]
Round 1										
Family Drug Support	CPI 1	"Family Drug Information and Support" project	9/10/98	9/10/99	12 mths	0	N	Finished	N	N
Ballarat Community Health Centre	CPI 7	"Southern Cluster Intervention, Prevention & Pertnerships (SCIPP)" project	28/1/99	27/1/01	24 mths	2	Y	Finished	N	N
National Centre for Education & Training on Addictions	CPI 22	"Youth for Youth" project	22/2/99	21/8/00	18 mths	3	Y	Finished	Y	Y
The Salvation Army Crossroads	CPI 24	"Crossroads Art Outcomes" project	4/1/99	31/12/01	24 mths	4	N	Finished	Y	N
Jobs South West Inc	CPI 29	"Recovery 2000" project	1/11/98	31/10/00	24 mths	1	Y	Finished	N	Y
Noongar Alcohol & Substance Abuse Service	CPI 32	Education & Awareness Program	1/12/98	30/6/99	7 mths	1	N	Finished	Y	N
Maroondah Social and Community Health Centre	CPI 38	"Peers for Prevention: A Demonstration Project"	1/1/99	31/12/00	12 mths	1	N	Finished	N	N

[5] Met MEF requirements at April 2002

[6] Met FR requirements at April 2002

			start date	end date	length	# MEFs	FR Y/N	Status April 2002	@ MEF Y/N[5]	FR Y/N[6]
The Construction and Other Industries Drug and Alcohol Program Inc	CPI 54	"Construction and Other Industries Drug and Alcohol Program"	14/12/98	14/12/00	24 mths	1	Y	Finished	N	Y
Vietnamese Community in Australia (SA Chapter) Inc	CPI 60	"Drug & Alcohol Peer Education" project	1/12/98	30/11/99	12 mths	3	Y	Finished	Y	Y
Byron Bay Chamber of Commerce	CPI 67	"In Trouble, Ask Me" project	11/11/98	5/8/99	9 mths	2	N	Finished	Y	N
Manly Drug Education and Counselling Centre	CPI 68	"The Drug Stop" project	18/1/99	31/12/01	24 mths	1	N	Finished	N	N
Care Goondiwindi Association	CPI 87	"Youth Drug Use Prevention" project	10/12/98	10/12/01	36 mths	2	N	Finished	N	N
Drug Education Network Inc	CPI 93	"Community Partnerships - Response to Drugs" project	20/11/98	30/11/01	36 mths	1	Y	Finished	N	Y
Community Solutions	CPI 99	"Community Solutions Youth Initiatives" project	16/11/98	15/11/01	36 mths	3	N	Finished	N	N
Compari	CPI 108	"Illicit Drug Facts" project	2/11/98	5/11/01	24 mths	4	N	Finished	Y	N
St Lukes Family Care	CPI 109	"Adolescent Alcohol and Drug Peer Education" project	30/11/98	30/11/99	12 mths	3	N	Finished	Y	Y
Darebin Community Health Service	CPI 120	"Youth Speak Out" project	30/11/98	30/11/99	24 mths	1	N	Finished	N	N
Yirrkala Dhanbul Association	CPI 134	"Yirrkala Community Soprt and Recreation" project	1/1/99	31/12/00	12 mths	1	Y	Finished	N	Y
Kununurra Youth Services Inc	CPI 135	"Play Safe" project	1/2/99	31/1/02	36 mths	3	N	Finished	N	N
Vietnamese Community in Australia (NSW Chapter) Inc	CPI 136	"Bright Future Family" project	18/1/99	3/01	26 mths	2	N	Finished	N	N

			start date	end date	length	# MEFs	FR Y/N	Status April 2002	@ MEF Y/N[5]	FR Y/N[6]
The Settlement Neighbourhood Centre	CPI 140	"Who Needs Drugs?" project	2/99	2/00	12 mths	1	N	Finished	N	N
Australian Drug Foundation Inc	CPI 146	"Good Sports Community Drugs Action" project	10/10/98	30/9/99	12 mths	1	Y	Finished	N	Y
Nimbin Neighbourhood and Information Centre	CPI 148	"Self-Helf and Recovery for Everyone" project	1/1/99	1/1/02	36 mths	3	N	Finished	N	N
Knox Community Health Service	CPI 159	"Community Owned Drug Education" project	11/1/99	11/1/01	24 mths	3	Y	Finished	N	Y
		Round 2								
Family Drug Support	CPI 9	"Stepping Stones to Survival" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Denmark Local Drug Action Group Inc	CPI 16	"Denmark RHAYSUP" project	1/12/00	31/7/01	8 mths	2	Y	Finished	Y	Y
Cabramatta Community Centre	CPI 19	"No Is Not Enough" project	31/5/00	30/11/01	18 mths	3	N	Finished	Y	N
Sydney Australian Chinese Childrens Arts Theatre	CPI 21	"Love your life, Men and Women" project	31/5/00	31/7/01	25 mths	1	Y	Finished	N	Y
Sisters Inside Incorporated	CPI 25	"Crying Walls" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Armadale Youth Accommodation Service Inc	CPI 29	"LINK: South East Regional Youth Drug Prevention"	31/5/00	1 October 2003	40 mths	0	N	Ongoing	n/a	n/a
Ranges Community Health Service	CPI 30	"Choose Life" project	31/5/00	31 July 2001	14 mths	3	N	Finished	Y	N
Centre for the Performing Arts	CPI 38	Theatrical Production	31/5/00	31 July 2001	14 mths	1	Y	Finished	N	Y

