



# NSW CDAT PROGRAM FRAMEWORK FOR ACTION



**CDAT**

We're stronger together





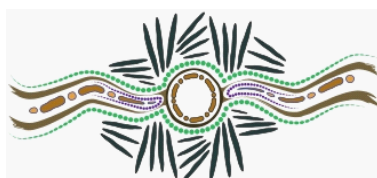
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# Welcome TO YOUR CDAT!

Welcome to the NSW Community Drug Action Teams (CDAT) Program.

You are part of an exciting program where you will be working shoulder-to-shoulder with some of the most enthusiastic, talented, knowledgeable and dedicated people that you are ever likely to encounter!

The motto of the NSW CDAT Program is “We’re stronger together” and that theme permeates every aspect of the program, which is about bringing people and groups together, within local communities and across the state, to make a meaningful and positive difference in people’s lives.

This exciting and valuable program is funded by NSW Health and is an initiative that arose from the NSW Drug Summit in 1999.

Community Drug Action Teams (CDATs) aim to make their local communities safer, healthier and stronger by reducing the harms associated with the use of alcohol and other drugs through evidence-based, primary prevention activities.

Since 1999 CDAT volunteer groups made up of community members, staff from Local Health Districts and representatives from other government and non-government agencies, have been organising primary prevention activities and developing resources aimed at strengthening their communities.

There are more than 60 CDATs across NSW.

A Consortium of specialist alcohol and other drug organisations led by Odyssey House NSW manages the program, supporting CDATs across the state to deliver primary prevention activities and help reduce drug and alcohol related harm in their local communities. Along with [Odyssey House NSW](#), the consortium includes [The Buttery](#), [Karralika Programs Inc.](#) and [Bila Muuji Aboriginal Corporation Health Service Inc.](#)

# About

## This Framework for Action

This Framework for Action aims to explain how CDATs across NSW operate and provides information to guide the direction and activities of each CDAT so that they meet the objectives of the program.

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- Treasurer/Auspice Liaison

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- Community Development Officer

## **What is a CDAT?**

A Community Drug Action Team (CDAT) is a group of volunteers, including Community members as well as workers from government and non-government agencies who come together and pool their time, talent and resources to make their local communities safer, healthier and stronger by reducing the harms associated with the use of alcohol and other drugs through evidence-based, primary prevention activities.

CDATs meet regularly, focussing on the key concerns related to the legal and illegal use of alcohol and other drugs, within their local communities.

CDAT programs and activities raise community awareness, cultivate resilience and foster the development of protective factors that benefit individuals, families and workplaces.

## **What are the key objectives of your CDAT?**

The primary objectives of CDATs are to:

- Establish and strengthen partnerships among community members, local service providers and other stakeholders to develop common goals to address local legal and illegal drug and alcohol related issues.
- Identify problems related to the legal and illegal use of alcohol and other drugs in their community
- Conduct evidence-based activities and initiatives within the community to increase the awareness of the harms experienced by individuals, families, workplaces and the broader community arising from the use of alcohol and other drugs
- Reduce the levels of alcohol and drug related harms by implementing local initiatives to prevent the uptake of illicit drug use and lessen the excessive use of legal and illegal alcohol and drugs





## What does your CDAT do?

Typically, CDATs meet monthly or, in some cases, bi-monthly to share information and plan activities that align with the team's primary objectives. CDAT's activities are informed and guided by the CDAT Terms of Reference as well as the policies and practice guidelines that are outlined in this document.

Importantly, CDATs are also given significant support and guidance by Community Development Officers (CDOs) employed by the CDAT Consortium Partners.

CDOs take part in CDAT meetings and provide advice and support in all aspects of the work of CDATs, especially in the planning and implementation of community activities.

CDOs also plan and convene annual Regional CDAT Planning forums. These forums present opportunities for CDAT representatives to come together and share their experience, expertise and ideas with one another. An important outcome of those forums is an agreed list of Regional objectives for the coming year. Following the Regional forums, individual CDATs meet to determine which agreed Regional objectives are the most relevant to meeting the needs identified within their communities and develop Local Action Plans based on those objectives.

Regional objectives provide opportunities for collaboration, co-operation and cross-fertilisation of ideas.

Local Action Plans usually include one or more projects targeting each objective. Projects may include:

- Public forums and community information events
- Activities and events targeting particular groups within the community
- Campaigns through traditional and social media

The document 'Evidence Based Activities for CDATs' that is available on the NSW CDAT website <http://www.nswcdat.org.au> provides a comprehensive description of a wide range of appropriate CDAT activities.

