



# CDAT FY23-24 Action Plan Guidelines

These guidelines are to assist with identifying how and what your CDAT is encouraged to focus on that will engage, support, educate and increase awareness of alcohol and other drug harms that impact all communities. We recommend that CDAT members refer to the [Evidence Based Activity Guide](#) to support the development of your Action Plan.

The primary objectives of CDAT Program is 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 that prevent the uptake of illicit drug use and lessen the excessive use of legal and illegal alcohol and other drugs.

Your Action Plan activities are to address alcohol and other drug priorities that exist within your local community with the purpose of:

- increasing awareness of the risk and harms;
- encourage a change in behaviour and/or a shift in attitude.
- improve knowledge on how and where to seek support and/or access services.



## Activity Recommendations

- Written quotes are recommended to support your proposed budget.
- **Resources and merchandise** are required to be identified. CDATs are encouraged recommended to include:
  - CDAT Website,
  - Your Room
  - Drug Info

*Note: If details are not provided your Community Development Officer will be asked to follow up to obtain an understanding of what resources your CDAT will be distributing.*

- The [Communication Toolkit](#) is a collection of resources, guides and tools that have been specifically developed for CDATs to assist with planning, designing, and development of your communications, and are designed to align with the objectives of the CDAT program.

*Note: to access the document you need to be a [registered member](#).*

- **Facilitators, speakers and workshops** must be identified by their name, organisation and program and provide an overview of what they will be delivering. The CDAT must hold a briefing session with the speaker/facilitator to ensure their message is aligned to Primary Prevention/ Harm Minimisation

*Examples of **ineffective prevention** include single activities conducted in isolation that are not part of a broader strategy, such as a one-off presentation to a school or community group which is not part of an evidence based ongoing program*

- **Lived experiences** – The message of lived experience must align with harm minimisation and primary prevention messaging. All speakers must provide an outline of what they will be delivering to be included as an attachment with the submission of the Action Plan, if one is not provided it could result in that activity not being approved. If uncertain, please contact the CDAT Program Manager, Gail Easton on 0491 080 783 to discuss further.
- **Community Events:** CDATs are recommended to provide engagement activities. Speak with your Community Development Officer for more detail on the packaged activities available to CDATs such as:
  - Standard Drink Measures
  - Giant Jenga
  - Roll the Dice



## Activities NOT supported by the CDAT Program

Many factors influence whether an activity can be funded by the CDAT Program. Reasons activities do not meet the criteria for this may include that the proposed activity:

- does not fit under the CDAT program objectives,
- is not adequately evidence based,
- does not fulfill CDAT Program harm prevention criteria, and
- is funded through an alternative government program.

Should your CDAT be unsure, or if you have questions about a particular activity, please get in touch to discuss further with your CDO. Below are activities that are unable to be funded:

- SMART Recovery training,
- Liquor Accord promotion days,
- Mental Health First Aid,
- Direct school-based education other than general information.
- RSA training.
- Professional development of the AOD workforce (e.g., Motivational interviewing, trauma informed interventions)
- General information stalls that only distribute flyers but don't engage in conversations with attendees (this is not evidence based). Speak to your CDO about the packaged event activities, for additional ideas please refer the State Library [Drug Info Activity Book](#),
- If Lived Experience speakers are engaged for a CDAT activity they MUST provide an outline of what they will be delivering and is to be included as an attachment with the submission of the Action Plan.  
*Note: It is recognised that a lived experience can be effective in certain circumstances, however the showcasing of a lived experience presenter/s as a unique event or similar is not compelling as a primary prevention activity.*
- Harm minimisation at festivals: Red Frogs, DanceWize, (this is already funded by NSW Health). Speak with the providers if your CDAT is looking at going down this pathway, as there is potential to add value by providing evidence-based information.



*Note: if your CDAT was to be involved at festivals, members may require additional information or training on how to effectively provide harm minimisation information.*