



National Drug & Alcohol
Research Centre
University of New South Wales

Strategic Plan 2004 – 2008

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Introduction

The National Drug and Alcohol Research Centre (NDARC) was established at the University of New South Wales in May, 1986 and officially opened in November, 1987. It is currently located at the Randwick Campus of the University. A sister-centre at Curtin University, Perth, WA (the National Institute on Drug Abuse) was established around the same time to primarily conduct research into the prevention of drug and alcohol problems, including tobacco.

The Centre is primarily funded by the Commonwealth Government as part of the National Drug Strategy.

The centre is multidisciplinary and collaborates with medical, psychology, social science and other schools of the University, and with other institutions and individuals in Australia and overseas. Facilities at the Centre include a computer network, a Document Archive with an extensive bibliographic database, seminar and conference facilities.

In addition to research projects currently being carried out within the Centre, NDARC engages in collaborative projects with other researchers throughout Australia to provide a national focus for research in this field. NDARC also has links with researchers overseas.

To facilitate collaboration, a scheme has been devised whereby research and treatment centres in Australia are accorded the status of *NDARC Collaborating Centre* in order to facilitate collaboration between NDARC and other research groups. The current collaborating Centres are *Turning Point* in Victoria, *Drug and Alcohol Services Council* in South Australia, and the *Queensland Alcohol and Drug Research and Education Centre* at the University of Queensland, Brisbane. The NSW Attorney General Department's *Bureau of Crime Statistics and Research* will shortly be joining us as a collaborating Centre.

Since its establishment the ability of NDARC to carry out research in the area of the development and evaluation of novel treatment approaches has been constrained by the lack of access to a treatment service to enable randomised treatment trials to take place. This problem was partially addressed in 1995 by NDARC negotiating a collaborative arrangement with the Eastern Area Health Service and the Langton Centre and by seeking similar affiliations with other treatment centres. The Langton Centre has been an Associated Teaching Hospital of the University of New South Wales, and a site for clinical research with NDARC since 1996.

NDARC has been formally recognised, in conjunction with the National Drug Research Institute, as a World Health Organisation (WHO) Collaborating Centre for Research into the Prevention and Treatment of Drug Abuse. In addition, NDARC staff work in collaboration with a wide range of international researchers in the UK, USA, Europe, the Middle East and Asia.

Other activities include an Annual Symposium, special conferences, workshops and monthly research seminars, which are open to workers in the field. As well as contributing to scientific journals and other publications, NDARC produces its own Research Monographs and Technical Report Series. In conjunction with the National Drug Research Institute in Perth, it also produces a free quarterly newsletter, *CentreLines*, to increase communication between the national research centres, other researchers and workers in the drug and alcohol field in Australia.

The profile of the Centre at the time of undertaking the strategic planning process in early 2004 is described below. The minimum and maximum parameters were decided at the final strategic planning workshop by the participating key stakeholders as noted on page 14 of this document.

Activity	Min.	Max.	2004	Notes
Projects Underway	20	70	55	
Staff	45	90	53	
Locations	1	2	2	2 on UNSW Randwick campus
Collaboration	50%	70%	65%	62% with an external investigator
Emergent Capacity	5%	20%	5%	
Dissemination	10%	25%	9.4%	All relevant projects have a dissemination strategy. This is the proportion of discrete dissemination projects

Organisational		
Indicator	Result	Trend/Notes
No. on Board of Management	7	Director and Deputy Director attend the meeting
No. of Staff Members	53	10.5 FTE academic staff, 5 conjoint appointees and 4 visiting fellows
Locations	1	Increased likelihood of a need for temporary research locations
No. of Research Students	13	Doctoral students and an additional 6 Masters level students
No. of Research Projects	55	
Level of Collaboration	65%	The level of collaboration is more than 70% for major projects. 9.4% of projects have an international collaborator
No. of Dissemination Projects	6	Dissemination is an activity in almost all projects but is an area that could grow within the Centre. The Centre has a dedicated Media/Information Manager.
Emergent Capacity	<5%	Needs to increase to between 5% - 25% to enable timely Responsiveness

Indicative Financial 2003/4		
Indicator	Result	Trend/Notes
Total Budget	\$5.04 Million	
Commonwealth Funds	\$2.55 Million	This budget covers all infrastructure, core academic and general staff and core resources such as the library
Total Grants	\$2.49 Million	Including Commonwealth funded core projects and grants/consultancies to academic staff (expenditure only not total project budget).

The Planning Context

This plan was prepared by the Board of Management and the senior management of the centre with significant input from staff, key stakeholders and collaborating research Centres. In the past we have developed our strategic plan from a one day internal workshop with a UNSW staff member as facilitator. The 2004-8 Planning process re-examined our mission statements, the arising goals and introduced the concept of values with definitions and performance indicators.