In addition to raising awareness, projects may also aim to build protective factors within the community, reducing the likelihood of harms. For example, programs addressing secondary supply of alcohol to persons under 18 or responding to liquor licence applications.

CDAT projects are often conducted in partnership with other agencies, such as Local Health Districts, Police, Councils etc. CDATs may also participate in larger community events, such as by providing an information stall or interactive display.

There are no fees or dues for CDAT membership and participation in the program is voluntary.

Some activities conducted by CDATs are targeted at young people (aged 16 to 18 years) or are attended by community members of all ages, including children (under 16 years). For that reason, every CDAT Member is required to have a current NSW Working With Children Check (WWCC). In addition, CDATs must ensure that every person working on a CDAT activity that involves children or young people has a current WWCC.

More information about WWCCs can be found on the Service NSW website:

<https://www.service.nsw.gov.au/services/business-industries-and-employment/working-children>

## What support is available to your CDAT?

NSW Health provides funds to support the delivery of evidence-informed activities that form part of Local CDAT Action Plans.

It is also important to acknowledge that individual members and member agencies often contribute significant in-kind support to CDAT operations and activities. Such support has made a substantial impact and has contributed a great deal to the success of the NSW CDAT program since its inception in 1999.

Under the guidance of the CDAT consortium partners and a CDAT Program State Manager, the Community Development Officers (CDOs) are always available to assist, advise and guide their CDATs.

CDOs across the state meet regularly and are well acquainted with the range of initiatives that different CDATs are working on. They can link CDATs across regions where they identify further opportunities for collaboration, co-operation and cross-fertilisation of ideas and, where it is relevant, make recommendations for additional funding to support initiatives that have positive impacts across a number of communities.

More information and valuable resources are available on the NSW CDAT Program website:

<http://www.nswcdat.org.au>

The YourRoom website, supported by ADIS (Alcohol and Drug Information Service) and NSW Health is another invaluable source of information and resources:

<https://www.yourroom.nsw.gov.au>

## What funds are available and how do you access them?

Funds are provided by NSW Health and managed by the CDAT Consortium Partners to support the delivery of evidence-informed activities in line with Regional and Local CDAT Action Plans.

After the Regional Planning forums have taken place and the CDOs have supported CDATs to develop Local Action Plans, the CDAT Consortium Partners will advise the CDATs that funding rounds have opened and will provide instructions regarding the submission of funding applications. They will also indicate the amount of funds that will be available in that round.

Typically, Regional Planning forums will be held in the May/June period and the development of Local Action Plans will follow in the June/July period, aligning with the opening of funding rounds for the new financial year.

In submitting funding applications, CDATs are asked to provide:

- A summary of the planned activities (who, what, when, where?)
- Evidence for the effectiveness of the activities (how do you know they will work?)
- Funds required (what will it cost?)
- What is the objective? (why?)
- What partnerships will be formed in the delivery of the activity (who else?)
- Groups, populations and/or substances targeted by the activity (whom for?)
- What outcomes will be measured, how will they be measured and how will they be shared? (what happened?)

# What are the policies and practice guidelines that support the activities of your CDAT?

Navigating and interpreting terminology, particularly when it involves specialist areas, can be perplexing.

The National Drug Strategy 2017-2026 emphasises the importance of preventing and minimising the harms caused by alcohol and other drugs and defines harm reduction as “reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community”.

<https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026>

To explain some of the principles that guide the CDAT Program:

## What is Primary Prevention?

With regard to reducing drug and alcohol related harms, primary prevention focusses on two important objectives:

- Preventing people from developing drug and alcohol related problems in the first place, and
- Reducing the amount of excessive drug and alcohol consumption

In the context of primary prevention, these objectives can be achieved in communities by:

- Raising awareness of potential harms
- Removing risk factors
- Increasing protective factors

Among other measures, CDATs help regulate the availability of alcohol and other drugs in communities by responding to liquor licence applications. This may happen in collaboration with Local Health Districts.

CDATs work within a general framework for achieving their objectives; however, the specific activities will vary widely as their focus will always be on the particular issues and opportunities presented in their local communities.

Sometimes, CDATs can face challenges in knowing how far their activities should go. Even professionals working in the drug and alcohol sector sometimes struggle with how to distinguish between prevention and intervention. Having identified a problem it is quite natural to respond by asking what can be done to “fix” it.

