



D . A . M . E . C

Drug and Alcohol Multicultural Education Centre

[www.damec.org.au](http://www.damec.org.au)

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(The Drug and Alcohol Multicultural Education Centre)

# Strategic Plan

2010 - 2013

## Acknowledgments

DAMEC would like to thank the following people for their input and time in developing this new strategic directions document.

### **The DAMEC Board:**

Chairperson:	Professor Jan Copeland (NICPIC)
Secretary:	Mr. Graeme Pringle
Hon. Treasurer:	Mr. Bruce Davies (NSW Health)
Committee Members:	Supt Frank Hansen (NSW Police) Ms Menachi Chopra Mr. Hien Lee

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# 1. Introduction

DAMEC was established in 1989 as an access and equity initiative designed to facilitate access by culturally & linguistically diverse (CALD) clients to alcohol and other drug (AOD) services. DAMEC has delivered increased opportunity to access AOD services for CALD communities across NSW.

DAMEC is committed to the multicultural diverse nature of NSW's population. DAMEC believes that cultural diversity is an asset and a community resource. DAMEC understands the disparate nature of many communities throughout NSW and advocates not a holistic global approach but one rather flexible in nature driven by the different needs of communities and individuals where cultural background has a bearing.

In so doing, DAMEC believes in a variety of drug and alcohol treatment modalities without out favour. However, DAMEC advocates for equity of opportunity and access for culturally and linguistically diverse communities across NSW who wish to use Drug and Alcohol services.

DAMEC works within a harm minimisation framework. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence-oriented strategies. Australia's harm minimisation strategy focuses on both licit and illicit drugs and includes preventing anticipated harm and reducing actual harm. Harm minimisation is also consistent with a comprehensive health promotion approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies.

DAMEC is a non Government organisation with an annually elected Board of Directors. DAMEC employs staff to implement its strategic directions and the administration of the Association. As of 2010 DAMEC's state-wide activities is delivered from two sites at Redfern and Liverpool in NSW.

## 2. Method used for Plan Development

In the development of this plan, DAMEC adopted a consultation-driven process where input from key community and government authorities highlighted a range of priority areas.

### **Stage 1: Review of 2007-10 Strategic Plan**

DAMEC Staff and Board held consultation days to review the progress on the previous Strategic Plan and to identify any uncompleted activities. DAMEC Staff and Board then reviewed current needs and issues within communities. These issues formed the basis of the key stakeholder interviews.

### **Stage 2: Key Stakeholder Interviews**

DAMEC undertook a range of in depth interviews with key stakeholders from the AOD and CALD health and welfare area. The range of stakeholders was developed by DAMEC staff and sought to provide a breadth of views to give the Board and staff an external perspective of the organisation, its strengths and an improved future direction within the AOD industry.

### **Plan Purpose**

The resulting Strategic Plan is a directional document with statements of organisational commitment. These commitments are further expanded by statements of intent regarding our achievements within the life of the plan.

These statements and beliefs give the organisation an overall direction for three years. In order to give the plan currency and relevance DAMEC will develop annual business plans as a detailed set of programs and activities that will deliver on the intentions of the overall Strategic Plan.

### 3. DAMEC Mission

To reduce the harms associated with the use of alcohol and other drugs in culturally and linguistically diverse (CALD) communities of New South Wales.

### 5. DAMEC Objectives

Working within a multi-sectoral framework and adopting a Health Promotion approach DAMEC will:

- **Deliver** culturally sensitive specialist AOD interventions for individuals and families from a culturally and linguistically diverse (CALD) background;
- **Understand** the prevalence and impact of AOD amongst CALD communities;
- **Build** the capacity of CALD communities to understand and address AOD issues;
- **Enhance** the accessibility of drug and alcohol services for people from CALD background.

## 5. Target Populations

DAMEC has responded to its key stakeholder interviews and sector consultations by developing a priority list for definable populations. DAMEC, in recognition of limited resources and the adoption of good planning principles has determined 3 key population groups. The implementation of strategies will reflect the greater weight given to these communities.