The key stages to the planning process were:

- Formation of Planning Committee, chaired by Dr Jan Copeland, (July, 2003),
- Appointment of independent facilitator,
- Survey the staff for their views,
- Invite broader stakeholder input (letter from Kevin Rozzoli, NDARC Chair),
- Management and staff planning workshop (off site, 6.11.03)
- Committee meeting: Review ideas and issues
- Draft values prepared
- Written and verbal feedback received from stakeholders
- Board of Management, management and stakeholder planning workshop (off site, 2.12.03)
- Follow up on stakeholder input by consultant
- Draft plan prepared (January-February 2004)
- Draft Plan circulated to key stakeholders and general community (February 2004)
- Plan finalised and adopted by NDARC (April 2004)

The two planning workshops conducted in late 2003 were attended by a total of 6 management committee members (or their representative), 9 academic staff, a general staff and doctoral students representative, 3 conjoint appointees and representatives of the Australian Government Department of Health and Aged Care and the Inter-Governmental Committee on Drugs.

Invitations to contribute by way of written feedback or in discussion with the independent planning facilitator were sent to 31 individuals and organisations. Eleven written or verbal responses were received, with a further 5 attending a planning workshop.

At the time of the planning workshop the Board and management acknowledged the following planning factors:

1. NDARC's reputation as a robust, quality and reliable research centre was very high amongst stakeholders. Specific reference being made on the:
 - the calibre of the staff and the supportive/collegial, mutual respect, friendly atmosphere/culture,
 - quick and timely response to research needs and topical issues,
 - multi-disciplinary approach to research,
 - capacity to secure media interest and provide a media face,
 - independence (non-politicised and non-ideological) of researchers,
 - location, being within the university and part of the university and its facilities,
 - professional/flexible work environment/structure.

2. A successful history of being able to attract funding and establish accountability based working relationships with funding bodies.
3. A strong market and stakeholder desire for greater collaboration based research and dissemination of findings.
4. A growing level of interest in better embracing technology and making greater use of web-site development re: web-based interventions, and multi -media development.
5. The growth of NDARC as an organisation has introduced new challenges in terms of staff and partner communication, project management, administration/IT support etc. Current growth trends in the level and quantity of research being undertaken will demand significant structural and facility considerations. Requests from other Centres for increased dialogue and cross representation also place significant time demands on senior NDARC personnel.
6. The increasing importance being placed on the Centre having a financial and management/staff capacity (emergent capacity) to be responsive to research activity required "without notice".
7. Recognition in providing national and international leadership and a stakeholder expectation to continue to provide this leadership. A number of senior NDARC staff sit on national and international advisory committees and the editorial board of prestigious international peer-reviewed journals
8. A recognition that NDARC's focus on treatment and intervention also requires consideration and input in developments to enhance prevention strategies and programs. Stakeholder feedback confirming that it is becoming increasingly harder to delineate prevention and intervention.

MISSION

To conduct high quality research and related activities that increases the effectiveness of the Australian and International treatment and other intervention responses to alcohol and other drug related harm.

GOALS

Goal

1. To improve our understanding of the nature and extent of alcohol and other drug-related harms to which treatment and other interventions should be directed;

Strategic Outcomes*

All research projects to support The National Drug Strategy: Australia's Integrated Framework 2004-2009

1. **Epidemiology:** the Centre staff will study the health of populations and communities to ascertain the indicators of harms associated with alcohol and other drug use and the patterns of treatment seeking, morbidity and mortality.
2. **Identification of the drug-related harms:** the Centre staff will conduct studies examining a range of health , psycho-social and economic harms associated with alcohol and other drug use affecting the individual and the community
3. **Drug market analysis and supply reduction:** studies will examine drug markets as the reduction in supply and availability of harmful drugs is a key component of national and international drugs policy.

2. To increase knowledge on the range and effectiveness of treatment and other interventions that is aimed at reducing forms of alcohol and other drug related harm;

Triennial review stakeholder survey results to show that a minimum 80% of stakeholders view NDARC as providing a high or very high contribution to such increased knowledge.

4. Prevention and early intervention: the Centre will conduct studies that enhance protective factors and reverse or reduce risk factors that effect patterns of alcohol and other drug use. Studies will focus on early intervention with risk factors and early stage drug use often has a greater impact than later intervention by changing a young person's life path away from problems and toward positive behaviours. While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

5. Treatment and other interventions: to contribute to an increase in effectiveness and efficiency of alcohol and other drug use interventions is central to the Centre's mandate. These studies will develop and/evaluation interventions ranging from harm-reduction, maintenance and other pharmacotherapies, withdrawal management, psychological interventions, to long-term abstinence-oriented residential programs.