Intervention – sometimes called early intervention or secondary prevention – focusses on addressing drug or alcohol related problems by providing pathways to treatment. CDATs may be involved as a point of referral, but they do not provide treatment services.

Many of the individuals and agencies that participate actively in CDATs have significant expertise and experience in, and knowledge about, drug and alcohol related harms. CDATs may derive great benefit from leveraging such expertise provided they are not perceived to be promoting or endorsing particular intervention services or solutions.

CDATs should also take care that their communications through publications, social media and other channels do not suggest any overt or tacit endorsement, approval or promotion of intervention services or solutions.

As a program that is funded by NSW Health, it is expected that CDAT members will conduct their activities within the framework of NSW Health CORE values – Collaboration, Openness, Respect and Empowerment.

<https://www.health.nsw.gov.au/workforce/culture/Pages/our-culture.aspx> )

While individuals and organisations are free to engage in causes or campaigns to influence change in government policy, CDATs themselves, or individuals identifying as CDAT members, should not lend their name to, advocate for, or endorse any issue that is in opposition to current NSW government policy.

CDATs may not partner with, or accept funds or in-kind contributions from, organisations from the alcohol or tobacco industries and should take care not to be drawn into taking sides on issues that favour any vested interests.



## **What is Evidence-informed?**

It is an expectation that activities conducted by CDATs are informed by evidence that suggests they are likely to deliver the expected outcomes.

The NSW CDAT Program has published a very comprehensive guide 'Evidence Based Activities for CDATs' that is available on the [NSW CDAT website](#)

Your CDO is available to provide CDATs with advice and guidance in planning evidence-informed activities.

The CDAT "Guide to Sourcing Local Data", also available on the [NSW CDAT website](#), provides a useful step-by-step guide to finding locally relevant information to:

- Identify and quantify a community need
- Establish an evidence base for a program
- Support a funding application

## **What is a Human Rights Framework?**

All CDAT activities should be carried out in a manner that respects the dignity, value and rights of all people.

"Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives."

(Australian Human Rights Commission, n.d.)

In keeping with Human Rights principles, it is essential that CDATs and CDAT members uphold the dignity of the people to whom their activities are directed.

One very important way of doing this is to avoid using language that stigmatises people who use drugs and alcohol. The Network of Alcohol and Drug Agencies (NADA) in conjunction with the NSW Users and Aids Association (NUUA) has developed a useful guide for talking about drugs and alcohol with people who use them:

<https://www.nada.org.au/resources/language-matters/>

Any publications or other resources developed by CDATs should avoid language that stigmatises or marginalises people.



# Elements of a successful CDAT

## Membership

While there are many similarities among CDATs, no two are alike. Typically, CDAT membership will be reflective of the community it serves and the particular drug and alcohol problems that exist in that community. For example, in a community that is primarily concerned about drug and alcohol problems affecting young people, it is likely that local education and youth services are heavily (but not exclusively) represented in the membership of the CDAT.

Most successful CDATs have a broad membership profile, comprising a cross-section of individuals and services. Membership may comprise:

- Local residents
- Local businesses with an interest in community health and wellbeing
- Government health services (Local Health Districts and Primary Health Networks)
- Local government
- Police
- Schools and colleges
- Youth services
- Housing and homeless services
- Non-government drug and alcohol services
- Services supporting Aboriginal and Torres Strait Island individual, families and communities
- Services supporting culturally and linguistically diverse (CALD) individuals, families and communities
- Faith-based organisations
- LGBTIQ+ services

On joining a CDAT, Members are expected to complete a CDAT Membership Agreement which clarifies the expectations and obligations associated with their membership.

## Terms of Reference

Each CDAT will have a document, known as the Terms of Reference, that outlines the structure and functions of the CDAT.

The Terms of Reference are intended to help CDATs remain focussed on their intended purposes and objectives as well as to guide the CDAT through any challenges that arise.

Your CDO is able to provide a standard template document and guide CDATs in drafting Terms of Reference.

## Auspikor

An Auspikor is a local organisation that agrees to take responsibility for managing the funds granted to and used by the CDAT (the Auspicee) and to maintain the associated financial records. Funds to support approved CDAT activities will be provided by NSW Health and distributed by the CDAT Consortium for approved funding applications.

The Auspikor is required to acquit all funds at the end of the funding period, meaning they account for funds spent and return any unspent funds.

You can find more information about Auspicing on the Not-for-Profit Law website:

<https://www.nfplaw.org.au/auspicing>

## Meetings

CDATs meet monthly or bi-monthly to share information and plan activities. Regular meetings will foster a cohesive and productive team and support better planning and monitoring of activities.