			start date	end date	length	# MEFs	FR Y/N	Status April 2002	@ MEF Y/N[5]	FR Y/N[6]
Waltja Tjukangku Palyapayi	CPI 41	"Networking Communities" project	31/5/00	31/7/02	26 mths	2	Y	Ongoing	n/a	n/a
Youth and Family Focus Incorporated	CPI 47	"Young People Supporting & Educating the Community"	1 July 2000	31 October 2001	16 mths	3	N	Finished	Y	N
Springvale Indo-Chinese Mutual Assistance Association (SICMAA) Inc	CPI 60	"Illicit Drug Prevention for Indo-Chinese in Dandenong"	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Goldfields Centrecare	CPI 68	"Land Training of Indigenous Community Members"	1 July 2000	30 June 2002	24 mths	2	Y	Ongoing	n/a	n/a
FRESH	CPI 71	"AMPED" Project	31/5/00	31 August 2002	27 mths	3	N	Ongoing	n/a	n/a
Lakes Entrance Community Health Centre	CPI 73	"Youth Link" project	31/5/00	31/7/02	26 mths	2	N	Ongoing	n/a	n/a
Bellambi Neighbourhood Centre Inc	CPI 74	"Youth Drug Education and Programs Team"	31/5/00	31 June 2002	25 mths	3	N	Ongoing	n/a	n
Family Planning Association (ACT)	CPI 91	"Party Safely" project	31/5/00	31 July 2001	14 mths	2	Y	Finished	Y	Y
Macarthur Drug & Alcohol Youth Project	CPI 95	"Macarthur Youth Illicit Drug Forum"	31/5/00	31/7/02	26 mths	3	N	Ongoing		n/a
Macarthur Drug & Alcohol Youth Project	CPI 97	"Parent Links" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
The Parents & Friends Association and The Friends School	CPI 100	"It's In Our Hands"	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Springvale Community Aid & Advice Bureau	CPI 108	"Act up Speak Out!"	1/11/00	31/9/02	23mths	2	N	Ongoing	n/a	n/a
Jewish Community Services Inc	CPI 109	"Community Strengthening Initiative & Action Research"	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a

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Darebin Community Health Service	CPI 111	"Peer Led Drug Ed" project	24/7/00	31/7/02	24 mths	3	N	Ongoing	n/a	n/a
North Richmond Community Health Centre Inc	CPI 115	"Youth Hype" project	31/5/00	11/1/02	20 mths	1	Y	Finished	N	Y
The Link Youth Health Service Incorporated	CPI 139	"Health and Lifestyle Games for Youth (HALGY)"	31/5/00	31/7/01	14 mths	1	N	Finished	N	N
Southern Youth Theatre Ensemble	CPI 149	"Hunting in Packs 2"	31/5/00	30/11/00	6 mths	0	1	Finished	N	Y
Healthy Cities Noarlunga: Noarlunga Community Action on Drugs Group	CPI 159	"Youth Drug Peer Action"	31/5/00	31/7/02	26 mths	2	N	Ongoing	n/a	n/a
Centacare - Taryn House	CPI 160	"Breaking the Cycle" project	31/5/00	31/7/02	26 mths	2	N	Ongoing	n/a	n/a
Multicultural Communities Council of SA Inc (MCCSA)	CPI 161	"Building Partnerships through Youth Leadership"	31/7/00	31/7/02	24 mths	2	N	Ongoing	n/a	n/a
Local Drug Action Group Inc (LDAG)	CPI 162	"Helping Empower Local Parents (HELP)"	5/6/00	30/11/02	29 mths	3	N	Ongoing	n/a	n/a
Hills Community Support Group Inc	CPI 163	"Supporting Information Strategy"	31/5/00	31/7/02	25 mths	3	N	Ongoing	n/a	n/a
South Metro Community Drug Service Team (Palmerston Association Inc)	CPI 168	"Collective Wisdom" project	31/5/00	31/3/02	22 mths	2	N	Finished	N	N
The YWCA of Toowoomba	CPI 188	"Self-Discovery and Natural Highs" project	31/5/00	31/7/01	14 mths	2	N	Finished	Y	N
Boyne Tannum Community Advancement Association Incorporated	CPI 190	"Island Sands Neighbourhood Ctr" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Burdekin Community Association Incorporated	CPI 196	"Illicit Drug Prevention in small communities beyond 2000"	31/5/00	31/7/01	14 mths	1	N	Finished	N	N