6. Health economics: the Centre will engage in studies of alcohol and other drug related health economics as it is at the interface between health and economics and provides methods by which to assess resource use and costs alongside the clinical and social outcomes of various clinical or policy interventions.

3. To increase knowledge among treatment and intervention providers about which programs are effective and which individuals are most suited to them;

A statement of all research project outcomes is provided via the NDARC web-site within 3 months of project completion;

100% of project publications are listed on the NDARC website;

100% of NDARC projects include a dissemination strategy that is completed within 18 months of project completion;

NDARC will apply for funding to disseminate clinical guidelines whenever they arise from projects.

7. The Centre will continue to have a dedicated information and media manager. In addition to his role, all relevant projects contain a dissemination strategy and post information on the NDARC website. The Centre will also engage in targeted dissemination projects where appropriate.

4. To increase the community's knowledge of appropriate and effective treatment and other intervention programs for alcohol and drug-related problems.

All relevant research projects reports to be accompanied with a broader community access and communication program.

NDARC staff be involved in at least 3 community organisations in management or other roles

NDARC Media/Information Manager makes at least 100 relevant media appearances per year.

* the details of the objectives and research strategies for each of these goals are reviewed annually and can be found in the relevant Operational and Research Plan

NDARC'S VALUES

Values	Definition	Monitoring Indicators
1. Collaboration	<p>Team work, both internal and external, is the preferred basis of undertaking all relevant activities.</p> <p>Collaboration is sought in the identification, design, undertaking and dissemination of all research activities wherever possible</p>	<ol style="list-style-type: none"> 1. No. of collaborating organisations 2. Mix of collaborative agencies and organisations is multi-disciplinary 3. Maintain and develop: our collaborating centres program, the range of conjoint appointments and the mix of visiting fellows 4. No. of projects with collaborating investigators 5. 50 % of large projects being undertaken on a collaborative basis 6. Range and types of projects being done on a collaborative basis 7. 5 % of research undertaken with International partners 8. Development of a comprehensive internal communication strategy
2. Sharing	<p>NDARC is generous with information and procedures making awareness of its activities and access to research a key feature of its operation.</p>	<ol style="list-style-type: none"> 9. No. international conference papers 10. No. national conference papers 11. No. of community presentations 12. 60 % of NDARC personnel making presentations 13. No. of policy and clinical committees on which NDARC is represented 14. 80 % of senior academic staff sitting on local and national community and government committees and boards 15. 50% of senior academic staff sit on international committees 16. At least 100 media interviews per view on NDARC research and related activities 17. No. of publications sold

3. Integrity	Research independence, scientific rigour, and best practice management of programs, are key requirement for all research and related support activity.	18. All research programs support NDARC's goals, values, strategic plan, business plan 19. No. and value of NH&MRC and ARC funded projects 20. 33% research that is investigator initiated 21. 10% research that is competitive government tender 22. No. of international peer review publications 23. No. of articles in IPR journal with impact factor >1 24. Citation rates for IPR articles 25. No. books, book chapters, monographs and technical reports 26. NDARC research is applied by other researchers or in the community 27. No. pamphlets and booklets produced
4. Innovation	Ideas generation, awareness of society's need, diligence, responsiveness and flexibility are to be recognised and rewarded.	New research ideas and methodology ideas in terms of: 28. Innovation is a key feature of NDARC supported proposals 29. All submissions are internally evaluated for adherence to Centre values as part of Directors sign off 30. 50% submitted for funding application 31. 10% funded and implemented 32. 100% commenced/implemented achieve outcome
5. Ongoing learning	Career development through on, and off the, job learning is recognised as the basis for attracting and retaining staff. Post doctoral programs to be encouraged and integrated into NDARC's structure	33. Value placed on staff having, or acquiring experience, in relevant community or clinical practice, or policy development 34. 100% of staff undertake a professional/career development learning activity annually 35. Late stage doctoral students be encouraged to apply for postdoctoral fellowships and new sources of funding sought 36. 10% of staff undertaking formal courses of study 37. 10% of academic staff undertaking a Special Studies Program 38. That NDARC is seen to foster an environment where staff develop their careers
6. Fiscal responsibility	Management and staff use public funds responsibly and apply transparent reporting to stakeholders	39. Core funding is not in deficit 40. Proportion of projects completed within budget

RESEARCH PROJECT CRITERIA

NDARC's research focus for 2004-2008 will be based on the following criteria:

- (i) The National Drug Strategy: Australia's Integrated Framework 2004-2009;
- (ii) NDARC's Mission, Goals, Values, Research and Operational Plan and current organisational capacity;
- (iii) Funding availability; and
- (iv) Collaborative arrangements.