Meetings should be guided by an agenda to ensure adequate focus is given to all aspects of the CDAT's interests. Agendas will typically include reviewing Local Action Plans, sharing information among members and discussing emerging trends.

Minutes of meetings should be recorded and shared with CDAT members. Your CDO is able to assist you with templates and suggestions on how to make the most of your meetings.

Some CDATs may choose to appoint sub-groups to oversee particular projects or specialist areas (such as youth or schools). Updates by such sub-groups, to the broader CDAT membership, should be part of each meeting's agenda.

Each CDAT will hold an Annual General Meeting (AGM) where they review the preceding year's activities and the plans for the coming year. AGMs are the occasions when key officeholders will be elected. Ideally, these AGMs will coincide with the new financial year so that they are integrated with the funding cycle.

Forms and templates to assist with maintaining records are available on the NSW CDAT website

<http://www.nswcdat.org.au>



# Key people in your CDAT

Some CDAT Members take on important roles that are vital to the effectiveness of CDATs. Those roles and their key responsibilities are:

## Chair

- Oversee the functions of the CDAT, ensuring compliance with the Framework for Action and Terms of Reference
- Convene and chair regular CDAT meetings, facilitating inclusive and equitable discussion and decision-making
- Collaborate with the Secretary in the preparation and distribution of meeting agendas and minutes
- Liaise with the Community Development Officer (CDO)
- Attend CDAT Regional Planning forums
- Oversee the CDAT's Local Action Planning process with support from the CDO
- Collaborate with other CDAT members to prepare and submit grant funding applications
- Oversee the implementation CDAT activities as set out
- Collaborate with the Auspicing Liaison to ensure timely preparation of accounts and acquittals of funds
- Act as the "public face" of the CDAT and provide commentary to media, when required, in consultation with the CDO

Note: A member's term as Chair should not exceed two years

## Deputy Chair or Co-Chair (optional)

- Deputise for the Chair in their absence
- Carry out delegated tasks as negotiated

## Secretary

- Prepare and distribute meeting agendas and minutes in collaboration with the Chair
- Receive nominations and applications for CDAT membership and maintain membership records
- Maintain the CDAT's records including membership registers, auspice agreements, agendas, minutes, correspondence and media
- Ensure that all CDAT members have current Working With Children Checks (WWCCs) and inform the Chair of any concerns
- Support the Chair in ensuring that the functions of the CDAT comply with the Framework for Action and Terms of Reference

## Treasurer/Auspice Liaison

- Maintain financial records and report the CDAT's financial position at meetings
- Act as the conduit between the CDAT and the Auspicer in all relevant matters
- Collaborate with the Auspicer to ensure timely preparation of accounts and acquittal of funds

# Supporting your CDAT

Your CDO is the first person to turn to in the event you require assistance, advice or guidance in any matter relating to your CDAT.

Employed by the CDAT Consortium Partners, CDOs will take part in CDAT meetings and will provide invaluable support in all aspects of the work of CDATs, including the conduct of meetings and in the planning and implementation of community activities.

CDOs will also plan and convene annual Regional CDAT Planning forums.

Each of the CDAT Program consortium partners have CDOs who support CDATs in their respective regions:

## General

[info@nswcdat.org.au](mailto:info@nswcdat.org.au)

## Odyssey House NSW

Central Region - [central@nswcdat.org.au](mailto:central@nswcdat.org.au)

Metropolitan Sydney

Central Coast

Lower Hunter

Upper Hunter

Blue Mountains

Illawarra

## The Buttery

Northern Region - [north@nswcdt.org.au](mailto:north@nswcdt.org.au)

Mid-North Coast

Northern NSW

New England

## Karralika Programs

Southern Region - [south@nswcdat.org.au](mailto:south@nswcdat.org.au)

Shoalhaven

Southern NSW

Murrumbidgee

## Bila Muuji Aboriginal Health Service

Western Region - [west@nswcdat.org.au](mailto:west@nswcdat.org.au)

Central West

Far West

There is also a website containing information and resources to support CDATs and members in all areas of their work.

<http://www.nswcdat.org.au>





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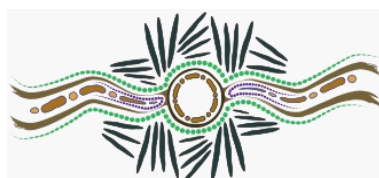
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