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Burdekin Neighbourhood Centre Association Incorporated	CPI 201	"The New Millenium & My Kids" & "Affirmation"	31/5/00	31/12/02	31 mths	1	N	Ongoing	n/a	n/a
Burnside Macarthur Family Centre	CPI 204	"Early Intervention for Children of Young People who are drug users"	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Blacktown Alcohol & Other Drugs Family Services Inc	CPI 206	"Bridging Youth and Adults - Bridging on Drug Issues"	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Katungul Aboriginal Corporation	CPI 211	"Camp Out!" project	31/5/00	31/7/02	26 mths	1	N	Ongoing	n/a	n/a
The Gilmore Centre for Health Improvement; Charles Sturt University	CPI 212	"Supporting Adult confidantes of at-risk Youth"	5/6/00	31/7/02	25 mths	2	N	Ongoing	n/a	n/a
Mercy Community Care Service	CPI 226	Family Support project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
VIVAIDS Incorporated	CPI 249	"Peer Ed & Info: Reaching the Streets"	31/5/00	26/10/01	17mths	1	Y	Finished	N	Y
The Salvation Army Property Trust (Victoria)	CPI 253	"1566 Community Arts & Technology" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Doutta Galla Community Health Service Inc	CPI 260	"Esperanza (Hope)" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Plenty Valley Community Health Service Inc	CPI 268	"Youth Input" project	15/10/00	15/12/01	14 mths	2	Y	Finished	Y	Y
Alice Springs Youth Accommodation and Support Services Inc	CPI 273	"Bush Mob" Project	31/5/00	31/7/01	14 mths	2	Y	Finished	Y	Y
Community & Youth Training Services	CPI 277	"Community Partnerships in Action"	1/12/00	1/2/02	26 mths	1	Y	Finished	N	Y
PIKA WIYA Health Services Incorporated	CPI 284	"Young People's Program - Getting the Message Across"	31/5/00	31/5/02	24 mths	2	N	Ongoing	n/a	n/a

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Cambodian Australian Association	CPI 287	"Families Combat Drugs"	31/5/00	31/3/02	22 mths	2	N	Finished	N	N
Onkaparinga Crime Prevention Program	CPI 289	"Of Crime & Substance"	19/6/00	19/8/02	26 mths	2	N	Ongoing	n/a	n/a
The Uncle Project Inc	CPI 310	"Uncle" project	31/5/00	31/5/02	24 mths	3	N	Ongoing	n/a	n/a
Yuin Elders Tribal Council et al	CPI 313	"Run for your life" seminars	31/5/00	31/7/02	26 mths	1	N	Finished	N	N
Beaudesert & District Health and Welfare Association Inc	CPI 317	"You? Who?" project	31/5/00	31/7/02	26 mths	0	0	Finished	N	N
Queensland Youth Services Incorporated	CPI 333	"PEPPARY" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Maari Mia Health Aboriginal Corporation	CPI 345	"Outback Outloud!" project	1/10/00	1/00/01	13 mths	1	Y	Finished	N	Y
Brisbane Inner South Division of GP's	CPI 349	"School Health Promotion on Drugs for Adolescents"	31/5/00	31/7/02	26 mths	1	Y	Ongoing	n/a	n/a
The Vietnamese Christian Community Incorporated	CPI 367	"Opportunities for youth" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Creative Broadcasters Ltd (4ZZZ-FM)	CPI 372	"Youth & Illicit Drugs substance abuse stories"	31/5/00	4/02	23mths	3	Y	Finished	N	Y
DAMEC - the Drug and Alcohol Multicultural Center	CPI 375	"Youth & Parents Talk" project	31/5/00	31/1/02	20 mths	3	N	Finished	Y	N
Maningrida Health Board	CPI 377	"Take Control" project	31/7/00	30/90/02	26 mths	2	N	Ongoing	n/a	n/a
Parks Area Safety Network Incorporated	CPI 378	"Beyond the Barriers" project	26/6/00	31/8/01	14 mths	1	Y	Finished	N	Y
West Coast Youth Services Incorporated	CPI 383	"Port Lincoln Community Illicit Drug Strategy"	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a
Gympie Widgee Youth Service Inc	CPI 393	"Funky Business" project	31/5/00	31/7/02	26 mths	3	N	Ongoing	n/a	n/a

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The Twenty-Ten Association	CPI 396	"Gay and Lesbian Youth Drug Prevention" project	19/6/00	19/8/02	26+F11 mths	1	N	Ongoing	n/a	n/a