KEY RESEARCH AREAS

As NDARC is a relatively small research centre with limited discretionary funds it will be the case that highly desirable research areas will be omitted because available staff lack the necessary expertise or other resource issues. Choices between competing research priorities will necessarily depend upon the research interests and expertise within the Centre, and the availability of internal and external research funds.

Dissemination of research findings is an explicit responsibility of each project at the Centre. The previous strategic plans identified research priorities in the topic headings of tobacco, alcohol, illicit drug use, pharmaceutical and non-drug specific. As highlighted in the strategic outcomes this planning process identified the following categories and key areas of research that will absorb the majority of the Centre's activity:

- epidemiology;
- identification of potential harm;
- health economics;
- monitoring of drug markets and supply reduction;
- prevention and early interventions;
- treatment; and
- information and training.

ANNUAL OPERATIONAL/RESEARCH PLAN

The Centre will develop an annual research and operations plan that will detail:

1. objectives and strategies for each year expressed as the research projects undertaken in that year; and
2. research projects proposed for funding by the Australian Government Department of Health and Ageing as part of the Centre's contract for each year of the Plan.

The strategic aspects of each research project will be detailed in terms of:

- relevance to NDARCS Mission, Goals and Values;
- relevance to Australia's National Drug Strategy;
- research design; and
- budget.

PLANNING CONTRIBUTORS

Input and feedback to the planning process was gratefully received from the following stakeholders:

Strategic Planning Committee:

- Jan Copeland (Convenor)
- Kevin Rozzoli
- Richard Mattick
- Maree Teesson
- Catherine Spooner
- Paul Dillon
- Josie Kim
- Peter Kaye (Facilitator, Consultgroup)

NDARC Staff

- 23 responded to a planning survey
- All but two of NDARC's staff attended a one day planning workshop – 6/11/03

Board of Management

- 5 members responded to a planning survey
- All but one attended the one day planning workshop – 2/12/03

Stakeholders

- 11 written and/or phone responses

Participants in Final Planning Day – 2/12/03

Dr James Bell *Associate Professor (Conjoint), National Drug and Alcohol Research Centre, Director, the Langton Centre*
Dr Jan Copeland *Senior Lecturer, National Drug and Alcohol Research Centre*
A/Professor Shane Darke *National Drug and Alcohol Research Centre*
Dr Louisa Degenhardt *Lecturer, National Drug and Alcohol Research Centre*
Mr Paul Dillon *Information Manager and Media Officer, NDARC*
Mr Keith Evans *NDARC Board of Management Member, Intergovernmental Committee of Drugs*
Ms Amy Gibson *General Staff Representative, NDARC*
Supt. Frank Hansen *Intergovernmental Committee on Drugs*
Ms Jenny Hefford *Member, NDARC Board of Management, Assistant Secretary, Drug Strategy Branch, Australian Government Department of Health and Ageing*
Ms Tess Hill *Manager, National Drug Strategy Unit, Australian Government Department of Health and Ageing*
Mr Peter Kaye *Larkin & Kaye Consulting Services Pty Ltd*
Ms Josephine Kim *National Drug and Alcohol Research Centre*
Professor Elspeth McLachlan, *Member, NDARC Board of Management, Pro vice Chancellor (Research), UNSW*
Mr Greg Martin *PhD Representative, NDARC*
Professor Richard Mattick *Director, NDARC*
Dr Rebecca McKetin *Research Fellow, NDARC*
Dr Mark Montebello *Lecturer (Conjoint), NDARC, the Langton Centre*
Ms Michelle Noort *NDARC Board of Management Member Director, Drug Programs Bureau New South Wales Department of Health*
Dr Jo Ross *Lecturer, National Drug and Alcohol Research Centre*
The Hon. Kevin Rozzoli *Chair, NDARC Board of Management*
Ms Marian Shanahan *Health Economist, NDARC*
Dr Catherine Spooner *Senior Lecturer, NDARC*
Dr Norman Swan *Member, NDARC Board of Management*
Dr Wendy Swift *Lecturer, National Drug and Alcohol Research Centre*
A/Professor Maree Teesson *Deputy Director, NDARC*
Dr Alex Wodak *Senior Lecturer (Conjoint), NDARC, Director, Drug & Alcohol Services, St Vincent's Hospital*
Ms Heli Wolk *Professional Officer, National Drug and Alcohol Research Centre*

Apologies were received from Professor Bruce Dowton, Professor Wayne Hall, Associate Professor Andrea Mant, Dr. John Howard, and Associate Professor Robert Ali