- **Families & Carers**
  
- **Young People**
  
- **Regional and Rural Communities**

## 6. DAMEC Strategies

### **1. Deliver culturally sensitive specialist AOD interventions for individuals and families from a culturally and linguistically diverse background**

**Strategies: In order to meet this objective DAMEC will:**

- 1a) Provide an outpatient counselling service for people from CALD background , their families and carers seeking intervention for AOD use and/or co occurring mental health issues.
- 1b) Promote health by utilising strength based and solution focussed approaches to therapeutic intervention
- 1c) Continue to evaluate and modify its model of therapeutic intervention to improve cultural sensitivity and application;
- 1d) Provide therapeutic interventions which are congruent with other organisational objectives
- 1e) Formally evaluate all interventions, either externally by suitably qualified and experienced consultants, or internally through DAMEC research staff.
- 1f) Engage in continuous quality improvement through evaluation activities informing the modification of interventions.
- 1g) Provide evidence based interventions by both drawing on and contributing to the evidence base for specialist AOD interventions for people from CALD backgrounds.
- 1h) Provide advice and consultancy services on the development of multilingual or plain English language resources.

## **2. The prevalence and impact of AOD amongst CALD communities;**

**Strategies: In order to meet this objective DAMEC will:**

- 2a) Conduct and disseminate research investigating the prevalence of drug and alcohol use, as well as the knowledge and attitudes towards AOD amongst CALD communities in NSW.
- 2b) Conduct and disseminate research investigating the impact of AOD on individuals and families affected within communities.
- 2c) Develop a research program that is rigorous, well respected and provides reliable data and information.

## **3. Build the capacity of CALD communities to understand and address AOD issues**

**Strategies: In order to meet this objective DAMEC will:**

- 3a) Develop links with ethno-specific welfare agencies, CALD community groups, multicultural agencies, CDATs and multicultural networks, and consult regularly to identify needs in relation to drug and alcohol issues.
- 3b) In partnership with such agencies, undertake strategic activity such as ethnic media campaigns, community education sessions, training of bilingual workers, and development of drug and alcohol informational resources.
- 3c) Broker relationships between CALD groups seeking drug and alcohol information and resources, and service providers who can deliver these.
- 3d) Advocate for the adequate resourcing of targeted CALD drug and alcohol prevention projects and for the development of culturally appropriate drug and alcohol information (including translated resources).
- 3e) Advocate for the adequate resourcing of the health promotion/community education sector.
- 3f) Support externally-driven funding applications, projects and networks which aim to build the capacity of CALD communities to understand and address AOD issues.

#### **4. Enhance the accessibility of drug and alcohol services for people from CALD background.**

**Strategies: In order to meet this objective DAMEC will:**

- 4a) Formalise relationships with key AOD organisations and referral networks. These will include NADA, ADIS, Department of Health Central Intake services.
- 4b) Expand DAMEC training provision for Health and NGO treatment services.
- 4c) Profile DAMEC clinical work to lead in the development of clinical cultural competency.
- 4d) Influence state-wide treatment and health promotion protocols and planning to include issues that effect individuals, families and communities from CALD backgrounds.
- 4e) Conduct and disseminate research on the level of access, access and equity issues, and barriers to service access for people from CALD backgrounds with AOD issues or concerns.
- 4f) Prepare submissions and policy papers, when the opportunities arise, that advocate for the inclusion of CALD, and advise Government on the needs and experiences of people from CALD backgrounds dealing with AOD issues.
- 4g) Provide consultancy services and advice on the development of culturally appropriate interventions and addressing service gaps for AOD related issues, to key decision making bodies and other AOD related agencies.

## 7. Glossary of Terms

Abstinence	Refers to no use of the substance to which the individual had developed a dependency. Often referred to as an ideal on a continuum of harm minimisation.
AOD	Alcohol and other Drugs (including tobacco)
CALD	Culturally and linguistically diverse
CAPACITY(BUILDING)	An approach to development that aims to instil commitment and improve fundamental management and technical skills within an organisation, thereby making the institution more effective and sustainable
MHDOA	The Mental Health and Drug & Alcohol Office (MHDAO) is responsible for developing, managing and coordinating NSW Department of Health policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug related harm.
Co-occurring	The co-occurrence of AOD use disorder with one or more mental health conditions
DAMEC	Drug and Alcohol Multicultural Education Centre
Harm minimisation	Policy position that encourages activity that reduces the risks associated with the use of Alcohol and other drugs. E.g. Needle Exchange Services – by providing clean needles, this reduces the chance of infection.